Public Board Meeting

Wed 29 March 2023, 10:30 - 14:40

Virtual Meeting MS Teams

Agenda

10:30 - 11:05
35 min

1. OPENING BUSINESS

1.1. Welcome and apologies

10.30 *Chair*

Verbal

1.2. Register of Interests

Chair

Paper

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

1.3. Minutes of the Board meeting held on 7 December 2022

10.35 *Chair*

Paper

- Item 1.3 Draft Public Minutes.pdf (11 pages)

1.4. Action points from the Board meeting on 7 December 2022

Chair

Paper

- Item 1.4 Action Register.pdf (1 pages)

1.5. Chair's Report

10.40 *Chair*

Paper

- Item 1.5 Chairs Report.pdf (5 pages)

1.6. Executive Report

10.50 *Chief Executive*

Paper

- Item 1.6 Executive Report.pdf (17 pages)

11:05 - 11:40
35 min

2. SETTING THE DIRECTION

2.1. HIS Future Strategy 2023-28 and Communications Plan

11.05 *Chief Executive*

Paper

- Item 2.1 HIS Strategy 2023-28.pdf (4 pages)
- Item 2.1 Appendix 1.pdf (26 pages)
- Item 2.1 Appendix 2.pdf (7 pages)
- Item 2.1 Appendix 3.pdf (21 pages)

2.2. Scrutiny Activity Plan 2023-24

11.25 *Director of Quality Assurance*

Paper

- Item 2.2 Scrutiny Activity Plan.pdf (3 pages)
- Item 2.2 Appendix 1.pdf (8 pages)

11.35 – 11.40 Screen break

11:40 - 11:50
10 min

3. ASSESSING RISK

3.1. Risk Management: strategic risks

11.40 *Director of Finance, Planning and Governance*

Paper

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

11:50 - 13:15
85 min

4. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

4.1. Integrated Planning 2023-24 including Financial Plan

11.50 *Director of Finance, Planning and Governance*

Paper

- Item 4.1 Integrated Planning - Budget.pdf (17 pages)

4.2. Organisational Performance including

12.05

4.2.1. Quarter 3 Performance Report

Director of Finance, Planning and Governance

Paper

- Item 4.2.1 Q3 Perfromance Report COMB.pdf (5 pages)

4.2.2. Finance Report

Director of Finance, Planning and Governance

Paper

- Item 4.2.2 Financial Performance Report.pdf (3 pages)

4.2.3. Workforce Report

Director of Workforce

Paper

- Item 4.2.3 Workforce Report.pdf (4 pages)

4.3. One Team Update

12.20 *Chief Executive*

Paper

- Item 4.3 One Team Update.pdf (4 pages)
- Item 4.3 Appendix 1.pdf (10 pages)

12.35 – 13.15 Lunch break

13:15 - 14:25
70 min

5. ENGAGING STAKEHOLDERS

5.1. Healthcare Staffing Programme

13.15 *Deputy Chief Executive-Director NMAHP*

Presentation

5.2. Equality Mainstreaming Report Update

14.00 *Director of Community Engagement*

Paper

- Item 5.2 Equality Mainstreaming Update.pdf (3 pages)
- Item 5.2 Appendix 1.pdf (28 pages)

14.10 – 14.15 Screen break

5.3. Corporate Parenting and Children's Rights Report 2020-23

14.15 *Director of Quality Assurance*

Paper

- Item 5.3 Childrens Rights - Corporate Parenting.pdf (2 pages)
- Item 5.3 Appendix 1.pdf (59 pages)

14:25 - 14:35
10 min

6. GOVERNANCE

6.1. Governance Committee Chairs: key points from the meeting on 25 January 2023

Chair

Paper

- Item 6.1 Gov Chairs Key Points.pdf (1 pages)

6.2. Audit and Risk Committee: key points from the meeting held on 2 March 2023; approved minutes from the meeting on 23 November 2023

Committee Chair

Paper

- Item 6.2 ARC Key Points.pdf (1 pages)

6.3. Quality and Performance Committee: key points from the meeting on 22 February 2023; approved minutes from the meeting on 2 November 2022

Committee Chair

Paper

Item 6.3 QPC Key Points.pdf (1 pages)

6.4. Scottish Health Council Committee: key points from the meeting on 2 March 2023; approved minutes from the meeting on 17 November 2022

Committee Chair

Paper

Item 6.4 SHCC Key Points.pdf (2 pages)

6.5. Staff Governance Committee: key points form the meeting on 1 March 2023; approved minutes from the meeting on 6 December 2022

Committee Chair

Paper

Item 6.5 SGC Key Points.pdf (1 pages)

6.6. Succession Planning Committee: key points from the meetings on 19 January and 15 March 2023; approved minutes from the meetings on 15 June 2022 and 19 January 2023

Committee Chair

Papers

Item 6.6 SPC Key Points Jan.pdf (1 pages)
Item 6.6 SPC Key Points Mar.pdf (1 pages)

14:35 - 14:40
5 min

7. ANY OTHER BUSINESS

14:40 - 14:40
0 min

8. DATE OF NEXT MEETING

Next meeting will be held on 28 June 2023.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
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. This Register must also show all interests declared during the period of the appointment.

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.

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 7 December 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 17 March 2023 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

REGISTER OF INTERESTS – BOARD MEMBERS, SENIOR STAFF: Financial year 2022/23 Item 1.2 Appendix 1

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 10/11/22
	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
	1	MBA External Examiner - University of Lincoln	1/7/22 to present
	8	Fellow - Chartered Management Institute	1/7/22 to present
	8	Senior Fellow - Higher Education Academy	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

NAME	CATEGORY	INTEREST	Date of interest
	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
	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
Gill Graham		No declared interests	
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
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 12/1/23
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

NAME	CATEGORY	INTEREST	Date of interest
	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
	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

NAME	CATEGORY	INTEREST	Date of interest
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
	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 19/12/22
	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 19/12/22

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	

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
	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	
	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	
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	
Clare Morrison	1	Director of Community Engagement	Started 23/1/23

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
	8	Fellow of the Royal Pharmaceutical Society	Started 23/1/23
	8	Member of Unite	Started 23/1/23
	8	Honorary Doctorate from the University of the Highlands and Islands	Started 23/1/23
	9	Spouse is employed by the Scottish Ambulance Service as an Emergency Ambulance Technician	Started 23/1/23
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	
	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: 7 December 2022
Time: 10.00
Venue: Hybrid - Conference Room, Delta House, Glasgow / MS Teams

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
Rob Tinlin, Non-executive Director

In Attendance
Sybil Canavan, Director of Workforce
Lynsey Cleland, Director of Quality Assurance
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 McIntosh, Interim Director of Community Engagement
Angela Moodie, Director of Finance, Planning and Governance
Lynda Nicholson, Head of Corporate Development
Safia Qureshi, Director of Evidence

Apologies
Simon Watson, Medical 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 including those in the public gallery. 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 28 September 2022**	
	The minutes of the meeting held on 28 September 2022 were accepted as an accurate record.	
1.4	**Action points from the Public Board meeting on 28 September 2022**	
	The action point register was reviewed in respect of the one item related to the Covid-19 Inquiry. Thanks were extended to Lynda Nicholson for her ongoing work in this area. 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 that she will shortly have a meeting with the Chair of the Independent Review of Inspection, Scrutiny and Regulation. In response to a question from the Board about topics covered at the meeting with Scottish Government sponsors on 1 December 2022, the Chair advised that the items discussed were finances and the demands on small Boards to complete large returns of information. The sponsor team agreed to take the second point away for consideration. The Board noted the report and were assured by the activities set out.	
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) Throughout the report the level of stretch to respond to demands is obvious alongside the pressure to reach a balanced budget. This is a challenge for the Executive Team and the wider organisation. b) The winner of the Margaret McAlees award was announced as Jane Davies for her work in equalities and improving outcomes for marginalised people. As Jane sadly passed away earlier this year,	

	the presentation of the award will be made to members of her family at the end of the Board meeting today. c) Regarding the National Care Service, HIS gave evidence to Parliament on regulatory and scrutiny aspects. Clarity of the Bill is awaited. d) The pressure on the Scottish Medicines Consortium (SMC) is set out in the report and they are currently only able to assess three or four new medicines per month. Alongside this, there is a backlog. A bid was submitted to Scottish Government for £1.8m of additional funding but we have not received an outcome as yet in relation to this bid. The pressures and plans to respond to them will be discussed at a meeting with the Scottish Government's Chief Pharmaceutical Officer the following day. The Director of Quality Assurance highlighted two recent high profile publications: e) The report into independent assurance of infection prevention and control (IPC) in the Queen Elizabeth University Hospital. The report received some media attention. The assessment of IPC was generally good and there have been improvements in culture since the previous site visit. f) The safe delivery of care inspection report for Forth Valley Royal Hospital. The hospital has now been escalated to Stage 4 of NHS Scotland's National Performance Framework by Scottish Government. In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information: g) Regarding the escalation of two independent healthcare providers, this does not happen very often as HIS seeks to work with providers to secure improvements. However there was an element of safety risk and therefore swift action was required. HIS shares regular communications with providers about enforcement action and also uses networks to issue information. h) Regarding the pressures within SMC, the SMC's new Chief Pharmaceutical Adviser joined two weeks previously. The SMC risks will be reviewed to ensure they are accurately captured and scored. Other work to address the pressures includes assigning job roles in the most efficient way and using the Innovative Licensing and Access Pathway (ILAP). However, there has been a hiatus in this due to the Medicines and Healthcare products Regulatory Agency reviewing its processes but it is hoped it will bring gains in the longer term. Early communications are being used to share the position with industry as openness and transparency are important when communicating with the pharmaceutical companies. A prioritisation process is in place such that the medicines with the biggest potential impact are assessed first. There are issues with using a process of interim acceptance because follow-up data is often difficult to find. There are similar delays in England. In terms of joint working, links have been strengthened with the National Institute for Health and Care Excellence and with Health Technology Wales. We are now looking to strengthen these further with work to assess new medicines. ILAP is also a four nation collaboration. i) Regarding the business case for funding for Excellence in Care and the Healthcare Staffing Programme (HSP), it was agreed that	**Director of Evidence**

	when the HSP was enacted, the funding would become baselined. Negotiations are ongoing and it is a risk but there is more confidence about receiving this than other allocations given the legislative underpinnings of this work. The Board examined in detail the report from the Executive Team and the additional information provided above, and were assured by the information reported.	
2.	**SETTING THE DIRECTION**	
2.1	**Transfer to HIS of the Right Decision Service**	
	The Director of Evidence provided a paper that proposed transferring the Right Decision Service (RDS) to the Evidence Directorate in HIS. She highlighted the following key points about the proposed transfer: a) RDS is a web based decision platform that hosts decision support tools and guidelines comprising two categories – national guidance as well as local tools and guidance. b) The platform was developed by the Digital Health and Care Innovation Centre and is now quite extensive with growing content. The technical basis of the system is well established. c) Scottish Government have approved funding of £2.3m until March 2025 to further develop RDS on condition it is moved to sit within a health Board. d) There is work needed to improve the platform but it aligns to our strategic direction and HIS can add value to the system. It creates many opportunities to increase our digital ambition and provide enhanced access to our guidance as well as being a once for Scotland digital health site. e) The proposal has been scrutinised in detail by the Executive Team and the Quality and Performance Committee. Questions raised were covered as follows: I. There is an exit strategy because there is no ongoing financial or workforce commitment beyond March 2025 when funding ends. At that point additional funding will be sought or the programme brought to an end. The HIS finance and HR teams reviewed the proposals and did not identify any risks. II. The platform itself is not a risk because it uses well established technology and HIS does not need to have specific technical skills to support it. III. Local content is currently approved by submitting Boards if it is local content. There is an opportunity here for HIS to improve and develop the governance supporting the platform. IV. The platform contains calculators that are considered to be medical devices and standards related to this are about to change. The highest regulatory burden sits with the designated manufacturers, which is not HIS. We are confident that they have well managed systems, of the required standards, already in place. In response to questions from the Board, the following additional information was provided: f) The varied uses for the system are set out in the appendix and include advice for high risk prescriptions in primary care in NHS	

	Highland; wellbeing support checklists for health and social care settings such as a care home; NHS Greater Glasgow & Clyde are using it for department specific practical guidance. g) We are not aware of any opposition to the system. h) There are income generation opportunities, for example leasing it to other countries, but these are not currently large and leasing could be complex. However, it is worth considering as the system develops. i) In terms of management time to implement the system, the direction of travel has already been to change how we present information and RDS supports that as well as helping us to do it more efficiently. j) Use of the site is already monitored with various stats and page visits information so that will allow HIS to demonstrate impact. It will be important to continue to work with NHS Education for Scotland (NES), for example, to ensure there is a link to postgraduate learning. The Chair of the Quality and Performance Committee advised that the Committee have considered the transfer of RDS on three occasions and focused on several areas including clinical and care governance risks and regulatory aspects. As well as this, the Committee Chair held discussions with the Director of Evidence, the Medical Director and the Chief Executive. There are three areas to maintain oversight of during development: clinical and care governance, engagement with clinicians and NES, and the governance of processes that sit within the system. However, the Committee is content to recommend the proposal to the Board. Having considered the information set out in the report and provided above, and taking into account the recommendation from the Quality and Performance Committee, the Board approved the transfer of RDS to HIS.	
2.2	**Ways of Working Update**	
	The Director of Finance, Planning and Governance provided an update on the new ways of working following the end of the test of change period and highlighted the following points: a) The paper presented aims to provide staff with guidance and was also considered by the Staff Governance Committee at their meeting the previous day. b) The work was taken forward by a small group comprised of Partnership Forum representation, HR, communications and the Employee Director. They examined the feedback from the test of change period. c) The overall conclusion was that the new ways of working had operated well and efficiently and therefore there was no reason to change going forward. d) The group also looked at staff contracts because every contract requires a base to be stipulated. Current policies were examined and Unison advice sought but it was agreed in partnership that there was no reason to change current contracts. e) The work also includes a focus on the role of the line manager for monitoring staff wellbeing and no change in travel costs are anticipated. The Chair of the Staff Governance Committee confirmed that the	

	Committee examined the report in detail and endorsed the proposal to bring the test of change period to an end while moving forward ways of working as business as usual. Having considered the paper and the information above, the Board had no questions and were content to approve the guidance for staff.	
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 that the strategic risk register presented provides the position at the end of November 2022. The risks have decreased from 12 to 11 due two previous risks being combined in relation to covid and external developments. There are no changes to ratings but controls and mitigations are under ongoing review. In response to questions from the Board about risk 759, related to General Data Protection Regulations, it was advised that this risk is always present and would result in reputational damage if the regulations were not adhered to. However, it is rated medium meaning that the mitigations in place are enabling it to be managed to an acceptable level. The Chair of the Staff Governance Committee advised that the Committee asked at the meeting the day before for the workforce risk to be updated to better reflect current circumstances. 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.	
4.	**HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES**	
4.1	**Integrated Planning**	
	The Director of Finance, Planning and Governance provided a paper setting out the position in relation to planning for 2023-24 and highlighted the following points: a) The paper is presented for awareness and sets out an update on the progress of the integrated planning process for 2023/24. b) At this point it shows a decrease from 95 work programmes to 75. This is a 20% decrease and is indicative of the reduced funding available into next year. c) The budget is balanced at the moment but is not sustainable as a number of directorates are over budget, mostly due to pay costs. This means there are no funds for investment or contingency. Therefore directorate submissions will be reviewed. d) Pay costs are £400k over budget and therefore the headcount needs to be reduced. e) An update is expected soon from Scottish Government on Additional Allocations but the position is fluid and funding is likely to be cut next year. There are 95 whole time equivalent (WTE) staff working on projects funded by Additional Allocations and it is likely that a smaller staffing complement would be funded through Additional Allocations in 2023-24. Unconfirmed allocations will be requested but there is lack of certainty on spend at this point in	

	the year. f) £1.5m of recurring savings are needed next year. This assumes a pay award of 5% next year and flat baseline funding. g) The proposals are draft but next steps have been agreed by the Executive Team and the plans will be ready for the Board to consider at the Board seminar in January 2023. In response to questions from the Board, the following additional information was provided: h) There is a discrepancy in the workforce figures because the workforce report uses headcount while the budget uses WTE. The baseline WTE in 2023/24 is budgeted at 434 but when budget targets were set, an average WTE figure of 410 was calculated in order to be affordable next year. The total headcount currently is over 500. Consideration will be given to aligning these figures. i) The transfer to HIS of RDS does not remove the need for a new website as they offer different products but the two will be aligned. j) Two Additional Allocations for the ihub have not been confirmed and only verbal assurance has been given. Discussions are underway about which ihub allocations will be extended next year. Action will need to commence in January 2023 for staff on fixed term contracts for those projects that won't be funded next year. If those staff are redeployed, they are then not available to deliver the work if a decision is made by Scottish Government to proceed with funding. Scottish Government are aware but are also dealing with a high level of uncertainty. k) It is not possible to return an overspend position more than 1% at the end of the year and therefore the aim is to be in financial balance despite the challenges with Additional Allocations. The back to budget actions are challenging and create uncertainty and anxiety for staff. The One Team work aims to secure recurring savings for future years. l) The basis of maintaining motivation within staff during this difficult period is fairness, transparency, consistency and application of the Staff Governance standards. There will be a person centred, empathetic approach in communications during this time. The Board examined the information provided and endorsed the first draft of the integrated plan for 2023/24 and next steps.	**Director FPG/ Director Workforce**
4.2	**Workforce Plan**	
	The Director of Workforce provided the draft Workforce Plan 2022-25 and took the meeting through a presentation which covered the following areas: a) The governance processes applied to the plan up to this point. b) The detailed aspects of the content of the plan as well as financial assumptions and their impact on headcount and WTE. c) The influence of the One Team programme. d) Reflections and recommendations from the Staff Governance Committee who had reviewed the plan the day before. The Chair of the Staff Governance Committee advised that the Committee discussed the plan in detail at their recent meetings and were content with the detail for this year while noting that it will need to remain fluid to reflect the current operating context.	

	In response to questions from the Board, the following additional information was provided: e) The cross-directorate nature of the plan will be strengthened in the narrative. The cross-directorate redesign is being driven by the One Team but some parts are moving at a faster pace than others due to the financial situation. f) The new medical model mentioned refers to how clinical expertise is brought into and used within HIS. It will ensure that clinical leadership is deployed in an effective way across the whole organisation with a small cohort supporting the key delivery areas. The model mostly covers medical expertise as nursing, midwifery and allied health professional expertise is provided by staff employed within that directorate. Having considered the draft plan and the responses above, the Board were content to endorse it for publication.	
4.3	**Organisational Performance Report**	
4.3.1	**Quarter 2 Performance Report**	
	The Director of Finance, Planning and Governance provided a summary report of quarter 2 performance against the work programme and highlighted the following information from within the report: a) The position set out is at the end of September 2022 and the Quality and Performance Committee received a more detailed report as at that position. b) Four key performance indicators are behind target: inspections, independent healthcare inspections, SMC and the financial overspend. c) In relation to the work programme, more projects are now delayed or repositioned and only 65% of projects are on track. This trajectory is expected to continue into quarter 3. d) The paper includes the key points from the discussion of performance by the Quality and Performance Committee which included the high proportion of Additional Allocations at risk in the ihub and the improvement support being provided to NHS Ayrshire and Arran. In response to questions from the Board, the following additional information was provided: e) The inspections backlog includes follow-up inspections but of the others, a risk based approach is taken so effort is focused on those where there are emerging concerns. The backlog arose due to the pandemic but new inspectors are now trained so the position should improve. It is difficult to predict a timeline for clearing the backlog due to new service registrations or other demands on resources. f) Regarding new commissions, more are being recorded that were previously declined but not reported. The Quality and Performance Committee received as part of their report the details of new commissions that were declined. This was due to the work being more appropriate for another organisation to deliver or due to the current financial constraints. The Board examined the performance report and gained assurance from the progress reported.	

4.3.2	**Financial Performance Report**	
	The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of October 2022 and highlighted the following points: a) The Audit and Risk Committee received a more detailed report covering the same period. b) The current position is a £300k overspend on the baseline which is equal to 1.5%. Pay costs are overspent by £800k but non-pay costs are underspent by £500k. c) Of Additional Allocations, £6.2m is confirmed or received leaving £2.5m not confirmed against which £1.3m has been spent and 33 WTEs assigned. d) A number of initiative are in place to reduce the overspend so a balanced budget is anticipated at year end. The Board scrutinised the financial report and were content with the position reported.	
4.3.3	**Workforce Report**	
	The Director of Workforce took the meeting through the workforce report and highlighted the following points: a) The paper provided to the Board is a summary of the more detailed information that was provided to the Staff Governance Committee. b) The report provides a breakdown of WTEs and fixed term contracts, as well as detail on recruitment campaigns. c) The absence figure is less than the equivalent time last year and lower than the NHS Scotland target. Anxiety and depression remain the most common causes. d) The gender pay gap is now being reported as part of the equally safe activity. In response to a question from the Board about the gender pay gap, it was advised that a standardised methodology is used to calculate it. The key outcome is reporting the information and making it available to the public. Having scrutinised the report, the Board were assured by the workforce information set out.	
5.	**ENGAGING STAKEHOLDERS**	
5.1	**Improvement Work with NHS Lothian on Unscheduled Care**	
	The following people joined the meeting for this item: Belinda Robertson, Head of Improvement Support, HIS; Jill Gillies, Programme Director Unscheduled Care, NHS Lothian; Denise Nasri, Senior Project Manager Unscheduled Care, NHS Lothian; Chris Connolly, General Manager, Royal Infirmary Edinburgh. Along with the Director of Improvement and the Head of Improvement Support, colleagues from NHS Lothian delivered a presentation about the HIS improvement support provided in unscheduled care. The presentation covered the following areas: a) How the ihub purpose supports the overall HIS purpose and a summary of the key elements and interventions of the Redesign and Continuous Improvement Journey.	

	b) HIS and NHS Lothian at the Royal Infirmary Edinburgh worked together to improve discharge planning processes with the aim of reducing by 50% the current rate of bed occupancy for delayed Edinburgh Health and Social Care Partnership patients in the Western General Hospital and Royal Infirmary by March 2023. The challenging operating context to this was set out. c) Practical examples of the support delivered were shared including mapping and aligning the different resources available across the hospital, a planning for discharge checklist and creating capacity to integrate quality improvement activities. d) The work included collaboration across health and social care partners. e) A robust measurement strategy was created and quality planning undertaken which involved a whole system approach. f) Quality improvement methodologies were applied to processes including plan-do-study-act cycles. g) The project also influenced other discharge related improvement work in the Royal Infirmary and created numerous spin-off benefits such as quality improvement capacity building and safety huddles. The Board thanked NHS Lothian colleagues for the taking the time to attend and deliver an excellent presentation. The Board noted how useful it is for them to understand how HIS improvement work has an impact for patients and other stakeholders. The Chief Executive asked NHS Lothian colleagues what unique interventions from HIS were most important to them and the reply covered the following: h) Creating the time and space to think about the issues as part of a whole system approach which ensured the interventions that were designed had most benefit. This included a back to basics approach which was helpful. i) HIS did not seek to fix the issues but rather provided the support and coaching to work alongside NHS Lothian to identify and implement solutions. j) Work on relationships was important as that allowed the senior team to be brought together to overcome hurdles. In response to a question from the Board about sharing learning, it was confirmed that learning is captured and shared nationally.	
6.	**GOVERNANCE**	
6.1	**Committee Annual Reports Action Plan Update**	
	The Director of Finance, Planning and Governance provided a paper which set out the progress reports for the actions agreed in the 2021-22 Committee annual reports. The Board noted the updates and were assured by the progress with actions.	
6.2	**Governance Committee Chairs: key points from the meeting on 14 November 2022**	
	The Board noted the key points.	

6.3	**Audit and Risk Committee: key points from the meeting held on 23 November 2022 and approved minutes from the meeting on 7 September 2022**	
	The Board noted the key points and minutes.	
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**	
	The Board noted the key points and minutes.	
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**	
	The Board noted the key points and minutes.	
6.6	**Staff Governance Committee: the next meeting will be held on 6 December 2022**	
	The Chair of the Committee advised that the meeting was held the day before and the key points from this were the review of the voluntary redundancy scheme, equality networks update and progress with One Team. The Board noted the verbal update.	
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.	
7.	**ANY OTHER BUSINESS**	
	The Chair drew the meeting's attention to the fact that this was the last Board meeting attended by Board Member Rhona Hotchkiss as her term of appointment ends on 28 February 2023. The Chair extended thanks to Rhona for her contribution to the Board over the four years of her appointment and in particular for her leadership of the Executive Remuneration Committee.	
8.	**DATE OF NEXT MEETING**	
8.1	The next meeting will be held on 29 March 2023.	
	Name of person presiding: Carole Wilkinson Signature of person presiding: Date:	

DRAFT ACTION POINT REGISTER

Meeting: **Healthcare Improvement Scotland Public Board Meeting**
Date: **7 December 2022**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.6	Executive Report	The Scottish Medicines Consortium (SMC) risks will be reviewed to ensure they are accurately captured and scored.	Immediate	Director of Evidence	Complete - SMC risks reviewed regularly and they last met to review their risks on 21 February 2023.
4.1	Integrated Planning	The workforce report uses headcount figures while the budget uses Whole Time Equivalent (WTE) figures. Consideration to be given to aligning these figures.	29 March 2023	Director of Workforce/ Director of Finance, Planning and Governance	Complete - the workforce report uses both WTE and headcount figures. However, finance only reports on WTE. The WTE figures do align each month across both reports.

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.
- approve the Committee Vice Chair positions detailed in section 5a below.

3. Strategic issues

a) NHS Scotland Board Chairs Group

The following meetings have been held since my last report:

- 12 December 2022 – The Chairs' private meeting covered board and Non-Executive development including the need to promote more the work of the NHS Education for Scotland (NES) board development programme. The meeting also received a presentation about the multidisciplinary team. The meeting with the Cabinet Secretary focussed on planned care, emergency and unscheduled care, and winter pressures. We also received updates on staff wellbeing and the Data Strategy for Digital Health and Care.
- 30 January 2023 – The Chair's private meeting covered the Blueprint for Good Governance and received a presentation on sustainability including the targets that NHS Scotland will have to meet. I gave an update on succession planning which is detailed below. The meeting with the Cabinet Secretary discussed unscheduled care as well as waiting times. We are also starting to look at medium to longer term plans.
- 27 February 2023 – Only a Chair's private meeting was held. The agenda included finance, sustainability & value, sponsorship & escalation, and system reform.

The fortnightly meetings continue with the National Board Chairs and the system pressures meetings with the Cabinet Secretary are held every four to six weeks, focusing exclusively on system pressures including accident & emergency, delayed discharge and social care.

From August 2023, I will become the Chair of the NHS Scotland Board Chairs Group having been Vice Chair for two years. A briefing is provided at appendix 1 setting out the mitigations to ensure minimal impact on my role as Chair of HIS.

b) Succession Planning for NHS Chairs

I continue to chair the panel for the Aspiring Chairs programme and it has made significant progress since my last report. By the first half of March, interviews had been held with prospective candidates and host Boards identified. The

programme will run from April 2023 to January 2024 and will feature a mixture of peer learning, mentoring and in-board activities. HIS has volunteered as a host Board and our Succession Planning Committee will oversee the activities.

4. Stakeholder engagement

Joint Engagement with the Chief Executive

a) **Independent Review of Inspection, Scrutiny and Regulation of Social Care**
I have met twice with Dame Sue Bruce who is chairing the review. At the first meeting on 16 December 2022, we discussed the complex landscape related to scrutiny, regulation and improvement, and the importance of partnership working to avoid duplication and unnecessary demands. The second meeting on 28 February 2023 was also attended by the Chief Executive and Director of Quality Assurance as well as Stuart Currie, the Vice Chair of the Review. We talked about the role of HIS and areas of commonality with social care scrutiny and improvement. Dame Sue Bruce also attended the Care Inspectorate Board meeting on 9 February 2023.

b) **Care Inspectorate**
The Chief Executive and I held our latest regular meeting with the Chair and Chief Executive of the Care Inspectorate on 1 February 2023. We shared current pressures and challenges, and the impact on our workloads and budgets. We also discussed the importance of our sponsor teams supporting ongoing scrutiny work with a focus on safety and quality. We agreed that we would plan a joint Board meeting later in the year.

c) **Meetings with New Staff**
The Chief Executive and I invite all new members of staff to join us for an informal discussion, the most recent being on 8 February 2023. Several themes have emerged from these which are set out below:

- Overwhelmingly positive experiences of being supported and valued within HIS and within their teams
- Welcoming of leadership visibility and commitment to values
- Generally good induction, with support from corporate support services including IT
- Some staff already had past experience of working with HIS and were keen to join based on that
- Welcoming of the value of ‘all staff huddles’ and an interest in sharing experiences in the chat or in presentations
- A wish to find ways of securing stronger connections especially when working remotely at home – such as creating networks of related posts (eg project officers) to share knowledge and experience
- A keenness for some to broaden experiences and understanding of other parts of the organisation
- A need to raise awareness of what HIS does, but also the positive experiences of working in the organisation

- An interest in sharing experiences of working in the organisation as part of marketing material for jobs or blogs

Our own reflections from these discussions cover the following areas:

- The diverse backgrounds of the staff we have met
- The range of educational experience and qualifications held by those we've met
- The way they have adapted to working from home given most of them joined us post covid
- A wealth of ideas about working across teams, learning from each other and how they used our coffee sessions to make links

d) Future Joint Engagement

The Chief Executive, Chair of the Scottish Health Council and I will join the Public Partners' event on 22 March 2023 which this year is titled "Demonstrating the positive impact of public partner volunteers in HIS". This is an important event which gives us the opportunity to recognise the valuable contribution of Public Partners. The Chief Executive and I will also hold the next quarterly strategic meeting with our sponsor team on 22 March 2023. The main agenda items are likely to include discussion of the new HIS strategy, financial position and the 2023-24 budget including allocations, ongoing system pressures and HIS' plans for a safety summit.

Other Engagement

e) Meeting with Linda Pollock, 31 January

I met with Linda Pollock, Director of Healthcare Quality and Improvement, Scottish Government on 31 January 2023 to discuss the current systems pressures and achieving a balance between focusing on the immediate and planning for the medium to longer term. We also discussed Board appointments and the importance of diversity in appointments. I also provided an update on our Board discussions about the future HIS strategy emphasising our focus on priorities on where we can make the greatest impact and best use of our expertise.

f) NES Non-Executive Recruitment

I am acting as a panel member for Non-Executive recruitment to the NES Board. As well as this being an important function to fulfil, it also provides opportunities to adopt new approaches in our own Non-Executive recruitment.

g) Engagement with Staff

As well as the meetings with new staff detailed above, I have also spoken at the monthly all staff huddles, taken part in the randomised cuppa trial and joined the corporate induction sessions for new staff. The latest induction event on 9 March 2023 was attended by our new Non-Executive Directors.

5. Our governance

a) Non-Executive Directors

There are number of updates to provide in relation to appointments:

- Jackie Brock's appointment has been extended for six months until 30 September 2023 in light of the resignation of John Gibson on 5 January 2023. The Board is asked to approve Jackie Brock continuing as Vice Chair of the Quality & Performance Committee during this extension. The process to fill the Board vacancy will begin in April 2023 with the appointment expected to commence in September 2023.
- The Board received a paper by email seeking approval of the appointment of Rob Tinlin as the new Chair of the Executive Remuneration Committee. The matter was considered by email as an urgent decision was required before the next public Board meeting. The Board approved the appointment.
- The Board is asked to approve Michelle Rogers as the new Vice Chair of the Staff Governance Committee.
- Duncan Service's appointment to the Board in respect of his role as Employee Director has been extended until 28 February 2027.

End of year appraisals with the Non-Executive Directors are scheduled through April and May, and induction activities are continuing for new members.

b) NHS Scotland Blueprint for Good Governance

The second edition of the Blueprint for Good Governance was published via a Director's Letter on 23 December 2022 and shared with the HIS Board. Non-executive and Executive Board Members have been invited to a launch event on 26 April 2023. The HIS Board will undertake a self-assessment against the Blueprint at a development session later in 2023 once the national self-assessment materials are available.

c) Board Development

Two further Board masterclasses have been delivered: an improvement masterclass on 7 December 2022 and an evidence masterclass on 6 March 2023. The masterclasses provide an informal space to undertake a deep dive into a specific area of the organisation's work and an opportunity for Board Members to meet staff delivering those programmes. It is proposed that the Board development plan for 2023 will continue to be based on the masterclass approach and proposed themes were considered by the Succession Planning Committee at its meeting on 15 March 2023.

d) Board Seminar
A Board seminar was held on 25 January 2023 which covered the HIS future strategy and risk appetite.

Carole Wilkinson
Chair, Healthcare Improvement Scotland

APPENDIX 1 BRIEFING TO BOARD – CHAIR OF CHAIRS

In August 2023 I will take up position as Chair of the NHS Board Chairs national group, having up to this point served as Vice Chair. As the Board also knows, in April 2023, the Chief Executive will take up appointment as Chair of the Board Chief Executives' national group.

From my perspective the time invested in these additional roles can help us deliver our priorities for the health and care system, and understandably the Board will be keen to understand how these additional responsibilities will be managed. Both of us have been putting arrangements in place to ensure the continued smooth running of governance of Healthcare Improvement Scotland remains our priority focus.

I don't anticipate the time commitment increasing hugely given I shadow most of the current meetings with the Chair, although there may be one or two additional meetings I will be expected to attend in future. More specifically:

- The appointment of a supportive Vice Chair with whom a good working relationship can be built will be key, and the process to nominate that individual will begin in May.
- A new head of the national Executive Support Team (EST) took up post in January and is already managing the Chairs' business in a way which is highly efficient. He is also reviewing working practices in a way which seeks to maximise the value of the time that the current Chair and I already give. The capacity of the EST to take on pieces of work on behalf of the Chairs' and all executive groups has increased, as two policy officers have been appointed and they took up post in February.
- Good working relations have been developed with Caroline Lamb's team at Scottish Government, and the team is now looking at its contribution to working with the EST to maximise deployment of skills and resource.
- I remain extremely well supported by our own Planning and Governance team for all my HIS business support needs.
- The Head of Corporate Development, through close working with the EST and our Planning and Governance Team, is providing me with additional support on practical matters for national business including correspondence, briefing and advice.

Agenda item 1.6

EXECUTIVE REPORT TO THE BOARD – MARCH 2023

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 content of this report.

REPORT FROM THE CHIEF EXECUTIVE

NHS Board Chief Executives Group

I am looking forward to commencing my role as Chair to the Board Chief Executives Group on 1 April 2023 for two years. The Vice Chair of the Group is the Chief Executive at NHS Grampian. As I come into post as chair, I am stepping down as Chair to the National Planning Board and have been succeeded in this role by the Chief Executive of NHS 24, who also succeeds me as National Boards Lead.

Public Inquiry External Reference Group Meeting – Southern Health and Social Care Trust, Northern Ireland

Myself and our Medical Director met with the External Reference Group on 10 March 2023. We were invited to become independent members of the Group to provide 'critical friend' challenge and support to the Chief Executive and senior managers leading on the different aspects of the Inquiry currently underway into urology services. I have been appointed to lead a subgroup reviewing governance and assurance in the Trust and our Medical Director will lead a similar subgroup focused on data. The work of the group is at an early stage of development and as details are clarified further, a formal update will be provided to the HIS Board.

NHS Fife Visit

I visited NHS Fife on 10 February 2023 with our Director of Nursing, Midwifery and Allied Health Professionals. It was an opportunity to see how the Excellence in Care approach was being applied at the Victoria Hospital but also to hear the successes and challenges facing several services.

Director of Evidence and Digital
I am pleased to share that our Director of Evidence and Digital has completed and passed the PgDip Digital Health Leadership course run by the NHS England Digital Academy and hosted by Imperial College London. Funding was provided by HIS and the Scottish Government.

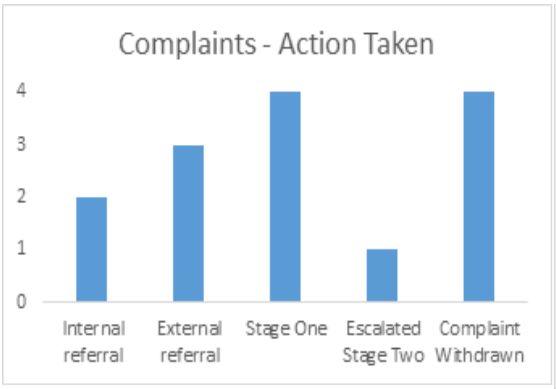
Patient Safety Commissioner for Scotland Bill – after responding to the call for views on the Bill in December 2022, HIS was invited to give evidence to the Health, Social Care and Sport Committee on 7 February 2023 alongside other organisations with a focus on patient safety. The session focused on topics including the safety landscape and the remit of the proposed Patient Safety Commissioner (especially in relation to other organisations). HIS's Medical Director, Simon Watson, gave evidence alongside representatives from the Medicines and Healthcare products Regulatory Agency (MHRA), NSS, Mental Welfare Commission, and Scottish Public Services Ombudsman. HIS will continue to engage as the Bill is progressed.

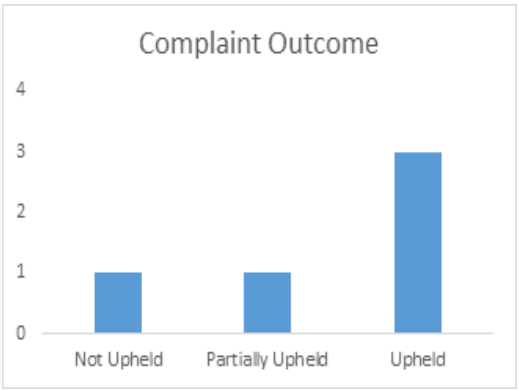
Amendments to the regulation of independent health care – a consultation on proposed changes to the way independent healthcare is regulated in Scotland was announced in February 2023. The proposed changes will directly impact HIS, and the independent healthcare team has been working closely with the Scottish Government policy team to bring these forward. In addition to ongoing engagement with Scottish Government, HIS will be responding to the consultation to state its support for the proposed changes and highlight areas for further consideration.

Safety - HIS plans to convene a meeting on safety in the health and social care system in June 2023. This will be an opportunity for stakeholders from across the system to come together to align on the key actions to take forward or refocus to ensure safety remains at the centre of care delivery. Accelerating HIS's work on safety was raised as a priority in discussions with Scottish Government throughout the autumn and winter of 2022, and we intend for the Summit to be a launch pad for the creation of a more systematic approach to the oversight of safety by HIS. It will be important to have Board engagement in this and more information will be shared in due course.

UK Infected Blood Inquiry – The inquiry has been, throughout its proceedings, seeking submissions from core participants as well as other bodies, including HIS, that they have identified as relevant to the inquiry. HIS has contributed to a submission on behalf of Scottish Territorial Health Boards regarding potential recommendations for the inquiry Chair to consider, and has also directly received two Rule 9 requests. The Director of Improvement was asked in October 2022 to provide information specifically on the Scottish Patient Safety Programme, and the Director of Quality Assurance was asked in February 2023 to provide information on the roles and responsibilities of HIS generally, as well as responses on behalf of HIS to proposals regarding scrutiny, regulation, and the establishment of a single body responsible for overseeing the safety system for health and social care. All submissions have been prepared and coordinated under the guidance of the Central Legal Office.

Complaints Update - The purpose of this section of the report is to update the Board on complaints relating to the work of HIS.





The Complaints Team received fourteen enquiries in the period from December 2022 of which five were investigated as complaints against HIS. Three of these complaints were upheld, one was partially upheld and one was not upheld. Two complaints were made to the independent healthcare team in Quality Assurance Directorate (QAD) and three complaints were made to the Community Engagement Team. Key themes from complaints include:

- Dissatisfaction with directorate Processes and Procedures
- Dissatisfaction with published feedback on external website

The QAD shared learning from complaints received with HIS's Clinical and Care Governance (CCG) Group. In future, it is proposed that the QAD CCG will monitor the actions and improvements made as a result of complaints. This will include looking for themes and sharing learning across the directorate.

DIRECTORATE ACHIEVEMENTS & CHALLENGES

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS DIRECTORATE (NMAHP)

Key Achievements

1. **The Healthcare Staffing and Excellence in Care programmes** have been the responsive offered improvement support for territorial boards with colleagues from the ihub. This demonstrates HIS's vision for "One Team", building on our existing collaborative work and making the most of the wealth of skills and expertise we have against a backdrop of diminishing resources. In addition, the directorates co-developed and facilitated a series of 'winter webinars' as opportunities to share learning and good practice from across Scotland. Adapting the way in which we work ensured we were able to rapidly respond to service pressures and quality and safety concerns within the system through stakeholder engagement, collaboration and shared learning.
2. **The provision of workforce and professional expertise** and advice to QAD has been invaluable to inform the development of inspection methodologies and the reports and responses following inspections and 'Responding to Concerns'. In addition, the directorate's knowledge, expertise and board facing work has informed the internal and external Sharing Intelligence systems and processes. This focus making the most of our

knowledge and expertise enables a collective commitment to the safety and quality of care across Scotland and builds service user confidence.

3. **Public Protection** - in November 2022, Gender-based violence level two training was made mandatory for all HIS managers and level one Understanding the impact of trauma and responding in a trauma-infirmed way was made mandatory for all HIS staff.

Key Challenges

1. A key challenge for the **Healthcare Staffing (HSP) and Excellence in Care (EiC) Programmes** has been the financial uncertainty. Without confirmation of additional funding for 2023/24 a large proportion of the programme's staff on fixed term contracts have been placed on redeployment or had their substantive employers advised of the end of their secondments on 31/3/2023. This has resulted in low staff morale, staff attrition and a requirement to pause or slow down programme activity. It has also made it extremely challenging to plan objectives beyond March 2023, although what is apparent is that the funding envelope will require the programmes to keep the scope of the programmes tight. Business cases were submitted to Scottish Government and further revised minimum funding requirements put forward in recognition of the challenging financial situation and potential funding envelope. Further face-to-face and email communications have escalated the risk of staff attrition and the potential impact on the programme being unable to achieve objectives and ability to support the implementation of the Health and Care (Scotland) (Staffing) Act. Some restructuring has taken place to secure baseline funding for essential roles e.g., Data and Measurement advisors and through the promotion of a directorate 'One Team' approach to provide resilience and capacity particularly, within the programme management and project support staff.
2. **A key challenge for the HSP** has been the lack of agreed digital platform and funding for the staffing level tools. This has the potential to impede tool development and HIS duty within the Health and Care staffing Act to ensure the maintenance and development of contemporary Multidisciplinary Team staffing level tools. Scoping work is being undertaken between the HSP, Scottish Government and the national e-Roster provider to understand the potential for the tools to be developed through the existing national contract or if an alternative option will be required.
3. **There is an ongoing challenge** in ensuring that staff have undertaken the required training requirements in relation to public protection, gender-based violence and trauma informed practice due to a lack of awareness of their mandated training requirements. Conversations between Organisational Development & Learning and the Public Protection lead as to the most appropriate site in which to 'host' the learning framework and with comms to ensure promotion across HIS

Key Stakeholder Engagement/External Activities

1. **The Healthcare Staffing programme** have been undertaking a series of virtual road show visits to all of the Health Boards, in partnership with colleagues from Scottish Government, to increase awareness of the Health and Care (Scotland) (Act). This included the provision of an overview of the Act, expectations of the Boards and the different professional groups and the role of HIS in providing support to Boards in the run up to the Enactment of the Act in March 2024. The visits were attended by Executive and Senior Managerial and Professional Leads within the Boards and created a platform for

questions and answers, myth busting and the collation of frequently asked questions to share through a central repository.

2. **Public Protection** - the Public Protection Child Health Lead (PPCHL) continues to chair the national NHS Public Protection Accountability and Assurance Framework Short Life Working Group monthly and contributes to both the child protection and adult support and protection national implementation groups following release of revised public protection guidance. Collectively these groups are making positive progress in embedding revised public protection practice and providing assurances around this to the Scottish Government.

QUALITY ASSURANCE DIRECTORATE (QAD)

Key Achievements

1. **The Follow up Review of the Beatson West of Scotland Cancer Centre (BWoSCC) Enquiry Visit -** In August 2019, representatives of the Beatson Consultant Committee wrote to us expressing concern at the lack of progress on the recommendations made as a result of the 2015 enquiry visit to the BWoSCC. We undertook further review activity of the progress made against the recommendations from 2015 enquiry visit and the BWoSCC follow up report was published in December 2021. We made a commitment to check progress in 6 months' time and seek evidence to ensure progress has been sustained after 12 months. Following a face-to-face meeting in January 2023, the review team believe sustained progress has been made against our recommendations, acknowledging that NHS Greater Glasgow and Clyde and the BWoSCC Consultants Committee have taken positive steps to develop mutual trust and build good working relationships. In addition, we are satisfied all health professionals, staff and patient groups have worked hard to develop a safe, settled model of care for acutely unwell patients at the BWoSCC.
2. **The Baseline review of healthcare provision within police custody centres in Scotland** report was published on 31 January 2023. The report highlights wide variation in access to healthcare for people in police custody and features recommendations for improvement, including nationally agreed waiting time standards for the assessment and treatment of individuals detained in police custody centres, and the development of up-to-date guidance on the delivery of police custody healthcare. The team are using the review findings to help shape plans and priorities for future joint inspection of police custody centres with HM Inspectorate of Constabulary in Scotland and HIS.

3. **The Joint Inspection of Services for Adults** team successfully completed a piece of work with the Care Inspectorate to provide independent assurance and improvement support to the Angus Health and Social Care Partnership. This work was commissioned by the Minister for Mental Wellbeing and Social Care in response to a significant case review concerning an adult at risk of harm (P19) undertaken in Angus. The final report provides independent assurance that the partnership is moving forward with its improvement plan to ensure that risks to person-centred, safe and effective care delivery and co-ordination for vulnerable adults are being addressed.

Key Challenges

1. We are continuing to adapt assurance activities in response to service pressures and changing risk considerations. There has been an increase in the number of follow up inspections and escalations about safety and quality of care across our inspection

programmes which are prioritised over new inspection activity. This has implications for planned inspections and we are continuing to flex our resources in a risk based and intelligence led way.

Key Stakeholder Engagement

1. **The QAD Engaging People Sounding Board** has been established to enable QAD to seek advice and input from Public Partners and the Community Engagement Directorate about engaging people in QAD work programmes. It is designed to complement and augment other stakeholder engagement that is planned or ongoing for both new work and existing assurance programmes, with the board acting as a 'critical friend'.
   The Sounding Board has had two business meetings to test the approach in practice. These have focused on QAD's prisoner healthcare and police custody inspections and Mental Health Infection Prevention and Control inspections. Feedback from participants at both meetings has been positive and will help to inform the Sounding Board's development.
2. **Neonatal Mortality Review** - HIS has been commissioned by Scottish Government to take forward a review in relation to the significant increase in neonatal mortality across Scotland in the year 2021-2022. The review will be conducted by an expert review group; led by Dr Helen Mactier, a recently retired Consultant Neonatologist and former president of the British Association of Perinatal Medicine. The group has representation from Public Health Scotland, Neonatology, Obstetrics, Nursing, Midwifery, Neonatal Transport and the third sector. We also have an external Neonatologist and Obstetrician from England. An internal reference group has also been established with representation from across HIS.

COMMUNITY ENGAGEMENT DIRECTORATE (CED)

Key Achievements

1. **Community Engagement strategic vision -** The Directorate has defined a bold and ambitious vision for its future in 2023-28. Co-produced with staff, it describes how the directorate will contribute to delivering the overall HIS strategy. The vision positions the directorate's work so that it is crucial to health and care transformation, and so it is recognised as the go-to place for best practice in engagement. Consultation with stakeholders is ongoing, along with the production of accessible format versions so it is ready to be published after the HIS strategy.

2. **Gathering Views: Chronic Pain -** In February 2023, we published our Gathering Views report on the experience of people living with chronic pain. The report was commissioned by Scottish Government to inform its framework for pain management service delivery. Participants highlighted the need for health and care staff to better understand what it is like to live with chronic pain, to believe people with pain, to improve access to pain management services and to better support self-management. We interviewed 92 people by phone, video and face-to-face across all 14 territorial NHS boards with a mix of all demographics.

3. **People's Experience Volunteers -** People's Experience Volunteers are a new volunteer role we have created which provides a public perspective on the development of work. This might include testing ideas for programmes, getting an idea of what's important to the public or shaping work. It enables quick feedback and differs from the Public Partner role which involves more regular input into programmes and meetings. So far, People's Experience Volunteers have been used to examine draft questions for a Gathering Views exercise and have reviewed an Easy Read Diversity Monitoring form. The project was launched to all HIS colleagues in February 2023.

Key Challenges

1. **New volunteering management system for NHS Scotland -** The Scottish Government has notified the directorate that it is no longer able to fund the purchase of a new digital platform for volunteering management, as a result of financial pressures. It remains committed to the project and is willing to support however possible. The development of the new digital platform is still progressing through DHI (Digital Health & care Innovation) to replace the current system which is no longer fit for purpose. DHI has completed stakeholder engagement; levels of participation in the stage 2 scoping were high, and DHI is confident that the final outputs from stage 2 have captured what will be required moving forward.
2. **Service change -** Publication of the updated *Planning with People* guidance by Scottish Government is awaited, following which the directorate can move forward with the Quality

Framework for Community Engagement and Participation. In preparation, three staff sessions were held for the directorate about the Quality Framework. Meanwhile, the Service Change subcommittee has sought further guidance from Scottish Government on determining proportionate engagement for temporary services introduced during the Covid-19 pandemic which are clearly in line with national policy, and also on the balance between engagement undertaken at a national and a local level for services shaped by national policy decisions. This guidance will be essential in guiding the decisions made by the Service Change subcommittee.

3. **Gathering Views and Citizens' Panels -** There has been a significant increase in the number of requests received for both Gathering Views exercises and Citizens' Panels. There are currently five Gathering Views exercises at various stages of completion. The topics are: Planned Care Waiting Times Guidance, Access to GP Services, Palliative Care, Medical Devices, and Realistic Medicine. There was also a request on Audiology Services which is on hold. Although it is excellent that so many Scottish Government teams are keen to seek community engagement in developing policy, the Directorate is at capacity for taking on further requests for Gathering Views. The next Citizens' Panel is also oversubscribed in terms of topic submissions.

Key Stakeholder Engagement

1. **Engagement Practitioner Network -** A meeting of the Engagement Practitioner Network took place in December focusing on digital tools with a presentation from Ellie Snape, Senior Digital Engagement Manager, Scottish Government. The network aims to link colleagues to share best practice, and currently has 122 members. The next development session is scheduled for April and will focus on Planning with People, Community Participation and learning from the Quality Framework test sites.
2. **Community Engagement webinars -** Two recent webinars helped to share and spread best practice in engagement: in February, 111 attendees learned about "Engaging with asylum and refugee communities" In March, 108 people joined "Engaging on a large scale" with speakers from 4 different NHS boards. Both webinars had significant participation from across Scotland and were positively received, with 91% rating them excellent/good.
3. **NHS Ayrshire and Arran service change consultation -** The board began its consultation on systemic anti-cancer therapy services on 13 February. The Service Change Team developed a survey, quality assured by the HIS Community Engagement Social Research Team, to capture feedback on the consultation from Community Councils, Third Sector Groups, and Community Groups in Ayrshire and Arran. The Service Change Team also developed a set of questions for the stakeholder reference group and are awaiting feedback on how members wish to engage with us to ensure we meet their needs.

EVIDENCE DIRECTORATE

Key Achievements

1. **Scottish Medicines Consortium (SMC)** published advice on 14 new medicines from November to January, including medicines for various cancers, rheumatoid arthritis and chronic kidney disease. Links to published advice are here: November decisions news release, December decisions news release and January decisions news release.
2. **Independent Review of the Equity in Medical Devices -** The Director of Evidence was invited to take part in a roundtable discussion as part of the. The review was commissioned by the Secretary of State to establish the extent and impact of potential ethnic and other unfair biases in the design and use of medical devices and to make recommendations for more equitable solutions. The round table brought together key stakeholders to discuss recommendations concerning potential bias in optical medical devices, including pulse oximeters. Full details about the review can be found here.
3. **Scottish Health Technologies Group (SHTG)'s** advice on the use of mesh to repair primary or incisional hernia was referenced throughout the Citizen Participation and Public Petitions Committee Debate: PE1865 Suspend all Surgical Mesh and Fixation Devices on Tuesday 17 January. SHTG concluded that the evidence supports the continued availability of surgical mesh as an option for elective hernia repair. SHTG's advice emphasised the importance of shared decision making and informed consent prior to all elective hernia repairs, and highlighted that patient preference may be for alternative hernia management options which should be made available to patients.
   The Cabinet Secretary for Health and Social Care noted that the Scottish Government (SG) would not be commissioning a further review into mesh, given the conclusions of the SHTG report.
4. **SHTG** provided evidence to underpin the Innovation Design Authority's deliberations on the first two Accelerated National Innovation Adoption (ANIA) technologies being considered for national roll out: closed loop systems for people with type 1 diabetes and a digital dermatology service that includes images as part of a person's referral from primary care.
5. **Scottish Intercollegiate Guidelines Network (SIGN)** has started three new projects using new methods that are aiming to streamline processes and reduce timelines. These are optimising glycaemic control in type 1 diabetes, perinatal mood disorders and prevention and early recognition and treatment of type 2 diabetes. The impact of these new methods will be evaluated.
6. **The Standards and Indicators (S&I) team** have completed the scoping engagement phases for Gender Identity and Cataract surgery standards (the final scoping reports available from HIS website).

Key Challenges

1. The number of new medicine submissions to SMC continues to increase as the team continues to address the backlog of new medicines submissions. Personnel changes and recruitment restrictions have had an impact on progress with this. Discussions continue with SG on the business case submitted to request increased capacity while streamlined processes continue to allow for prioritisation of medicines that meet particular criteria.

2. The recruitment pause means resource and capacity in the **SIGN** team are stretched. Some of the SIGN@30 development work is looking at methods and processes that can reduce our demand on staff from other teams, such as Health Services Researchers and the reduction in Health Economist capacity is having a knock on effect on several guidelines, resulting in extended timelines.
3. **SIGN** continues to face challenges in the lack of availability of the clinical community to commit to engage in SIGN work as a result of pressures in services. An example of this is Care of Deteriorating Patients guideline consensus voting process, in round 1 of the wider group, SIGN had 16/32 respondents and round 2 14/32 respondents. Four out of six group members contributed to considered judgement with most forms drafted by SIGN staff, seven out of fifteen group members responded to these drafts. Out of fifteen group members (excluding the chair), one dropped out, and two are not engaging with only seven actively engaging.
4. **The S&I team** is experiencing challenges around recruiting a chair for Gender Identity Services. The team is reviewing the approach and timelines with SG.

Key Stakeholder Engagement

1. As work starts on new guidelines SIGN is engaging with a range of key stakeholders. For perinatal mood disorders this includes:
    - *organisation representatives, e.g. LATNEM Peer support, Homestart. Dad's Rock.*
    - *people with lived experience of perinatal mental health conditions. Three people with lived experience have been recruited to the guideline group. They shared lived experience stories from both a personal and organisational perspective with the guideline group at the first meeting and discussed how these stories could help to shape the guideline.*

    For the diabetes projects SIGN:
    - *asked third sector organisations to nominate individuals for the guideline development group*
    - *recruited two people with lived experience and one third sector representative for the type 1 diabetes group*
    - *recruited one person with lived experience and one third sector representative for the type 2 diabetes group*

    All five representatives shared their experiences with the guideline development group at the first meeting to help shape the guideline.

    The Public Involvement Advisory Group helps to improve how SIGN involves and supports patients and the public in their work. They worked with this group to shape future ways of working including, how to update SIGN 100, a SIGN patient involvement handbook.

2. **The S&I Team** continue to work with stakeholders in targeted and tailored ways. The Gender Identity Services project team were in Shetland in February to meet with people with living experience and staff and practitioners from health and third sector. Ongoing engagement with stakeholders is underway for older people standards, which is being supported by the Care Inspectorate.

MEDICAL DIRECTORATE

Key Achievements

1. **The HIS Advanced Medical Leadership programme** continues to develop. Doctors working for HIS now benefit from regular masterclasses to support their competence, confidence and effectiveness as leaders and influencers for change. The third in our series was Dr George Fernie on medical leadership, HIS and the law. We are also signposting to key reference information for medical leaders and facilitating shadowing within the organisation. The programme is still at a relatively early stage having only commenced six months ago but informal feedback is positive. Scheduling to avoid clashes with other commitments remains a challenge which is being addressed pragmatically.
2. **The Leadership Development Programme** supports the wider ongoing development of our medical workforce. This involves clearer focus on the organisational needs of the doctors we employ, in particular the balance of technical expertise, influencing through networks and strategic aspects of leadership. Work is progressing in partnership with the ihub and QAD through the One Team programme.
3. The Medical Director, as co-chair of the **Sharing Intelligence for Health and Care Group**, is working with the wider group membership to refocus the work of the group on its core purpose. This involves significant operational changes within the group which are being supported by a wider HIS team drawing upon QAD, NMHAP and Evidence Directorates. Significant progress has been made towards implementation of a new and more focused model starting in the coming financial year.

Key Challenges

1. **Capacity** – staff absence is beginning to impact on the delivery of our engagement activities both internally and externally.
2. **Lack of Associate Medical Director** – A request is being considered at the March Board for investment in the Associate Medical Director post to generate further capacity in organisational clinical leadership. Without this investment, key work around medical and dental will not be taken forward.

Key Stakeholder Engagement

1. The directorate continue to work closely with QAD and the wider Medical and Pharmacy professions to understand the challenges at the **interface between NHS and independent healthcare**. The wider pressures in the NHS are contributing to growing demand for independent healthcare, both within and beyond regulation by HIS. The directorate provides intelligence, clinical expertise and relationship support with clinical leaders and regulators to help manage a number of challenges in this complex area of service provision.

ihub DIRECTORATE

Key Achievements

1. **Director of Improvement and Associate Director of Transformational Redesign** -were interviewed about HIS's approach to supporting system level improvement as part of the

Reimagining Government podcast. https://apolitical.co/solution-articles/en/reimagining-government-episode-5-national-government-2-0

2. **Directorate Key Performance Indicators (KPI's)** - we have progressed with testing KPIs around logic models, measurement strategies and received our first report at Q3 as follows:
   a. *71% (24) of programmes that we expected to have a logic model had one, with a further 21% (7) in development and 9% (3) not started.*
   b. *35% (12) of programmes that we expected to have a measurement strategy had one, with a further 41% (14) in development and 24% (8) not started.*
3. **Our next round of reporting** - will seek more qualitative data on the reasons why logic models, measurement strategies are in development or not yet started which will then enable us to better target support. We have also identified the potential to standardise some of the outcome chains and associated measures which would reduce the workload associated with producing logic models and measurement strategies. For complex change programmes, logic models and measurement strategies are critical foundations for understanding our impact.
4. **Substance Use Huddles** - The Associate Director for Transformational Redesign has established a cross organisational Substance Use Huddle to proactively share key operational and strategic insights across active substance use programmes. Creation of this communication structure has been positively received with the huddle structured to meet monthly with a focused agenda that allows teams to rapidly share information and ensure work is effectively aligned across the organisation.
5. **Improving outcomes and experiences for people with a learning disability and advancing dementia -** Around 30% of people living with Down's Syndrome who are in their 50s experience Alzheimer's dementia, this increases to 50% when people reach 60. The Focus on Dementia team within the ihub established a multi-agency group which included partners and topic experts from the Care Inspectorate, Alzheimer Scotland, University of Stirling, SG, and health and social care including care homes. The group has developed guidance for all professionals involved in supporting people with a learning disability and advancing dementia. The guidance has already received Scotland wide and international interest.

   Kevin Stewart, SG's Minister for Social Care, said: *"We understand how challenging it can be for people with a learning disability and a diagnosis of dementia to change their living arrangements and this new guidance will not only improve the services people receive, but will give staff improved information to support them to continue to deliver exceptional care across the country."*

Key Challenges

1. A key challenge across the directorate has been the ongoing impact of funding uncertainty for both 22/23 and 23/24 allocations. We finally received written confirmation of the 22/23 Dementia Allocations the week before Christmas. Although the allocation letter confirmed intention to fund the dementia programme in 23/24, as there were no specific details on the amounts, it was not sufficient to enable us to extend contracts. As a directorate, we placed 22 staff onto redeployment at the beginning of January, eight of which are attached to our mental health improvement work and five to our dementia improvement work. We currently have nine staff on redeployment. The reduction is largely down to a combination of staff obtaining alternative roles and 23/24 confirmation of allocations such that we were able to extend current contracts. In addition to the impact that this process has had on the

individuals directly affected, it has also resulted in a significant amount of management and HR time being focused on supporting individuals through the process and management and finance time being spent on securing confirmation of allocations and associated budgeting issues.

Key Stakeholder Engagement/External Activities

1. **QI Connect** is a webinar series focused on leadership, improvement and innovation, and delivered by the Quality Management System (QMS) Portfolio within the ihub with ongoing support from colleagues in the Community Engagement Directorate (CED). The reach is global – healthcare professionals from up to 60 countries link in to our QI Connect sessions. In addition to the input we receive from CED colleagues in the delivery of the sessions, we also receive excellent communications support to help with the publicity of these sessions.

   We rely on the goodwill of speakers in providing their time for free for planning and presenting the sessions. Eminent speakers such as Amy Edmondson, Michael West, Sir Harry Burns, Brene Brown and Atul Gawande have all contributed. A back catalogue of QI Connect sessions can be found here: QI Connect webinar series (healthcareimprovementscotland.org)
2. **Webinars** - Over Quarter 3, the directorate held 53 webinars or in-person workshops with a total "live" attendance of 2,702 individuals. In addition, a number of the events were recorded which then further expands our reach. The average number of participants per event was 51 and the event with the largest number in attendance was the Increasing Knowledge to Improve the Update of Power of Attorney, run by the Focus on Dementia team with 355 attendees.

FINANCE PLANNING AND GOVERNANCE (FP&G)

Key Achievements

1. **Budget** – the 23/24 budget and five year financial plan was approved by the Audit & Risk Committee, is being presented to the Board today and has been formally submitted to SG. The budget presents a balanced position, with inclusion of 4.8% of savings and consideration on a number of risks and opportunities.
2. **Risk** – following a productive workshop in relation to Risk Appetite at the January Board seminar, this work has been progressed and a further update will be presented to the Board in May. Work has also continued in relation to identifying clinical and care governance risks and further progress will be reported via the Quality & Performance Committee.
3. **Audit** – both the external audit plan for 22/23 and the internal audit plan for 23/24 have been approved by Audit and Risk Committee following recent presentations by Audit Scotland and KPMG respectively. Work continues to transition these two new appointments into the organisation.
4. **Head of Finance & Procurement** – following the current post holder's retirement, we have recruited into this role and the new appointment will start on 2 May 2023.

Key Challenges

1. **E-financials** – disruption to the financial ledger system following an unsuccessful upgrade on 19 January by the National Finance System team in NHS Ayrshire & Arran, resulted in us invoking our business continuity procedures between 1 February and 10 March. During

this time, NSS under our existing service level agreement, stood up manual processing of supplier invoices. We are not aware of any issues, including any late payments and the system has regained full functionality. A letter raising concerns, in particular around the impact this will have on year-end, the service audit we place reliance on and how we take future learnings from this, was sent from our Chief Executive to the Chief Executive at NHS Ayrshire & Arran.

2. **Reporting improvement project –** supporting the current One Team 'sprint' project to identify improvements in performance reporting processes within the organisation has been challenging, alongside a busy period for the team but a number of practical improvements are in the process of being developed ahead of testing and implementation.

Key Stakeholder Engagement

1. **SG Planning Commission** – we have been engaging closely with our sponsor team in preparation for the formal commission by SG of Annual Delivery Plans (ADPs) and Medium Term Plans for 2023 onwards. A more bespoke approach is being taken this year for national boards which should allow the opportunity to clearly describe HIS' contribution to national priorities along with our own strategic aims. We have also agreed with our sponsors on a proportionate approach to reporting ADP process, aligned to our own governance arrangements.
2. **Ways of Working** – we have formally closed our short life working group following completion of the new ways of working guidance. SG have asked us to present a summary of our work to the Directors of Finance group as an example of good practice.

PEOPLE AND WORKFORCE DIRECTORATE (PAW)

Key Achievements

1. **One Team** - The People and Workplace Directorate are continuing to actively contribute to and influence the work of the One Team programme, given the range of activity connected to our people, and also the culture of the organisation. Within the HR team, work is in place to support a range of organisational change within Directorates, some on a small scale and others of a further reaching and more fundamental nature. At the same time the Workforce Workstream is co-ordinating a number of work packages to support the ambition of HIS to be an exemplar employer, including the development of our redeployment practices to embrace a talent and developmental approach across the organisation, the opportunity to look at standardisation of roles and also our approach to programme and project management.

   For the Organisational Development and Learning (OD&L) Team a number of underpinning priorities have been confirmed as important to the progression of the One Team work packages. This includes a focus on leadership (and management) development, staff development and also a bringing together of core corporate functions to strengthen the collective offer. Also in this respect, the team continue to progress HIS Campus. A HIS Campus project team has been established to manage its development and launch, led by OD&L and including colleagues from Digital, Communications, Internal Improvement and Finance Teams. Current priorities the project team are progressing are:

- *Infrastructure Development:* The project team are working with the Digital colleagues to develop a SharePoint site to host HIS Campus. All learning resources for the organisation will be channelled through HIS Campus.
- *Communication Plan:* It is anticipated that the launch of HIS Campus will begin in May 2023. The project team is working with colleagues from the communication team to build awareness of the concept and how to access.

The HIS Campus Group continue to collaborate with a recent focus on:

- *Mandatory Training Review:* The HIS Campus Group has completed a review of the HIS Mandatory Training Programme to ensure that it is comprehensive and proportionate. The recommendations arising from this exercise have been approved and it is intended that staff will be given an "amnesty" of six months to become fully compliant with their mandatory training. This will be aligned with the annual and mid-year Performance, Development and Wellbeing Review (PDWR) activity.
- *Strengths Deployment Inventory (SDI):* Following discussion at the HIS Campus Group where it became apparent that there was an organisational appetite to use SDI to support team working, the OD&L team put forward a business case to seek funding to procure and implement SDI in HIS. This will create many opportunities to support individuals and teams to improve their relationships and performance including team development, agile working, recruitment, and on-boarding. Subject to approval, procurement will commence in April 2023.
- *E-Learning Platform Options Appraisal:* This exercise intends to simplify the learning landscape for learners and potentially make savings for HIS. A paper has been drafted and will be presented to the Executive Team for approval by mid-April 2023. In recognition of the additional requirements of One Team for the OD&L team the request to fund a temporary Band 7 role to support this work has been agreed for investment by Executive Team colleagues and will be formally considered for approval at the Board in March.

2. **Redeployment & Fixed Term Contract Management** - We are working closely with Directorate and Partnership representatives, we have provided significant work to support staff through the Redeployment and Fixed Term contract process. This has taken a significant level of HR input, advice and guidance along with close vacancy management to ensure that as many staff as possible are able to progress through this process as their contractual position changes in line with current financial arrangements.
   At the current time the total number of 'active' staff on the redeployment register has fallen from a starting position of 56 to 9. Further work is underway to ensure appropriate plans are in place to manage any remaining individuals who require continued support beyond the end of March 2023. Close working of all involved has been of huge benefit in achieving this progress.
3. **New Employee Assistance Programme (EAP) provider** - With effect from 1st April we will be changing the supplier of our EAP and will move to the service provided by Spectrum. Life. The Spectrum. Life EAP provides employees with confidential, easy access to a wide variety of mental health support, as well as practical services. These professional services will be available to support employees dealing with a variety of personal or work-related issues, while providing staff with tools to proactively protect and manage their mental health. This provider offers a range of routes to access the service including live chat,

WhatsApp and text, an online portal and a Freephone telephone line for support. The HIS EAP is a 24/7 free and confidential support service.

Key Challenges

1. **Health and Safety**- Following the departure of the previous Health and Safety Advisor, Nancy McIver, to a new post elsewhere there is currently a gap in this area of specialist support. The vacant role has been advertised and interviews are taking place on the 20th March and it is hoped that an appointment will be made to fill this crucial role.
2. **OD&L capacity** – The OD&L team have continued to work hard to deliver a comprehensive corporate service across the organisation despite not being in the position to fill a vacancy in the team, which has been part of the financial balance planning for the directorate. In recognition of this, as detailed above, approval is awaited for a fixed term Band 7 role to join the team.
3. **Facilities –** Work is continuing to ensure appropriate building arrangements are in place, specifically within Delta House and Gyle Square. In the short term this is proving challenging on the basis of staff absence/changes, and also in terms of the further planning requirements in relation to NSS coming into Delta House later this year. Again work is underway to progress planning for this, to ensure the appropriate arrangements are in place.

Key Stakeholder Engagement

1. **Partnership Working** – As detailed within the Staff Governance Standard, the People and Workplace Directorate continue to ensure Partnership working sits at the heart of our activity across HIS.

COMMUNICATIONS TEAM

Key Achievements

1. **Website Presentation** - Findings from the discovery phase of the redevelopment project were shared with the Executive Team along with a proposal for next steps. The corporate and ihub websites need urgent redevelopment and the wider web estate is being reviewed in this context. The Executive Team agreed the next phase of work.
2. **Corporate Podcast -** We launched a corporate podcast, this new channel shows our continued commitment to identifying new ways to communicate to relevant audiences. The first episode, which focused on our work on significant adverse events, was well received internally with 165 downloads in the first week. The next episode will focus on frailty.
3. **Communications Monthly Update -** An oversight report on communications work has been developed for the Executive Team. This has been well received and highlights the breadth of skills and support in the Communications Team.

Key Challenges

1. **One Team Communications -** One Team is something we are keen to promote as the organisation seeks to restructure. Communication around this can be challenging and needs to strike a delicate balance that informs without causing anxiety. Feedback is being taken on board and we will run a survey to establish understanding among staff and their preferred way of receiving communications.
2. **Accessibility** - HIS is required to comply with legislation on ensuring our published materials are accessible to all. Non-compliance can incur a fine. While responsibility for

organisational compliance is wide ranging, the Communications Team is providing accessibility support around web content, publications, graphics, writing and social media creatives. We are working with the Director of People and Workforce to identify an organisational approach to accessibility.

3. **Branding -** Feedback from the 'discovery' phase of the web redevelopment project shows that our individual directorate brands present a barrier to stakeholders understanding HIS. The Communications Team has begun reviewing branding with teams. This process will be rolled out across the organisation.

Key Stakeholder Engagement

1. **Excellence in Care (EiC) and Healthcare Staffing Programme (HSP) winter webinars -** Four winter webinars by EiC and HSP raised awareness of the importance of safety and excellence in various aspects of healthcare. The Communications Team provided support to ensure all channels were used to reach the various stakeholders the sessions could support, including the corporate website and social media channels. We also supported our Director of NMHAP to develop a blog about the work.
2. **Parliamentary committee preparation -** We have provided presentation support for senior leaders including our Director of Quality Assurance and our Medical Director when they have been taking part in parliamentary committee meetings. After the formal briefings have been prepared by colleagues, Communications staff run through key hints and tips to deal with difficult situations and delivering key messages. We now have a standard presentation of advice and tips for use to support future senior leaders called upon to attend committee meetings.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**HIS Strategy 2023-28**
Agenda item:	**2.1**
Responsible Executive/Non-Executive:	**Robbie Pearson, Chief Executive**
Report Author:	**Jane Illingworth, Head of Planning and Governance, Lynda Nicholson, Head of Corporate Development**
Purpose of paper:	**Approval**

1. Situation

At its January 2023 seminar, the Board received the latest draft of the HIS Strategy for 2023-28. Discussion covered the rapidly changing context in health and care and the need to clearly articulate HIS' role in supporting the system at a time of crisis.

The Board welcomed the progress which had been made with the latest draft of the strategy and endorsed the direction of travel for the final version. It was agreed that this would be presented to the March Board meeting for formal approval ahead of publication.

The strategy (appendix 1) is presented alongside a supporting communications plan (appendix 2) and draft Equality Impact Assessment (EQIA) (appendix 3).

The Board is asked to note the progress and supporting documents and to approve the HIS Strategy 2023-28 for publication as set out in the communications plan.

2. Background

The development of the HIS Strategy was led by a Strategy Co-ordination Group with input from the Executive Team, Board, colleagues and others over a number of months, with an initial draft presented to the Board in March 2022.

Due to system pressures, initial external stakeholder engagement activity was focused on 'business as usual' opportunities. From April 2022 onwards we undertook more bespoke engagement on the draft strategy (for example with national professional groups and Scottish Government) as well as a broader consultation exercise with staff and external

stakeholders as a result of which we received a range of comments from respondents via our online survey and dedicated mailbox. Staff networks were also invited to contribute views through their specific lens. We also had the support of the expertise and established networks of HIS: Community Engagement in undertaking public facing engagement, which enabled us to gather meaningful feedback on our strategy from public citizens. An update on the headline outputs from this stakeholder engagement period was shared with the Board at its meeting in June 2022.

At subsequent discussions of the Board in August and November, there was consideration of the rapidly unfolding crisis in health and social care, and Healthcare Improvement Scotland's response. This, along with consideration of the consultation feedback from stakeholders, all pointed towards the need to undertake a more considered review of the draft strategy to ensure it would meet organisational and system needs in the medium to longer term. The intention was not to fundamentally alter the direction of travel, but to be clearer on HIS' strategic focus, contribution and priorities. This resulted in the revised draft which was positively received by the Board in January 2023.

3. Assessment

The strategy (appendix 1) is purposefully high level, yet is intended to provide a clear indication of our priorities to our staff and stakeholders and to guide decision-making. While some elements of the strategy (i.e. purpose, vision and contribution) are not likely to change significantly over time, the priorities for 2023-28 relate directly to the current challenges faced in health and social care and the areas in which HIS can make a distinct and impactful contribution.

Further details on operational delivery and implementation of the strategy will be taken forward through our annual and medium-term planning processes and performance reporting mechanisms, in discussion with the Quality and Performance Committee.

Communications Plan

An internal and external communications plan (appendix 2) will familiarise the strategy internally and promote it externally. Internal Communications will cover the pre-launch period including a themed All Staff Huddle and mention in the Chief Executive (CEO) message on the preceding Friday. Launch week commencing 17th April will include an internal message, news story on the Source and an 'In Conversation' piece between our Chair and CEO.

Externally we will use a range of channels and tactics including Media Relations targeting news and sector media including a CEO opinion piece in the Scotsman. Social Media, particularly LinkedIn and Twitter including news content and video clips of our Chair, CEO and Directors welcoming and commenting on the strategy. Website content will include a news story and a CEO video message while stakeholder communications will include direct mail and a special edition of eNews.

EQIA

In line with the Public Sector Equality Duty, a draft EQIA (appendix 3) has been produced for the strategy with the support of the Equality & Diversity Advisor. It describes a number of external and internal facing priorities within the strategy which set HIS on course to advance equality and promote human rights throughout our support for health and social care.

This impact assessment has not anticipated any specific negative outcomes for any groups, but the success of our strategy in delivering for all, reducing health inequalities and promoting human rights, will be determined by how we realise it operationally. The EQIA therefore highlights the importance of operational delivery in determining its impact, and makes recommendations for the organisation in relation to this, including that all work programmes should have an EQIA in place which identifies relevant health inequalities and ways the work can challenge or reduce them.

As noted above, we will work to align the implementation of the strategy with existing reporting mechanisms, including those on our equality duties and ambitions.

Assessment considerations

Quality/Care	The strategy is underpinned by the Quality Management System (QMS) approach – HIS' 'delivery model' - to ensure that our work maximises the impact of the different aspects of HIS being deployed in a co-ordinated and cohesive way and garners expertise from across the whole organisation. The strategy also seeks to reflect the impact of the covid-19 pandemic, current system and financial pressures, and the evolving nature of health and social care delivery including the establishment of the National Care Service.
Resource Implications	The strategy will inform the prioritisation of HIS resources over the coming years and be reflected in future Financial Plans. Achieving best value and maximising the impact of our resources will continue to be central to our strategic approach and decision-making.
	The strategy will inform the future shape of the HIS workforce, its learning and development, and ways of working. The strategy includes the values of the organisation and will provide opportunities for alignment of individual and team objectives with organisational priorities.
Risk Management	The current strategy covers the period 2017-2022. Without an up to date and relevant strategy, there is a risk to the reputation and perceived relevance of the organisation. The strategy will provide direction which will support clarity in external engagement and internal decision-making. The strategic risk

	register will be reviewed in light of the new strategy once agreed.
Equality and Diversity, including health inequalities	An EQIA has been undertaken in relation to the draft strategy and associated consultation exercise, supported by HIS: Community Engagement. The draft is attached at appendix 3.
Communication, involvement, engagement and consultation	• Board strategy session, 25 August 2021 • Board Development session, 17 November 2021 • Board meeting, 8 December 2021 • Board meeting (reserved), 23 March 2022 • Board meeting, 29 June 2022 • Board seminar, 31 August 2022 • Board development session, 15 November 2022 • Board seminar, 25 January 2022 • Updates and presentations on the final draft strategy took place at the Clinical and Care Forum, Scottish Health Council Committee and Partnership Forum during February – March 2023, as well as with our sponsor division in Scottish Government. • The draft strategy included in the meeting papers for the formal Board meeting on 29 March has also been shared with members of the Scottish Health Council Committee for comment.

4 Recommendation

The Board is asked to note the background provided on the strategy development to date, the associated communications plan and the EQIA document.

The Board is asked to approve HIS' Strategy 2023-28 for publication as set out in the communications plan.

5 Appendices and links to additional information

Appendix 1 – Draft HIS Strategy 2023-28
Appendix 2 – HIS Strategy Communications Plan
Appendix 3 – Draft HIS Strategy EQIA

Healthcare Improvement Scotland

Leading quality health and care for Scotland:

Our Strategy 2023-28

Updated Draft Strategy for Board (March 2023)

Contents

Published March 2023

www.healthcareimprovementscotland.org

Setting the scene

We are the national improvement agency for health and care in Scotland. Our strategy is to secure lasting, positive and sustainable improvements across the whole health and care system. With a remit that covers acute, primary, mental health and community care as well as wider communities, we are uniquely placed to identify the connections and opportunities created by system wide working and collaborate with other national health boards to deliver a relentless focus on the safe delivery of effective care.

To deliver our strategy we will draw on our significant experience and bring together knowledge and skills from across our organisation to target our resources where they will have most impact in reducing waste, variation and harm. As an evidence based organisation, we will be transparent in evaluating our effectiveness.

We are committed to being a visible, dependable, trustworthy and proactive partner in supporting the recovery and renewal of our post pandemic health and social care system. We will work closely with our colleagues delivering health and care and do our best to support them.

> We will, over the lifetime of this strategy, focus our strengths and resources on addressing challenges to secure positive, sustainable change in the health and care system.

We will be bold in the actions we need to take to improve health outcomes and provide practical support to design and implement changes that will lead to improvement. And we will reduce inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon.

By taking a whole system approach, we will use our evidence based insights to devise actions that support the delivery of person centred, safe and effective health and care services.

As well as focussing on the 'horizon one' immediate challenges we will also look to 'horizon two' intermediate innovation and 'horizon three' longer term transformational change. With this perspective, we will be able to adapt our strategic approach to ensure we continue to address the challenges in the system and maximise our impact now and into the future.

We will provide independent assurance of the quality and safety of the care provided by Scotland's health and care system and measure how outcomes for people are improving and inequalities reducing. With partner organisations, we will consider how services are working together as an integrated system to implement improvements.

To help ensure everyone in Scotland receives the same standard of care and is able to thrive, we will provide national leadership and insight as part of our contribution to the programme of adult social care reform. And, although there is no one single step to achieving higher quality care, we will support those who provide care to make evidence based choices and decisions about how to tackle problems and challenges that confront them.

At the end of the period this strategy covers, we will be able to demonstrate that, through a comprehensive and focused set of deliverables, we have supported improvements in front line care as well as leading on the larger scale changes necessary across Scotland.

Our strategic approach

Our purpose

Our purpose is to drive the highest quality care for everyone in Scotland

Our vision

A health and care system where:

- people can access safe, effective, person-centred care when needed
- services are informed by the voices of people and communities and based on evidence about what works
- those delivering care are empowered to continuously innovate and improve

Our values

- care and compassion
- dignity and respect
- openness, honesty and responsibility, and
- quality and teamwork.

Our contribution

Healthcare Improvement Scotland exists to lead improvement in the quality and safety of health and care for the people of Scotland using our skills and knowledge to tackle the quality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care, and with partners, to embed quality management across the provision of health and care.

Our support for the system is underpinned by a number of statutory duties and powers[1], including:

- to further improve the quality of health and care
- to provide information to the public about the availability and quality of NHS services
- to support and monitor public involvement
- to monitor the quality of healthcare provided or secured by the health service
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new medicines and new and existing health technologies

1. Our statutory duties can be found in the Operating Framework between HIS and Scottish Government

our strategy in action

Connecting scrutiny with improvement support

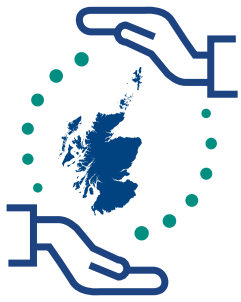
As a national organisation we can look right across Scotland at the safe delivery of care from issues we identify during inspections. We also have a responsibility to give leadership by bringing it into the spotlight.

Our scrutiny work is able to identify serious concerns relating to the safety of patients and staff and where necessary we will call upon all of Scotland's NHS boards to review their systems and procedures, and do this publicly.

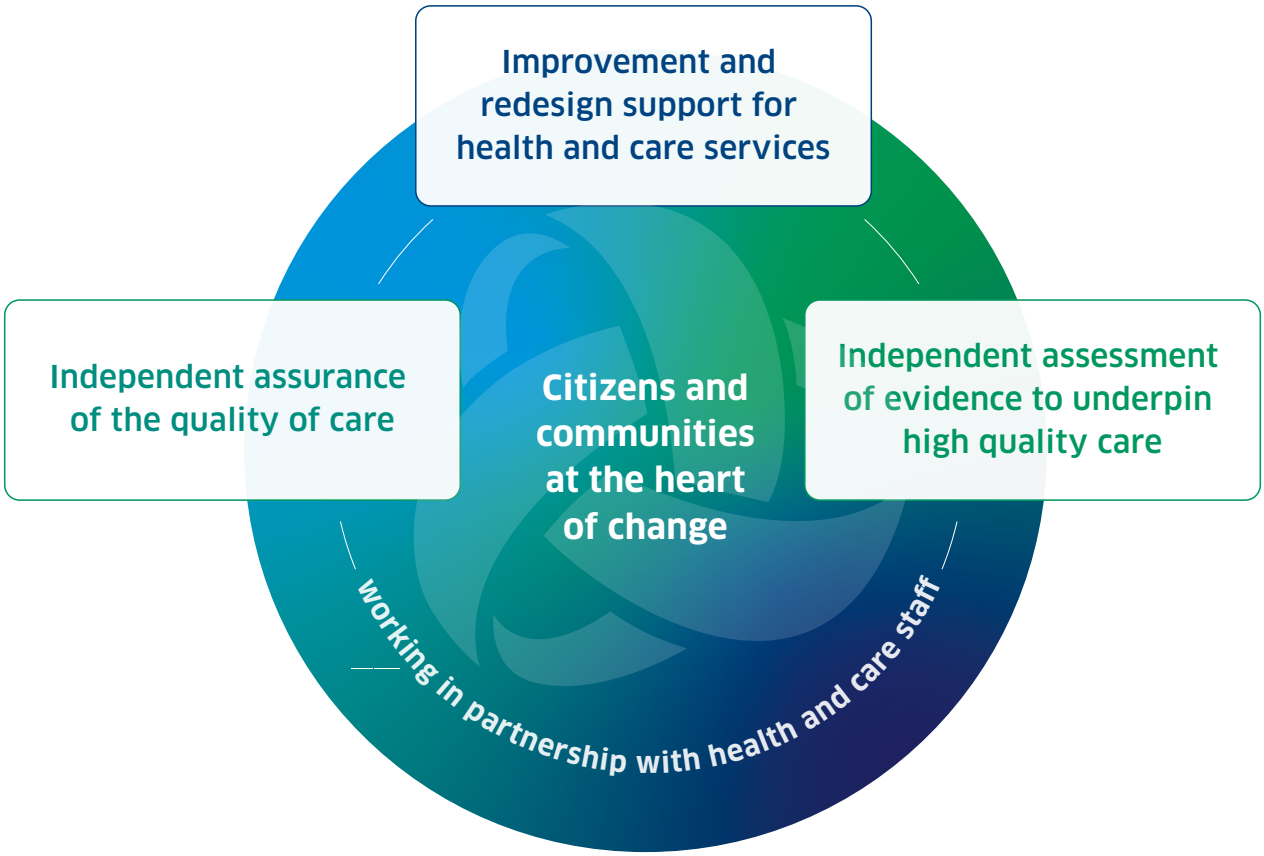
Our inspections also identify good examples of staff working together, in difficult circumstances, to manage and mitigate risks. Despite the challenges associated with patient flow, waiting times and workforce pressures, inspections will continue to highlight the many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care.

In addition, staff wellbeing continues to be a prominent feature of our inspections, with staff expressing feelings of exhaustion and concerns around their ability to provide safe patient care, to escalate concerns and feel that they are being listened too.

We will continue to share the learning from our inspections over the coming years and offer ongoing improvement support to the system. We can provide a range of techniques and approaches to support, promote and share practice across NHS boards.



Our functions and approach



Across our functions, we work to ensure that the design, delivery, improvement and assurance of care are underpinned by:

- the **voice** of people needing, using and delivering care
- **evidence** about what works and how
- **data** to understand where to focus change and whether change is leading to improvement, and
- a **culture** which enables continuous learning, innovation and improvement.

We are increasingly aligning all our activities so as to most effectively target support to meet the greatest challenges facing the safety and quality of care.

The quality of care we see in the system will also directly inform the prioritisation of our work.

What we mean by quality

Across health and care there is no universally accepted definition of quality. We use the following to guide our work, which is based on the Institute of Medicine's Six Dimensions combined with the Quality Dimensions proposed in the Independent Review of Adult Social Care in Scotland.

High quality health and care means it is:

- **Safe** – individuals using health and care services feel safe and the care they receive does not harm them.
- **Effective** – providing care based on evidence and which produces a clear benefit.
- **Equitable** – providing care that delivers equity of outcomes for everyone, which recognises the different needs of protected characteristics.
- **Person centred and personalised** – providing care that responds to individual needs and preferences, ensuring individuals are partners in its planning and delivery.
- **Accessible and timely** – ensuring people can access care when and where they need it.
- **Efficient and Preventative** – maximising the benefit from available resources, responding early to prevent longer term negative outcomes, and avoiding unwarranted variation and waste.
- **Integrated** – individuals receiving a range of care provision experience it as joined up and easy to navigate.

our strategy in action

How lived experience influences service improvement

The voices of people with lived and living experience are critical to the success of service transformation because they help us understand what happens within the health and care system.

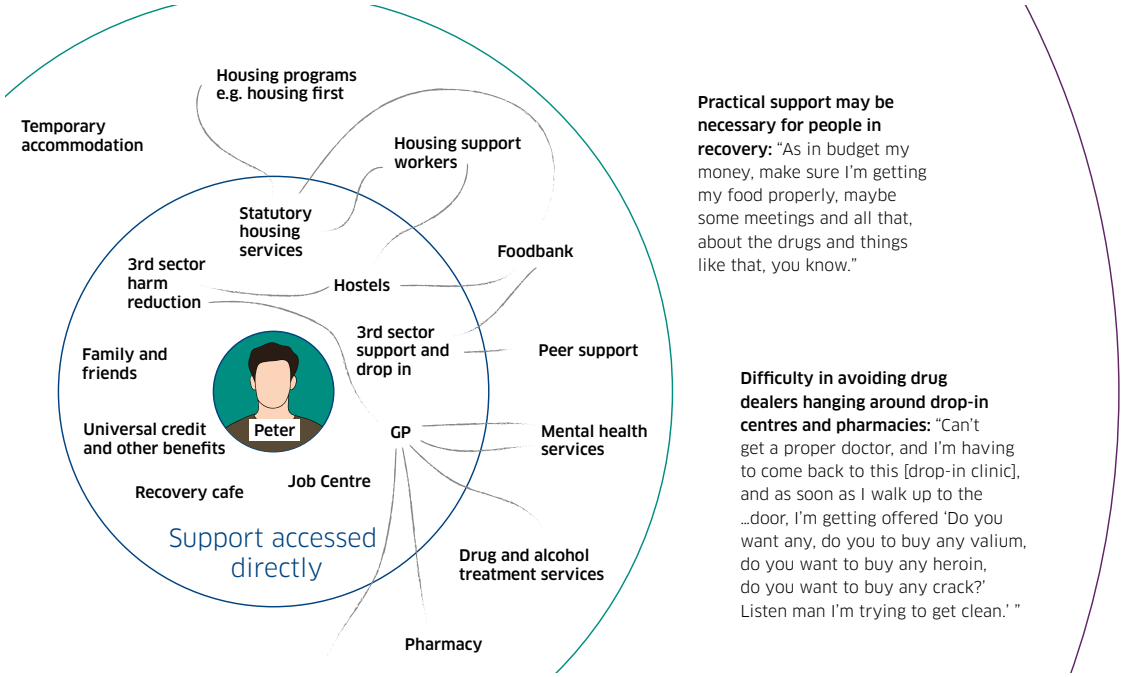
That first-hand experience of using a service or having a health care need gives unique and valuable insights into how health and care systems perform and how people feel when engaging with it.

Bringing these people together with our multidisciplinary professional teams to shape and refine our delivery approach, is how we approached our work on **Reducing Harm Improving Care (RHIC)**.

Working with four health and social care partnerships, our team engaged with 53 people who were experiencing homelessness and were currently using, or had previously used, drug and/or alcohol services.

What we heard helped us create user experience maps to show complexity of the patient journey and that in turn has given a clear direction to the service improvement work.

Extract from a user experience map

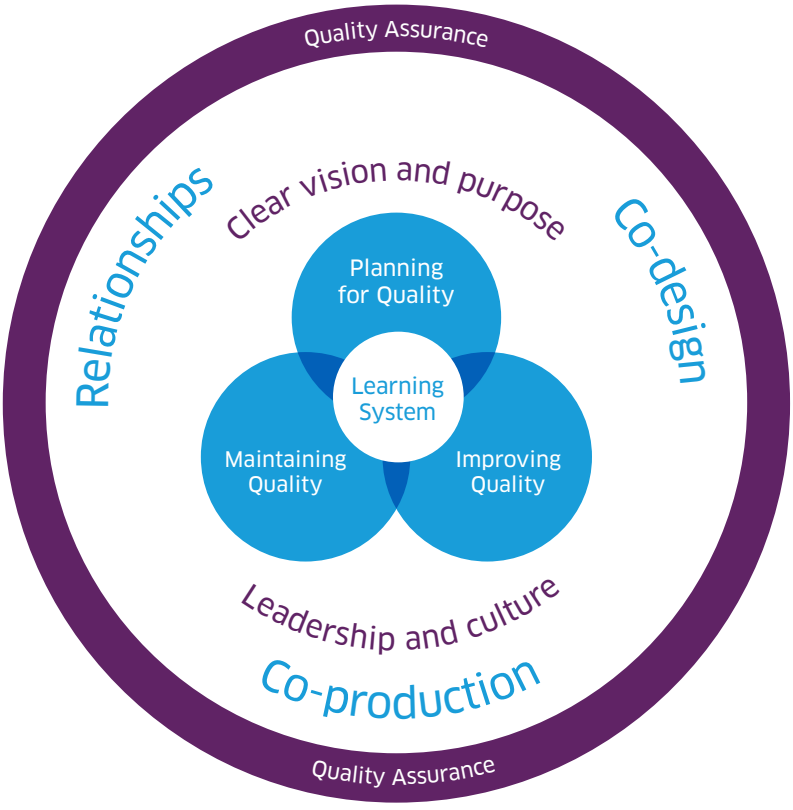


Our Quality Management System

High quality care requires Scotland to embed quality management at every level of the health and care system. Our **Quality Management System** brings together the key activities that drive improvement in health and wellbeing outcomes:

- **Quality planning** – identifying priorities for improvement and designing appropriate changes to achieve them.
- **Quality improvement** – practical implementation of changes through repeated testing and measurement.
- **Quality contro**l – proportionate routine monitoring of 'day to day' quality of services to ensure they're good enough.
- **Quality assurance** – independent assessment of the both the quality of care and the enablers of high quality care.

It recognises the vital role of **leadership** and **organisational cultures** in the delivery of high quality care alongside the importance of **working in partnership** with **people who need**, **use and deliver services** to design and implement change.



our strategy in action

The Quality Management System in action

Joint and collaborative working by a range of teams within Healthcare Improvement Scotland, and in partnership with Boards and other bodies, delivers the Quality Management System in practice, for example, where a safe delivery of care inspection (Quality Assurance) highlights quality issues within a Health Board.

Where bespoke support is needed to support identified improvement areas, we will bring together the right mix of expertise and evidence base which may include (among others) the Healthcare Staffing Programme (HSP), and Excellence in Care (EiC). We will work with the senior leadership and clinical teams for a short but intensive period to focus on the relevant key areas of improvement.

Here's an example: In an acute hospital staffing has been identified as a particular challenge and having a detrimental impact on quality of care. Two areas where the expertise from our HSP and EiC teams could support improvement are:

- Implementation of real-time staffing assessment
- Workforce and quality review

As a first step, **(Planning for Quality)** we meet with key stakeholders from the hospital to build relationships, share intelligence, agree roles and responsibilities and begin process mapping. We'll set out to understand the current real time staffing arrangements and start the process of gathering information and data to support, enable and empower teams and inform the workforce and quality review. It is essential to understand the current situation and local context as this informs our understanding of the impact upon quality outcomes for patients and staff wellbeing. This will in turn support identification of priority areas for improvement.

Continues on page 11

The Quality Management System in action (continued)

Following the implementation of the Health & Care (Staffing) (Scotland) Act 2019, NHS Scotland boards will be legally required to ensure they are appropriately staffed at all times in order to provide safe, high quality care which improves outcomes for service users.

The Healthcare Staffing Programme supports NHS boards to prepare for the legislation, through the provision of training and support, educational resources and through the development of staffing level tools and workforce planning methodology. We will support Boards to apply the principles of the Common Staffing Method which also aligns to the Quality Management System.

"The real-time staffing resource we will be able to use will help reduce the need for numerous conversations regarding staffing levels, acuity of patient, professional judgement etc and capacity to support…" Interim Deputy Nurse Director

Our priorities 2023–2028

Recognising the serious challenges facing the health and social care system, and the needs of our stakeholders in meeting those, we will maintain a relentless focus on quality and safety, with the following priorities:

1	Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement.
2	Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care service.
3	Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.
4	Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.

Appendix one sets out our planned actions in support of these priorities.

our strategy in action

Improving access to general practice

Patients and primary care teams across Scotland are realising the benefits of using seven-week improvement sprints to improve patient access. We help the teams use data to understand their demand, capacity, activity and queue, and find ways to manage it differently, freeing up staff time to see more patients.

In one practice, for example, the lack of available routine appointments led to patients with non-urgent requests being added to the duty team's daily urgent triage list and taking up urgent appointment slots. The practice wanted to reduce their triage list and free up the clinical duty team's time to ensure patients could access the appropriate appointment.

The practice found that 46% of patients did need urgent treatment, 36% did not need urgent treatment but did need to see a GP or Advanced Nurse Practitioner (ANP) and 18% could have been seen in a non-urgent appointment by someone other than the GP. To help patients access the right care at the right time, the practice decided to test a minor illness clinic.

Capacity (up)	**Demand** (down)
The practice created 15 ANP-led minor illness appointments per day, or 75 over the week.	In the first week, 62 patients were seen in the new clinic and did not use an urgent GP appointment slot.

We are continuing to support teams to use this approach to address their access challenges and we are training and supporting local QI teams to deliver the approach in their areas.

> Because of the importance of the patient voice, we will from time to time conduct a 'gathering views' exercise to obtain opinions from members of the public. We'll specifically focus on the area in question – in this case access to GP services and the draft principles developed that aim to improve primary care services. This may also include seeking views from the Citizens Panel.

Our reach and delivery partners

We work at every level in the health and social care system in Scotland which means we are well placed to identify common challenges across Scotland and to work with the public sector, the third sector, the public and communities to make and share improvements.

	People who use services, carers, and local communities		31 Health and Social Care Partnerships
	21 NHS boards		Housing, volunteering, and third and independent sector organisations
	32 local authorities		International community
	Scottish Government and other organisations with Scotland-wide remits		National professional groups

We are a collaborative national organisation. Partnerships are a strategic and operational element of how we organise, plan and undertake our work. At times we will lead, at other times we will support, but it is this through this kind of team work that we can unite our expertise and insight with that of the system, to deliver better outcomes.

We are already working closely with other national boards to support the delivery of safe health and care and national improvement priorities, including Public Health Scotland and NHS Education for Scotland, and we collaborate with the Care Inspectorate and other national agencies in relation to scrutiny of health and social care services, to ensure consistency and avoid duplication.

By working in this way, not only are we aiming to have a positive impact on Scotland's National Outcome for Health, but to also contribute to many other National Performance Framework outcomes including children and young people, communities, education, human rights and poverty. Many of these can only be achieved through collaboration with other bodies.

our strategy in action

Children's voices build the Bairns' Hoose

In all our standards-development work we aim to be inclusive of partners and take a person-centred around those who will be impacted. We ensure that our methodology is underpinned by international principles for standards development and this is routinely evaluated as part of our commitment to continuous improvement.

Healthcare Improvement Scotland has worked with children and young people, third sector colleagues and other partners in health, police, social work and justice to develop the Bairns' Hoose Standards, based on the Barnahus model.

We took a trauma-informed approach to this work, to ensure that we did not add to the negative experiences of children and young people and which enabled them to genuinely influence the development of the standards.

Before the formation of the Bairns' Hoose Standards Development Group, children and young people across Scotland were asked one key question: 'what would you like to see in the standards?' Following that, participation and rights workers from six organisations supported children to play an active role throughout the standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children input their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered financial support to run sessions or workshops with young people across Scotland.

Children and young people will continue to work with our communications team to create an alternative format version of the children's standards which meets their needs. We will also work with children's rights organisations to support the children and young people to participate give their thoughts on the applications for pathfinder sites. Where appropriate we will work with third sector organisations to offer a Living Wage. Children and young people will continue to be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins. These are key tenets of the model and also key tenets of our work to develop standards.

How we will organise ourselves to deliver

As an improvement organisation we need to work within our resources and be agile in response to changing circumstances while at the same time maintaining a focus on our strategic priorities.

We aim to have a streamlined and transparent 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 all of our activities.

Our workforce is our greatest asset. We attract people who are passionate about what they do and about driving improvements in health and social care. We will focus on how we support and develop our staff to work across and between internal boundaries, and remain a flexible, agile, high performing workforce with the right skills and expertise to support changing organisational and national priorities.

To sum this up, our ambitions for ourselves are to:

- be innovative, flexible and responsive to changes to the context in which health and care is delivered.
- be an exemplar public sector employer, and
- play our part in building a more equitable and environmentally sustainable future for Scotland.

> By setting high standards for ourselves, we aim to give leadership to others through our culture, our performance record, and through the way we develop, support and ensure the wellbeing of all of our staff.

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. In addition we aim to celebrate diversity and ensure equity and inclusion in all of our activities.

We will

- Implement our 'One Team' organisational programme of work which will ensure that our structures, processes and cultures allow us to work collaboratively – and to maximise our impact on the quality of health and care services.
- Continue our work to be an anti-racist organisation and attract a greater diversity of people to work or volunteer with us, and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland's activities.
- Invest in our digital capability to ensure secure, resilient and sustainable systems and that our staff are digitally empowered.
- Develop digitally connected, accessible information systems that informs our work and stakeholders, including our intelligence and web presence.
- Create a renewed focus on the impact of our work on society and the environment, placing emphasis on sustainable, good value and ethical practice.

Reviewing progress and learning

We will measure and report on our progress towards achieving our strategic ambitions as part of a coherent framework which aligns the strategy with our governance structures and processes and our accountability arrangements with Scottish Government.

In support of this, we will be articulating how our Annual Delivery Plan and quarterly performance reporting align with the strategy and how its implementation can be reflected across our planning and prioritisation over the next 5 years. Annually, we will review our planned actions to deliver our strategic priorities.

This will be within the context of the '**learning system**' approach which is central to the Quality Management System. Our Good Practice Framework for Strategic Planning highlights the importance of the following in reviewing progress:

- Demonstrating how strategic implementation is leading to improved outcomes and key stakeholder objectives
- Actively involving stakeholders in monitoring delivery
- Regularly reviewing and adapting strategic plans and priorities in response to external or internal drivers
- Honestly and openly identifying where there have been barriers to implementation or unintended consequences and addresses them
- Continuing to ensure energy is focused on strategic implementation
- Identifying, sharing, celebrating and, where relevant and appropriate, replicating good practice

This also reflects an 'active' approach to governance that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the Board's relationships with stakeholders and the management of the organisation's reputation[2].

2. NHSScotland Blueprint for Good Governance (2nd edition)

Towards the future

We are committed to delivering our strategy and to driving the highest quality of health and care for all. We are also committed to engaging with our staff, strategic partners and stakeholders as we implement our strategy to ensure that our actions reflect their priorities and needs.

In particular, we need to continue to recognise the pressures faced by the service and workforce, including our own staff, and to work in partnership. We will need to be clear about our priorities and be flexible and responsive to changes in the external environment, while remaining focused on our core purpose.

At the beginning of our strategy we set out our intentions to focus on the 'horizon one' immediate challenges, while looking for ways to deliver 'horizon two' intermediate innovation and 'horizon three' longer term transformational change. It is this perspective we will use to adapt our strategic approach to ensure we continue to address the challenges in the system and maximise our impact year after year.

We see a number of issues on each of those horizons. We understand the issues currently impacting on the NHS and social care workforce and can anticipate the profile of the workforce changing, as well as an increase in multi-disciplinary teams delivering care. All of this will lead to many challenges as well as opportunities, and we will work with our Board partners to support that evolving workforce.

The next few years will require us to continue to be vigilant about the threats to public health. Health technology will also continue to advance and it will be more important than ever to ensure that new treatments are developed and delivered sustainably, not only to provide safe and effective outcomes for patients but to minimise impact on the environment and cost to the public purse.

Patient safety will remain at the forefront of our priorities. We are already seeing a rapid expansion in the independent healthcare sector and increased use of private healthcare and rise in online services, such as pharmacy. This creates new pressure on quality assurance and quality improvement because these are environments where safety issues can arise. Care pathways will also change.

By the end of the period this strategy covers, we will be able to demonstrate that, through a comprehensive and focused set of deliverables, and by evolving along the way, we supported improvements in front line care as well as leading on the larger scale changes necessary across Scotland.

Appendix 1 Actions to deliver our priorities 2023–2028

Priority 1

Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement

We support health and care providers to deliver safe and accessible care. As Scotland emerges from the pandemic, it is clear that the NHS and social care are facing serious and sustained challenges. These challenges are deep seated and complex and are directly impacting on the safe provision of care and staff wellbeing. We will drive a stronger and more consistent focus on safety at a national level and support a better understanding of what actions are needed to deliver sustained improvement.

In addition, by 2028, Healthcare Improvement Scotland will have:

- **established a stronger, more visible leadership and systematic approach to the improvement of safety in NHSScotland**
- **undertaken a range of thematic reviews of the quality of care in NHS Scotland, which informs priorities and policy.**
- **worked with partners to ensure that progress in creating a safe, effective and person centred NHS can be measured using a consistent range of quality indicators**

To achieve this we will

- Provide national leadership in further advancing a safety culture in NHSScotland including development of a national safety strategy.
- Undertake assurance of health care, including independent providers, in a way which makes best use of intelligence, and is focused on the key dimensions of our Quality Framework including leadership, workforce and safety.
- Help NHS boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time (in line with the Health and Care (Scotland) (Staffing) Act 2019).
- Collaborate with other bodies to ensure an approach to scrutiny and assurance which reflects the journey people take through health and social care services.
- Seek to support those that are most at need in our society to access and receive the highest quality of care.
- Provide the evidence to support safe professional practice.

Priority 2

Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care services

A robust evidence base is an essential component for delivering sustainable, high quality care and improving outcomes for all. Our extensive experience in this, along with our strong partnerships with other organisations, means we have a lead role in supporting transparent and consistent decision-making across Scotland. We ensure the latest medicines and technologies can be safely used by the NHS, enhancing the options for patient care across a whole range of conditions.

We work with national programmes, networks and groups (for example on Value Based Health and Care), providing timely evidence and intelligence to support ongoing improvement of people's experiences and outcomes.

In addition, by 2028, Healthcare Improvement Scotland will have:

- **ensured our expertise in the provision of evidence is systematically used to enable informed decision making about the provision of sustainable and valued-based health and care**
- **supported the created a national pathway for the evaluation and adoption of service innovation**
- **built a digitally-enabled intelligence base to inform our priorities and support the provision of information to stakeholders on the quality and availability of health and care in Scotland.**

To achieve this we will

- Provide timely knowledge and evidence to support the needs of decision makers and frontline staff, including evidence from engagement with communities.
- Evaluate promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money and support a sustainable health and care service.
- Develop digital capability that gives frontline staff access to high quality online and up to date resources to inform professional decision-making, including implementation of the Right Decision Service.
- Ensure our assurance and improvement activities benefit from the most up to date evidence and intelligence available, so we can target our work for the greatest impact.
- Support and enable health and care providers to share knowledge and experience about how to improve outcomes through national learning systems.

Priority 3

Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care

We will enable inclusive engagement of people and communities in health and care services through evidence, improvement and assurance. Meaningful engagement matters because it leads to services which are person-centred, high-quality, safe and improve outcomes for communities. The pandemic has highlighted and in some cases led to greater health inequalities and it is essential that that there is a sustained effort to design and deliver person-centred care.

Our statutory role to support, ensure and monitor NHS legal responsibilities around public involvement is one way we help ensure health and care services co-design changes with those who rely on them to ensure we place their needs, rights and preferences at the heart of the delivery of services.

In addition, by 2028, Healthcare Improvement Scotland will have:

- **become the go-to place for evidence we build from engagement, and about how to engage effectively**
- **created a learning system that supports us and stakeholders to learn, develop, improve and spread best practice in engagement – this includes applying learning from our work, testing innovation, and adopting rights-based and trauma-informed approaches**
- **implemented a standardised approach to supporting services to meaningfully engage people in the design and delivery of their care at a local, regional and national levels, including ensuring the voices of marginalised individuals and communities are heard and acted on.**

To achieve this we will

- Have a coherent, proactive plan for building local, national and international engagement evidence that prioritises significant national and more locally-agreed community needs.
- Ensure that the voices of marginalised or seldom heard communities are heard by supporting innovative approaches to inclusive engagement in the design, delivery, improvement and assurance of health and care.
- Empower people and communities to be partners in their own care, including through the promotion of accessible, easy to navigate services.
- Embed best practice in listening, understanding and acting on the views of people who need, use and deliver services.
- Provide strategic support and governance on engagement to our partners across health and care.
- Embed high quality, consistent, person-centred approaches to service redesign in Scotland, using the Scottish Approach to Service Design combined with Quality Improvement methods.

Priority 4

Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland

We use evidence informed and internationally recognised quality improvement methodologies to work with those delivering services to make changes which help them deliver better outcomes. We recognise the challenge of designing and implementing changes that will deliver sustainable improvements in a complex system, which is why we engage directly with the workforce and offer tools and resources tailored to the needs of any set of circumstances. We continually improve our own knowledge and capability, and aim to lead improvement by example across Scotland.

In addition, by 2028, Healthcare Improvement Scotland will have:

- **Developed an effective balance of targeted improvement support for local organisations and systems experiencing quality challenges alongside national improvement initiatives**
- **With partners, supported services and systems to embed a quality management approach with a focus on sustainable, continuous improvement**
- **Strengthened the ability of health and care services to systematically apply person centred and evidence-informed approaches to redesign and continuous improvement**

To achieve this we will

- Provide agile and tailored improvement support for NHS boards and health and social care partnerships.
- Continue to work with partners across the health and care system work to embed cultures of continuous learning and improvement.
- Create the conditions for identifying and accelerating the adoption and spread of proven service innovations and improvements.
- Apply our experience, with a range of partners, to an ambitious programme of improvement in relation to adult social care reform.
- Support a better understanding that health and social care is a complex system and enable those designing and delivering changes to apply the most effective approaches for the nature of the problem they are facing.
- Support progress towards the vision that everyone working in health and social care to know how to respond to quality issues within their control and be supported to escalate issues that others need to address.

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Healthcare Improvement Scotland

Our Strategy 2023-28

Communications plan

Supporting better quality health and social care for everyone in Scotland

NHS SCOTLAND

Communications Overview

Three Phases

Consultation Phase

Raise awareness with target audience of the opportunity to contribute to the strategy draft - complete

Launch

Primary opportunity to promote to a broad audience the HIS strategy and our priority areas of focus for the next five years

Implementation Phase

On going communications around delivery of work to support our strategy

Internal Communications

Objective – To familiarise everyone at HIS with the corporate strategy, encourage engagement, ownership and involvement and a sense of continuation to a new future by helping them to relate seemingly unrelated activities back to our core purpose so they understand that everything they do is part of delivering the corporate strategy. The internal activity will take place prior to the official launch in April.

Pre-launch – Special strategy-themed huddle Dedicate one of the pre-arranged all staff huddles to the strategy.

5 mins with Jane Illingworth

Chief Executive (CEO) message

Launch week – CEO video message

Source and All Staff Teams Channel News Story

Chair and CEO 'in conversation

Implementation

Phase – Ongoing strategy case study comms – relating activities back to strategy

How are we doing? Review of strategy delivery at key points (eg every six months)

Annual strategy review all staff huddle

External Communications – launch

Objectives – To raise awareness of our strategy, where we are going and how we are going to get there, promoting our value through examples of impact

Audiences – Stakeholders (particularly high interest/high influence) partners, politicians, general public, media (both as an audience and a channel)

Tactics – releases

Media – Op-Eds (opinion piece) in news and sector media (CEO Op-Ed in Scotsman launch week), news (tailored to news and sector media), websites and other online media content

Social Media – LinkedIn, Twitter – video clips (Chair, CEO and Directors), blogs

Website – News story, CEO video message

Stakeholders – Direct Message (DM) from CEO, eNews Special

Politicians – DM from Carole/Robbie

External Communications – implementation

Objectives – To maintain a regular flow of communications related to the corporate strategy

Audiences – All audience groups, targeted with tailored communications

Tactics – Regular blogs and Op-Eds on the priority areas
Tailored media stories to news, regional and sector media
Strategy-themed podcast
Speaker opportunities – events, conferences – focus on an element of strategy
Quarterly Strategy round table with key stakeholders tbc

Communications Timeline

Date	Activity	Date
Pre-launch	5 mins Jane Illingworth	3/3/23
	All Staff Strategy Huddle	22/3/23
	CEO message	24/3/23
Launch w/c 17 April	**Internal**	
	CEO video message	
	Source and All Staff Channel News	
	Chair & CEO ‘in conversation’	
	External	
	CEO Op-Ed Scotsman	w/c 17/4/23
	News release	17/4/23

Communications Timeline

Date	Activity	Date
	Social Media	From 17/4/23
	CEO DM - stakeholders	17/4/23
	CEO DM - politicians	17/4/23
	eNews Special	20/4/23
	Strategy Podcast	TBC
Implementation Phase	To follow	

Agenda item 2.1, Appendix 3

Equality Impact Assessment (EQIA): Healthcare Improvement Scotland Strategy 2023-2027

DRAFT - March 2023

Name (policy/ procedure/ practice/ function)	Strategy 2023 - 2028
Directorate	Chief Executive's Office
Team	Planning and Governance
EQIA Lead	Jane Illingworth
Responsible Manager	Head of Planning and Governance
Date	March 2023

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Contents

1. Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- If the work will have a specific impact or relevance for children up to the age of 18, its impact on children's human rights and wellbeing should be independently assessed.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- If the work is relevant to islands communities as well as mainland communities, any specific impacts on islands communities should be assessed.

2. EQIA overview

Status	New ☒	Existing ☐
Aim(s) Intended Outcome(s)	Healthcare Improvement Scotland is setting out its strategy for the next 5 years. This includes our vision and purpose, as well as strategic context and specific ambitions to support health and social care services. It also includes details in relation to the organisation's continued development in response to the changing delivery of health and social care, and HIS' ambition to be an exemplar public sector employer. The intended outcomes are: - To provide a clear strategic direction for our staff and volunteers, helping them set objectives for directorates and teams. - To provide a strategic 'roadmap' which will support organisational decision-making and prioritization, including discussions with Scottish Government regarding new commissions. - To communicate to stakeholders our priorities and planned actions in support of those, detailing the specific contribution HIS will make to the delivery of safe, high quality care. In 2022, we consulted on our draft Strategy. This assessment refers to the points raised during internal and external consultation and engagement, and the changes subsequently made to our strategy as launched in April 2023.	

Is there specific relevance for children and young people?	Yes ☐	No ☒
Are island communities included in the work?	Yes ☒	No ☐

3. Advancing equality

Our aim is to ensure we do not cause discrimination or miss an opportunity to ensure the diversity of intended beneficiaries enjoy the outcomes of our work equitably. As relevant, we consider things like potential access issues, health inequalities or past experiences of discrimination that could be relevant to communities and that we can respond to.

We also aim to think about human rights and whether these will be impacted for any group. Our rights are described in the Human Rights Act. Some groups are also protected by specific conventions, which are sign-posted in the relevant sections below.

The Healthcare Improvement Scotland strategy 2023-2027 sets out a number of external and internal facing priorities which set Healthcare Improvement Scotland on course to advance equality and promote human rights throughout our support for health and social care.

In terms of the strategy's anticipated external impact, it says we will be bold in the actions we take to improve health outcomes and we will reduce inequalities in care by making sure the views of diverse and seldom heard groups are listened to.

It highlights activities across the range of our functions which could influence reduced health inequalities - from our independent assurance of the quality and safety of care to how we provide evidence and intelligence for use in the health care system.

The strategy notes that inequalities have been perpetuated by the pandemic and highlights the importance of building a sustained effort to design and deliver person-centred care. It says we will support services to meaningfully engage people in the design and delivery of their care at local, regional and national levels, including by ensuring the voices of marginalised individuals and communities are heard and acted on.

It includes a specific priority for the organisation to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care, noting health and care services must be co-designed with those who rely on them to ensure we place their needs, rights and preferences at the heart of the design and delivery of services.

The strategy clarifies Healthcare Improvement Scotland's contribution to relevant national outcomes including around children and young people, communities, education, human rights and poverty. It recognises our role in delivering these important priorities in collaboration with other bodies.

It should be noted that, given the high-level nature of the document, the strategy itself does not highlight specific groups. We have however considered where specific groups may benefit, or where we will need to give additional consideration to their inclusion. Ultimately, the impact of the strategy will be determined by our operational delivery. We have therefore made some recommendations in section four. The recommendations aim to ensure that robust consideration is given to equality operationally, enabling us to deliver the person-centred care and improvements in health inequalities we want to see, and ensuring that Healthcare Improvement Scotland is the exemplar employer we want to be.

Age	Think about people from different age groups. Will the work affect specific age groups, including in particular ways? If children are specifically affected, use a Children's Rights and Wellbeing Impact Assessment to provide more information. Convention on the Rights of the Child
Positive impact	**Impact of our work on the population** This strategy sets out an aim to ensure equity and inclusion in all of our activities. Our work improves and assures the safety and quality of health care services, including services for specific age groups such as older people. We enable inclusive engagement of people in shaping health and care services which ensures the voices of all age groups are considered. **Impact of our work on our people** This strategy sets an ambition to become an exemplar public sector employer. This includes continuing our work to attract a greater diversity of people to work or volunteer with us which includes all age groups. We anticipate that if embraced operationally, this ambition may have specific positive impact for employees who have caring responsibilities, such as for people under the age of 16 or for older people. Flexible working practices can facilitate wellbeing and appropriate work-life balance to ensure parents and carers are not disadvantaged in their work or career progression.
Negative impact	
Neutral impact	**Impact of our work on the population** Older people are widely recognised to have experienced disproportionate disadvantage as a result of the covid-19 pandemic and so it is important that this is considered within individual workstreams.

Care Experience	Think about children and young people up to the age of 26 who have experience of being in care. Care can include foster care/supported care, kinship care, residential care, or being looked after at home with the support of a supervision order. Healthcare Improvement Scotland is named as a corporate parent under the Children and Young People (Scotland) Act 2014. You can find information and working examples of what this means for us in our Children's Rights Report or by speaking to a member of our Children and Young People Working Group about our Corporate Parenting Action Plan.
Positive impact	
Negative impact	
Neutral impact	The strategy does not specifically reference care experienced people. We do however have an internal work-stream supporting Healthcare Improvement Scotland's duties in relation to the Children and Young People (Scotland) Act 2014.

Disability	Think about people with sensory impairments, communication difficulties, learning disabilities, physical impairments, sensory impairments like sight or hearing loss, energy impairments, autism spectrum disorder, mental health conditions and cancer. Think also about Deaf users of British Sign Language. You might also consider unpaid carers here. Convention on the Rights of Person with Disabilities
Positive impact	**Impact of our work on the population** Our vision is that people can access safe, effective, person-centred care when needed. The strategy says we will empower people and communities to be partners in their own care, including through the promotion of accessible, easy to navigate services, and that we will put the voices and rights of people and communities at the heart of improvements to the safety and quality of care. We expect this commitment to complement the equality outcome we

	set to ensure disabled people inform and influence the development, design and delivery of our work. As part of our commitment to deliver sustainable improvements in the quality and safety of care, we have said we will apply our experience, with a range of partners, to an ambitious programme of improvement in relation to adult social care reform, and reflect on changing care pathways. The standard of delivery of social care is impactful to disabled people and unpaid carers and so we anticipate the potential for a specific positive impact for this group. **Impact of our work on our people** The strategy sets out our desire to become an exemplar public sector employer. As part of this, it echoes our equality outcome to attract and retain a greater diversity of people to work or volunteer with us and to enable the lived experience they bring to shape our activities. We have also committed to investing in our digital capability to ensure that our staff are digitally empowered, and commit to prioritizing the learning and development of staff. There is potential positive impact for disabled employees who will benefit from our commitments to increased accessibility.
Negative	
Neutral impact	In draft form, the strategy document itself does not meet accessibility requirements which will be a barrier to some disabled people who wish to read what we have set out. We do however anticipate this being mitigated by the strategy communications plan. The plan includes launching a programme of ongoing communications to reach a broad range of stakeholders, using a variety of mechanisms. Mechanisms will include video clips, video messages and social media.

Gender Reassignment	Think about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth.

Positive impact	**Impact of our work on our people** We set the ambition to become an exemplar public service employer. We have echoed our equality outcome to attract and retain a greater diversity of people to work or volunteer with us and to utilise their lived experience to help shape our activities. We anticipate a positive impact for our LGBT+ staff via our internal staff networks. Impact here will be detailed in our Equality Mainstreaming reports
Negative impact	
Neutral impact	

Marriage & Civil Partnership	Are there any implications for people who are married or in a civil partnership?
Positive impact	
Negative impact	
Neutral impact	There are no identifiable impacts on the basis of marriage or civil partnership.

Pregnancy & Maternity	Think about people who are pregnant, breast-feeding or who recently gave birth.
Positive impact	**Impact of our work on our people** We set an ambition to become an exemplar public service employer. We also want to invest in our digital capability to ensure that staff are digitally empowered. We anticipate this may have specific positive impact for pregnant employees and new parents in our workforce who may be better able to balance their work and personal lives.
Negative impact	
Neutral impact	

Race	Think about people from the diversity of minority ethnic communities. This includes gypsy/travelers. Are there health inequalities or access barriers that should be considered and addressed? Convention on the Elimination of all forms of Racial Discrimination
Positive impact	**Impact of our work on the population** The strategy says we will ensure marginalised individuals and communities are heard and their concerns acted on. In respect of minority ethnic groups, this aligns with the organisation's current equality outcomes which include the aim that people from minority ethnic groups are actively involved in our work and their views and experiences are able to inform and influence positive action to promote improved health outcomes. There is therefore a potential positive impact in relation to minority ethnic and racialized groups, which we will set out in our Equality Mainstreaming reports. **Impact of our work on our people** The strategy states our ambition to become an exemplar public sector employer and echoes our equality outcome to attract and retain a greater diversity of people to work or volunteer with us and to shape our activities through their lived experience. It also commits specifically to continuing our work to be an anti-racist organisation. This is likely to have a positive impact on minority ethnic staff via our internal staff networks.
Negative impact	
Neutral impact	

Religion or Belief	Think about people who follow particular religions, or none. For example: Judaism, Islam, Sikhism, Christianity etc. Are there particular beliefs or practices that are assumed or that may be impacted?
Positive impact	
Negative impact	

Neutral impact	The strategy is intended to impact people of all beliefs and none equally.

Sex	Think about any differences for women compared to men, or vice versa. Convention on the Elimination of all forms of Discrimination Against Women
Positive impact	**Impact of our work on our people** The strategy sets out our ambition to be an exemplar public sector employer. In ensuring our staff are digitally empowered, there may be a slight positive impact on women who continue to do more care work and may benefit from greater flexibility in work location.
Negative impact	No negative impact is anticipated.
Neutral impact	

Sexual Orientation	Think about people who are lesbian, gay or bi or who have another minority sexual orientation (e.g. are not heterosexual / straight). Are there health inequalities or access barriers that should be considered and addressed?
Positive impact	**Impact of our work on our people** We set the ambition to become an exemplar public sector employer. We have echoed our equality outcome to attract and retain a greater diversity of people to work or volunteer with us and to utilise their lived experience to help shape our activities. We anticipate a positive impact for LGBT+ staff through our internal staff networks. We will report on this impact within our Equality Mainstreaming reports.
Negative impact	
Neutral impact	

Socio-economic	Think about people living on low incomes and / or in deprived areas. Consider this as a cross-cutting issue since people from some protected characteristic groups are more likely than the general population to experience poverty.
Positive impact	**Impact of our work on our people** Our ambition to play our part in building a more equitable and environmentally sustainable future for Scotland, if delivered operationally through a flexible approach to hybrid working, may specifically benefit people on lower incomes through reduced need to incur travel costs by commuting and the availability of office space as an alternative to heating homes.
Negative impact	
Neutral impact	The positive impact noted may be offset by the high costs of fuel and other expenses.

Island communities	Think about people living on the Scottish islands. Does the work cover the islands as well as the mainland? What might be different for island communities?
Positive impact	
Negative impact	
Neutral impact	Healthcare Improvement Scotland has a national remit. The strategy is intended to apply across all our activities and equally to staff in our national and regional offices.

4. Delivering our strategic ambitions

This impact assessment has not anticipated any specific negative outcomes for any groups, but the success of our strategy in delivering for all, reducing health inequalities and promoting human rights, will be determined by how we realise it operationally.

Below are the recommendations we have made for our directorates and teams.

Protected characteristic		Actions	Person responsible
All characteristics		Ensure all Healthcare Improvement Scotland work programmes have a suitable EQIA in place which identifies relevant health inequalities and ways the work can challenge or reduce them.	All directorates
	Age		
	Care experience		
	Disability	Ensure relevant accessibility requirements are met in the activities set out in the strategy communication plan, which are aimed at a range of stakeholders through a variety of media formats. In line with Healthcare Improvement Scotland's equality outcomes, develop understanding and practice around accessibility so that appropriate standards can be promoted or actioned throughout activities. Liaise regularly with the Healthcare Improvement Scotland Network to understand and deliver best employer practice.	Communications Team All directorates Communications Team People and Workplace, supported by Community Engagement (equality team)

Protected characteristic		Actions	Person responsible
	Gender reassignment	Liaise regularly with the Healthcare Improvement Scotland Pride Network to understand and deliver best employer practice.	People and Workplace, supporting by Community Engagement (equality team)
	Marriage/civil partnership		
	Pregnancy and maternity		
	Race	Liaise regularly with the Healthcare Improvement Scotland Race and Ethnicity Network to understand and deliver best employer practice.	HIS Board and Executive Team People and Workplace, supporting by Community Engagement (equality team)
	Religion or belief		
	Sex		
	Sexual orientation	Liaise regularly with the Healthcare Improvement Scotland Pride Network to understand and deliver best employer practice.	People and Workplace, supported by Community Engagement (equality team)
	Socio-economic		
	Island communities		

5. Impact rating

Considering what you said in sections 3 and 4, provide an impact rating based on the degree to which the work may negatively impact on people who share one of the noted characteristics.

Impact Rating Key

Low

There is little or no evidence that some people are (or could be) differently affected by the work.

Medium

There is some evidence that people are (or could be) differently affected by the work.

High

There is substantial evidence that people are (or could be) differently affected by the work.

Protected Characteristic		Low	Medium	High
	Age	X		
	Care Experience	X		
	Disability	X		
	Gender reassignment	X		
	Marriage/Civil Partnership	X		
	Pregnancy & Maternity	X		
	Race	X		

Protected Characteristic		Low	Medium	High
	Religion or Belief	X		
	Sex	X		
	Sexual Orientation	X		
	Socio-economic	X		
	Island communities	X		

6. Stakeholder collaboration

During the formal consultation period (April – June 2022) the strategy was shared with a wide range of stakeholders and in a number of different ways. For example, we promoted the strategy through direct correspondence and briefings to key contacts. We promoted it on social media, through a special edition of the HIS eNews and an external and internal blog from the Chief Executive, as well as in all staff huddles and through the Chief Executive's fortnightly staff message. Those groups contacted included, but was not limited to:

- All NHS Boards
- All Integration Joint Boards
- A wide range of key partner organisations including the Care Inspectorate
- Groups or representatives of key stakeholders such as independent healthcare providers, and professional bodies
- Specific key contacts of directors and other senior staff
- Public partners
- Third sector colleagues
- Over 700 subscribers to our electronic newsletter
- Other audiences, including the general public, via social media activity

During the staff engagement process, staff were encouraged to provide responses via Directorate Team meetings and/or the formal consultation survey whereby staff also had the option to respond as individuals. Staff networks were also invited to contribute through their specific lens.

The support of HIS: Community Engagement in undertaking public facing engagement enabled us to gather meaningful feedback on our strategy from public citizens. Five discussion groups took place in May 2022 – one in each of four geographical regions (West, South & East, North East and North) and one session with the HIS Public Partners, with a total of 40 participants being involved. Discussion group invites were sent to members of the public who are current service user/carer representatives on various boards/committees, or frontline staff who work within a range of third sector community groups. The invitations to participate in the groups were well received and enthusiastic discussion took place, with many suggestions for inclusion in the document being provided.

7. Monitor and review

The strategy commits to articulating how Healthcare Improvement Scotland's Annual Delivery Plan and other operational planning activity will align with the strategy over the next five years, and how progress with implementation can be reviewed. It also commits to an annual review of planned actions to deliver the strategic priorities. As part of this, progress around our related equality duties and ambitions will be considered and, wherever possible, we will seek to align our reporting mechanisms and approaches to understanding the impact we are having.

8. Evidence and research

Evidence & Research	
Remobilise, Recover, Redesign: the Framework for NHSScotland	
Scottish Government National Performance Framework	
Equality Mainstreaming Report including equality outcomes 2021-2025	
Equality Mainstreaming Update report 2023	

9. EQIA sign off

Please ensure you retain a copy of the EQIA for your records and notify the Public Involvement Team that the assessment is complete.

his.contactpublicinvolvement@nhs.scot

If you need any advice on completing this form, or any aspect of the EQIA process, please contact: rosie.tyler-greig@nhs.scot

Project Lead	
Sign-Off Date	

Published Month Year

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Published Month Year

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**HIS Scrutiny Activity Plan**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Lynsey Cleland, Director of Quality Assurance**
Purpose of paper:	**Awareness**

1. Situation

The purpose of this paper is to provide the HIS Board with an overview of the Quality Assurance Directorate (QAD) Scrutiny Activity Plan for 2023-24. This plan details the planned inspection, regulation and review activity that QAD will deliver in 2023-24.

2. Background

Healthcare Improvement Scotland provides independent scrutiny and assurance of the quality and safety of healthcare in Scotland. We do this through the inspection of NHS hospitals and services; the regulation of independent healthcare; and focused reviews of healthcare services. We have developed a Quality Assurance System that sets out the core guiding principles, standard operating processes and quality assurance framework which underpin all our work. Our assurance functions aim to support providers to improve the quality of care for the people of Scotland and we work with a range of statutory bodies including the Care Inspectorate, His Majesty's Inspectorate of Prisons for Scotland and NHS Education for Scotland.

Each year QAD develops a scrutiny activity plan which is a subset of the HIS strategy and operational plan. The scrutiny activity plan describes the range of inspection, regulation and reviews we will be undertaking, including those led by HIS and those where we work in partnership with other scrutiny bodies. The plan is published on the HIS website and updated quarterly, or whenever changes to the plan are required (for example, if we undertake a new commission).

In addition to our established scrutiny and assurance programmes, QAD frequently receives Ministerial commissions to undertake targeted scrutiny and assurance activity in response to new or emerging concerns. These commissions are usually high-profile requests, often made at short notice, which require the directorate to rapidly redeploy resource and reprioritise existing work programmes.

In parallel with delivering planned scrutiny and assurance activity for 2023-24, a programme of transformational change work is ongoing within the directorate to ensure we continue to deliver robust and effective quality assurance that reflects the change health and social care landscape and fully aligns to the organisation's corporate aims and

objectives. As part of this transformational change two new Associate Directors have been appointed: the Chief Inspector will be responsible for leading all our inspection and regulation programmes, while the Associate Director of Quality Assurance will lead our review functions, internal governance and be the Director's designated deputy. These new posts will come into effect on 1 April 2023 and work on the future structure and ways of working of the directorate will continue during 2023-24.

3. Assessment

It is anticipated we will need to continue to finely balance the important role that all our scrutiny and assurance programmes play in assuring safe systems of care, with the ongoing challenges facing the health and social care system. We will need to be prepared to adapt what and how we assure in response to changing risk profiles and service pressures to continue to provide proportionate, risk based assurance for patients and the public.

Appendix 1 sets out our planned scrutiny activity for 2023-24. This plan will be continually reviewed throughout the year and could be subject to change in light of other assurance imperatives that may emerge during the year.

We will continue to take an intelligence led and risk based approach to all our scrutiny and assurance and target our resources effectively. We will also continue to co-ordinate our activities and work with partner agencies to avoid a disproportionate scrutiny burden or duplication of activity.

Some of our planned work is subject to confirmation of funding and ongoing discussion with Scottish Government and other partner agencies. Where this is the case it has been highlighted in the plan.

Assessment considerations

Quality/ Care	All our scrutiny and assurance programmes are focused on improving the safety and quality of care for people in Scotland and the attached plan details how we intend to deliver our statutory functions and assurance priorities during 2023-24 in the context of Healthcare Improvement Scotland's overall priorities.
Resource Implications	The Scrutiny Activity Plan is underpinned by a robust financial plan to enable us to deliver our work. The planned activity for 2023-24 will be delivered within core budget and agreed allocations. Any additional external assurance asks during the financial year will require appropriate additional resources, or review and revision of existing plans.
	Delivering the Scrutiny Activity Plan is achieved through planning and flexing our staffing in order to respond to our assurance priorities. Capacity planning enables us to identify staffing requirements for each programme, taking account of the skills, experience and knowledge required to deliver our work programmes.
Risk Management	Each programme identifies and manages any operational risks to programme delivery. Where a new commission is received,

	the risk and impact of undertaking the commission is assessed, and mitigations put in place where required. Strategic **risk 1160** details the risk if inspections or other assurance activity fails to identify significant risks to the safety and quality of care and strategic **risk 1159** details the financial, clinical, policy and operational risks that could impact the organisation's ability to effectively regulate independent healthcare services. All risks continue to be monitored and managed through established governance arrangements.
Equality and Diversity, including health inequalities	Each programme undertakes the required Equality Impact Assessments, and considers any programme specific requirements in relation to the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Communication and engagement with a range of stakeholders including Scottish Government, other scrutiny bodies, service providers and service users takes place at both a strategic and operational level across our range of scrutiny and assurance programmes. Where QAD works with partner organisations to deliver our work we take account of this when developing the Scrutiny Activity Plan. The plan will be published on our website and shared with relevant stakeholders.

4 Recommendation

The Board is asked to note Healthcare Improvement Scotland's planned scrutiny activity for 2023-24 detailed in Appendix 1.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, HIS Scrutiny Activity Plan 2023-24

Healthcare Improvement Scotland Scrutiny Plan 2023-2024

Our approach to quality assurance is the provision of inspection, regulation and reviews in a planned and proactive manner in order to provide public assurance on the safety and quality of care, and highlight areas of good practice and opportunities for learning across the whole of Scotland.

Our scrutiny activity is split into three categories - inspection, regulation and review (including ad hoc investigations or reviews) and our plans for each programme from April 2023 to March 2024 are outlined below.

This plan is continually reviewed and may be subject to change in response to emergent external scrutiny and assurance imperatives.

An indication of the planned number of inspections is detailed below where available, however the number of planned inspections may change during the year. There are a number of reasons for this, including the complexity of inspections, follow-up activity required, the nature of our regulatory activity and new commissions. New commissions are usually high-profile requests for external quality assurance, often made at short notice, which require the directorate to rapidly redeploy resource and reprioritise existing work programmes.

Inspection

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Hospital inspections	To provide assurance of the safe delivery of care in acute hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	There are 12 inspections planned between April 2023 and March 2024. Locations not available as these are unannounced.
Mental health unit Healthcare Associated Infection inspections	To contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance. This work will specifically consider infection prevention and control in mental health units.	Healthcare Improvement Scotland	There are 12 inspections planned between April 2023 and March 2024. Locations not available as these are unannounced.

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Joint Inspections of adult support and protection	These joint inspections seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements.	Care Inspectorate (lead agency), Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland	Completion of the final two phase 1 adult support and protection inspections in quarter 1 of 2023-2024. Publication of the final overview report thereafter. Phase 2 is currently under discussion with Scottish Government and partner agencies.
Joint inspection of adults services	Healthcare Improvement Scotland has a statutory responsibility to undertake joint inspections of services for adults with the Care Inspectorate.	Healthcare Improvement Scotland and Care Inspectorate	The intention is to complete up to three joint inspections of health and social care partnerships during 2023-2024. These joint inspections will focus on the effectiveness of partnership working in creating seamless services that deliver good health and wellbeing outcomes through the lens of different service user groups.
Joint inspection of children's services	The inspection programme takes account takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities.	Care Inspectorate (lead agency). Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Education Scotland.	The intention is to complete a minimum of three joint inspections of community planning partnership areas during 2023-2024.
Joint inspection of prisoner healthcare	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to manage the healthcare element of inspections to prisons.	His Majesty's Inspectorate of Prisons for Scotland (lead agency) and Healthcare Improvement Scotland	Four inspections planned during 2023-2024 together with a number of follow-up inspections.
Joint inspection of police custody centres	Healthcare Improvement Scotland will provide expertise to the	His Majesty's Inspectorate of Constabulary in	Subject to confirmation of funding, it is intended that HIS will carry out three

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
	inspection of healthcare in police custody centres in Scotland led by His Majesty's Inspectorate of Constabulary for Scotland (HMICS).	Scotland (lead agency) and Healthcare Improvement Scotland	inspections with HMICS in 2023-2024 plus one thematic inspection.

Regulation

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Ionising Radiation (Medical Exposure) Regulations (IRMER)	Through inspections and the notifications process, the aim of this work is to ensure public confidence in the safe use of ionising radiation for medical exposure.	Healthcare Improvement Scotland	An inspection plan is in place to carry out at least 10 inspections. Routine inspections are announced. In addition, we will respond to all notifications (approximately 130 per year) and prepare for the Integrated Regulatory Review Service mission revisit. As a part of this we will be improving our general regulatory processes.
Regulation of independent healthcare	Healthcare Improvement Scotland is the regulator of registered independent healthcare services (IHC) in Scotland. We inspect services to ensure that they comply with regulations and meet the required standards of care. Our other regulatory functions include: • registering IHC services • investigating complaints about registered IHC services • managing notifications of IHC registered services • taking enforcement action of registered IHC services where necessary, and • continuing with development work to support the regulation of independent healthcare.	Healthcare Improvement Scotland	The planned inspection numbers for 2023/24 is 221 inspections and three Systemic Anti-Cancer Therapy Services audits. The planned number of inspections may change throughout the year. Reasons for changes to planned inspections include: • cancelled registration of a service • a change in the service's risk assessment score which is used to determine our inspection frequency and • follow-up inspections may be required.

Review (including ad hoc investigations or reviews)

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Death certification review service	The Death Certification Review Service (DCRS) provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal. DCRS is responsible for improving; the accuracy and quality of Medical Certificates of Cause of Death (MCCDs), commonly known as death certificates, public health information about causes of death; and clinical governance.	Healthcare Improvement Scotland	Ongoing review of approximately 12% of MCCDs. Continued support around death certification via the DCRS enquiry line.
Management of adverse events	Support a consistent national approach to identification, review, reporting and learning from adverse events based upon national and international good practice.	Healthcare Improvement Scotland	National Standardisation programme for adverse events reporting continues. Revision of the Adverse Events Framework in collaboration with the Adverse Events Network group. Further development of the Adverse Events community of practice along with the development of learning systems including learning summary redesign.
National Hub for reviewing and learning from child deaths (and Sudden Unexpected Death in Infancy)	Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.	Healthcare Improvement Scotland and Care Inspectorate	The National Hub processes data on the deaths of children and young people, from National Records Scotland, on a weekly basis. We engage with all 14 territorial NHS board areas. Through our online portal we receive and quality assure core review data

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
			sets from NHS boards and local authorities. We will produce an annual report in Autumn 2023.
External quality assurance of cancer quality performance indicators	Undertake external quality assurance of the national cancer quality performance indicators (QPIs), provide proportionate scrutiny of performance and support service improvement.	Healthcare Improvement Scotland	This programme is currently paused at the request of Scottish Government to allow for a redesign of the external quality assurance of cancer services. Once the outcome of the redesign is known, we will confirm our planned activity for 2023/24.
Review of national screening programmes	Work with the National Screening Oversight function, and other relevant stakeholders, to develop an approach to External Quality Assurance (EQA) of screening programmes using thematic approach, and begin a test of the methodology and approach.	Healthcare Improvement Scotland	Development of business case for the commencement of a test EQA of screening, using an intelligence led approach which prioritises areas of risk.
Quality Assurance of Neurological Services	The development of a self-evaluation template which will be used by local services to consider how they are performing against the HIS General Standards for Neurological Care and Support (2019). This will assist services in the development of their own local quality planning and quality improvement plans for neurological services.	Healthcare Improvement Scotland	The self-evaluation tool has been drafted and has successfully undergone pre-testing and refinement. A guidance document for the self-evaluation tool is currently being consulted upon. These documents will be launched in April 2023. It is anticipated that educational events to support the roll out and use of the self-evaluation process will

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
			occur between April and June 2023.
Responding to concerns	Healthcare Improvement Scotland has a duty to respond to patient safety/quality of care concerns raised about NHS services by NHS Scotland employees, or referred to us by another organisation. All concerns made to us are subject to a level of assessment and investigation.	Healthcare Improvement Scotland	Ongoing process of assessment and investigation of concerns raised. Work is also being undertaken to refresh the programme. This will focus on making further improvements to the assessment process, our approach to accessing expertise/support and our operational governance processes.
Sharing intelligence healthcare group	The Sharing Intelligence for Health & Care Group (SIHCG) is a mechanism that enables seven national organisations to share, consider, and respond to intelligence about health and social care systems across Scotland – with a particular focus on NHS boards.	Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health Scotland, and Scottish Public Services Ombudsman.	The SIHCG is undertaking work to review and refresh its purpose and methodology. SIHCG will meet bi-monthly and test a refreshed methodology, from April 2023, with a greater focus on sharing intelligence specifically about emerging concerns about the safety and quality of care.
Review of cervical screening programme	Healthcare Improvement Scotland will undertake an independently chaired review of the processes, systems and governance for the application and management of exclusions in the Cervical Screening Programme in Scotland.	Healthcare Improvement Scotland	Reporting April 2023

Scrutiny programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Neonatal Mortality Review	Healthcare Improvement Scotland will undertake an independently chaired review of the processes, systems and governance for delivery of neonatal care in Scotland relevant to the scope of the review. The purpose of the review is to understand any contributing factors to the national increase in neonatal mortality during 2021/22. The scope of this review will cover reported neonatal deaths across Scotland between 1 April 2021 and 31 March 2022.	Healthcare Improvement Scotland	Reporting autumn 2023

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
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 21 March 2023 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

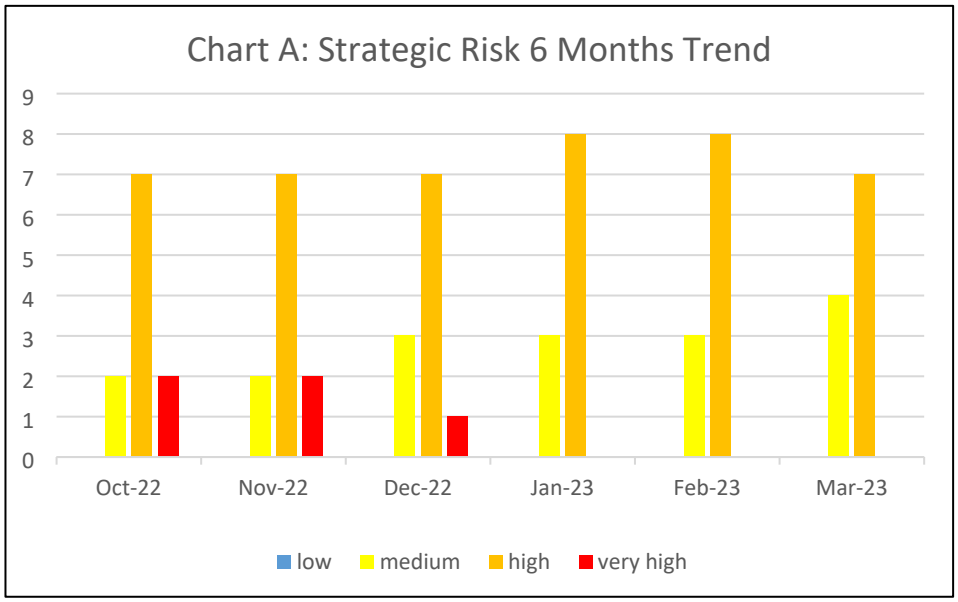
The Compass database is aligned to the Risk Management Strategy and enables the management and reporting of risks across the organisation.

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, attached at Appendix 1, provides the detail behind the current risk profile and is presented for review and discussion. The chart below shows the trend in the rating of the strategic risks over the last six months.



During the quarter work has also been undertaken on the following areas:

- Right Decision Service. Risks relating to this service are under consideration and will be raised as part of the transition plan when the service is formally transferred to HIS.
- E-rostering. Consideration of the risks is underway, including operational risks specifically relating to the delivery and affordability of e-rostering and also the wider risk regarding Once for Scotland projects.
- Redeployment. This is has been added to the operational risk register with a low rating given the progress made and fall in volume of those on redeployment recently.

The Board is asked to note that the Audit & Risk Committee reviewed the strategic risk register at its meeting on 2 March 2023. The Committee was also updated on the progress of the risk appetite work, which is referenced below, and welcomed the approach being taken. The Committee sought assurances that there would be a communications plan once the work was completed and that the new risk appetites and approach would be embedded in the organisation.

Risk Appetite

Following the risk appetite review at the Board in February, risk appetite statements for each of our five categories of risk are being developed and will be reviewed by the Board at the Seminar session in May.

Risk Management System

We are seeking a replacement for our risk database, Compass, as it will no longer support our Risk Management Strategy going forward and is a legacy system out of support. A number of options are now under consideration, including a potential call-off from an NHS Scotland Territorial Board procurement exercise, a purpose built system developed by Public Health Scotland and a system which may provide solutions for a number of our wider organisational requirements such as project reporting and planning. We are

discussing how we proceed with the procurement team at the Scottish Ambulance Service to ensure procurement obligations are followed and updates will be provided to the Audit & Risk Committee.

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. The Strategic Risk Register was shared and discussed at the recent Audit & Risk Committee.

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

Strategic Risk Register Current mid mid March 2023

Strategic risk register mid March 2023

Category	Project/ Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	.	Current Update	Residual Risk Level								Risk Assessment Response
								Impact	Likelihood	Mar-23	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	
Reputational / Credibility	Making Care Better Strategy 2017-2022	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. The development of the strategy that is being presented to the Board in March 2023 marks a significant shift in our approach as an organisation, with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure are meeting the needs of the health and social care system.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Significant
Financial / Value for Money	Finance Strategy	635	Angela Moodie	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend.	VH 20	We are working to ensure financial balance in 22/23 as we approach the remaining weeks of the year. Actions taken earlier in the year have changed the outturn and we now expect a breakeven baselined position by year end. A balanced 23/24 budget has been approved by Audit & Risk Committee and submitted to SG. There is a strong focus on recurring savings initiatives to ensure a sustainable financial position over the medium term (3-5 years). All/most initiatives have been identified with owners and targets. Other income initiatives such as rental income and grants are being explored to reduce the reliance on SG funding.	Communications and escalations with SG regarding lack of funding certainty on allocations for 23/24 remains a top priority. The pay award was agreed on 21 March 2023 therefore we expect confirmation on allocations to follow soon. Although it appears funding certainty is coming, the 23/24 budget has yet to be approved by SG. Whereas HIS has submitted a balanced position, it is understood the wider NHS position is a significant deficit. Therefore risk remains on how this will be addressed and the impact this will have on HIS during the year	3	3	M 9	H 12	H 12	H 12	H 12	H 12	H 12	Acceptable
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	H 12	H 12	H 12	H 12	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 ICO audit completed interview phase in January and we await the draft report for factual accuracy. The Data Protection Officer will develop a work plan for 23/24 based on the audit recommendations and the risk scoring revisited in February. 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. Project plan developed.	3	3	M 9	M 9	M 9	M 9	M 9	M 9	M 9	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 Quality Assurance Directorate (QAD) is ongoing 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 are leading in the development of a Once for Scotland Active Travel Plan in conjunction with seven other National Health Boards. In December 2022, HIS submitted its first Public Bodies Duties report to Scottish Government. The feedback from that report and the Annual Climate Emergency report, which we will submit in January, will form the bases of our 2023/24 Climate Emergency Action plan. 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. While limited resources leads to constrained reporting, we are still expecting to reduced our carbon footprint as an organisation.	2	4	M 8	M 8	M 8	M 8	VH 16	VH 16	H 12	Acceptable
Clinical and Care Governance	Regulation of Independent Healthcare (IHC)	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 has agreed annual baseline funding of £260K from SG. 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.	HIS/SG IHC 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. However, SG has indicated that there will be delay in amending the legislation, as the changes required are significant and capacity at SG legal team is limited.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Significant

Reputational / Credibility	Service Change	1163	Clare Morrison	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.	HIS had update meetings with the Scottish Government on the "Planning with People" guidance on February 8th and March 15th to further clarify a number of points in the guidance. We await the final report. 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 more than 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	H 12	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 has been approved by the Board and will be published shortly. The plan for 2022-25 is 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 also describes opportunities for improved cross-organisational working and capacity planning around generic posts. The first actions against the plan are being taken to the Staff Governance Committee in March. 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	H 15	Significant
Clinical Care Governance	Making Care Better Strategy 2017-2022		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 & Arran and Forth Valley.	5	3	H 15	H 15	H 15	H 15	H 15	H 15		Significant

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Integrated Planning 23/24**
Agenda item:	**4.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
Report Author:	**Lovepreet Singh, Finance Manager & Caroline Champion, Planning & Performance Manager**
Purpose of paper:	**Decision**

1. Situation

This paper presents the work undertaken on the integrated plan for 23/24 to date and the financial budget for 23/24 and the five-year period 2023-2028. The Board are asked to approve the 23/24 budget and five-year plan for submission to Scottish Government (SG).

2. Executive Summary

We are proposing submitting a balanced budget to SG for 23/24 within our baseline funding allocation of £33.6m, which includes recurring savings initiatives of £1.6m (4.8%).

Our additional allocation funding is expected to remain mainly static year on year from £7.4m to £7.5m and Independent Healthcare (IHC) is budgeted to broadly breakeven.

A significant number of risks remain to achieving this balanced position. Risks ranging from unfunded pay awards, uncertainty on allocation funding, confidence on achieving recurring savings, funding for IHC and inflation, if they materialise, will materially impact our financial position next year.

3. Background

During December 2022, budget holders compiled their financial plan alongside their work programme for the forthcoming year. This first version of this was shared with the Executive Team (ET) on 9 January 2023 and submitted in draft form to SG on 9 February 2023.

23/24 budget targets were set at a directorate level from the outset. This was to allow clear sight of the financial constraints and baseline funding published by SG.

Last year we approved an integrated plan based on ongoing system pressures across the NHS, focusing on remobilisation post Covid and winter pressures. While both of these remain in the context of 23/24, they have been heightened by macroeconomic uncertainty. The conflict in Ukraine, cost of living crisis and possible recession have compounded a system already under significant pressure. During the year, A&E performance in Scotland was the worst on record, delayed discharges rose and uncertainty remains on possible industrial action.

The economic pressures have been reflected in the financial challenges for the NHS. SG announced £1bn of 'savings' from both the September mini budget and November autumn statement, with £400m of these savings coming from reprioritisation in the health and social care budget. The financial gap across the NHS as we enter 23/24 is estimated to be in the region of £1bn, with 17 out of the 22 Health Boards forecasting a deficit for 22/23.

Inflation is likely to be a persistent factor in the medium-term, with increasing pay awards for 22/23 unlikely to be a one off. Inflation continues to increase from the 40 year high seen at the end of 2022 to 8.8% for January-23. The SG ask, in the May-22 resource spending review, for the public sector to freeze the pay bill at around 22/23 levels, will be challenging to achieve without a significant reduction in headcount.

SG announced, in the 23/24 budget on 15 December, a 2% baseline increase in funding for Boards, which was more than originally anticipated. This confirmed our baseline funding at £33.6m, subject to any amendments following finalisation of the 22/23 pay award. In addition the SG budget included the following information:

- The Health & Social Care Levy (via an increase in National insurance) which was repelled by Westminster, will continue to be funded in Scotland. This equates to an additional £0.2m for HIS that was funded in 22/23.
- Little information was given on additional allocation funding, other than to say it is SG's intention to provide early indication in the new year.
- The Health and Social Care Portfolio will transfer net additional funding of £95m to Local Government to support social care and integration and the minimum wage pay settlement for adult social care workers.
- Boards' Capital Resource Limit will be in line with 22/23 amounts. For HIS that is £79k.
- All Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements.
- It was requested that financial plans for 23/24 are submitted in the new year and guidance will be issued shortly.

The integrated plan prepared by HIS is a consolidated view of three key plans: financial plan, workforce plan and operational plan. SG require each plan to be submitted separately and to different deadlines, but we consolidated these within HIS to ensure a consistent view. Key deadlines to SG are as follows:

- The 23/24 financial budget - mid-February draft, mid-March final
- The medium-term financial plan 2023-2026 – tbc (expected June)
- The workforce plan 2022-2025 – submitted Dec-22
- The annual operating plan 23/24 - tbc (expected June)

This paper will focus on the financial and operational plan.

Similar to last year, budget holders were set a target based on an assumptions shown below. 1% of total spend was earmarked as 'areas for investment' with various initiates being considered for investment in 23/24. The main budget assumptions are outlined below, bracketed data reflects the previously submitted 3-year plan to SG.

	2022/23	2023/24
Cost Price Index (CPI) Inflation	10% (10%)	6% (2%)
Agenda For Change (AfC) pay award	7.5% (5%)	5% (2%)
Funding uplift*	5% (2.5%)	2% (2%)
Staff turnover rate (financial impact)**	2.5% (2.5%)	2.5% (2.5%)

* 3-year plan funding assumption in 23/24 had a central case of 2% but a sensitivity at 0% uplift

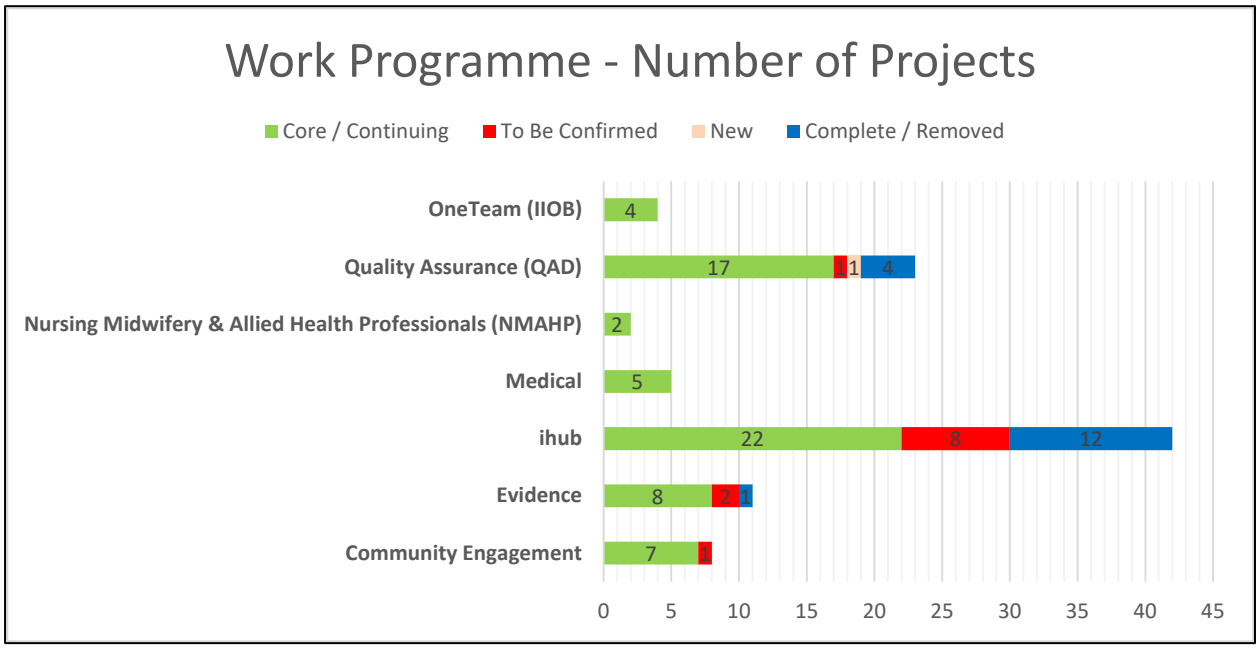
** Staff turnover of 10% equates to a financial impact of 2.5% due to average replacement time of 3 months

4. Assessment

4.1. Operational Plan

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 23/24.

The draft work programme 23/24 provides the number of projects that are likely to continue, those that will be completed by the end of the year, removed and any new commissions.



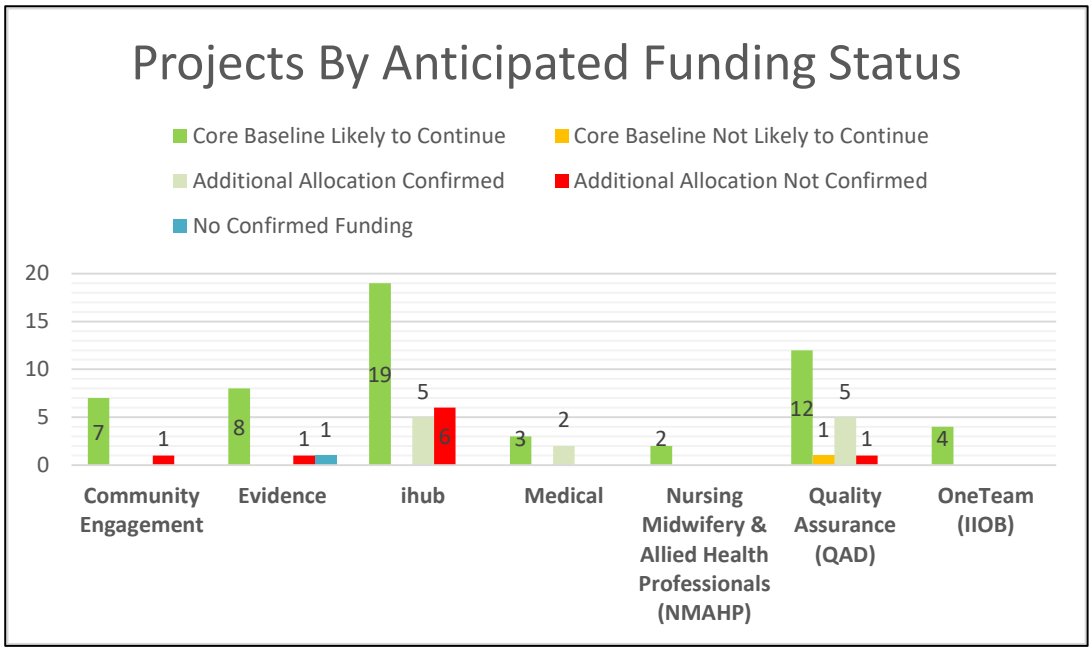
The chart above shows that **78** projects will be included in the work programme 23/24. This represents a net movement of **-17**. There is **1** new project that has been added to the work programme and **18** projects removed. Some of the key projects removed in 23/24 include:

- Value Management (additional allocation funding withdrawn)
- Reducing Harm Improving Care (work completed)
- Scottish Patient Safety Programme (SPSP) Medicines (work incorporated into relevant sector programme, i.e. SPSP Acute, SPSP Mental Health)
- SPSP Dentistry (historically a light touch programme that has been in hibernation since April 2020 and no capacity to reinstate)

The following programme is currently going through internal organisational change process

- Housing and Homelessness in Healthcare (proposal to incorporate work into existing ihub programmes rather than run as a separate programme)

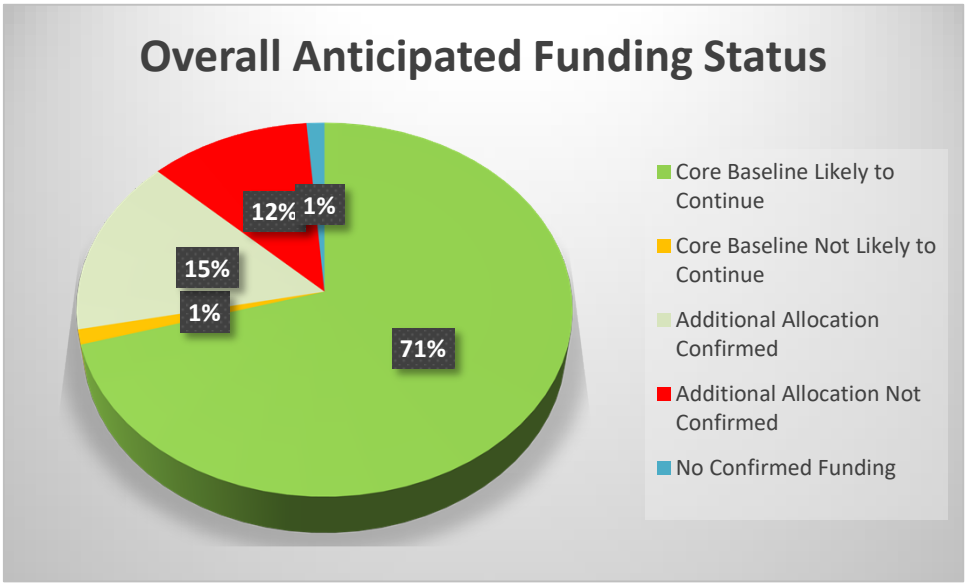
The chart below shows the number of projects by directorate and funding type. It should be noted that this is an indicative position, reconciliation between the work programme and confirmed funding will be an ongoing process**.**



Further details on projects where additional allocations have not yet been confirmed can be found in the finance section later in the paper. There are a number of projects that we are taking a risk with progressing without indication of funding from SG including Scottish Medicines Consortium, Healthcare Staffing Programme, Sudden Infant Death and Police Custody Inspections. In total we are anticipating spend in 23/24 of £1.9m with 22 Whole Time Equivalent (WTE).

In 23/24 we are proposing reducing the Continuous Quality Improvement Allocation (CQIA) funding we provide to 14 territorial Boards from £1.4m to £1.2m on a non-recurring basis. We will consider the options for maximising the impact of this funding during the year and what this will mean for CQIA funding from April 2024 onwards.

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



Projects at Risk

There are a number of projects funded through both core baseline budget plus additional allocations. There is a risk that if the additional allocation component is not forthcoming it is likely to impact on delivery of specific projects resulting in some being re-scoped or ceasing altogether. Projects impacted include Healthcare Staffing Programme, Excellence in Care, Scottish Medicines Consortium, Dementia, Adult Support and Protection and Police Custody. A paper was presented to Quality and Performance Committee in February 2023 detailing the effect this is having on the delivery of some key outcomes. The work programme will continue to be refined as confirmation of funding becomes clearer and aligned to budget.

Despite the unprecedented challenges faced by the NHS, HIS has continued to support health and care services in Scotland, finding ways to support the difficulties colleagues face, and looking ahead to use our capabilities to help services stabilise and recover. Following a safe delivery of care inspection at University Hospital Crosshouse in July 2022, NHS Ayrshire and Arran (NHS A&A) commissioned HIS to support work to address key safety issues identified. Working with NHS A&A, HIS provided time limited critical friend and improvement support focused around hospital huddles and nursing workforce.

Following Board approval of the budget, this work programme will be finalised and developed into our annual delivery plan and medium-term plan in line with SG's requirements. SG have advised that it will issue a commission in February 2023 for all Boards to prepare detailed 12 month operational plans for July 2023 to June 2024, for submission by the end of June, along with a medium-term plan aligned to the NHS Scotland Plan. The Quality and Performance Committee received a detailed update on the planning approach at its February meeting.

4.2. Budget 23/24

The 23/24 budget funding letter was received from SG on 15 December and confirmed baseline funding of £33.6m for 23/24. This included an uplift of £1.4m for the 22/23 pay award and £0.7m as a 2% baseline uplift.

The budget submitted across directorate is £33.8m. Although this is a £0.2m overspend, this equates to 0.6%, which is within tolerance. This is the position being presented for approval today.

	2022/23 Budget	2022/23 Forecast	2023/24 Budget	YOY Budget v Forecast variance
	£000's	£000's	£000's	£000's
Baseline Funding	31,690	31,690	33,600	1,911
Baseline Costs	31,690	31,628	33,825	2,197
Net Deficit / (Surplus)	**(0)**	**62**	**(224)**	**(286)**
Additional allocations & Grant Funding	6,068	7,404	7,477	73
Additional allocations & Grant Expenditure	6,068	7,404	7,477	73
Net Deficit / (Surplus)	-	-	-	-
IHC Income	1,429	1,239	1,586	347
IHC Expenditure	1,429	1,478	1,541	63
Net Deficit / (Surplus)	-	**(239)**	**45**	**284**
Total Net Deficit / (Surplus)	**(0)**	**(177)**	**(179)**	**(2)**
Capital Expenditure	**579**	**143**	**81**	**62**
Baseline WTE	447	433	432	(1)
Additional allocations WTE	87	93	96	2
IHC WTE	21	21	21	-
Total WTE	**555**	**547**	**549**	**2**

Baseline Spend by Directorate

The breakdown of the budget submission for the baseline of £33.8m is shown below:

Baseline Total						
£000's	Budget 22/23	Jan-23 Forecast 22/23	Revised Target Budget 23/24	v3 Budget 23/24	Over / (Under) target	% Over/ Under Target
Chief Executive	419	441	482	524	(42)	-9%
Communications	704	784	751	770	(19)	-3%
Community Engagement	2,649	2,672	2,828	2,897	(69)	-2%
Corporate Provision	391	206	151	237	(86)	-57%
Corporate Services Recharge	(904)	(900)	(765)	(990)	224	-29%
Evidence	6,316	6,446	6,727	6,828	(101)	-2%
FPG	1,111	1,190	1,215	1,215	(0)	0%
ihub	8,168	8,100	8,673	8,673	-	0%
Internal Improvement	304	301	291	296	(5)	-2%
IT & Digital	1,605	1,786	1,760	1,799	(39)	-2%
Medical	1,075	1,202	1,149	1,267	(117)	-10%
NMAHP	1,703	1,564	1,800	1,818	(18)	-1%
QAD	5,292	5,360	5,650	5,718	(68)	-1%
People & Workplace	1,007	1,037	1,073	1,073	(0)	0%
Property	1,211	1,159	1,475	1,285	190	13%
Total	**31,049**	**31,348**	**33,259**	**33,411**	**(151)**	**-0.5%**
Areas for Investment	549	223	342	414	(72)	-21%
Grand Total	**31,575**	**31,628**	**33,600**	**33,825**	**(223)**	

Staff Turnover:
The 23/24 Budget includes staff turnover currently at a value of £0.8m (22/23: £1.5m). This is a significant reduction from last year's figure, which was never achieved and resulted in an overspend seen in 22/23. Some directorates have assumed no staff turnover next year.

Staff Turnover			
Directorate	**%**	**£**	**Equiv. WTE**
Chief Executive	-	-	-
Communications	2.5%	(18,975)	(0.3)
Community Engagement	-	-	-
Evidence	3.0%	(202,565)	(2.9)
FPG	-	-	-
ihub	5.0%	(361,498)	(6.6)
Internal Improvement	2.5%	(7,463)	(0.1)
IT & Digital	2.5%	(18,682)	(0.3)
Medical	-	-	-
NMAHP	2.5%	(46,336)	(0.6)
QAD	2.7%	(150,571)	(2.0)
People & Workplace	-	-	-
Grand Total		**(806,090)**	**(12.9)**

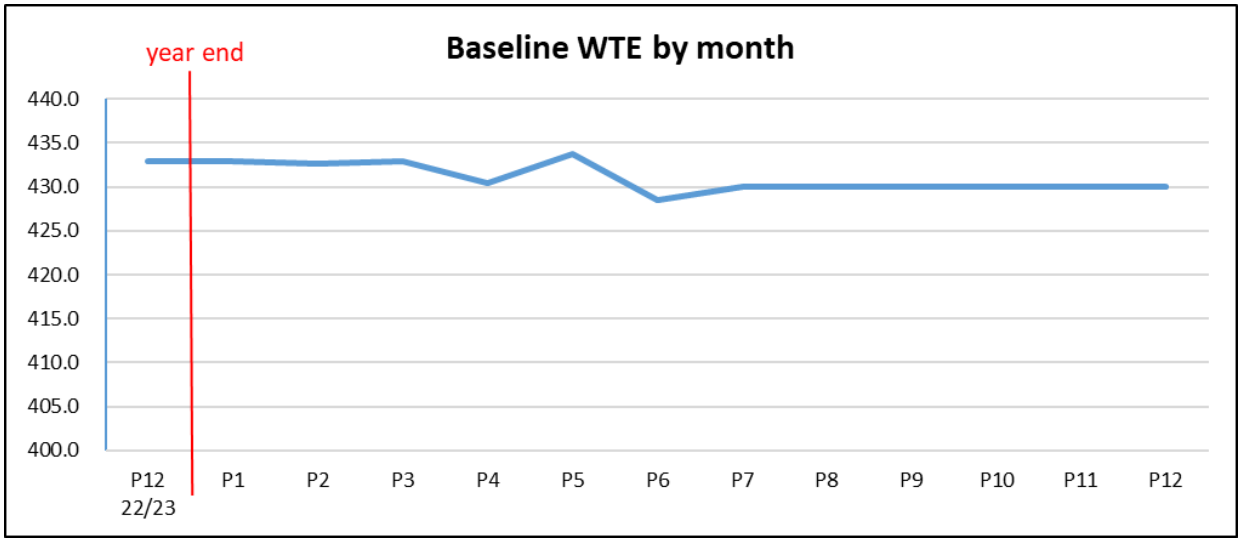
Baseline Pay Costs & Whole Time Equivalents

The baseline average WTE in 23/24 is budgeted at 432, which is a decrease of -1 WTE from our expected March-23 year-end 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 and on the assumption of nil baseline funding uplift. Now we have clarity on additional funding, therefore a higher level of WTEs at 432 is deemed affordable for 23/24.

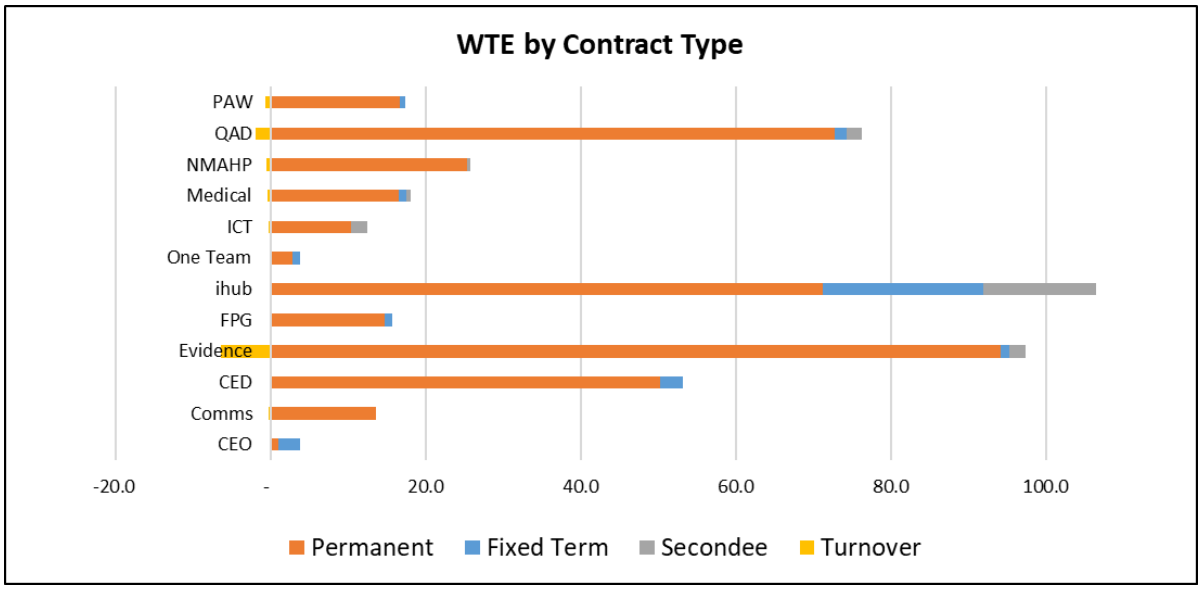
Baseline WTE							
£000's	**Budget 22/23**	**Jan-23 Forecast 22/23**	**Target Budget 23/24**	**v3 Budget 23/24**	**YOY Movement**	**Target Vs Budget**	**New Posts**
Chief Executive	2.9	2.9	2.8	3.7	0.8	(1.0)	
Communications	14.7	13.7	12.7	13.1	(0.6)	(0.4)	
Community Engagement	52.6	53.4	50.2	53.2	(0.2)	(3.0)	
Evidence	97.0	91.0	85.5	90.9	(0.1)	(5.4)	
FPG	17.2	16.7	16.0	15.7	(1.0)	0.3	
ihub	108.5	103.5	98.3	106.5	3.0	(8.2)	
Internal Improvement	4.8	5.8	5.0	3.7	(2.1)	1.3	1.0
IT & Digital	11.5	11.5	10.8	12.1	0.6	(1.3)	
Medical	16.2	15.2	14.3	17.6	2.4	(3.3)	
NMAHP	24.2	24.3	22.8	25.1	0.8	(2.3)	
QAD	72.5	75.5	71.0	74.1	(1.4)	(3.1)	
People & Workplace	17.1	17.1	16.1	16.5	(0.6)	(0.4)	0.7
Areas for Investment	6.5	2.5	4.5	-	(2.5)	4.5	
Grand Total	**446.7**	**433.0**	**410.0**	**432.2**	**(0.8)**	**(21.2)**	**1.7**

Baseline WTEs are expected to end the year at 433 which is in line with our P1 WTE phasing. There is little movement in baseline WTEs from present levels to March-24.



Baseline payroll costs year on year are increasing by £1.9m (7%), with the inclusion of an average 5% pay award.

The average salary costs have increased from £63k to £68k (7%) which consists of a 5% assumed pay increase and the remainder is to due additional / replacement roles in budget being at a higher average salary and/or banding.
The split between baseline permanent roles and fixed term roles is 90% v 10% for 23/24. The actual split at January-23 was 79% v 21%, which shows a decrease in fixed term and secondee roles into next year.



Baseline Non-Pays:

Baseline Non Pays						
£000's	Budget 22/23	Jan 23 Forecast	Target Budget 23/24	v3 Budget 23/24	YOY Movement	Target Vs Budget
Chief Executive	23	18	23	28	10	(5)
Communications	69	51	70	30	(21)	40
Community Engagement	119	52	119	61	9	58
Corporate Provision	432	100	145	124	24	21
Corporate Services Recharge	(904)	(900)	(765)	(990)	(90)	224
Evidence	308	276	308	357	81	(49)
FPG	222	250	222	291	41	(69)
ihub	1,887	1,650	1,887	1,887	237	-
Internal Improvement	7	1	7	5	4	2
IT & Digital	986	1,107	986	1,070	(37)	(84)
Medical	4	17	4	12	(5)	(8)
NMAHP	32	24	32	27	3	5
QAD	219	140	219	186	46	32
People & Workplace	124	98	124	78	(20)	46
Property	1,211	1,159	1,475	1,285	126	190
Areas for Investment	306	131	163	-	(131)	163
Grand Total	**5,045**	**4,174**	**5,018**	**4,454**	**280**	**564**

Non-pays costs account for 13% of our total spend and has been budgeted under target at a total level of £4.5m.

Reduction in non-pay spend year on year is mainly driven by savings 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 generating income of £0.2m.

The areas for investment is detailed later in this paper.

Additional Allocation Funding

In the SG Budget on 15 December 2022, SG announced the intention to review funding arrangements for additional allocations. In particular, the 'bundling' of allocations which fall within the same policy area. No further details were given at the time, but it is expected the bundling of allocations will lead to cost efficiencies and therefore a lower total funding figure. Given the small number of allocations we have across a broad range of policy areas we have not factored any savings for this into the 23/24 budget. Although we have included this as a risk and possible cost pressure for next year – see risk and opportunities section.

Additional allocations have been included in the budget when one of the following has been fulfilled:

- An award letter has been received from SG
- The cash has been received from SG
- A multi-year letter of comfort has been received from SG
- There is a statutory / legislative responsibility regarding the allocation
- Agreed collectively by ET

Currently there are 22 projects within this category, which total £6.6m spend in 23/24, with 90 WTE.

		22-23 Forecast P10		23-24- Budget Submission	
Description	Directorate	WTE	(£)	WTE	£
Our Voice Citizen Panel	CE	-	33,471		21,121
SP Mental Health Substance Use	ihub	7.2	500,000	16.2	937,522
Designing / Improving Residential Rehab Pathways	ihub	8.0	425,000	8.9	659,390
MAT Standards Implementation	ihub	4.0	250,000	6.7	466,197
C-Section improvement Work	ihub	-	46,702	1.0	57,003
Gender Identification	Evidence	1.4	28,804	1.0	51,404
Palliative Care Guidelines	Evidence		-	2.1	159,892
Adult Support & Protection Inspections - phase 1	QAD	4.7	266,041	0.7	57,502
Additional Depreciation for Delta House	Corporate	-	206,411		225,000
HEI Mental Health	QAD	8.0	480,000	9.2	611,731
Dementia diagnosis	ihub	2.0	65,000	4.6	283,068
Dementia pathway	ihub	3.0	50,000	3.2	167,720
Cancer Medicine NCMAP/ SACT	Medical	4.8	344,301	4.8	368,252
National Review Panel - NRP	Medical	1.1	51,351	1.1	62,218
HEPMA Learning Commission	Medical		54,803	0.5	55,000
Unpaid Carers- Phase 1	ihub	3.0	180,519	2.0	119,737
Early Interventions in Psychosis (EIP)	ihub	4.4	296,355	5.8	408,587
SMC	Evidence	3.1	159,833	7.9	489,000
EiC-External	NMAHP	3.4	220,000	3.8	294,387
HSP - External	NMAHP	10.4	500,000	5.0	800,000
SUDI	QAD	1.0	52,000	1.3	62,639
Police Custody (ext)	QAD	3.0	186,803	4.0	242,171
Subtotal (Low risk to funding)		**72.5**	**4,397,394**	**89.7**	**6,599,542**
Corporate Services Recharge @ 15% / savings target	Corporate		900,000		927,000
Grants from other bodies			187,539		877,950
					8,404,492

letter of comfort received from SG

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, there are 13 WTE working on these projects are not included in the budget for next year.

		22-23 Forecast P10		23-24- Budget Submission	
Description	Directorate	WTE	(£)	WTE	£
Dementia in Hospitals	ihub		165,000	3.2	210,177
PCIP	ihub		50,000	-	160,000
Hospital at Home	ihub		50,000	3.2	195,722
MCQIC external	ihub	0.4	44,000	0.4	44,000
Personality Disorder	ihub	5.4	400,000	5.6	388,596
Volunteering systems	CE	-	20,100		20,100
WMTY SG	CE	-	12,500		12,500
e Health/IT strategy	Digital	1.0	50,000	1.0	86,810
Unpaid Carers- Phase 2	ihub			1.6	135,379
Adult Support & Protection Inspections - phase 2	QAD	3.2		3.0	271,458
Collaborative Communities (External)	ihub	2.9	224,971		75,000
Neonatal Mortality Review	QAD		23,560	-	52,860
Subtotal (High risk to funding)		**12.9**	**1,040,131**	**18.0**	**1,652,602**

There are also a number of allocations that have ceased in 22/23 and we do not expect or have requested funding for 23/24.

		22-23 Forecast P10		23-24- Budget Submission	
Description	Directorate	WTE	(£)	WTE	£
SHTG SG commissions	Evidence	4.2	238,203		
Neurological Services	QAD		42,829		
Cervical Screening Review	QAD		110,000		
TEC Pathfinders	ihub		30,000		
Value Management	ihub		430,843		
FOD Clinical Faculty	ihub		19,069		
Sodium Valproate learning Systems	Medical		-		
Improvements to SARCS IT system	Evidence		8,155		
Health Innovation Partnership	Evidence		-		
Surplus brought forward.	Corporate		-		
Subtotal (Project finished / stopped)		**4.2**	**879,099**	**-**	**-**

There are also a number of grants anticipated from other organisations, and included within the budget.

		22-23 Forecast P10		23-24- Budget Submission	
	Directorate	WTE	Forecast	WTE	£
Barnahus standards	Evidence	-	71,602	-	-
Right Decision Service	Evidence	-	-	2.5	673,832
SIGN polypharmacy	Evidence	1.0	57,937	0.6	36,118
Accelerated National Innovation Adoption (ANIA) Pa	Evidence	2.7	58,000	2.7	168,000
Total Other Organisations		**3.7**	**187,539**	**5.78**	**877,950**

Independent Healthcare:

As part of the annual fee setting process, the 23/24 budget for Independent Healthcare was been approved by the Board in September. There is no change currently anticipated to this submission, but the main risk regarding affordability of the service remains.

	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

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 baseline 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 £223k will be spent this year, with an annual commitment of £170k. This annual commitment amount has been included in the IT & Digital budget target for 23/24.

The ET considered numerous requests for investment in 23/24, agreeing on the below prioritisation of initiatives for inclusion in the 23/24 budget:

Request	WTE	Recurring FY23/24 £	Non Recurring FY23/24 £	Capital FY23/24 £	Annualised cost £
Rolled forward from 22/23 initiatives:					
Website			150,000		
New areas for 23/24:					
Secondary server solution		108,319		18,280	138,973
ICT resilience				62,529	
Associate Medical Director	0.4	79,344			79,344
Strength Deployment Inventory 2.0			14,400		14,400
HR Redesign Work Support	1.0		62,000		
Total	**1.4**	**187,663**	**226,400**	**80,809**	**232,717**
Total spend 23/24	**1.4**	**414,063**		**80,809**	**232,717**

Two of the above projects are capital spend, totalling £81k, which is broadly in line with our capital allocation from SG of £79k. The remaining four initiatives have an operational spend of £414k next year and £233k annualised spend commitment.

The website spend is a two year commitment, with an estimated £150k in 23/24 and a further £150k in 24/25. A full business case is being prepared in order to determine accurate costs and timelines.

The below projects were considered, but given the financial constraints have been excluded from the budget for 23/24. They remain on a 'reserve list' and will be considered again if additional funding becomes available.

Request	WTE	Recurring FY23/24 £	Non Recurring FY23/24 £	Capital FY23/24 £	Annualised cost £
Rolled forward from 22/23 initiatives:					
Helpdesk Manager & ICT Security	2.0	86,205			111,194
Website *		30,000	333,000		30,000
New areas for 23/24:					
Intelligence Sharing System				50,000	20,000
SHTG Health Economist	1.0	63,449			63,449
Digital team investment	2.0	82,944			97,605
Erostering			371,232		
HR Redesign Work Support *	1.0		100,000		
Total	**6.4**	**471,925**	**818,632**	**185,009**	**554,965**

* Note: a reduced value has been included in the budget for the Website and HR redesign work support from this original ask.

E-rostering is a Once for Scotland project to replace the current rota system used across NHS Scotland. We are working with the project team to consider alternative implementation plans that will reduce costs. At this time, we have excluded the £371k spend allocated to HIS (split by £264k implementation costs and £107k staff costs), but the risk remains this cost will materialise during 23/24. If so, ET have agreed to take collective responsibility to fund this.

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. The budget includes a total saving target of £1.6m (4.8%) under our Sustainability & Value programme and delivered through our One Team approach.

Recurring savings 23/24							
Directorate	**Process mapping**		**Income Generation**	**Redesign**		**3% pay savings**	**Other**
	WTE	**£**	**£**	**WTE**	**£**	**£**	**£**
Chief Executive						(14,887)	
Communications			(10,000)			(22,201)	
Community Engagement	(1.0)	(51,198)				(85,070)	
Corporate Provision						(3,378)	
Evidence			-	(5.4)	(375,754)	(194,128)	
FPG	(0.5)	(30,162)		(1.0)	(30,177)	(27,707)	
ihub				(9.4)	(613,863)	(203,589)	
Internal Improvement						(8,732)	
IT & Digital						(21,858)	(154,030)
Medical			(10,000)			(37,639)	
NMAHP						(53,732)	
QAD				(2.8)	(213,803)	(165,941)	
People & Workplace				(1.0)	(43,200)	(29,849)	
Property			(191,667)				
Total	**(1.5)**	**(81,360)**	**(211,667)**	**(19.6)**	**(1,276,797)**	**(868,710)**	**(154,030)**
Grand total							**(2,592,563)**
Grand total savings to budget position							**(1,602,946)**

In the Evidence and ihub directorates, their current WTE structure is different to the budgeted position. They are carrying more vacancies than approved in the budget and therefore the saving positon is higher when comparing to their current structure. This is aligned in the 23/24 budget and therefore the savings position of £2.6m was reported to SG to avoid double counting.

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 23/24 of £680k (equivalent to average of 18 WTE). To date only savings of £81k in two directorates have been identified in the budget submission, although there is overlap with the redesign benefits.

Scenarios

There are a number of assumptions in the budget that could flex either way during the year. Below the key assumptions have been stress tested to provide a range of outcome scenarios. These scenarios range from an overspend of £4.9m (14%) to an underspend of £0.7m (2%) and carry a degree of risk to each.

Risks - overspend	**£m**	**Impact**
Lower S&V savings	- 1.0	Increases Baseline Costs
Higher redeployment costs	- 0.7	Increases Baseline Costs
Unfunded corporate services recharges	- 0.9	Increases Baseline Costs
Funding deficit on IHC	- 0.2	Increases Baseline Costs
E-rostering costs	- 0.4	Increases Baseline Costs
Bundling savings on allocations	- 0.4	Increases Additional Allocation Costs
Higher non pays inflation	- 0.1	Increases Baseline Costs
Decision support grant funding not c/fwd from 22/23	- 0.1	Increases Additional Allocation Costs
Unfunded pay award - baseline	- 1.0	Increases Baseline Costs
Unfunded pay award - allocations	- 0.2	Increases Additional Allocation Costs
	- 4.9	
Opportunities - underspend		
Higher staff turnover / vacancies	0.4	Reduces Baseline Costs
Sublet additional space at Delta House	0.1	Reduces Baseline Costs
Release of IHC reserves	0.2	Reduces Baseline Costs
	0.7	
High probability		
Medium probability		
Low probability		

5 Year Financial Plan

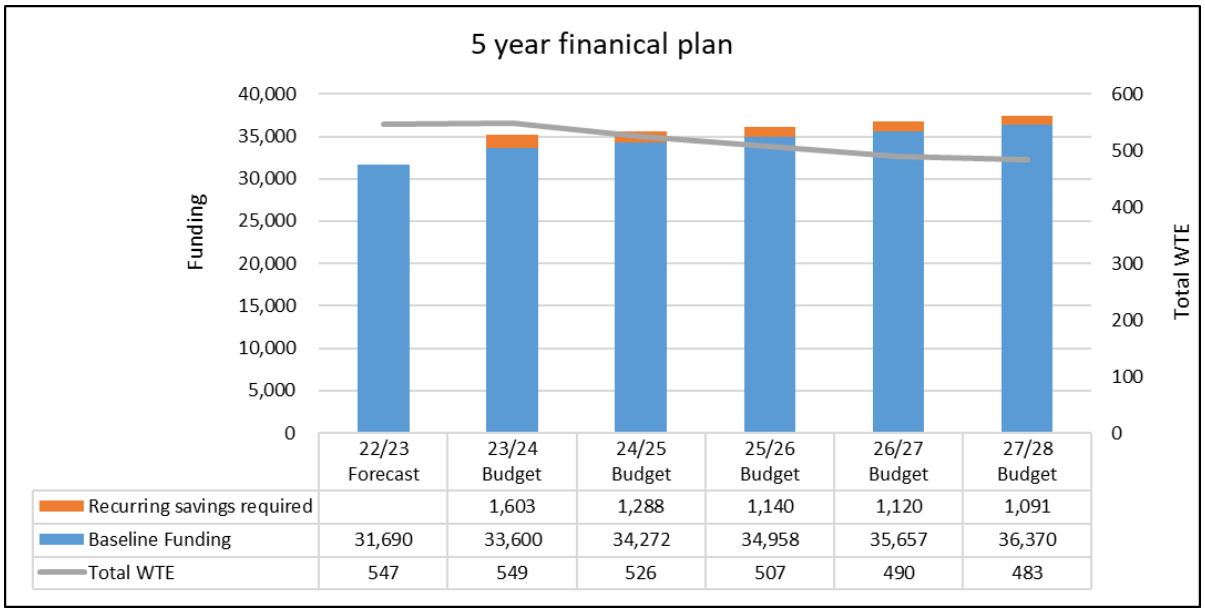
A five-year financial plan has been produced, based on a number of assumptions and extrapolation from the 23/24 budget.

Based on an assumed 2% increase in baseline funding year on year, there is a gap to a balanced budget between 3% - 3.8%, which means recurring savings in the region of £1.0m - £1.3m are required in each of the following five years to maintain financial balance. Cumulatively, this is a £6.2m recurring savings required over the next five years from our position today to achieve financial balance. This is the equivalent of a decrease in total WTE from 547 next year to 483 in year 5 (12%).

	2022/23 Jan Forecast £000's	2023/24 Budget £000's	2024/25 Budget £000's	2025/26 Budget £000's	2026/27 Budget £000's	2027/28 Budget £000's
Baseline Funding	(31,690)	(33,600)	(34,272)	(34,958)	(35,657)	(36,370)
Additional allocations Funding	(7,404)	(7,477)	(7,627)	(7,780)	(7,935)	(8,094)
IHC Income	(1,258)	(1,586)	(1,622)	(1,706)	(1,788)	(1,865)
Total recurring annual savings required		(1,603)	(1,288)	(1,140)	(1,120)	(1,091)
% recurring savings from baseline funding		4.8%	3.8%	3.3%	3.1%	3.0%
Cumulative recurring savings		(1,603)	(2,891)	(4,031)	(5,151)	(6,242)
Net Deficit / (Surplus)	**(62)**	**224**	-	-	-	-

Capital Expenditure	143	79	79	79	79	79
Baseline staff count (WTE Average)	433	432	414	400	387	376
Non recurring allocations staff (WTE)	93	96	91	86	82	86
IHC staff count (WTE)	21	21	21	21	21	21

Assumptions:					
SG uplift	2%	2%	2%	2%	2%
Staff wage inflation	5%	5%	5%	5%	5%
Fixed costs CPI	6%	6%	6%	4%	2%
Year on year efficiency saving	3%	3%	3%	3%	3%
IHC fees increase annually to meet costs					



4.3. Workforce plan

The final version of our workforce plan was discussed at Board and Staff Governance in December 2022. The WTE position presented in the budget and the five-year plan has been shared and is included in our workforce plan to ensure the plan is still achievable.

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 changes to WTE as result of this budget and five-year plan as detailed in the report. The paper requires the delivery of savings to achieve a balanced position in 23/24 and choices to be made regarding investment.
Risk Management	The management of the organisation's finances is included in 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 Planning and Finance Team and approved by the ET. The paper was also approved by the Audit and Risk Committee (ARC) on 2nd March 2023 and contains minor changes to section 4.1 on the work programme following comments at ARC.

5. Recommendations

The Board is asked to approve the 23/24 budget, the five-year plan and endorse the work on the work programme to date as part of our draft annual delivery plan due in June.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Performance Report, Quarter 3 2022/23**
Agenda item:	**4.2**
Responsible Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
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 3 (Q3) period, October - December 2022 was provided to the Quality and Performance Committee (QPC) at its meeting on 22nd February 2023. 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)

During the quarter, some changes were made to the KPIs. It was agreed Scottish Antimicrobial Prescribing Group would be removed and logic model and measurement strategies would be replaced by complaints (stages 1 and 2) to ensure we included continuous learning and quality improvement metrics. Further work continues to define mandatory training but before this KPI can be reported against.

At Q3, 14 of the 18 KPIs were on target. The KPIs behind target were:

- **Inspections.** There are a number of factors which have impacted the number of inspections delivered, including capacity of both inspection teams and NHS Boards / Services, new commissions, changes to inspection dates in response to intelligence or in discussion with partner organisations / NHS Boards / Services and changes to inspection methodologies. There was an increase in the number of

inspections during Q3 but it is anticipated the baseline target will not be met by the end of March.

- **Independent Healthcare (IHC) inspections** of the 76 inspections carried forward from last year, it is anticipated 2 inspections will be carried over into 23/24.
- **Standards & Indicators** – during Q3, two reports were published against a target of four. The team are also experiencing capacity challenges for the core screening work due to new staff in place and induction requirements.
- **Scottish Medicines Consortium (SMC) advice published –** due to the delay in approval of the business case from Scottish Government (SG), an increasing volume of new medicines and a number of vacancies within the team, this KPI remains behind at Q3. Additional funding allocation for 22/23 is now confirmed and similar funding is anticipated for 23/24 which should enable recruitment to increase capacity.

Work Programme Status Summary Report

89 projects were active at the end of Q3 which is a net movement of **-6** since Q2 22/23. **65** projects were on target, **21** were running behind / 'repositioned'. **3** projects are reported as late. **1** project was completed. Internal Improvement Oversight Board has been replaced by OneTeam, and it was agreed on QPC's request that these **5** projects should be reported in the work programme and will be included from Q4 onwards.

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 respond to unprecedented winter pressures, 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,

Responding to System Pressures

System wide pressures continue to impact on the capacity of staff in NHS Boards and Health and Social Care Partnerships to engage with our programmes. For our improvement support, adaptations continue to be made to ensure we are focusing on the most important issues alongside continuing to take on work that would have traditionally been carried out by staff in services. This is enabling higher levels of engagement than might otherwise have been anticipated.

With regard to our assurance activities, the safety of patients and service users is paramount and we believe it is a priority that HIS continues to provide appropriate external assurance of the safety and quality of care, especially when services may be pausing aspects of their own governance and assurance mechanism to cope with demand. We therefore plan to continue with our inspection and review activities in a proportionate and sensitive way that minimises the impact on the delivery of frontline care whilst still providing assurance for patients and the public.

SG has published a consultation paper on amendments to the way independent health care in Scotland is regulated. The government is proposing to make three changes to the way independent health care in Scotland is regulated. HIS will be enabled to regulate independent health care services provided by pharmacists and pharmacy technicians which are not provided under the terms of an NHS contract or from non-General Pharmaceutical Council registered premises, and we will also be allowed to regulate independent medical agencies providing health care services which consist of, or include the provision of services by, a medical practitioner, dental practitioner, registered nurse,

registered midwife, dental care professional, pharmacist, or pharmacy technician. HIS would be able to cancel the registration of any independent health care service where there has been a failure to pay continuation fees. The consultation closes on Wednesday 26 April 2023.

The Community Engagement directorate is working with NHS Boards to understand the impact of system wide pressures on their statutory duty to engage with communities on service change, and to provide assurance and ongoing support for appropriate and proportionate community engagement.

We have received funding confirmation on all bar two additional allocations for 22/23 although a number have not yet been paid. Due to delays in funding confirmation, resulting in slower delivery and/or pausing of projects in the second half of the year, the full funding amount is no longer required, therefore we expect the total allocations in 22/23 to reduce from £8.1m to a forecasted £7.2m.

In addition, there are a number of programmes where SG have indicated that they wish to extend into 23/24 but are not yet able to provide formal documentation that would allow us to progress with extending contractual arrangements for staff. This is presenting significant challenges and risk to HIS and therefore we have had to place the impacted staff onto redeployment. There were 30 staff on the redeployment register at the end of February 2023. There is also a risk funding is confirmed after the staff have been redeployed as we will then need to recruit from scratch. SG policy colleagues have been advised of these risks.

Operational Risks

At Q3, there were **15** 'high' operational risks and **7** 'very high' operational risks which is a net movement of **-1** from Q2. The 7 very high risks relate to Information & Communications Technology server resilience, shortage of Microsoft 365 licences, and hardware failure, Early Intervention Psychosis recruitment delays, Internal Intelligence Sharing manual system, the increasing volume of new medicine submissions for review by the SMC, and workforce strategy (new operational risk).

Annual Delivery Plan 2022 / 23 Q2 Update

HIS' Annual Delivery Plan (ADP) 2022 – 23 Q3 update covering the period October to December 2022 was submitted to the SG on 10th February. The update was based on the Q3 Organisational Performance Report and HIS' Work Programme 22/23 which was approved by the Board on 23rd March 2022.

New Commissions

During Q3, 8 new commissions were received and taken forward, plus 2 previously prospective commissions were agreed. No additional prospective commissions were received in the quarter. Across the quarter, 3 potential commissions received and subsequently declined, primarily because the work may fit better within the remit of other organisations, and lack of capacity within HIS.

Quality and Performance Committee Q3

At the Quality and Performance Committee meeting on 22nd February, the following points were discussed in relation to Q3 performance report and the responses:

- Overall performance shows a static position compared to Q2

- The Committee noted complaints replaced logic model and management strategies KPI from the 'culture of continuous learning and quality' heading. It was felt this might not be ambitious enough and other metrics should be considered. KPIs are due to be reviewed at the end of the year and it was agreed proposed 23/24 metrics will be taken to the Committee in May.
- Internal Improvement Oversight Board has been replaced by OneTeam and the 5 projects assigned removed from the work programme. After discussion, it was agreed to reinstate for Q4 to show completeness in the work programme.
- Committee agreed HIS should only accept new commissions that are fully funded.
- Committee discussed a potential risk in relation to recent political developments, potential delays in ministerial decisions and funding and mindful of potential ramifications in relation to operational delivery in 23/24.

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 Q3 performance report was firstly considered by Executive Team and then approved by the Quality and Performance Committee on 22nd February 2023

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: Q3 Performance Dashboard

APPENDIX 1

Q3 2022 - 23 PERFORMANCE DASHBOARD

Operational KPIs

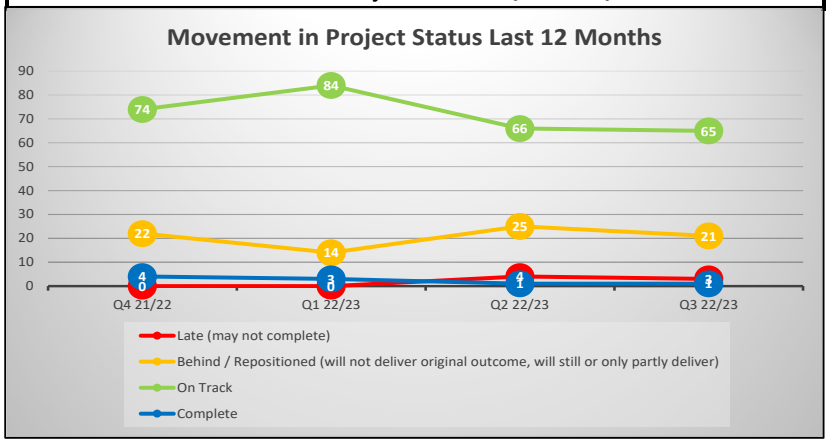
Strategic Area	KPI	2021 - 22 Actuals	2022 - 23 Target	2022 - 23 Outturn By Quarter Q1	Q2	Q3	Q4	Full Year To Date
Safe, timely, high quality care	Inspections *(no. carried out)*	41	60	10	9	16		35
	IHC Inspections *(no. carried out)*	135	187	28	42	35		105
	Death Certification Review Service (DCRS) *(% of Medical Certificate of Cause of Death randomly selected)*	12%	12%	12%	12%	12%		12%
Evidence & intelligence underpin care	SIGN *(guidelines published)*	9	6	1	5	0		6
	Scottish Medicines Consortium (SMC) *(advice published)*	81	96	19	21	23		63
	Research & Information Service (RIS) *(no. of literature searches / appraisals / projects supported)*	132	120	48	53	42		143
	Scottish Health Technologies Group (SHTG) *(reviews)*	11	10	2	6	2		10
	Standards & Indicators (S&I) *(no. developed & published)*	5	21	4	3	2		9
Culture of continuous learning & quality improvement	Complaints - Stage 1 closed in full within 5 working days	100%	100%	100%	100%	100%		100%
	Complaints - Stage 2 closed in full within 20 working days	100%	100%	100%	75%	100%		100%
Voices of people & communities are at the heart of redesign	Service change *(no. of health & care services monitored & / or advised on)*	53	48	34	10	10		54
	Engagement *(no. of policy areas influenced by people's views)*	6	8	1	3	2		6
	Equality assessment (*initial screening completed)*		60%	*	*	70%		70%
Staff Experience	iMatter *(employee engagement index score)*	81	81	82				82
	Sickness absence *(national target rate 4% or less)*	2.9%	4.0%	2.6%	2.2%	2.2%		2.3%
	Mandatory training		*	*	*	*		*
Value for Money	Baseline spend (£m)	30.6	31.6	8.0	7.8	7.8		23.6
	Recurring savings (£k)	0	24.0	0	0	0		0

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

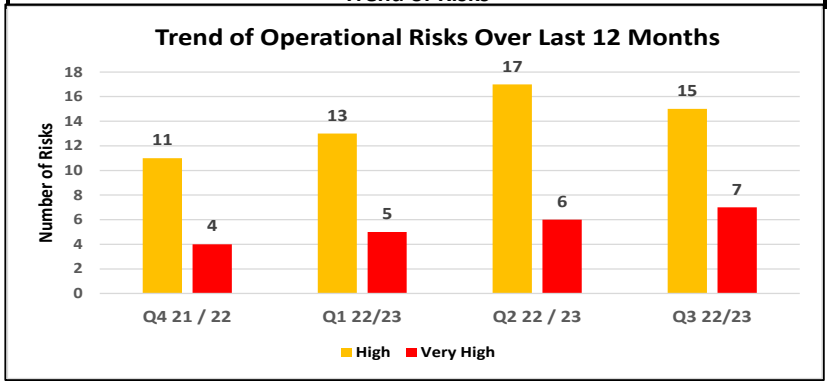
Commissions in Development Q3 2022 - 23	
Transfer of Right Decision Service (RDS) to HIS	Improvement to Sexual Assault Response Co-Ordination Services (SARCS)
Accelerated National Innovation Adoption (ANIA) Pathway	National Shared Learning System - Sodium Valproate
Neonatal Mortality Review	Health Innovation Partnership
Mental Health and Substance Use Pathfinder Project Expansion	Excellence in Care (EiC) Programme Extension
NHS Scotland Palliative Care Guidelines	Healthcare Staffing Programme(HSP) Extension

Programmes of Work Completed Q3
Reducing Harm Improving Care (RHIC)

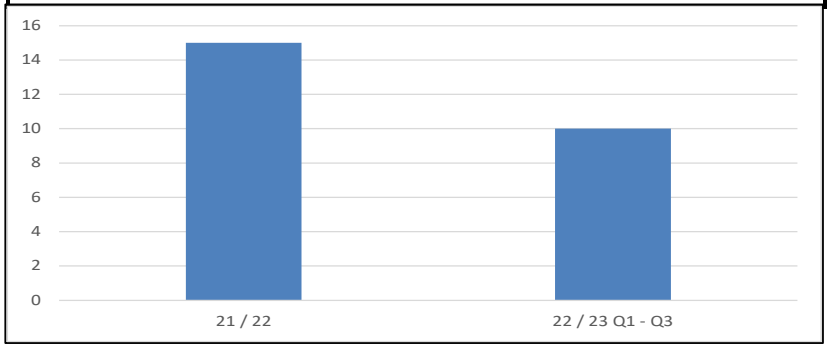
Movement in Project Status 21/22 & 22/23



Trend of Risks



Number of New Commissions



Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Financial Performance Report 28 February 2023**
Agenda item:	**4.2.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
Report Author:	**Lovepreet Singh, Finance Manager**
Purpose of the paper:	**Awareness**

1. Situation

This report provides the Committee with the financial position at 28 February 2023. A detailed version of the financial report at 31 January was discussed at the Audit & Risk Committee on 2 March 2023.

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

Summary of Financial Expenditure

	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	29,875	29,729	146	32,775	32,390	385
Expenditure on additional allocations	5,513	6,277	(764)	6,068	6,845	(777)
IHC Income	(1,277)	(1,266)	(11)	(1,529)	(1,382)	(147)
IHC Expenditure	1,399	1,276	123	1,529	1,398	131
Other Income (including Grants)	0	(104)	104	0	(183)	183
Other Expenditure (including Grants)	0	104	(104)	0	183	(183)
IHC deficit / (surplus)	**122**	**9**	**112**	**0**	**16**	**(16)**
Net Revenue Expenditure	**35,510**	**36,015**	**(506)**	**38,843**	**39,251**	**(408)**
Capital Expenditure	347	86	262	379	150	229
Baseline staff count (WTE)	444	427	17	433	433	0
Non recurring allocations staff count (WTE)	87	86	1	87	86	1
IHC staff count (WTE)	21	22	(1)	21	21	0
Total WTE	**552**	**535**	**17**	**541**	**540**	**1**

At the end of February, total spend was £36.0m, which was a £0.5m (1.4%) overspend against our original budget of £35.5m, but is in line with forecast.

Baseline Spend

Total baseline spend year to date was £29.7m, which was a £0.1m (0.5%) underspend against the budget of £29.9m. Pay costs continue to be overspent, offset by underspends in non-pays.

Baseline whole time equivalent (WTE) at the end of February were 427, which was 5 WTE lower than forecast. Staff costs of £25.8m were £0.4m (1.5%) over budget at P11. This was mainly driven by earlier recruitment and lower staff turnover than in budget seen in the first half of the year. In the last few months pay costs have reduced in line with WTEs.

Non-pay costs year to date were £0.6m (16%) underspend due to lower legal fees, Vat refund, lower travel cost, lower training and lower advertising costs.

On the four areas for investment, spend year to date was £168k and is forecasted to be £213k by year-end, which is an underspend of £336k (61%). The underspend is due to delays in recruitment, savings on Cybersecurity software and phasing of the website build and hosting into 23/24.

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 £8.1m with the inclusion of new allocations approved post budget.

At the end of February, funding of £7.1m had been received and SG has been advised no further funding is required in 22/23. This is due to delays in funding resulting in slower delivery and/or pausing of projects in the second half of the year.

Outturn Prediction for 31 March 2023

At a high-level, we are currently forecasting a baseline outturn position of £32.4m, which is an underspend within our 1% tolerance. This outturn is based on the following assumptions:

- Baseline WTEs at current level and no change to current pays overspend.
- No upside from the remainder of 22/23 pay award due to be processed in March-23 payroll.
- Non-pays costs are fully spent in line with forecast.

Capital Expenditure

SG confirmed a capital budget of £0.4m for 22/23, of which £0.3m was funding for the Delta House refurbishment. We are forecasting an outturn position of £0.2m, which is a £0.2m capital underspend during the year.

The Delta House refurbishment project has spanned across three financial years. The business case allowed for a capital spend in the range £2.4m to £2.6m (Vat inclusive) and we are expecting to outturn at £2.1m.

Assessment considerations

Quality/ Care	The delay and uncertainty in the funding resulted in 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	The constraints on recruitment during the year has allowed us to achieve financial balance at P11, but pays costs remain overspent.
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, which was reviewed by the Executive Team. The P10 report was reviewed by the Audit and Risk Committee.

4 Recommendation

The Board are asked to consider this report for **awareness**.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Workforce Report**
Agenda item:	**4.2.3**
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 key workforce metrics across the organisation.

3. Assessment

Our current workforce comprises of a headcount of 581 as at the end of February 2023. 544 are payroll staff, a whole time equivalent of 512.8 (WTE) and 37 (headcount) secondees into the organisation, a WTE of 17.8.

During the current financial year 85 people have left the organisation, representing an overall turnover rate of 14.5% to date. 109 individuals have joined Healthcare Improvement Scotland which represents a net increase of 24 to our overall workforce headcount since April 2022.

Current absence levels are 2.4%, as compared to 2.9% 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 98 new recruitment campaigns, of which 63 have been filled. 31 of these have been filled by internal appointments or existing NHS staff.

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

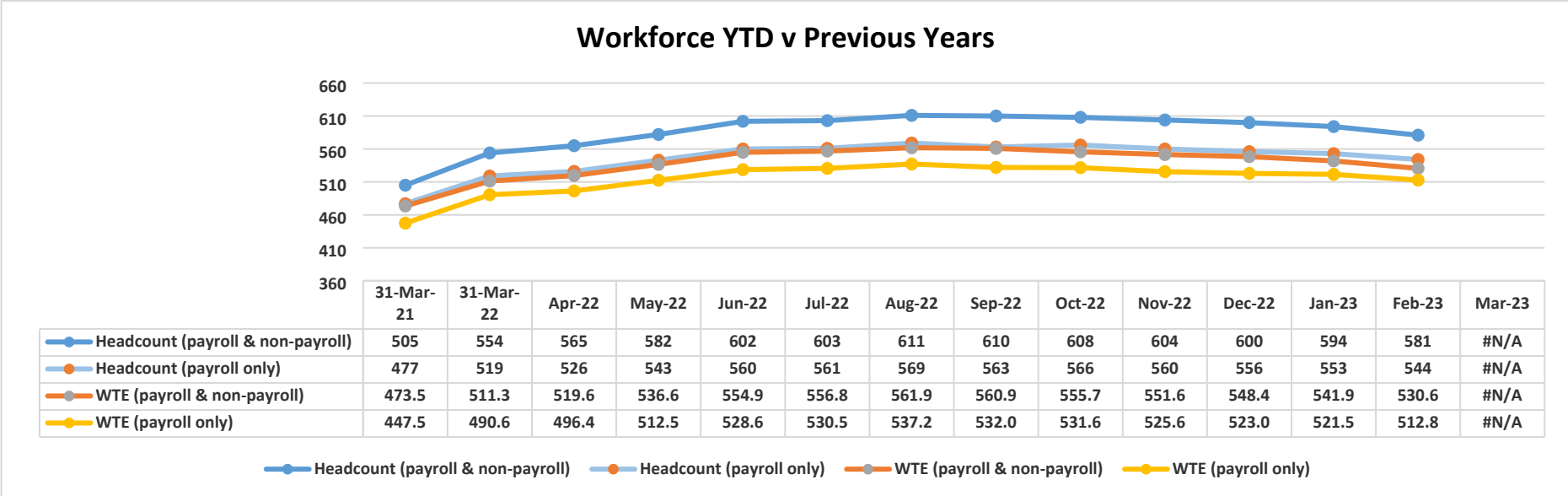
Board members are asked to review the detail of the enclosed appendix and provide further comment or questions as necessary

5 Appendices and links to additional information

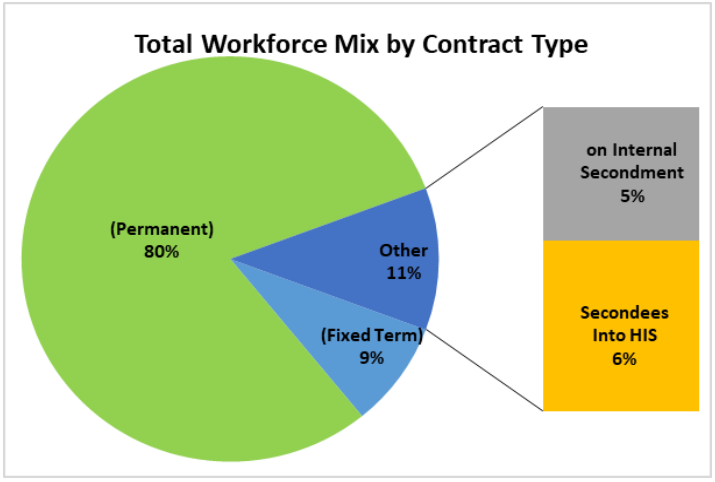
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

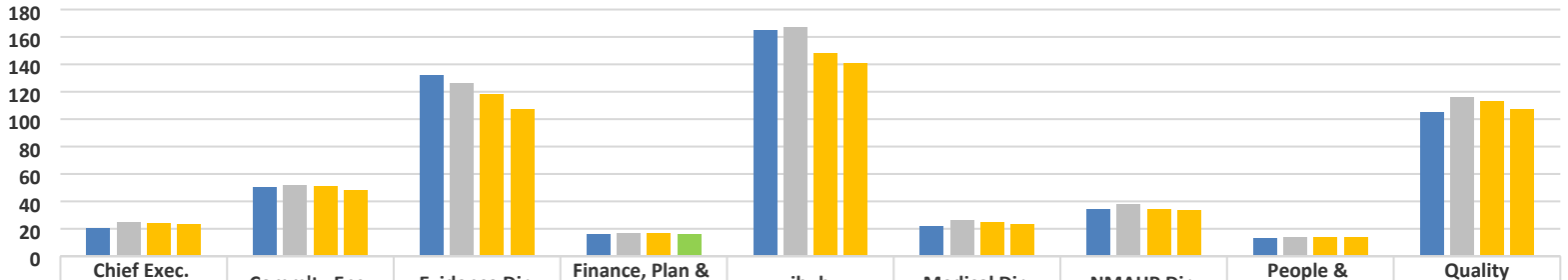
Appendix 1 – Workforce Report



	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	604	600	594	581	#N/A
Headcount (payroll only)	477	519	526	543	560	561	569	563	566	560	556	553	544	#N/A
WTE (payroll & non-payroll)	473.5	511.3	519.6	536.6	554.9	556.8	561.9	560.9	555.7	551.6	548.4	541.9	530.6	#N/A
WTE (payroll only)	447.5	490.6	496.4	512.5	528.6	530.5	537.2	532.0	531.6	525.6	523.0	521.5	512.8	#N/A

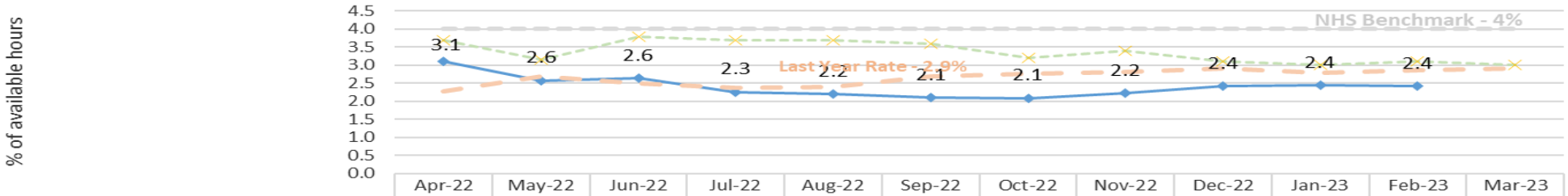


Current Directorate Workforce YTD v Start of Financial Year



	Chief Exec. Office	Comm'ty Eng.	Evidence Dir.	Finance, Plan & Gov	ihub	Medical Dir.	NMAHP Dir.	People & Work.	Quality Assurance
1-Apr-22 Total (HC)	20	50	132	16	165	22	34	13	105
YTD Total (HC)	25	52	126	17	167	26	38	14	116
YTD Payroll (HC)	24	51	118	17	148	25	34	14	113
YTD Payroll (WTE)	23.5	48.0	107.2	15.7	141.0	23.5	33.4	13.6	106.9

Sickness Absence Rate (%) YTD by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
2022/23 Sickness Absence (%) YTD	3.1	2.6	2.6	2.3	2.2	2.1	2.1	2.2	2.4	2.4	2.4	
Last Year Sickness Absence (%)	2.3	2.7	2.5	2.4	2.4	2.7	2.8	2.8	2.9	2.8	2.9	2.9
NHS Benchmark (%)	4	4	4	4	4	4	4	4	4	4	4	4
Pre-Covid/2019-20 (%)	3.7	3.2	3.8	3.7	3.7	3.6	3.2	3.4	3.1	3.0	3.1	3.0

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**One Team**
Agenda item:	**4.3**
Responsible Executive/Non-Executive:	**Robbie Pearson, Chief Executive**
Report Author:	**Lindsay Fielding, Strategic Lead**
Purpose of paper:	**Awareness**

1. Situation

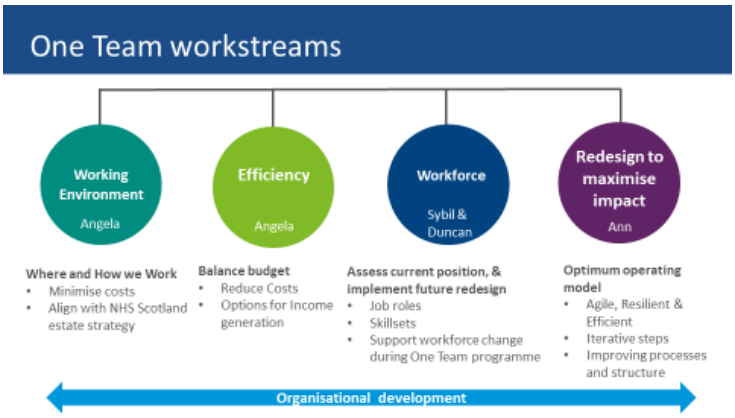
This paper provides an overview and update on the One Team Transformation Programme.

2. Background

One Team is a change programme to help HIS operate in a more efficient and resilient way, whilst supporting delivery against our future strategy.

This transformation programme is delivered through four workstreams which together will ensure that we are fit for the future through:

- protecting and nurturing our skills
- organising ourselves in the most optimal way, so that we are able to respond quickly, share skills and collaborate more easily
- ensuring our systems and processes support our new ways of working



The four workstreams are:

- **Working Environment** : To establish and implement principles for our new ways of working, and the future accommodation strategy
- **Efficiency** : This workstream focuses on internal efficiencies to ensure delivery against current and future budgets, as well as considering other options to improve future budget sustainability – including income generation and One Scotland priorities

- **Workforce** : To create the policies, and conditions to support the implementation of our workforce plan with a focus on ensuring a consistent approach to the recruitment, development and more flexible deployment of our staff
- **Redesign** : The purpose of the Redesign workstream is to define an optimum structure for HIS that enables us to work together in a more efficient, resilient way – making the most of our skills. This workstream oversees improvement work which is currently underway to ensure that we continue to deliver efficiency benefits in the short-term and that these local improvements will feed learnings into the One Team design in due course.

All four workstreams are supported by an Organisational Development Strategy and a communications plan.

HIS also reports our One Team programme into Scottish Government via the Sustainability and Value Financial Improvement Group (FIG) which is tasked to bring together a focus on recurring savings across all organisations through cost reductions, local service redesign, innovation and productivity.

3. Assessment

Creating A Shared Vision

Work is underway to build a shared vision for One Team, in partnership with staff side. This will aim to ensure clarity of purpose for the work but also the explicit objectives in advancing One Team. The first draft of the One Team vision will be discussed at the Partnership Forum Development Day in April.

Working Environment

We continue to review the use of both Delta House and Gyle Square, working closely with other NHS organisations to make best use of resources. We have been able to save utility costs and create carbon savings by temporarily removing access to two floors at Delta House and are negotiating with NSS to share space and costs. We are reviewing the current arrangement for Community Engagement offices in partnership with staff and consistent with the future vision for the directorate.

Efficiency

This workstream is focused on ensuring we maximise our efficiencies as an organisation and deliver productivity gains and cash releasing efficiency savings over the next several years. We are also continuing to explore opportunities to generate appropriate additional external income streams to support our financial resilience.

Workforce

The current work includes a baseline assessment of the workforce across directorates. The early work here is focused on opportunities for standardisation of cross-directorate roles and the creation of an Organisational Skills Pool to support the future needs of HIS under One Team. This work will also inform the Redesign workstream.

This workstream has also delivered an improved redeployment process to ensure that we are retaining critical skills.

Redesign

This workstream provides oversight of current local directorate transformation work to ensure that work progresses in line with the overall principles established for the One Team programme. Local changes allow us to evaluate the benefits of each approach before we decide whether to scale them up as a HIS-wide recommendation.

Process mapping and process improvement work is also delivered by this workstream. Over the last year, HIS has identified the majority of its current processes and, using Lean improvement methods, assessed those with the greatest opportunity for improvement. We are also aiming to provide opportunities for HIS Foundation Improvement Skills (FIS) trained colleagues to practice their improvement skills in a supported, structured environment and to prepare such colleagues to undertake more complex process redesign work.

Communications

Communications principles, strategy and an engagement plan for the One Team programme have been agreed to ensure that all colleagues are able to understand the vision, purpose and progress of One Team and have the ability to participate. This includes:

- Centralised information repository on The Source.
- Regular updates through multiple channels on each of the workstreams, One Team successes and examples and decisions taken at the One Team Programme Board.
- Management information cascade to ensure consistent messaging through all teams.

Overall progress and programme risks

We are in the early stages of the programme with work underway to define the cultural changes we want to recognise and help all colleagues understand how One Team fits with our Strategy and their day to day work. Organisational Development is leading work on this with senior leaders.

Workstreams are at the stage of assessing the current environment and preparing to assess impact of a range of options for change.

Our most significant risk is our ability to resource appropriate skills into the programme and balance the prioritisation around delivery of our work versus the investment needed in change. We are also asking our Associate Directors to directly own and lead work packages in the programme to help focus on delivery, as well as continuing the programme of rapid, short-term process improvements which will release capacity (time) back to the organisation.

Assessment considerations

Quality/ Care	One Team Programme is intended to protect and where possible, improve the quality of external delivery.
Resource Implications	The programme is intended to design and deliver an 'optimum' for HIS which will deliver to future budgets and support productivity through nurturing skills and efficient systems & processes.
	During the programme, there is a draw on staff to participate their expertise in defining and delivering change. We recognise that many staff are under significant current pressure and we will need to balance speed and quality of delivery to protect wellbeing.
Risk Management	There is significant risk that directorates will not be able to release staff to participate due to competing priorities (risk 583). To mitigate this, we are looking widely across HIS to draw skills from and considering how we can manage availability through our programme timeline.
Equality and Diversity, including health inequalities	All organisational changes will be assessed to ensure we continue to deliver against equality and diversity standards.
Communication, involvement, engagement and consultation	The programme has a comprehensive strategy and engagement plan for all colleagues in the organisation. All changes will be approved by the One Team Programme Board and follow the relevant organisational change policy and consultation policies.

4 Recommendation

Ask the Board to note this update on the One Team Programme

5 Appendices and links to additional information

A presentation on the purpose and structure of the One Team programme is provided.

Appendix 1, One Team Board Presentation

Healthcare Improvement Scotland

One Team

Strategic Change

March 2023

Supporting better quality health and social care for everyone in Scotland

What is One Team?

One Team is – how we will work differently to be the resilient, flexible, responsive and focused organisation we need to be to deliver our strategic priorities that will deliver better health and care for people in Scotland

One Team isn't – a short term quick fix done in isolation

Purpose of One Team

- Whole organisational approach
- Able to respond quickly, share skills and collaborate easily
- Ensure our systems and processes support our flexibility & resilience
- Break down silos to enable rapid refocus on HIS priorities rather than local
- Protect and nurture skills across the whole career journey and improve succession planning
- Supports cultural change and development of the HIS brand

Additional benefits through participation and collaboration on the journey

One Team Programme Board

We established a One Team Programme Board to lead on decision making. The board meets monthly and is chaired by Robbie Pearson, Chief Executive. The rest of the board comprises:

- our Executive Team,
- staff side (including Partnership Forum and Union representatives)
- other colleagues from across the organisation

One Team Governance and Reporting

Our **decision processes** around our priorities and our four One Team **workstreams** means:

- the One Team Programme Board will lead major organisational redesign and change
- change is consistently managed across HIS, and
- taking a whole organisation approach to change.

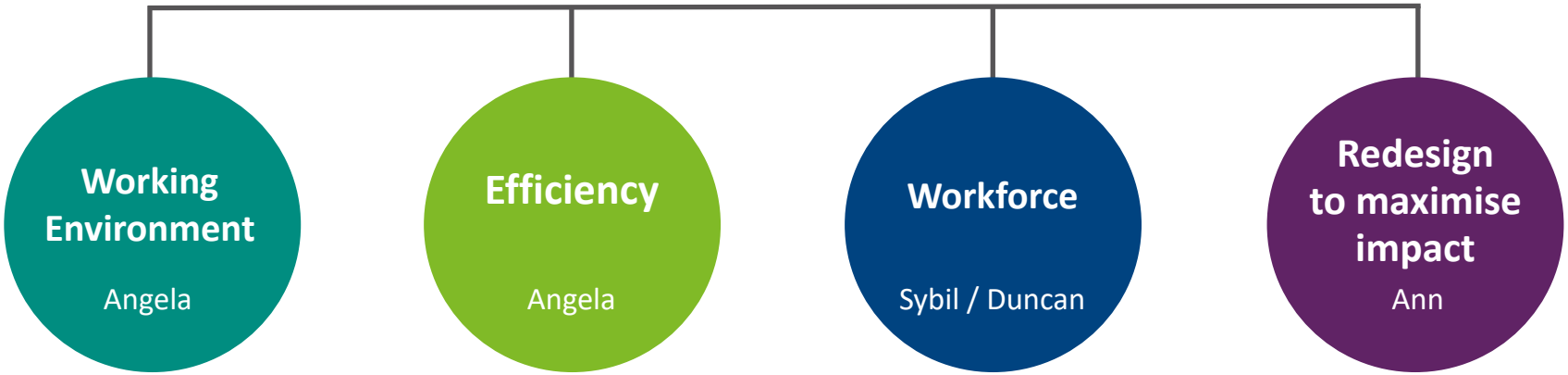
One Team Programme Board priorities

- **fit for the future**

- **relevant and focussed on our priorities**

- **confident in our delivery**

One Team workstreams



Where and How we Work

- Accommodation
- New Ways of Working
- Align with NHS Scotland estate strategy

Balance budget

- Options for Income generation
- Back to Budget

Assess current position, and implement future redesign

- Standardisation of roles
- Leadership Structures
- Effective management practices
- Project management
- Administration

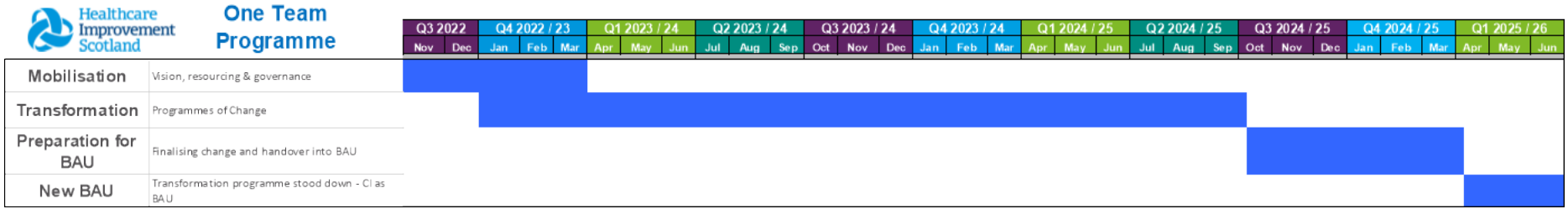
Optimum operating model

- Current directorate redesign programmes
- Process Improvement
- Assess options for future redesign

Organisational development

One Team Timeline

- 2 year programme
- One Team thinking throughout the organisation
- Culture, structure, process & systems



One Team communications principles

One Team is a complex organisational change. It is our response to a new operating context and changes to the way we work. To create positive energy around it, our communications will be:

- honest, open and empathetic
- compelling in the vision of our shared future
- led by the One Team Board and inclusive throughout the workforce
- shared both in experience and accountability across all directorates and teams
- consistent across all directorates.

Questions

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Equality Mainstreaming 2023 Update Report**
Agenda item:	**5.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Rosie Tyler-Greig, Equality and Diversity Advisor**
Purpose of paper:	**Awareness**

1. Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires Healthcare Improvement Scotland to report every two years on the progress we have made in advancing equality. We published our Equality Mainstreaming report, including equality outcomes, in April 2021. By April 2023, we are required to update on:

- The progress we have made towards achieving the equality outcomes we set in 2021.
- How we have mainstreamed equality within the organization's work over the last two years.
- Our gender pay gap. To reflect good practice, we will also report on our disability and ethnicity pay gaps.

We have produced a report on this basis – see Appendix 1.

2. Background

In April 2021, we published four new equality outcomes – an update on which forms a substantial part of this report. The outcomes we published were:

- A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen HIS activities
- Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups
- People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes
- Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work

An equality mainstreaming action plan is in place to support delivery of these outcomes. The action plan is being monitored by the cross-organisational Equality and Diversity Working Group

within its quarterly meeting schedule. The group has had the opportunity to shape this report. The report has also received feedback, now incorporated from: Partnership Forum, Healthcare Improvement Scotland's Executive Team and staff equality networks, the Staff Governance Committee and the Scottish Health Council Committee. The report has been reviewed for publication by the Communications Team. Following a final review for presentation, it will be uploaded as a PDF document to the Healthcare Improvement Scotland website on 1st April.

3. Assessment

The key messages communicated within the Equality Mainstreaming update report, and which are drawn out in the report's Executive Summary, are as follows:

- We have made good overall progress towards meeting our equality outcomes.
- We have made most progress in relation to outcomes one and four. This includes activities around workforce diversity such as the launch of our staff equality networks, updating our equality and diversity training, appointing new non-executive Board members and updating workplace policies and guidance; and activities around accessibility in the design and delivery of work, such as training Community Engagement staff to produce Easy Read formats and embedding lived experience leadership within our work.
- Given current progress, it is anticipated actions over the next two years will focus on outcomes two and three. This means prioritising our understanding and practice around wellbeing for different staff groups and identifying opportunities to better understand and target the health inequalities impacting minority ethnic groups.
- We also want to make further progress under outcome one and in relation flexible working for colleagues with caring responsibilities and developing managers' commitment to equality and diversity; as well as under outcome four where promoting and developing best practice in accessibility is concerned.
- We have taken lots of important steps to mainstream equality in our work over the last two years. There are several teams whose efforts are showcased within the report. This includes, for example: our Knowledge and Information Skills Specialists who developed a resource about using grey literature in equality impact assessments, Community Engagement colleagues who undertake *Gathering Views* exercises to support the development of Scottish Government policy, our new Carer's Positive Group, our Standards and Indicators Team and their work on the Scottish *Bairns Hoose* model, our Mental Health Transformation Programme who are setting priorities via lived experience insight, and our new *People's Experience* Volunteer initiative who are bringing new and diverse community voices into our work.
- We report that over the last year, the diversity of our workforce has improved overall and our gender pay gap has decreased to 15.3%. However, we still have a long journey ahead of us and the potential to do much better. We are taking actions forward to address this. These are reflected in our 2021 Equal Pay Statement and our participation in the Equally Safe at Work NHS Scotland pilot.
- We calculated our disability pay gap for the first time, and found it is 17.7%. We will take actions to improve from this initial baseline by continuing to participate in the Disability Confident initiative and working with the staff Disability Network to focus actions around workplace culture and accessibility.
- We calculated our ethnicity pay gap for the first time, and found we have no notable pay gap in respect of colleagues from visible minority ethnic groups, but a pay gap of 14% (mean) for colleagues from white minority groups compared to the white majority group. These figures are however skewed by small staff numbers. We will continue to seek better representation for minority ethnic colleagues in the workforce.

- We align with the national ambition to actively embed anti-racism in our organisation, and have set out our intention to consider the most impactful ways to obtain and respond to information about the experiences of our minority ethnic colleagues.

Assessment considerations

Quality/ Care	Focussing on equality helps increase the capacity of HIS to understand and take meaningful action around quality and care issues that arise in its activities.
Resource Implications	Together with the Community Engagement Directorate and the Scottish Health Council Committee, the Equality and Diversity Working Group oversees delivery of the organisation's equality outcomes and monitors HIS equality mainstreaming efforts. Dedicated staff and governance time is required.
Staff impact	Work to ensure HIS meets the requirements of the Public Sector Equality Duty involves substantial cross-organisational working and has benefits for the diversity of our staff groups.
Risk Management	Lack of ability to meet the requirements of the Public Sector Equality Duty will present legal, governance and reputational risk for HIS. This can be mitigated by good and consistent leadership and commitment to suitable delivery resource.
Equality and Diversity, including health inequalities	This work contributes to the requirements of the Public Sector Equality Duty and has a focus on understanding and addressing health inequalities through HIS role in the health and care system.
Communication, involvement, engagement and consultation	In the first instance, the equality outcomes we are reporting on, together with the activities we have undertaken, reflect collaboration with both external and internal stakeholders. Each staff equality network has had the opportunity to read a draft of the report and provide comment. Comments and suggestions have been included in the current draft. When complete, the report will require internal and external promotion as well as ongoing engagement with colleagues and stakeholders.

4 Recommendation

The Board is asked to:

- **Note** the final version of Healthcare Improvement Scotland's Equality Mainstreaming 2023 update report, Appendix 1.

5 Appendices and links to additional information

Appendix 1, Equality Mainstreaming 2023 update report -final

Healthcare Improvement Scotland

Appendix 1

Equality Mainstreaming Report

April 2023 update

NHS SCOTLAND

If you would like to read this report but need another language or format please let us know:

his.contactpublicinvolvement@nhs.scot

0131 623 4300

April 2023

www.healthcareimprovementscotland.org

Contents

Foreword

Healthcare Improvement Scotland is the national improvement agency for health and care, and we are driven by a commitment to achieve better health and care for the diversity of people living in Scotland.

In April 2021 we published our Equality Mainstreaming Report and included information about four equality outcomes Healthcare Improvement Scotland will work to achieve by 2025. The outcomes we set were based on our understanding that addressing health inequalities, challenging discrimination and promoting equality is a vital route to improving care and promoting better health outcomes across the population. They also reflect our belief that a diverse workforce with equitable opportunities for all staff is vital in ensuring Healthcare Improvement Scotland continues to drive improvement and quality across NHS Scotland and be a great place to work.

This report sets out how we have worked over the past two years to deliver on our equality outcomes and to mainstream equality throughout all of our work. It provides the information we are required to publish by the Scotland Specific Duties of the Equality Act 2010. We hope it also gives our stakeholders and members of the public insight into our Ways ofWworking - showing how we are promoting equality in our everyday activities, highlighting the pieces of work we are particularly proud of, and being honest about what we still have to do.

The report does not just include information about our projects. It also talks about the diversity of our workforce, how equitable our pay is according to gender, disability and ethnicity, and what we are doing to ensure staff from marginalised backgrounds receive the pay, support and progression opportunities they deserve.

We want to be an exemplar organisation, not only in terms of the work we deliver to support and improve services across NHS Scotland, but also as an inclusive public sector employer. We are encouraged by the progress we have made so far, and we know we still have some way to go towards achieving what we have set out to. We hope you enjoy reading about what we have done since April 2021. I encourage you to get in touch if you have feedback or suggestions that could help us meet our equality outcomes and better promote equality in all we do.

Robbie Pearson

Chief Executive

Carole Wilkinson

Chair

1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires us to report every two years on the progress we have made in advancing equality. This report is intended to meet that requirement by:

- Describing the progress we have made towards the equality outcomes we set in 2021.
- Demonstrating how we have mainstreamed equality in our work over the last two years. This means information about the steps we have taken to eliminate discrimination, advance equality, tackle prejudice, and promote understanding between different groups of people.
- Providing information about our gender pay gap.
- Providing information on the pay gap between our disabled and non-disabled employees.
- Providing information on the pay gap between employees from minority ethnic groups and those from the majority white ethnic group.

We hope the information in this report is accessible. Please let us know if you need the information in another format.

2. Executive Summary

- Overall, we are able to report good progress towards meeting the equality outcomes we set in 2021.

- We have made most progress in relation to outcomes one and four. Outcome one is that a greater diversity of people are attracted and retained to work or volunteer with Healthcare Improvement Scotland, and through sharing their relevant lived experience actively shape and strengthen our activities. Outcome four is that disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

- The report highlights a range of work and initiatives undertaken towards our equality outcomes so far. For example, it notes the launch of our staff equality networks, updates to our equality and diversity training, the appointment of new non-executive board members, updated policies and guidance, staff training to produce Easy Read formats, and embedding lived experience leadership within our work.

- It also provides a variety of examples demonstrating how we have mainstreamed equality in our work over the last two years. There are several teams whose efforts are reflected in the report and that we are proud to showcase. At a glance, this includes this includes the work of: our Knowledge and Information Skills Specialists who are supporting the use of evidence in equality impact assessments, Community Engagement colleagues who undertake *Gathering Views* exercises, our Carer's Positive Group who have provided a space for peer support and organisational improvement in relation to informal carers, our Evidence Directorate for their work on healthcare standards including the Scottish *Bairns Hoose* model, our Mental Health Transformation Programme who are setting their priorities with lived experience leadership, and our new *People's Experience* Volunteer initiative which is bringing new and diverse community voices into our work.

- Given current progress in meeting our equality outcomes, we have identified some distinct focus areas for the next two years. The focus areas relate to the specific actions under our equality outcomes we have not yet taken forward, or the areas we feel we have made least progress in. We will focus therefore on the following: developing our understanding and practice around wellbeing for different staff groups, identifying opportunities to better understand and target the health inequalities impacting minority ethnic groups, developing our approach to flexible working for colleagues with caring responsibilities, ensuring managers' commitment to equality and diversity is clear and pragmatic at all stages of team development and promoting best practice in accessibility, both internally and externally.

- The report also covers the diversity of our workforce profile as well as occupational segregation – or what the diversity profile is like within each pay band – and pay gaps in respect of gender, disability and ethnicity.

- In the last year, the diversity of our workforce has improved overall and our gender pay gap has decreased to 15.3%. However, we still have a long journey ahead of us and the potential to do much better. The actions we are taking to address this are reflected in our 2021 Equal Pay Statement. Our participation in the Equally Safe at Work NHS Scotland pilot is also supporting us to focus on the related issues of women's safety and economic equality, and take concrete steps to improve our offer for women in the workforce.

- We have calculated our disability pay gap for the first time, and found it to be 17.7%. We are disappointed to have such a significant gap, but not surprised given the low representation of disabled people in our workforce. We will take actions to improve from this initial baseline by continuing to participate in the UK Disability Confident initiative and by working with our staff Disability Network to take focused action around workplace culture and accessibility.

- We also calculated our ethnicity pay gap for the first time. We found we have no notable pay gap in respect of colleagues from visible minority ethnic groups, but a pay gap of 14% for colleagues from white minority groups compared to the white majority group. These figures are skewed by small staff numbers and we have noted we need to continue to seek better representation for minority ethnic colleagues in the workforce. We have also stated our alignment with the national ambition to actively embed anti-racism approaches within NHS Scotland. We have set out our intention to consider the most impactful ways to obtain and respond to information about the experiences of minority ethnic colleagues so that we can be responsive to issues and continue to set the right culture for new and current employees.

3. Equality Outcomes (2021-2025) Update

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 required us to publish equality outcomes we intended to achieve over the period April 2021 to April 2025. We set the following four equality outcomes:

1. A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.
2. Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.
3. People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

We have taken a number of actions over the past two years to help achieve these outcomes. A summary of some of our activities for each outcome is detailed below. A complete review of our equality outcomes will be undertaken and then published in April 2025.

Equality Outcome 1

A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities

Since April 2021, we have mostly focused on developing our staff equality networks so that staff from marginalised groups are able to access peer support and share their experiences and perspectives meaningfully. The networks have proven to be an effective way of engaging staff, and the richness of staff experience has helped shape some of the other outputs noted in relation to this equality outcome. Achievements so far related to this outcome are noted below.

2.1. Staff equalitynNetworks

We have established three staff equality networks, including our:

- Race and Ethnicity Network, launched on 22nd March 2021
- Pride Network, launched in November 2021
- Disability Network, launched in December 2021

Each network engages colleagues from across all grades and job roles - with over 30% of Healthcare Improvement Scotland staff currently participating. The networks facilitate a combination of confidential peer support for colleagues with the relevant identities as well as an on-going opportunity for allies to share information and resources. Each network is additionally supported and championed by a member of our Executive Team. Since inception, each network has co-produced Terms of Reference, established a presence on the organisation's intranet pages, and hosted a range of awareness activities, including celebrations for Pride Month 2022, Black History Month 2022 and Disability History Month 2022.

As the organisation responds to pressures within the health and social care system, there is an on-going challenge in facilitating adequate staff time to participate in network activity. Healthcare Improvement Scotland recognises however that the networks are essential to a sustainable organisational culture which celebrates diversity and promotes equality and rights. Network participants are already delivering impactful work. For example:

- Race and Ethnicity Network members shared learning about tackling racialised healthcare inequalities at the organisation's all staff huddles. As part of our mainstreaming update below, we share examples of our work which have considered health outcomes and service access for minority ethnic communities.

- The Executive Lead for our Race and Ethnicity Network has actively contributed to the development of anti-racist approaches for NHS Scotland through the NHS Scotland Ethnic Minority Forum.

- The Pride Network facilitated Healthcare Improvement Scotland's engagement with the NHS Scotland Pride Badge Initiative. This saw a significant number of staff, including every member of our Executive Team, demonstrate support for the LGBT+ and minority ethnic communities; and pledge to be a listening, friendly, and responsive ear to people in need and an ally to progress.

- Our Pride Network was a finalist for our internal Margaret McAlees Award 2022. The award honours our late colleague, who sadly passed away in 2017. Margaret McAlees was a respected UNISON Steward and passionate about promoting, supporting and ensuring equality and diversity. The Pride Network was recognised for "demonstrating genuine commitment to promoting, supporting and ensuring equality and diversity, influencing our organisational culture and promoting good practice". Below, we describe our Workplace Transgender Equality Policy which the network took forward.

- Our Disability Network has worked to raise awareness about the diversity of experiences among disabled staff. The network is currently linking with our Partnership Forum to develop resources

to support an accessible work environment for all. It is also exploring the use of Reasonable Adjustment Passports and how these might support disabled colleagues joining, working in and progressing careers within HIS and NHS Scotland.

3.2. Equality learning andcCapacitb Building

We modified our facilitated Equality and Diversity training session to be delivered virtually every three months, beginning on 10th June.

With the support of our staff equality networks, we updated the module to include more detailed information about inequalities relevant to race and ethnicity, disability and LGBT+ identities. So far, we have engaged over 70 staff members in the new course. This also includes a majority of our current non-executive board members, as they refresh and update their understanding of diversity and equality issues. We also ran a slightly modified version of the training for our Public Partners in August 2022.

We continue to evaluate this training through an online survey as well as 'discovery interviews' to understand its impact and to scope the training needs of participants. As a result of feedback, we have sign-posted additional explanatory resources on gender identity, the social model of disability and the experiences of minority ethnic colleagues in the NHS.

3.3. Diversity in recruitment

We are continuing to build an inclusive approach to recruitment. For example:

- Our Early Intervention in Psychosis work took positive action in recruitment to encourage applications from people with lived or living experience of psychosis or another mental health condition.
- New board vacancies were advertised in April 2022, supported by the boards Succession Planning Sub-committee and a succession plan focusing on diversity. One of the criteria for new board members was 'personal experience of health and social care or housing services as a service user, patient or carer'. The circulation of vacancies was supported by a communications plan which included disabled people's organisations, race equality organisations and organisations and groups of minority ethnic people, colleagues and contacts to account for the ethnic imbalance in the board. We also trialled different engagement methods to attract prospective board members, including an online webinar with our Chair and two current board members. We successfully recruited four new members. Read about them here.
- In September 2022, Healthcare Improvement Scotland joined the NHS Scotland pilot of Equally Safe at Work - Close the Gap's employer accreditation programme promoting women's market place equality and addressing violence against women. As part of our participation, we will be reviewing our approach to flexible working, recruitment and progression and upskilling managers to support victim-survivors. You can read our full statement on participation on our website.

3.4. Policy updates

We have continued to develop our workplace policies to support staff with marginalised identities or who may have challenging experiences in relation to those.

- In April 2022, following staff consultation, we launched our Workplace Transgender Equality Policy and Guidance. The policy was taken forward by our Pride Network and in collaboration with our friends at NHS National Services Scotland. The policy sets out Healthcare Improvement Scotland's position as an employer of transgender, including non-binary, people. It aims to align our organisation with the provisions of the Equality Act 2010 and other relevant legislation. It provides guidance for our employees and managers, clarifying best practice in line with NHS Scotland values and aiming to increase staff confidence around discussing and meeting the needs of transgender people.
- We revised and updated our Menopause Policy and guidance. The revision was taken forward by women with experience or interest in the menopause, representing a range of roles within the organisation. The result is that our policy provides a more robust account of the perimenopause and menopause and related symptoms. It highlights workplace adjustments and signposts a range of internal and external support options that women in our organisation have found helpful. Engagement around the policy update was so successful that our Healthy Working Lives Group subsequently organised two staff awareness sessions on the menopause and established our first Menopause Café. The Menopause Café has been meeting monthly and operating an online support space with excellent engagement.

3.5. Inclusive Language Guide

We published an Inclusive Language Guide to support HIS staff to understand and use current language in relation to the protected characteristic groups and a range of marginalised identities within those. We have been responsive to feedback on this resource from volunteers with lived experience and our senior teams, producing updates to reflect expertise and requirements. The guide is currently in use by teams across the organisation, and has been shared with some of our external stakeholders as an example of good practice.

Over the next two years we will continue working towards this outcome. We will focus specifically on achieving flexible working for colleagues with caring responsibilities; and on taking pragmatic steps in developing managers' commitment and competence in embedding equality at all stages of their team development.

Equality Outcome 2

Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.

Since April 2021, we have been focused on developing our new Ways of Working - ensuring the diversity of people who work within Healthcare Improvement Scotland can achieve a healthy life balance and reach their potential. As we emerge from the initial phase of the COVID-19 pandemic we have been keen to learn about the experiences of our staff and adapt our working methods and available support. Our key achievements are below.

3.6. Developing our new Ways of Working

From January through June 2022, we gave staff the ability to choose office working, home working or a hybrid approach and to explore the most suitable way of engaging with the workplace for themselves and their team. During this test period, we facilitated regular opportunities for staff to reflect and offer feedback on their experiences. As part of this, we ran regular 'Tuesday @Two' sessions, exploring different themes about work style and environment in-depth. We are now operating an overall hybrid style of working. We trust staff to choose the place they work and we aim to ensure our staff have access to the resources and infrastructure to support their choices. We understand that continued success in creating an inclusive work culture means we need to keep learning. We are collating and sharing practice tips for hybrid working and staying in conversation with our staff DisabilityNnetwork.

3.7. Trauma-informed training

We have taken a number of steps to ensure all our staff are aware of, informed about and trained in trauma-informed practice and principles. This has included signing up to the National Trauma Training Programme (NTTP) Leadership Pledge of Support. In doing so, we are signaling our commitment to:

- Work with others to put trauma-informed and responsive practice in place across our workforce and services
- Deliver services that wherever possible are actively informed by people with lived experience of trauma
- Recognise the central importance of relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma-informed approach
- Respond in ways that prevent further harm, and that reduce barriers so that people affected by trauma have equal access to the services they need, when they need it, to support their own journey of recovery.

Alongside our participation in the NTPP, we have also done the following:

- Identified our Public Protection and Child Health Service Lead as the organisation's Champion for Trauma-Informed Practice. They are responsible for overseeing, encouraging and raising awareness of trauma-informed and trauma-responsive practice across all services within HIS.

- Established a trauma-informed steering group to bring together key stakeholders to plan and implement trauma-informed practices across the organisation. The group has now met twice with further meetings scheduled. Members have already or will undertake NHS Education for Scotland's (NES) Scottish Trauma-Informed Leaders Training (STILT) training.

- Made it mandatory, from November 2022, for all our staff to undertake a Practice Level one module – Understanding the Impact of Trauma and Responding in a Trauma-Informed Way – on

the NHS Scotland learning platform, Turas. This has received good early uptake. Moreover, teams with a specific remit have been asked to complete an additional module relating to their remit. For example, those working in areas related to substance use have additionally completed the specialist module relating to substance use that is part of the NES trauma-informed training offer.

- Developed a Public Protection and Trauma-Informed Learning and Education Framework for all staff so they can readily identify and access public protection and trauma-informed practice modules relevant to their roles and responsibilities.

- Maintained on-going review of delivery programmes across our ihub directorate, clinical supervision processes and gender based violence policy to ensure trauma-informed principles and practices are included and emphasised.

3.8. Signposting support

We have continued to sign-post our Employee Assistance Programme to staff. In addition to this, we have considered more tailored resources for different staff groups.

We know that during the pandemic, LGBT+ communities found it more difficult to access their usual support spaces. With sexuality and gender at the fore of public debates in relation to the Scottish Government's commitment to LGBT inclusive education, the Hate Crime and Public Order (Scotland) Act, improvements to the Gender Recognition Act, and the banning of conversion therapy,[1] there has been an unfortunate upsurge in homophobia and transphobia. This is particularly true of online spaces.[2] We have been facilitating peer support through our Pride Network, with LGBT+ colleagues noting reduced isolation and improved mental wellbeing as a result. We are keen to build on our success here, and have work underway to improve our social support offer for LGBT+ staff. This work is currently being led by a group of dedicated colleagues through our in-house Improvement Foundations Skills course.

We also identified external sources of support and have made a list of LGBT+ affirmative mental health services available on our intranet pages. As part of the Pride Badge initiative, we also published an organisational contact who can provide support and signposting.

The pandemic had a disproportionate and negative impact on women's economic equality and left women with increased vulnerability to domestic violence. We recognise the links between women's economic equality and their risk or experience of gender based violence. Taking a comprehensive approach to women's equality is important, and for this reason we are delighted to be one of the first NHS Scotland organisations to join the Equally Safe at Work pilot, led by Close the Gap. We have been raising

[1] COVID-19 and Lesbian, Gay, Bisexual, Trans (LGBT+) Life in Scotland | Scottish Parliament
[2] Life in the pandemic for Lesbian, Gay, Bisexual, Transgender (LGBT+) people in Scotland – SPICe Spotlight | Solas air SPICe (spice-spotlight.scot)

awareness internally of the issues impacting women and we have provided a comprehensive list of all the available Scottish support organisations. Moreover, we make facilitated training in genderbBasev Violence mandatory to all our staff and provide more specialist training for managers.

We plan to focus further on this outcome over the next two years. This will include developing a better understanding of the role of stigma, including self-stigma, and how this impacts access to support and health services for people from different protected characteristic groups. We want to build on our focus around staff wellbeing to better support specific staff groups such as our minority ethnic, disabled and LGBT+ staff. We will also complete the pilot phase of Equally Safe at Work. We hope to be able to demonstrate increased awareness among staff of domestic abuse and its impacts, and to have taken concrete steps to support women who work with us so that Healthcare Improvement Scotland plays a positive role in their personal resilience.

Equality Outcome 3

People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.

Since April 2021, we have increased training and awareness around racialised health inequalities, participated in the NHS Scotland Ethnic Minority Forum and worked to ensure we identify and mobilise relevant evidence which may help to reduce health inequalities based on ethnicity. The key activities we have undertaken are noted below.

3.9. Training and awareness

We promote, attend and share resources from the Community of Practice on Racialised Health Inequalities facilitated by the Scottish Government and Public Health Scotland. So far, we have attended sessions on race inequality and mental health in Scotland, anti-racist policy making and inclusive communications.

We also attended the NHS Race and Health Observatory - Health, Race and Racism International Conference held on the 7th and 8th of July this year. The conference covered a range of topics, including: maternal and neonatal health, mental health, COVID-19, sickle cell disease, digital healthcare, genomics and precision medicine and race equality in the healthcare workforce.

Overall, we have used this learning to inform our own Inclusive Communications Guide (see above), to shape the information we deliver as part of equality and diversity training and any supplementary team workshops, and to highlight relevant equality focused information across the organisation's work-streams.

3.10. Ethnic Minority Forum

The Ethnic Minority Forum (EMF) brings together local race equality networks across the NHS to work in a concerted way towards an NHS that is an **adaptive**, **inclusive** and a **trusted** employer where minority ethnic staff feel they **belong** and are **involved** in the organisation. The Forum has developed a number of actions to ensure that NHS staff are:

- **Educated** – All staff are confident to discuss, share, and engage in matters of race equality by 2023
- **Safe** – All staff feel safe and included regardless of their racial or ethnic background by 2025
- **Accountable** – Equality, Diversity and Inclusion are monitored and acted upon from board level down by 2025
- **Just** – NHS is a fair employer where ME staff have equity of access to support and opportunities by 2025
- **Diverse** – The diversity of the NHS is reflective of Scottish society at all levels by 2025
- **Equitable** – Patient care and outcomes for minority ethnic patients across Scotland is equitable to the rest of Scotland's population.

3.11. Using available evidence

Where relevant, we have used available evidence to include specific focus on racialised minorities and health inequalities on the basis of ethnicity within relevant work-streams. For example, our Personality Disorder Improvement programme aimed to develop a better understanding of the current state of service provision for people with a personality disorder in order to identify the key opportunities for improvement and develop proposals on that basis. We identified evidence that people from minority ethnic communities may be experiencing barriers to accessing services in relation to language, costs, trust in healthcare professionals, not feeling listened to or understood by white professionals and not knowing support is available and how to access it.

Over the next two years, we plan to focus activities on achieving this outcome more fully, including through better engagement and targeted work with minority ethnic communities who experience health inequalities. We will be working to identify opportunities within our programmes of work to target any specifically relevant health inequalities impacting minority ethnic groups. We are also actively considering what anti-racism means to our organisation, and how we can apply anti-racism approaches in practice. In this regard, we will be working to identify learning opportunities and apply learning internally.

Equality Outcome 4

Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

Since April 2021, we have focused on improving the accessibility of our work and promoting best practice for staff around translation, interpretation and accessible documents. The key activities we have undertaken are noted below.

3.12. Easy Read training

Engagement Officers have consistently fed back the benefit of Easy Read materials in relation to supporting diverse participation in Gathering Views exercises, while the Participation Network had suggested accessible public facing summaries for key documents as part of its learning from the 2021 Gathering Views exercise around the redesign of urgent care services.

Easy Read is an accessible format that makes written information easier to understand. It uses simple, jargon free language, shorter sentences and supporting images. Easy Read documents make information more accessible to people with learning disabilities, but can be helpful for a range of groups including people with: dyslexia, cognitive impairments, lower literacy levels and some types of neuro-divergence. It is also beneficial to people who need quick, digestible summaries of information – possibly before a 'deeper dive' into the substantive document.

A cohort of ten staff have been trained by Disability Equality Scotland to produce documents in Easy Read format (see Annex 2). The cohort - our Easy Read Champions - are supported by a Teams Space coordinated by Jackie Weir and a process outlined in the guidance document. The group also have access to Photosymbols, which is the Easy Read software favored by people with learning disabilities and their organisations. It has been communicated by the Interim Head of Engagement Programmes that the intention is for coordination of this space and the monitoring of demand and outputs around Easy Read to be taken forward by the Participation Network Team, following the end of the secondment within the Public Involvement Team.

3.13. Accessibility guidance

We have been keen to ensure that Healthcare Improvement Scotland colleagues have access to clear and consistent guidance to support increased accessibility for our resources and events. With the advice of third sector stakeholders and our community engagement colleagues, we have created a guidance document called *Supporting Accessible Engagement: a guide to communicating with minority language speakers, BSL (British Sign Language) users, people with learning disabilities and people with visual or hearing impairments*. The guidance contains information and advice on the following themes:

- Key legislation about accessibility
- General accessibility principles to apply to our work
- Identifying the accessible formats needed
- Specific guidance for engaging with a range of groups, including people with learning disabilities, Deaf users of BSL, people with hearing loss, people who are deafblind and people with visual impairment
- Guidance about budgeting for accessibility
- Evaluation and user feedback
- Monitoring and improvement

The guidance is currently being trialled within our Community Engagement Directorate. We will gather final feedback on its practicality and then seek approval from our Executive Team to adopt for the whole organisation. We will update on this within our 2025 Equality Mainstreaming Report.

3.14. Webinar on involving disabled participants

As part of a regular schedule of webinars run by Healthcare Improvement Scotland's Community Engagement Directorate, we hosted a webinar called *Planning for Engagement with Disabled Participants*. The webinar involved guest speakers from Inclusion Scotland and the British Deaf Association as well as the Healthcare Improvement Scotland Disability Network. It explored community engagement that is planned with disabled participants in mind first and foremost and the potential 'disability thinking' has to improve all of our engagement and move beyond the barriers both disabled people and community engagement practitioners experience. The webinar covered the law and good practice, the socialmModel od Disability, practical lessons and examples of inclusive engagement. The webinar engaged 130 people and is available to view on the HIS-CE website.

3.15. New models forlLearnind Disabilidy say Supcort Collaborative

Healthcare Improvement Scotland's ihub is bringing together Health and Social Care Partnerships (HSCPs) to form a collaborative focused on the delivery of support for people with learning disabilities across Scotland. Our role is to support the Health and Social Care Partnerships to discover, plan and implement new strategies to deliver support opportunities for people with learning disabilities in their area. We are identifying evidence, sharing learning and facilitating the communication of our learning to wider networks at both a local and national level.

You can learn more about this work and access an Easy Read description on the project's webpage here.

3.16. Lived experience leadership

We want to ensure that disabled people and those with long-term health conditions are able to shape the policy and practice that impacts them. Our ihub's Mental Health Improvement Team were delighted to appoint Anne Lindsay as co-chair of our Early Intervention in Psychosis Advisory Group. Anne brought two decades of professional experience in mental health improvement as well as personal experience of psychosis, helping to ensure the work could best align with the needs of people accessing mental health support. Ann said:

> "Despite my professional experience in the mental health field, this role is the first where I have referred openly to my own experience of bi-polar disorder. It was not an easy decision to reach but having worked with so many others who have put their experience to incredible use, I felt it was the right step to take."

You can read Anne's full blog here.

The EIP programme has a commission with a third sector organisation, Change Mental Health, to employ an engagement officer with lived experience. They have established local lived experience groups within the pathfinder sites, linking the local groups with the national lived experience reference group. They've also been key to the design and development of the two new early intervention in

psychosis services. These local and national groups are made up of people with lived and living experience and carers voluntarily helping to shape these new services.

We will continue to work towards this outcome over the next two years, specifically focusing on promoting and developing best practice in relation to accessibility. Disabled people will actively influence the external projects and internal resources which have the potential to shape their lives and work. We want to be in a position where we are not only centering inclusive engagement methodologies for our external stakeholders, but 'walking the talk' with our own staff too.

4. Mainstreaming Examples

The following examples illustrate how we are mainstreaming equality across Healthcare Improvement Scotland. Within this section, we aim to demonstrate a range of different activities we have undertaken. These do not fit neatly within our equality outcomes, but may nonetheless improve how we meet them. They do not represent everything we are doing – these are the pieces of work we are most proud of and able to update on presently.

4.1. Supporting teams to use equality evidence

We have continued to consider the most effective ways to support our teams with equality mainstreaming. The use of relevant evidence is key to delivering on the Public Sector Equality Duty across the organisation.

For this reason, we have developed a resource about 'grey literature'. Grey literature refers to a wide range of resources published outwith formal commercial or academic publishing. Common types of grey literature include reports, working papers, statistics, pre-prints, theses or dissertations. These may be produced and held by a wide variety of organisations. Information relevant to people from the diversity of groups Healthcare Improvement Scotland aims to consider when developing and delivering work is often available in grey literature and these sources can be used to inform development of an equality impact assessment. Our resource signposts to key sources which could help colleagues to understand the equality impact of their work and identify any further information they may need.

The team which supports evidence and evaluation for our ihub directorate has been further developing their role in supporting ihub teams to find and use relevant evidence and knowledge to embed equality in their work systematically throughout the project lifecycle. The team is developing its internal search and discovery strategies to focus on equality based evidence and considering equality in evidence and knowledge synthesis; as well as championing accessibility and sharing best practice in inclusive and accessible communications.

4.2. Gathering Views on chronic pain

In May 2022, the Scottish Government commissioned Healthcare Improvement Scotland – Community Engagement to undertake a *Gathering Views* exercise. This was to support the on-going development of the Scottish Government's Draft Framework for Pain Management Service Delivery to ensure the priorities of people with chronic pain, especially as they relate to local contexts, were appropriately reflected as the Framework is implemented.

Recruitment methods were agreed based on the scope and aims of this work. We carried out 92 individual interviews over a five-week period, collecting extensive and in-depth responses. Our aim was to collect rich and meaningful feedback from a wide range of people, including those living in areas of deprivation or who had not previously spoken about their chronic pain. We felt this would give a better understanding of people's priorities than we'd achieve with a large-scale survey.

We recruited participants from across the spectrum of Urban Rural Classification in Scotland, though there was a higher percentage from rural areas. Participants were from areas across the deprivation quintiles as defined by the Scottish Index of Multiple Deprivation (2020).

Carrying out 92 interviews provided both insight into the national picture around chronic pain and people's experiences of it and allowed sub-group analysis to highlight particular examples or challenges that people with specific characteristics face, for example linked with age or sex.

Equalities monitoring questions, in the form of an online survey, were shared with the participants, either before or during the discussion. We also offered alternative ways to provide this information, via email or through a paper copy.

We received completed monitoring information for 63% of all participants who took part in this Gathering Views exercise. The report will be published on the Healthcare Improvement Scotland Community Engagement website once approved by the Scottish Government.

4.2. Advancing carer'srRights

We have been aware that in light of COVID-19 an estimated 392,000 additional people in Scotland have taken on unpaid care roles for disabled, ill or older adults. This suggests that the total number of carers in Scotland is currently as many as 1.1 million. With one in every five people in Scotland now undertaking an informal caring role, this fifth of the population are providing care that the health and social care system is reliant on. This number includes staff working within Healthcare Improvement Scotland, and we responded to this fact in a range of ways:

- In July 2021, HIS achieved 'engaged' status of the Carer's Positive Award. The award incorporates three levels or stages, from 'engaged' to 'established' through to 'exemplary' and aims to encourage employers to create a supportive working environment for carers in the workplace. Having built an initial level of commitment to embedding a culture of support for carers within the organisation, we are working towards achieving the next stage of the award with the support of our internal Carers Positive Group.

- Following staff experiences during the pandemic, we have been keen for some time to grow our offer for informal carers who are also employees of Healthcare Improvement Scotland. We established a Carers Network as an area of support for staff who identify as carers or as someone supported by a carer. The network is in place for staff to come together to share advice and support. Network members have the opportunity to learn together, access peer support, attend events and shape the network's impact in the organisation. A key example of impact was a webinar organised for Carers Rights Day on 25th November 2021. We hosted this jointly with the Care Inspectorate and NHS Education for Scotland (NES). We heard from Don Williamson, Chief Executive of Shared Care Scotland about the independent review of adult social care in Scotland and the recommendation for a new carers Right to Respite. We also had a quiz and an 'open mic' session where people could chat about issues that were important to them. We covered things like the cost of living and what a supportive workplace looks like.

- Our Carers Positive Group undertook internal scoping work to understand the numbers of staff with unpaid caring roles. The group is planning a review of the processes around identifying employees who are or have become carers. Through a stakeholder mapping exercise, we also investigated the extent to which unpaid carers are considered across the programmes of work carried out by our ihub directorate.

- We have published a series of impact stories which highlight different local approaches and demonstrate the value of identifying, involving and supporting unpaid carers across a wide range of health services. We have actively shared these with our professional networks, and they are also available on our ihub website here.

- Finally, we updated our Carers Leave Policy and Procedure in August 2022 to ensure it reflects up-to-date language and current legislation. We are committed to good practice in this area and will stay up-to-date with national changes so that we can reflect them in Healthcare Improvement Scotland's approach.

4.3. Mainstreaming children'srRights

Healthcare Improvement Scotland has legal duties under the Children and Young People (Scotland) Act 2014 and is also named as a Corporate Parent under part 9 of the Act.

Our Children and Young People Working Group monitors our progress in relation to our CorporatePparenting duties and implementation of children's rights. The group meets quarterly, ensuring we learn from and share good practice with staff across the organisation.

In 2021, we formed a Children and Young People Key Delivery Network to support staff to improve the way they involve children and young people, including those with experience of care, in their work. The group meets once every two months and has so far:

- Organised a development session with an external speaker to learn more about the UNCRC,
- Carried out a literature review to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff

In partnership with Who Cares? Scotland we have updated our Corporate Parenting E-learning. The module includes video case studies which explore the lived experiences of Care Experienced Young People. It makes use of recent data gathered by Healthcare Improvement Scotland's Evidence Directorate about the health and social outcomes of care experienced children and young people, tailored to meet the needs of our organisation. You can read more about this in our Children's Rights and Corporate Parenting Report.

4.4. Bairns Hoose standards

We worked with a range of third sector organisations to ensure that children and young people in Scotland have their views heard on a new Scottish approach to supporting children and young people who have experienced abuse. The draft standards for a 'Bairns' Hoose' are based on the international 'Barnahus' model and have been published by Healthcare Improvement Scotland and the Care Inspectorate.

The draft standards outline a child-centered response to health and justice for victims and witnesses of serious crime and abuse. The standards also apply to those under the age of criminal responsibility whose behaviour may have caused harm to others. The draft standards are based on robust international evidence and centre rights in the UN Convention on the Rights of the Child. They ensure children's rights to recovery, participation, health and child-friendly justice are upheld. They outline what victims of abuse and their families can expect from a Scottish Bairns' Hoose.

As part of developing the standards, children and young people across Scotland were asked: "What would you like to see in the standards?". This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to our Standards Development Group. The Standards Development Group were presented with the children and young people's feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations supported children to play an active role throughout the six month standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children inputted their ideas into the standards and fed back on

their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

It is anticipated that the Bairns' Hoose will be a physical building bringing together child protection, health, justice and recovery services. The first Bairns' Hoose will be launched by the charity Children 1st and will aim to provide support for up to 200 children from the West of Scotland, in what will be a transformational change to services on a scale more ambitious than anywhere else in the UK. From February 2023, children and young people will work with the HIS Communications Team to create an alternative format children's standards document to meet their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites. This means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

We will update on this work when we publish our final Equality Mainstreaming Report in 2025.

4.5. Improving access to mental health services

To inform our Mental Health Transformation Programme, Healthcare Improvement Scotland interviewed experts known for their leadership and vision in voluntary community health and wellbeing to gain insight and knowledge about current priorities and future ideas for mental health provision in Scotland.

We specifically focused on perspectives and communities that are under-represented in the service and the published literature. This included racialised minorities, asylum seekers and LGBT+ communities. Our interviews focused on transformational approaches to services. We asked what people thought the current issues were with our mental health and care system and what different and better would look like. From these discussions we identified key themes and opportunities for change. Our Mental Health Improvement Portfolio is now using this material to inform discussion about planning for future improvement and design priorities. We will update on this work as part of our final Equality Mainstreaming Report in 2025.

4.6. Improving diversity in public involvement

We believe that people and communities should be able to use their skills and experience to design and improve the health and care services that matter to them. Moreover, volunteering has been shown to have a positive effect on people, and can improve the health and care experience of people receiving care.

During Volunteers' Week, 1-7 June 2022, we launched a new *People's Experience Volunteer* initiative. Beginning in Fife and eventually spreading to all parts of Scotland, we are aiming to recruit a diverse range of people who can give feedback on specific questions about health and care. Volunteers will have opportunities to:

• Share their views and ideas about what is important to people in their local area.

• Find out how people read and understand reports, websites or information about health and care.

• Work with Healthcare Improvement Scotland on how to engage with people across Scotland on a topic or a change. Volunteers will be able to help shape and test questions, test understanding of different topics and discover the things which are most important to people.

With a time commitment of no more than half a day a month, and flexibility in the ways people can be involved (including face-to-face, online and telephone), we hope this will be a manageable opportunity to make a big difference – including for people who may not usually come forward for volunteering roles.

The Engagement Officer for Grampian targeted recruitment efforts with third sector organisations working primarily with minority ethnic communities. They also appeared on a local radio show which aims to promote volunteering opportunities in Aberdeen's regeneration areas. These activities led to six volunteers coming forward. An introduction session to discuss the role and answer questions was held with four of the volunteers before they signed up for the on-going role. The session was evaluated and feedback was positive with learning for future sessions.

We currently have a cohort of eight volunteers covering Fife and Grampian, and will update on progress with this initiative in our 2025 Equality Mainstreaming Report.

4.7. Community engagement Webinars

Our Community Engagement Directorate hosts free monthly webinars for internal and external colleagues. These webinars are an opportunity to engage with the directorate's learning and expertise on a range of engagement approaches, and their application within different projects and communities of interest or place. Examples of webinars hosted over the last two years include:

- Engaging with adults with learning disabilities.
- Involving people with dementia in healthcare research and practice.
- Engaging with Gypsy / Traveller communities.
- Inclusive volunteering – Turning intent into action.
- Planning for engagement with disabled participants.

Our past webinars are all available to view on the Community Engagement Website here.

5. Our Workforce

Our workforce equality monitoring data for 2020/21 is published here and our data covering 2021/22 is here.

In order to give you a comprehensive snapshot of where we are, we have summarised key points about our current workforce profile and workplace equality for different staff groups below. The summary is based on our most recently data, as at 31 March 2022.

We employ 519 members of staff. Of these:

- 77% are women and 23% are men.
- 6% identify as disabled and 87.2% as non-disabled.
- 4% identify as part of a minority or mixed ethnic group, while over 70% identify as from a white group.
- Around 5% identify as part of an LGBT+ community.

These figures broadly resemble the most up-to-date national statistics for NHS Scotland, where at 31 March 2022:

- 78.7% of employees are women.
- Only 1.2% of employees say they are disabled.
- 4.2% of employees are from a minority ethnic group and 68.4% are from a white group.
- 2.7 % of employees identify as part of an LGBT+ community.

4.1. Pay equality

Based on our workforce data for 2021/2022, our mean pay gap has reduced over the last year by 1.6%, leaving it at 15.3%. Our median pay gap has however remained the same at 14.9% - which was a rise of 6.9% since 2019/20.

We understand our pay gap to be caused by the gender split of part-time compared to full-time contracts. Currently 88.7% of all part-time staff are women, while men are 11.3% of our part-time workforce. Moreover, the proportion of women working in the lowest pay bands is far greater than in the 'middle' or senior level pay bands. For example, 100% of our Band 3 staff and over 88% of Band 4 staff are women. This proportion falls within senior management posts to 52% at Band 8b, and rises again to 80% at Director grade.

While we are pleased to have a smaller gender pay gap than NHS Scotland overall, where the gap was last calculated to be 18.2%, we are dissatisfied that women continue to have less earning power within our organisation as well as in the labour market generally. A significant majority of our Executive Team are women, and women are a majority at each of our pay bands. With women making such significant contributions to the leadership of Healthcare Improvement Scotland, we view the persistence of a pay gap as disappointing and will continue to take remedial actions.

For example, as outlined at section 2.3 of this report, we are currently one of four NHS Scotland organisations participating in a pilot of Equally Safe at Work. The programme is helping us better understand and address some of the areas that could make a difference to women's employment experience and opportunities. This includes our approach to flexible working, how we account for gender differences in our policies and how we equip our staff and managers to identify and address experiences of gender based violence and sexual harassment. Our equal pay statement, which was reviewed in partnership, was published as part of our Equality Mainstreaming Report in 2021. We remain committed to what was set out in this statement and hope to provide a fuller update in our final Equality Mainstreaming Report when it is published in 2025.

Our mean disability pay gap is 17.7% and the median gap is 19.5%. Currently 6.4% of our staff identify as disabled. Although we know the number may in reality be higher, this is well below the 22% of Scotland's population who identify as disabled. A majority (3.6%) of self-identified disabled staff work at Bands 4 and 5, and there is minimal to no representation across our senior posts. We do not think this is good enough. Through our staff DisabilityNnetwork and the governance groups which support it, we are actively evaluating the inclusiveness of our work practices and resources. We will also continue to participate in the UK Government 'Disability Confident' scheme, offering guaranteed interviews to disabled candidates who meet the essential criteria for vacancies, and raising the awareness and confidence of staff around reasonable adjustments. We welcome new colleagues who consider themselves disabled or neuro-divergent.

We have no notable pay gap in respect of colleagues from visible minority ethnic groups, but found a pay gap of 14% (mean) for colleagues from white minority groups compared to the white majority group. We are conscious that the number of minority ethnic staff we employ, including those from visible minorities, is small and our pay gap calculation is reflective of this. We will continue to work on diversifying our organisation, and welcome new colleagues from minority ethnic backgrounds. Moreover, having a meaningful anti-racism approach is a priority for us. As described above, we are engaged with anti-racism work currently on-going within NHS Scotland. This includes participation in the Scottish Government / NHS Scotland Ethnic Minority Forum. We are looking forward to engaging with the suite of learning resources and interventions that will be offered to NHS organisations as a result of the Forum's work. Locally we will continue to work towards the equality outcomes we have set and, through our Race and Ethnicity Network and the development of other suitable mechanisms, listen to and address any concerns raised by minority ethnic colleagues.

4.2. Learning and development

Over the period 1 April 2021 to 31 March 2022 we delivered a total of 1,535 formal training opportunities, which benefitted 458 members of staff representing or 88% of our total headcount. Reflecting our hybrid working style, these opportunities included a combination of digitally facilitated and e-Learning packages. We also encourage staff to undertake informal learning opportunities through, for example, attending conferences and workshops - however this is not recorded.

Learning and development opportunities are key to improving confidence, knowledge and skills and also gaining career progression. We therefore review participation in our formal training opportunities to identify any staff groups that may be missing out. We found that at March 2022:

- The age profile of our organisation broadly reflects that of those taking up training, with staff in the 30-44 age range showing the lowest uptake proportionately.
- Overall, women are attending training at higher rates than men in the workforce.
- Non-disabled people are more likely than disabled people to be attending training.
- Broadly, minority ethnic colleagues are slightly under-represented in training while white colleagues tend to be over-represented.
- Colleagues identifying as heterosexual are slightly over-represented in training, while those with a minority sexual orientation have more-or-less proportionate representation.

The appraisal and personal development process was reinstated in October 2021 following a pause during the Covid pandemic. We took the opportunity to rebrand the process as a Personal Development and Wellbeing Review (PDWR), ensuring that a wellbeing element is included and prioritised by staff and line managers. During 2021-2022, 69% of staff were recorded as completing their appraisal. Of this figure, we found that women were less likely than men to have completed their appraisal - there was a 23% discrepancy compared to 7% for men.

Overall, we have determined that we need to focus on ensuring women are getting adequate line management support to complete appraisals and that younger people, disabled people and minority ethnic people in the workforce should be supported to take up the training we offer. This will be considered alongside current gaps in workforce representation and pay equity.

Contact information

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**29 March 2023**
Title:	**Corporate Parenting and Children's Rights Report**
Agenda item:	**5.3**
Responsible Executive/Non-Executive:	**Lynsey Cleland, Director of Quality Assurance Directorate**
Report Author:	**Christopher Third, Public Involvement Advisor**
Purpose of paper:	**Decision**

1. Situation

Healthcare Improvement Scotland (HIS) is required to publish, as soon as possible after March 2023, our Corporate Parenting and Children's Rights Report (jointly or separately) and our Corporate Parenting Action Plan for 2023-26. The Report has been to Executive team, Quality and Performance Committee and Scottish Health Council Committee. The Board are asked to approve the report for publication.

2. Background

The Children and Young People (Scotland) Act 2014 sets out duties for public bodies in Scotland to uphold the United Nations Convention on the Rights of the Child (UNCRC). HIS is also named as a corporate parent in the Act. This places additional duties on us with regards to care experienced children and young people.

One of our duties is to publish a report on how we've considered and implemented children's rights in our work. This report has to be published every three years. Additionally we are required to publish a new corporate parenting action plan every three years and report on the previous action plan. Both reports are due to be published as soon as possible after March 2023.

An option open to us in the guidance provided by the Scottish Government is to combine the reports together or with other relevant reports. Therefore, we have prepared a joint Corporate Parenting and Children's Rights report which we aim to publish in April 2023.

3. Assessment

Failure to publish the report to our website would risk us failing in our duties as set out in the Children and Yong People (Scotland) Act 2014

Assessment considerations

Quality/ Care	Publishing the report in a timely manner will allow us more time to carry out our action plan and learn from our past activity. Not publishing the report will result in us failing in our legislative duty.
Resource Implications	Unlikely to have any direct financial impact.
	Proposed actions in the Corporate Parenting Action Plan 2023-26 have the potential to positively impact on Healthcare Improvement Scotland staff, particularly those who are care experienced as well as care experienced children and young people we may work with in the future.
Risk Management	Failure to publish a report presents a reputational risk.
Equality and Diversity, including health inequalities	The report supports our Public Sector Equality Duty by paying particular attention to the work we do which impacts on Children and Young People, age is a protected characteristic. Our Corporate Parenting duties link with the Fairer Scotland Duty as both primarily aim to tackle inequality. The Board's Equalities Outcomes are strongly linked to a rights based approach which is a key consideration of our Children's Right report.
Communication, involvement, engagement and consultation	The Children and Young People Working Group (CYPWG) and the Children and Young People Key Delivery Area Network (CYPKDAN) have both discussed the draft report. Following those meetings members of both groups have contributed to the report through a collaboration space set up on Microsoft Teams. • CYPWG, 13 December 2022 • CYPKDAN, 20 December 2022

4 Recommendation

It is recommended that the report and contained action plan be approved for publication on the Healthcare Improvement Scotland website.

5 Appendices and links to additional information

Children and Young People (Scotland) Act 2014

Statutory Guidance on Corporate Parenting

The UNCRC

Healthcare Improvement Scotland

Item 5.3, Appendix 1

Children's Rights and Corporate Parenting joint report

2020-2023

April 2023

NHS SCOTLAND

Published Month Year

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Contents

Foreword

Healthcare Improvement Scotland is a proud corporate parent and supporter of children's rights. We are delighted to present our first ever joint Corporate Parenting and Children's Rights report. This report also includes Healthcare Improvement Scotland's third Corporate Parenting Action Plan.

Being a corporate parent is not easy, but we feel we have come some way in our understanding and practice. We thank our staff for their commitment to improving outcomes for care experienced people, and to our extended family of care experienced people, and organisations that represent their interests, for providing ongoing support to help us on this learning journey.

Under the UN Convention of the Rights of the Child (UNCRC), all children have a right to the highest possible standard of health but we know that health inequalities persist and that in particular outcomes continue to be poorer for care experienced people than those without experience of care. As a national organisation committed to advancing equality and making care better for all, we have a significant role to play. This begins with ensuring that everyone in our organisation understands and acts on their responsibilities.

While the COVID 19 Pandemic has had an impact on some of the work we planned to take forward in our Corporate Parenting Action Plan, much progress has still been made.

We hope that our commitment to furthering children's rights and improving services for care experienced people is evident from our plans for the next three years.

Introduction

About this report

Healthcare Improvement Scotland is committed to ensuring we meet our legal duties set out under the Children and Young People (Scotland) act 2014 Part 1 to report on progress against the United Nations Convention on the Rights of the Child (UNCRC) every three years. Healthcare Improvement Scotland is also named as a Corporate Parent under part 9 of the act and has a duty to report on progress against our action plan within the same timescale. As Corporate Parents, Healthcare Improvement Scotland has a duty to uphold and promote the rights and wellbeing of care experienced people up to the age of 26.

This report combines both our Children's Rights report and our Corporate Parenting Report. In the report we will aim to highlight the work done over the last three years to promote, support and implement Children's Rights and Corporate Parenting in our work.

The report is centred around the eight clusters set out in the Scottish Government's Framework for reporting on Children's Rights. Each of these sections will include relevant updates from our 2020 – 2023 Corporate Parenting action plan (Appendix 1).

The eight clusters

The Scottish Government has set out eight clusters for public bodies to report on in relation to their Children's Rights duties. These clusters each cover several of the articles set out in the UNCRC. The clusters are:

- General Measures of Implementation (Article 4),
- General Principles of the UNCRC (Articles 2, 3, 6 and 12),
- Civil Rights and Freedoms (Articles 7, 8, 13, 15, 16, 17, 28, 37 and 39),
- Violence against children (Articles 19, 28, 37 and 39),
- Family environment and alternative care (Articles 5, 9, 10, 11, 18, 19, 20, 21, 25, 27 and 39),
- Basic health and welfare (Articles 6, 18, 23, 24, 26, 27 and 33),
- Education, leisure and culture (Articles 28, 29, 30 and 31), and
- Special protection measures (Articles 20 30, 32, 33, 34, 35, 36, 37, 38, 39 and 40)

Progress on Corporate Parenting will be reported separately, linked to each of these clusters.

Who is a child?

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18. UNCRC also defines a child up to the age of 18.

General Measures of Implementation

What are the General Measures of Implementation?

This cluster focuses on what the government is expected to do to implement the UNCRC through law, policy and decisions which impact on children. From Healthcare Improvement Scotland's perspective this impacts on the systems and supports that we implement to ensure we meet our own legal duties.

Aligning our Corporate Parenting action plan with the UNCRC and the Promise

In 2021 a decision was taken by our Children and Young People Working Group to align our Corporate Parenting action plan with the UNCRC and the Promise. This enabled us to:

- Be more aware of where our duty to uphold children's rights meets our duty as corporate parents,
- Consider the priorities and fundamentals from Plan 21-24 in our work, and
- Collect evidence on progress together in one place.

As a result our corporate parenting actions now take greater consideration of a wider range of factors and support colleagues to make decisions based on children's rights and experiences of services.

Children and Young People Working Group

Our Children and Young People Working Group monitors our progress against Corporate Parenting and Children's Rights. This group meets quarterly and ensures that actions are taken to learn from practice and share knowledge and experience with Healthcare Improvement Scotland colleagues. The working group reports back to the Healthcare Improvement Scotland board via our established governance procedures and is chaired by one of our Directors. The working group has:

- Overseen progress on our Corporate Parenting action plan,
- Set up a new Children and Young People Key Delivery Area Network to bring together colleagues responsible for delivering work with a full or partial focus on children and young people,
- Supported the development of key areas of work where the views and experiences of Children and Young People are vital, and
- Created a programme of learning and development with a focus on the UNCRC.

The Children and Young People Working group is made up of colleagues from across Healthcare Improvement Scotland and is vital to ensuring that we meet our Corporate Parenting and Children's Rights duties.

This work links to Theme 1, Theme 2 and Theme 3 from our Corporate Parenting Plan 2020-23.

Corporate Parenting eLearning

Corporate Parenting eLearning was originally made available to all Healthcare Improvement Scotland colleagues in October 2020. An updated version has been created and published early in 2023. The Corporate Parenting eLearning module was made mandatory learning for all staff at the end of 2022. This signifies the importance that Healthcare Improvement Scotland places on children's rights and the wellbeing of care experienced children and young people. The new Corporate Parenting eLearning seeks to:

- Increase colleagues understanding of children's rights,
- Ensure colleagues consider the impact their work will have on care experienced children and young People, and
- Support colleagues to make the best decisions with the needs of care experienced children and young people at the heart of those decisions.

The Corporate Parenting eLearning module was developed with materials provided by Who Cares? Scotland and includes video case studies exploring real experiences of care experienced young people. The eLearning is supplemented by recent data gathered from research and work carried out by Healthcare Improvement Scotland and has been tailored to meet the needs of our organisation.

This work links to Theme 1, Theme 2 and Theme 3 from our Corporate Parenting Plan 2020-23.

General Principles of UNCRC

What are the General Principles of the UNCRC?

This cluster, the general principles, are non-discrimination (Article 2), best interests of the child (Article 3), survival and development (Article 6) and respect for the views of the child (Article 12). These principles ensure that decision making is made with children and young people and with the best possible outcome for them in mind. To Healthcare Improvement Scotland this means that our work is evidence and experience based, taking account of the views of children and young people.

Children and Young People Key Delivery Area Network

Our Children and Young People Key Delivery Area Network was formed in November 2021. The Network was established to bring together colleagues from across Healthcare Improvement Scotland who have responsibility for delivering work that has a full or partial focus on children and young people. Through more effective connections across our different work in this area we are better able to maximise opportunities to positively impact children and young people's experiences and outcomes.

The Network meets once every two months to share experiences and learning. The Network has:

- Organised a development session, led by a colleague from Together Scotland, to learn more about the UNCRC,
- Carried out a literature review (Appendix 3) to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Decided on a priority to focus on the Promise Plan (21-24) and the UNCRC in 2023/24,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles,
- Conducted a UNCRC Healthcare Improvement Scotland staff awareness survey in December which will be analysed and reported early 2023,
- Collated UNCRC case studies reflecting examples where Healthcare Improvement Scotland staff have placed children's rights at the core of their work, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff.

The Children and Young People Key Delivery Area Network are planning an extensive campaign of awareness raising activities for 2023. This will include the development of a short awareness raising session which will be offered to all teams at Healthcare Improvement Scotland.

This work links to Theme 1, Theme 2 and Theme 3 from our Corporate Parenting Plan 2020-23.

Children's Rights and Wellbeing Impact Assessments

In 2021 Healthcare Improvement Scotland produced an internal template for colleagues to use when completing a Children's Rights and Wellbeing Impact Assessment. With an additional question added to the standard Equality Impact Assessment template the two documents are now clearly connected to support colleagues to take the correct steps when starting a new project. The new template includes:

- A Children's Rights checklist to help identify relevant articles,
- Space to include any relevant evidence, and
- Useful Third Sector contacts if further support is required.

Several projects have already undertaken an assessment and are adjusting the work they plan to carry out based on the results.

This work links to Theme 1 and Theme 2 from our Corporate Parenting Plan 2020-23.

Getting it Right for Every Child

In September 2019, the Deputy First Minister made a commitment to the Scottish Parliament to repeal Parts 4 and 5 of the Children and Young People (Scotland) Act 2014 and to develop refreshed Getting it Right for Every Child guidance. Following three years of national multi-agency and collaborative working and public engagement refreshed guidance was published on the 30th September 2022. Healthcare Improvement Scotland was part of the national group refreshing "Assessment of Wellbeing" principles. The key changes are:

- A focus on children's rights as an underpinning principle of Getting it Right for Every Child, ensuring policy and practice protects, respects and fulfils the rights of all children and young people,
- Alignment to key policy areas, for example: The Promise and a continued commitment to eradicate child poverty,
- A commitment to ongoing participation of children and young people to ensure that they fully understand, and are involved in, all areas of Getting it Right for Every Child,
- The role of named person does not create any additional authority to obtain information, however, some practitioners who fulfil the role of named person may have an existing role in relation to a child or young person (e.g. health visitor or head teacher) and in that capacity may have a lawful basis to process information, and
- This guidance provides more clarity on information sharing for third sector organisations, and takes into account smaller, voluntary and community organisations that play a valuable role in sharing information to support a child or young person's wellbeing.

The links to the refreshed principles are below:

Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022

Getting it right for every child – Practice Guidance 2 – Role of the named person – 2022

Getting it right for every child – Practice Guidance 3 – Role of the lead professional – 2022

Getting it right for every child – Practice Guidance 4 – Information Sharing – 2022

Getting it right for every child – Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 (section 96) of the Children and Young People (Scotland) Act 2014

Getting it right for every child – Information Sharing Charter – Parents and Carers – 2022

Getting it right for every child – Information Sharing Charter – Children and Young People – 2022

Civil rights and freedoms

What are civil rights and freedoms?

This cluster is primarily focused on children's rights to move freely in public spaces, meet with others, think and believe what they like, access information, speak their minds as long as it is not harmful to others, keep personal matters and communication private and their right to be protected from inhumane or degrading treatment. For Healthcare Improvement Scotland this means that information we produce should be accessible to children and young people, that we treat them with respect and that we respect their rights to privacy.

Accessible information project

During 2022 Healthcare Improvement Scotland's Community Engagement directorate undertook a project to develop guidance for colleagues to use in making the information we produce more accessible to all.

A group of Easy Read Champions have undertaken training which will enable them to support colleagues from across Healthcare Improvement Scotland to make information more accessible. They can support colleagues to think about the information they are producing and make suggestions as to how that information could be made more accessible. The Easy Read Champions have access to software to support the development of easy read materials where this is appropriate.

These resources will be particularly helpful when we are developing information aimed at:

- Younger children,
- Children and young people with learning disabilities,
- Children and young people with hearing loss or visual impairment, and
- Children and young people who speak a minority language.

The resources have been piloted with the Community Engagement directorate and will be rolled out across Healthcare Improvement Scotland.

This work links to Theme 2 from our Corporate Parenting Plan 2020-23.

Protecting Personal Data

Healthcare Improvement Scotland is fully committed to protecting people's personal information and data and adhering to relevant legislation. Any child or young person taking part in our work will be clearly told what we will do with any data we receive from them and how it will be stored. Anyone providing us with data or feedback has the right to withdraw

from participation at any time. To adhere to data protection Healthcare Improvement Scotland uses:

- Consent forms accompanied by a participation information sheet, and
- Audio visual consent forms when taking pictures or making audio or video recordings.

Healthcare Improvement Scotland aims to be fully transparent and clear about why we collect data and what we will use it for.

This work links to Theme 2 from our Corporate Parenting Plan 2020-23.

Violence against children

What is violence against children?

This cluster focuses on situations where children experience violence in any of its forms. This includes physical and emotional violence, abuse, neglect, maltreatment and exploitation including sexual abuse. Healthcare Improvement Scotland is committed to safeguarding, promoting and supporting the wellbeing of children, young people and adults including those who are most vulnerable. This supports the vision of the Scottish Government that children and young people have the right to be cared for, protected from harm and grow up in a safe environment in which their wellbeing, rights and needs are respected; and all adults have the right to self-determination and to live their lives free from harm and those identified to be at risk of harm are appropriately supported and protected.

Healthcare Improvement Scotland has a duty to co-operate with local authorities when they are making enquiries to protect children, young people and adults. Healthcare Improvement Scotland employees have a duty to take appropriate action when we are concerned that a child (including an unborn child), young person or an adult is at risk of harm, abuse or neglect.

The Chief Executives of Health Boards have responsibility to ensure that all staff are competent to recognise and respond to public protection concerns and that they are fully aware of their individual and corporate responsibilities, Scottish Government (2021) and Scottish Government (2022).

A trauma informed workforce

The importance of having a trauma informed and responsive workforce is highlighted in multiple key policy developments such as Mental Health Strategy, The Promise Plan 21-24, Child Protection National Guidance, Equally Safe and the revised Adult Support and Protection Code of Practice. Furthermore the published NHS Public Protection Accountability and Assurance Framework (Scottish Government 2022) directs “All NHS employees and contractors are trained to the appropriate level, dependant on their role, in line with the Transforming Psychological Trauma Knowledge and Skills Framework, using guidance in the Scottish Psychological Trauma Training Plan.

In July 2022, our Executive team approved plans to develop a trauma informed workforce across Healthcare Improvement Scotland and a Trauma Implementation Practice Steering Group was convened. Terms of Reference were established and monthly meetings have taken place since October 2022. Healthcare Improvement Scotland also submitted a leadership pledge of support, essentially meaning pledging our ongoing commitment to embedding trauma informed principles and practice in Scotland to support anyone affected by psychological trauma.

Health Boards were also asked to nominate a local Trauma Champion. The Public Protection and Child Health Lead has assumed this position within Healthcare Improvement Scotland and chairs our Trauma Implementation Practice Steering group. Our Trauma Champion is responsible for overseeing, encouraging and raising awareness of trauma informed and trauma responsive practice across all services within Healthcare Improvement Scotland. As an organisation we will take forward any required cultural and system change to embed the five key drivers of Trauma Informed Practice. The five key drivers are:

- Value the contribution of people with lived experience
- Show courageous leadership and 'walk the talk'
- Support workforce training and implementation of trauma informed practice
- Prioritise staff wellbeing, and
- Monitor, evaluate and improve.

The seven-minute briefing Trauma Informed Practice (Appendix 4) was also disseminated across the organisation.

Practice Level one TIP was given mandatory status for all Healthcare Improvement Scotland colleagues at the Mandatory Training Review Panel Meeting on the 14th November.

This work links to Theme 1, Theme 2 and Theme 3 from our Corporate Parenting Plan 2020-23.

Child Protection eLearning Suite

In partnership with NHS Education for Scotland (NES) four Public Protection eLearning education resources (2 x informed levels & 2 x skilled levels) were developed and launched in September 2022. The resources have a significant focus on children's rights and support a national "Once for Scotland" approach. This development has not only helped alleviate some pressure on health board resources but also improved accessibility to high quality learning and consistency in practice across Scotland. Informed level modules are designed for the entire health workforce, whether employed or volunteers and skilled level for those with more direct contact with children, young people and their families and adults. The level one modules are mandatory for all Healthcare Improvement Scotland staff.

It is vitally important that all Healthcare Improvement Scotland staff, regardless of their role, be aware of their duty to protect children and young people and take appropriate action when they feel they may be at risk. The resources are available on Turas Learn, an online learning system.

Family environment and alternative care

What is family environment and alternative care?

This cluster focuses on the role of parents and the support they should have to bring up their children. It also focuses on the right of children not to be separated from their parents unless it is in their best interests. Additionally it covers the right of children to be well cared for when they are apart from their parents, to maintain contact with their parents if it is in their best interests and to have a say when decisions are made about where they live. Again while this cluster is less likely to impact directly on the work of Healthcare Improvement Scotland, it is still relevant to some of our work at it is key that we work with frontline service providers to ensure these rights are upheld.

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

Scotland has a higher mortality rate for under-18s than most other Western European countries, with over 300 children and young people dying each year. According to the National Records of Scotland in August 2020 when the scoping exercise was carried out, around a quarter of those deaths could be prevented.

Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

We use a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and will ultimately aim to reduce deaths and harm to children and young people. We want to ensure the death of every child and young person is reviewed to an agreed minimum standard.

Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care experienced young people.

Work was carried out to engage with stakeholders in developing national guidance. This guidance was published in October 2021 and is available on our website.

The National Hub produced a family and carer survey in collaboration with third sector colleagues; Child Bereavement UK, Children's Hospices Across Scotland (CHAS) and Sands, the stillbirth and neonatal death charity. Our third sector colleagues distributed the survey to families and carers who had experienced a bereavement and asked them to share their experiences with us. A report was produced from the responses we received. The report outlines what we have learned from families and carers who have experienced the loss of a child and what recommendations need to be put in place to improve the experience for families and carers in the future. We made 8 recommendations to NHS boards, local authorities and public protection committees, third sector organisations and the National Hub

in order to make sure that families' experience will improve. Following the survey findings, we are developing a national leaflet for families and carers. The leaflet will set out the process following the death of their loved one and the role of the National Hub.

Although we did not have a survey specialist in our group, the survey was developed in collaboration with third sector colleagues, all of whom have produced surveys in the past. Their knowledge and guidance was invaluable. During the initial stages of developing the survey, we shared a draft version with a small number of bereaved families and carers to ensure the questions asked were appropriate, sensitive to the subject matter and easy for families and carers to understand. The feedback we received was valuable and helped inform the final survey.

Basic health and welfare

What is basic health and welfare?

This cluster focuses on the health and welfare of all children and particularly upholding the rights of disabled children. For Healthcare Improvement Scotland this means that we must consider the views and experiences of children and young people when developing standards for the NHS in Scotland. It means that standards must be based on the best available evidence.

Sexual Health Standards

In early 2019, Healthcare Improvement Scotland carried out a scoping exercise to determine the ongoing validity of the 2008 standards for sexual health services. The view from stakeholders was that the standards needed to be updated in line with changes in local and national policy and current clinical best practice. In February 2019, Healthcare Improvement Scotland withdrew the 2008 standards for sexual health services and convened a multidisciplinary standards development group to refresh the standards for sexual health.

The new draft sexual health standards were published in March 2021 and following their publication a 15 week long consultation exercise took place. Members of the public including young people, healthcare professionals and colleagues working in the third sector were asked to take part. As a result of the consultation:

- Several changes were made to the wording of certain criterion, and
- A consultation report was produced setting out the changes made.

The updated sexual health standards and a copy of the consultation report are available from the Healthcare Improvement Scotland website.

This work links to Theme 1 and Theme 3 from our Corporate Parenting Plan 2020-23.

SIGN Guideline for Epilepsies in Children and Young people: Investigative procedures and management

SIGN guidelines provide a review of evidence and research findings and make recommendations for best practice. The recommendations are produced following consideration of the evidence by a group of multidisciplinary healthcare professionals and people with lived experience. In May 2021 SIGN 159 was published and provides evidence based recommendations on the investigation and management of epilepsies in children and young people. Children and young people were involved in developing the guideline in a number of ways:

- A facilitated engagement session was held with members from Epilepsy Scotland's youth group to discuss their priorities. Their views and preferences were then presented to and considered by the guideline development group,
- Two young people joined the team to contribute to setting key clinical questions to be addressed in the guideline, present to the national open meeting and help write parts of the guideline,
- Quotes from young people were used in the published guideline to illustrate key aspects of care that matters to them, and
- A video was produced about young people's experiences of epilepsy services.

The guidelines were developed with children and young people and their families. Booklets for children and young people and their families were also created as part of the development of the guidelines. Positive feedback has been received from people that work with children and young people with epilepsy, families, healthcare professionals and most importantly, children and young people.

Development of this guideline also led to the identification of areas outwith the scope of this work in which further research could be carried out to help inform best practice.

SIGN Guideline on Eating Disorders

In January 2022 SIGN published a guideline on eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorders and misuse of insulin in type 1 diabetes. The guideline covered children, young people and adults.

Symptoms of eating disorders are first recognised in people under the age of 16 in approximately 60 % of cases. Prevalence of eating disorders in teenage girls is as high as 12 %. Adolescents have higher rates of full recovery and lower mortality than adults (mean mortality 2 % vs 5 %). With treatment, around 50 % of people with anorexia nervosa achieve full functional recovery.

Having an eating disorder can lead to severe disruption in education and subsequently employment. There is a risk of a break in care when young people have to transfer from paediatric to adult services, or between health boards (for example if moving house or going away to university).

We worked with eating disorders organisations such as Beat to identify the areas of most concern for children and young people and identified equality considerations through an equality impact assessment. As a result we included research questions to address the specific needs of children and young people, and a question on how best to manage transitions between services. The guideline also includes research on the needs of people who identify as lesbian, gay, bisexual, trans, queer, or non-binary and/or have a minority ethnic background, to encourage individual needs and preferences to be taken into account

when offering support and treatment. Recommendations on how to support families and carers of someone with an eating disorder are also included.

The SIGN guideline is aimed at healthcare professionals. We considered how best to translate and present the research findings and recommendations to children and young people, and their parents or carers, to help them have informed discussions about their care. People with eating disorders continue with treatment and find it more effective if they have had a choice in what treatment they receive. Having the opportunity to choose treatment was an issue raised by people with lived experience of eating disorders during workshop discussions about the remit of the guideline.

We invited workshop participants to share their views on which formats of information would be helpful for children and young people. Their preference was video format which they suggested would be more accessible for children and young people than written booklets. Research also suggests that children and young people have a preference for digital health information so we produced a series of animated videos on treatment options and what works best for children and young people with anorexia nervosa, bulimia nervosa, and binge eating disorder and a video on transitions between healthcare services.

The videos for children and young people provide an opportunity for them to understand what care might be best for them, what happens during treatment and to hear the experiences of others.

Pre-term Perinatal Wellbeing Package

In 2019 the Maternity & Children's Quality Improvement Collaborative, as part of the Scottish Patient Safety Programme, launched the pre-term perinatal wellbeing package. This is a group of multidisciplinary interventions which reduce illness and mortality, resulting in improved outcomes for babies born before 34 weeks gestation. The pre-term perinatal wellbeing package was launched across all maternity and neonatal units in Scotland along with supporting resources. Since launch, this has contributed to improvements in the delivery of these treatments, including:

- An increase in the administration of magnesium sulphate, which can reduce the risk of cerebral palsy by up to 30%
- An increase in the administration of pre-birth steroids to the mother, which can reduce mortality by up to 32%
- An improvement in deferred umbilical cord clamping, which reduces brain haemorrhage and the need for blood transfusions

Details of these interventions and their effects, as well as the others in the package, can be found here.

Subsequently, in January 2023 the Scottish Patient Safety Programme began piloting a new tool, the pre-term passport, which is based on the interventions in the pre-term perinatal wellbeing package. The preterm passport will be introduced for women in preterm labour or having a planned preterm birth, and will follow them through their entire journey. The passport prompts the treatments that need to be given before, during and after the birth of premature babies. It also prompts communication and reflection among the teams looking after them. The passport aims to be a truly person centred document involving all maternity and neonatal teams as well as a communication aid and prompt to standardise care, all of which is underpinned by our Scottish Patient Safety Programme Essentials of Safe Care work (Essentials of Safe Care - ihub).

All of the available pre-term perinatal wellbeing package resources can be found here.

Education, leisure and culture

What is education, leisure and culture?

This cluster focuses on the right of all children to access education which helps them to reach their full potential without discrimination. While it does not directly relate to Healthcare Improvement Scotland's outcomes, we can still support the delivery of this cluster and should continually seek to do so.

Career ready mentoring

The Career Ready Mentoring Programme is all about linking young people with working people and workplaces to develop their understanding of careers and the attitudes, behaviours and professional skills needed to gain employment.

Young people attending high schools in areas of depravation or regeneration areas in Scotland are offered the opportunity to take part.

Young people nearing the end of their high school journey are paired up with mentors who support them to:

- Develop skills that they will find useful in the workplace, and
- Think about their potential future career and any further education they may require.

Participants in the scheme meet with their mentors and discuss their goals and objectives. Summer internships are made available to participants to help them get a taste of working life. The internship can include many different tasks including attending meetings punctually, managing deadlines and even managing a busy email inbox.

Young people involved in the scheme can expect support and guidance throughout from their mentor. Participants can also gain from advice and support from other colleagues that may work with the mentor. Ultimately it is hoped that this scheme can support young people to develop their career goals, build a foundation for their working lives and find a place in further education if this is what they desire.

Three young people completed the program with Healthcare Improvement Scotland ending with their summer internship in 2022.

Special protection measures

What are special protection measures?

This cluster focuses on protecting the rights of vulnerable and marginalised children, children who are most at risk of having their rights ignored or infringed upon. This includes asylum seeking and refugee children, child victims of trafficking or exploitation and children in trouble with the law. For Healthcare Improvement Scotland this means learning from the experiences of children and considering the impact our work could potentially have on them.

Healthcare within justice – mental health service provision for young people

Healthcare Improvement Scotland contributed to the expert review of provision of mental health services at HMP Young Offenders Institute Polmont in 2019. The review resulted in the introduction of mobile phones for prisoners in custody. It also influenced a decision made by the Scottish Government to commit to not having children under the age of 18 serving a prison sentence, they would go to a place of safety instead. In July 2022 we carried out follow up work to identify the impact the changes have had on the mental health and wellbeing of young people at HMP Young Offenders Institute Polmont. We did this by:

- Supporting the review of the recommendations made in the initial review, and
- Holding focus groups with young people.

Feedback has shown that the changes have had a positive impact on young people in custody. The focus groups have also given us key areas to examine in future inspections of custody facilities, ensuring that we remain focused on what is important to people who have lived experience of being in custody.

This work links to Theme 1 and Theme 3 from our Corporate Parenting Plan 2020-23.

Joint inspection of children's services

Healthcare Improvement Scotland works collaboratively with the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland to jointly carry out inspections of services for children and young people at risk of harm. Trained young inspection volunteers are also involved, to support the inspection team, through their lived experiences.

Some of the children and young people may be at risk of harm from abuse or neglect or may require additional support to make sure their needs are met. The regulation of Children's Services aims to reduce risks associated with harm and promote positive outcomes for all children, young people, families and carers. The inspection model considers the effectiveness of services; what works well and what could be improved. This process takes into account the

experiences of and outcomes for children and young people. Inspectors also assess how care is delivered by the people providing that service. This involves speaking to the staff and children, young people and their families. The operational management and strategic leadership that supports the planning, delivery and evaluation of the service is also assessed. Where necessary, inspectors make recommendations based on the findings of the inspection. This aims to promote positive outcomes for children and young people.

Inspection reports are published on the Care Inspectorate's website. Health and Social Care Partnerships are expected to act on any recommendations for improvement.

This work links to Theme 1 and Theme 3 from our Corporate Parenting Plan 2020-23.

Development of Bairns' Hoose standards

Healthcare Improvement Scotland has worked with children and young people, third sector colleagues and other partners to develop the Bairns' Hoose standards which are based on the Barnahus model. The first Barnahus or 'Child's House' was established in Iceland in 1998 to improve the statutory response to child sexual abuse. Inspired by the Child Advocacy Center model from the United States, the Barnahus model is explicitly underpinned by the United Nations Convention on the Rights of the Child and is internationally recognised as an evidence-based model for children and families who are victims and witnesses of abuse and violence.

In December 2021, before the formation of the Bairns' Hoose Standards Development Group, children and young people across Scotland were asked one key question: 'what would you like to see in the standards?' This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to the Standards Development Group. The Standards Development Group were presented with this feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations have supported children to play an active role throughout the six months standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children input their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

From February 2023, children and young people will work with our communications team to create an alternative format children's standards document which meets their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites— this means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

This work links to Theme 1 and Theme 3 from our Corporate Parenting Plan 2020-23.

Appendix 1: Corporate Parenting Plan 2020-23

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (Freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts **Relates to:** Article 3 (best interests of the child) from UNCRC	December 2021	Equality and Diversity Advisor	Care experience has been built into our Equality Impact Assessment templates and guidance. We will regularly review Equality Impact Assessment actions and learning during the period of our next plan and continue to improve guidance for colleagues. **Completed**
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people **Relates to:** Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing	Children and Young People Working Group	Updates from Children and Young People Working Group have been shared via staff huddles and articles on the Source staff intranet for Care Day and Care Experienced Week. For example, Twitter and the Source staff intranet activity carried out for CareDay22 on 18 February 2022. **Completed**
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work **Relates to:** Priority 'Supporting the Workforce' from the Promise	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's	Corporate parenting e-learning module was shared with staff in October 2020 during Care Experienced Week. Content updated and moving to new platform. Old platform no longer supported.

					Health Service Lead	Corporate parenting e-learning module to be made mandatory training for all. **Completed**
		d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people **Relates to:** Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	March 2023	Public Involvement Advisor Programme leads	CYPWG provided opportunities for staff to reflect. 2 June 2020 session allowed opportunity to consider HIS contribution to Scotland fulfilling The Promise. Children and Young People Key Delivery Area Network was launched in November 2021 for colleagues to share practice, learn from experts and each other. Rapid Review into the Health and Wellbeing of Care Experienced Children and Young People was carried out in January 2022. The evidence was discussed at the January 2022 meeting of the CYP KDA Network and is being used to inform our work. **Completed**
		e) Seek views and experiences of care experienced people with a view to exploring scope for 'care-proofing 'recruitment/staff policies	We understand the issues care experienced people face when accessing employment opportunities	July 2021	People and Workplace Team	This action was significantly delayed due to the pandemic. Conversations are being held with People and Workplace to discuss carrying this activity forward to the next Corporate Parenting Plan for 2023-26.

			Relates to: Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise			**Carried forward** to item 1. e) in 2023-2026 Plan
		f) Share learning from the Independent Care Review with our staff, including non-executive members	We understand the health issues that care experienced people face **Relates to:** Article 12 (respect for the views of the child) from UNCRC Fundamental 'Listening' from the Promise	April 2020	Community Engagement Director/Public Involvement Advisor	A scheduled in –person awareness raising and information session for HIS colleagues was postponed due to COVID-19 restrictions. Awareness raising about the Promise work has started through sharing video and resources. This activity to carry forward to next Corporate Parenting Plan 2024-26. **Carried forward** to item 1. f) in 2023-2026 Plan
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	Our board members are committed to corporate parenting and encourage our staff to demonstrate this **Relates to:** Priority 'Supporting the Workforce' from the Promise	Ongoing	Public Involvement Advisor	E-learning module was made available at end of October 2020. Same e-learning module as described at action 1. c) will be used. **Progress made, ongoing activity to be carried forward** to item 1. f) in 2023-2026 Plan
Number	**Theme**	**Activity**			**Who should be involved?**	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care	Champions Boards are equipped to have their voice heard in health and care	October 2022	Community Engagement local offices	Delayed due to pandemic. This action will be carried forward to our Corporate Parenting Plan for 2023-26

		services, and our improvement activity	Champions Boards have opportunities to become engaged in our work **Relates to:** Fundamentals 'what matters to children and families' and 'Listening' from the Promise			**Carried forward** to item 2. a) in 2023-2026 Plan
		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	Care experienced people are well represented in our engagement activities Our decisions are informed by the views and experiences of care experienced people **Relates to:** Article 12 (respect for the views of the child) Fundamental 'Listening' from the Promise	Ongoing	Public Involvement Advisor Engagement Programme Managers	Community engagement activity restricted due to the pandemic. No data collected in 2020-21 and limited data during 2021-23 associated with Gathering Views exercises. Revised equalities monitoring forms include a care experience question. **Completed**
		c) Explore how line managers can best support care experienced members of staff and other care experienced people we work with.	Staff with line management responsibilities are aware of how to best support care experienced people involved in our work **Relates to:** Article 6 (life, survival and development) from UNCRC	March 2021	Organisational Development and Learning Team	Action delayed due to the pandemic. This action will be carried forward into our Corporate Parenting Plan for 2023-26 **Carried forward and integrated** into item 2. c) in 2023-2026 Plan

			Priority 'supporting the workforce' from the Promise			
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	Care experienced young people have opportunities to gain work experience in the NHS **Relates to:** Article 28 (right to education) from UNCRC Priority 'A good childhood' from the Promise	October 2020	Corporate parenting lead Organisational Development and Learning Team Other NHS health boards	Delayed due to physical distancing measures/ homeworking. Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people from areas of multiple deprivation. **Carried forward** to item 2. d) in 2023-2026 Plan
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills **Relates to:** Article 28 (right to education) from UNCRC	July 2022	People and Workplace Team	Delayed due to physical distancing measures/ homeworking. Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people. Opportunities to promote Modern Apprenticeships to care experienced people will be considered over the next action plan period. **Carried forward** to item 2. e) in 2023-2026 Plan
Number	**Theme**	**Activity**			**Who should be involved?**	

3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties We share our learning with other corporate parents to inform the practice of other corporate parents We identify opportunities for collaboration where it will add value and avoid duplication of effort **Relates to:** Priority 'Building Capacity' from the Promise	July 2020	Corporate parenting lead Children and Young People Working Group	Joined the Corporate Parents Collaboration Group in 2020 but this group was halted during the pandemic. HIS continues to participate in online meetings and actively explores opportunities for potential collaboration with other corporate parents. **Carried forward** to item 3. a) in 2023-2026 Plan
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift **Relates to:** Priority 'Building Capacity' from the Promise	March 2021	Corporate parenting lead	Delayed due to the pandemic. A revised version of this action will be carried forward to the Corporate Parenting Plan for 2023-26 **Carried forward** to item 3. b) in 2023-2026 Plan
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents	Ongoing	Clinical Expert, Quality Assurance Directorate	The HIS Clinical Expert in Joint Inspection's for Children's Services attends Children and Young People Working Group meetings and can advise and support

			Relates to: Priority 'Building Capacity' from the Promise			options for sharing learning more widely. **Progress made, ongoing activity to be carried forward** to item 3. c) in 2023-2026 Plan
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work **Relates to:** Priority 'Building Capacity' from the Promise	Ongoing	Public Partnership Co-ordinator	Actively seeking learning regarding the involvement of care experience people during the pandemic. We shared an Engaging Differently case study about the Lockdown Lowdown study initiated by YouthLink Scotland and partners, which involved care experienced young people. **Progress made, ongoing activity to be carried forward** to item 3. d) in 2023-2026 Plan

Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

A summary of the related articles available below:

- **Article 2** (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
- **Article 3** (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- **Article 28** (right to education) Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

A summary of all articles can be found here.

Appendix 2

The Promise

A summary of the related fundamentals and principles from The Promise can be found below:

Fundamentals:

- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:

- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The Plan 21-24 contains more detail and is available here.

Appendix 2: Corporate Parenting Plan 2023-26

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A Good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

As corporate parents named in the Children and Young People (Scotland) Act 2014, we have a responsibility to perform the actions necessary to uphold the rights and safeguard the wellbeing of care experienced children and young people.

Our duties as a corporate parent are to:

(a) **be alert** to matters which, or which might, adversely affect the wellbeing of children and young people

(b) **assess the needs** of those children and young people for services and support it provides

(c) **promote the interests** of those children and young people

(d) seek to **provide** those children and young people with **opportunities** to participate in activities designed to promote their wellbeing

(e) take such action as we consider appropriate to **help those children and young people to**:

(i) **access opportunities** we provide in pursuance of (d)

(ii) **make use of services**, and **access support**, which we provide, and

(f) take such other action as we consider appropriate for the purposes of **improving the way in which we exercise our functions** in relation to children and young people.

These duties have been linked to the three themes in our Corporate Parenting Plan below.

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs **Our Duty:** Be Alert and Assess Needs	a) Regularly review completed Equality Impact Assessments and Children's Rights and Wellbeing Impact Assessments and highlight relevant learning. Learning could be highlighted using a seven minute briefing, flash report or another format. Learning opportunities in the future will be available through the Healthcare Improvement Scotland Campus which aims to bring key learning together in one place for all Healthcare Improvement Scotland colleagues.	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts **Relates to:** Article 3 (best interests of the child) from UNCRC	Once every six months with first report due in September 2023	Public Involvement Advisor Equality and Diversity Advisor Children and Young People Key Delivery Area Network	
		b) Create a care experience communications/awareness calendar to support the sharing of current relevant learning/literature/research with colleagues e.g. through flash reports and intranet pages. The calendar will link with awareness raising dates such as mental health, sexual health, pregnancy and maternity and other relevant topics	We are aware of issues affecting care experienced people **Relates to:** Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing to be reviewed annually	Children and Young People Working Group (CYPWG) Children and Young People Key Delivery Area Network (CYPKDAN)	
		c) Build on the updated corporate parenting e-learning module, which was made mandatory for all staff in the previous reporting period, by supporting the content with facilitated learning	We understand our corporate parenting duties and how it applies to our work	Ongoing to be reviewed annually	Public Involvement Advisor Public Protection and Children's	

		sessions and ongoing promotion of the module.	**Relates to:** Priority 'Supporting the Workforce' from the Promise		Health Service Lead	
		d) Create specific opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward. For example with facilitated sessions, through the Children and Young People Key Delivery Area Network and by providing access and signposting to additional resources.	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people **Relates to:** Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	Ongoing to be reviewed annually	Public Involvement Advisor Programme leads Children and Young People Key Delivery Area Network	
		e) Develop a programme of awareness raising/ learning opportunities for all staff to increase understanding of and encourage proactive initiatives to support Healthcare Improvement Scotland's role as a Corporate Parent, including exploration of: potential Healthcare Improvement Scotland to consider care experience as being as important as the recognised protected characteristics and how that	We understand the issues care experienced people face when accessing employment opportunities **Relates to:** Article 2 (non-discrimination) from UNCRC Article 12 (respect for the views of the child) from	December 2025	Healthcare Improvement Scotland Executive Team Public Involvement Team People and Workplace Team	

		would be applied in the widest sense how Directorates are including consideration of care experience in their work evolution of organisational practice in relation to employability, recruitment and the policy framework As part of this work we will look to learn from what works well in these areas for other corporate parents.	Fundamental 'Listening' from the Promise			
		f) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities. We will do this by holding a board development session, running an awareness session as part of the Masterclass programme for our non-executive board members and providing regular updates to the SHC committee and Board as required.	Our board members are committed to corporate parenting and encourage our staff to demonstrate this **Relates to:** Priority 'Supporting the Workforce' from the Promise	Ongoing to be reviewed annually	Public Involvement Advisor	
		g) Using data from the Rapid Evidence Review on Health and social outcomes in care experienced children and young people carried out in 2022, support relevant projects to engage with key groups of care experienced people to fill any	Our colleagues have the information they require to consider the impact of their work on care experienced people and are supported to fill any gaps in knowledge **Relates to:**	Ongoing to be reviewed annually	Public Involvement Advisor Corporate Parenting Lead Children and Young People Key	

		potential gaps in our work such as maternity and mental health	Article 2 (non-discrimination), Article 3 (best interests of the child) and Article 12 (respect for the views of the child) from the UNCRC Priority 'Supporting the Workforce' from the Promise		Delivery Area Network	
Number	**Theme**	**Activity**			**Who should be involved?**	
2	We promote the interests of care experienced people and provide them with opportunities **Our duty:** Promote Interests and Provide Opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity	Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work **Relates to:** Article 3 (best interests of the child) from UNCRC Fundamentals 'what matters to children and families' and 'Listening' from the Promise	October 2024	Community Engagement local office staff Community Engagement Area Managers Public Involvement Advisor	
		b) Use data collected regarding the number of care experienced people who have participated in	Care experienced people are well	Ongoing to be reviewed annually	Public Involvement Advisor	

		our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	represented in our engagement activities Our decisions are informed by the views and experiences of care experienced people **Relates to:** Article 12 (respect for the views of the child) Fundamental 'Listening' from the Promise		Engagement Programme Managers	
		c) Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.	Staff are aware of how to best support care experienced people involved in our work **Relates to:** Article 6 (life, survival and development) from UNCRC Priority 'supporting the workforce' from the Promise	March 2024	Public Involvement Advisor Child Protection lead Organisational Development and Learning Team	
		d) Work with NHS Scotland Employability and Apprenticeships Network to explore opportunities to offer NHS work experience tasters for care experienced people to support them to build on their	Care experienced young people have opportunities to gain work experience in the NHS	October 2025	Corporate parenting lead Organisational Development and Learning Team	

		strengths and prepare for the workplace.	**Relates to:** Article 28 (right to education) from UNCRC Priority 'A good childhood' from the Promise		People and Workplace Other NHS health boards	
		e) Promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills **Relates to:** Article 28 (right to education) from UNCRC	July 2024	People and Workplace Team	
Number	**Theme**	**Activity**			**Who should be involved?**	
3	We collaborate with other corporate parents and improve the way we work with care experienced people **Our Duties:** Easy to Access and Constantly Improving	a) Create opportunities for HIS representatives on local Champions Boards to network and share learning (links to action 2. A)	We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties We share our learning with other corporate parents to inform the practice of other corporate parents	Ongoing to be reviewed annually	Corporate parenting lead CYPKDA Engagement Office staff	

			We identify opportunities for collaboration where it will add value and avoid duplication of effort **Relates to:** Priority 'Building Capacity' from the Promise			
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	We collaborate with NHS Scotland colleagues to meet shared aims, while maximising what we can achieve within our own gift **Relates to:** Priority 'Building Capacity' from the Promise	March 2024	Corporate parenting lead	.
		c) Share learning from our work with children and young people with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents **Relates to:** Priority 'Building Capacity' from the Promise	Ongoing to be reviewed annually	Clinical Expert, Quality Assurance Directorate Relevant programme leads	
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work	Ongoing to be reviewed annually	Public Partnership Co-ordinator	

			Relates to: Priority 'Building Capacity' from the Promise			

Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

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- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- **Article 28** (right to education) Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

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Appendix 2

The Promise

A summary of the related fundamentals and principles from The Promise can be found below:

Fundamentals:

- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:

- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The Plan 21-24 contains more detail and is available here.

Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

Rapid Response

Health and social outcomes in care experienced children and young people

Rapid Responses are brief summaries of the best available evidence prepared to inform time-sensitive decision-making. Rapid Responses are not peer reviewed, are current only at time of publication, and do not constitute recommendations. They should be considered alongside existing guidance applicable to NHS Scotland.

For further information on our Rapid Response process and previous Rapid Response outputs, please visit our website

Topic	Health and social outcomes in care experienced children and young people
Date of search	20-21 December 2021
Referrer	Maureen Scott, Public Protection and Child Health Lead, HIS
Author	Jenny Harbour

HIS Evidence Conclusions

- Statistics from Scotland and England show that care experienced children and young people have poorer health and social outcomes than their non-care experienced peers.
- Evidence on physical and mental health outcomes in care experienced children and young people show higher rates of mortality, pregnancy-related hospital admissions, mental illness, visits to accident and emergency, and dental care needs.
- Deaths among care experienced children and young people are more likely to be due to unnatural causes, including suicide, misadventure (for example car accidents or drowning), risk-taking behaviours (such as drug abuse), and assaults.
- Care experienced children and young people are more likely than their non-care experienced peers to be imprisoned and one quarter of prison inmates in Scotland state they were in care as a child or adolescent.
- Care experienced children and young people tend to leave school earlier, with lower qualifications and literacy levels than their non-care experienced peers. Fewer care experienced children and young people go on to higher or further education, and their employment opportunities may be restricted by their qualifications.

What were we asked to look at?

In Scotland, the term 'care experienced' is used to refer to looked after children and young people (children in care), and young people who have previously been in care up to the age of 26.[1] We were asked to identify and summarise statistics from the last 5 years on the health and social outcomes of care experienced children and young people compared with the general population. In the past, health and social outcomes have been poorer in care experienced children and young people.[2]

On 31 July 2020 there were 14,458 children currently in care in Scotland.[3] This represents less than 2% of all children in Scotland at that time.

Overview of the evidence

It is possible that some of the statistics described below are subject to confounding from socioeconomic factors affecting outcomes in care experienced children and young people. It is also likely that there are interactions between some of the outcomes described below, for example poor mental health has previously been linked with lower levels of educational achievement.

Physical health outcomes

A cohort study (Children's Health in Care in Scotland, CHiCS) reported longitudinal data comparing outcomes from two cohorts of children between 2009 and 2016: care experienced school-age children, recorded in the Scottish Governments' Children Looked After data, and children who did not have experience of care but were listed in the national Pupil Census.[4] Children who did not attend school or who attended an independent school were not included. The cohort consisted of 663,602 children aged 4 to 19 in 2009, of which 13,831 were care experienced. The study reported higher rates of mortality, pregnancy-related hospital admissions, mental illness, and visits to accident and emergency in care experienced children (*Table 1*).

Another cohort study used similar methods to investigate dental health outcomes in care experienced children compared with the general school-age population in Scotland.[5] This study used the Pupil Census and the Children Looked After data from 2007 to 2013. Children who were in care in the 12 months prior to July 2012, and children in care in 2007 to 2008, were collectively used as the care experienced cohort. The total cohort consisted of 633,204 children aged 4 to 17 years old, of which 10,924 were classed as care experienced. Care experienced children had greater dental treatment needs and poorer access to dental services, including preventive dental care, compared with children in the general population. This continued to be true after adjusting for age, sex and socioeconomic status of the children:

- a lower proportion of care experienced children regularly attended dental services: 51% versus 63%, adjusted odds ratio (OR) 0.55, 95% confidence interval (CI) 0.53 to 0.58
- a greater proportion of care experienced children had recent dental extractions under anaesthesia: 9% versus 5%, OR 1.91, 95% CI 1.78 to 2.04.

Table 1: Health outcomes in two Scottish cohorts of children aged 4 to 19 in 2009[4]

Outcome	n general population	% general population	n care experienced	% care experienced	Ratio of rates (experienced: general)
Deaths	746	0.1	78	0.6	5.48
Outpatient visit	382,590	58.9	9,427	68.2	1.57
General or acute inpatient and day case	179,551	27.6	5,404	39.1	1.60
Pregnancy-related inpatient and day case	12,268	4.5	1,302	20.8	4.33
Mental health inpatient and day case	2,197	0.3	323	2.3	5.15
Visits to accident and emergency	434,528	66.9	10,826	78.3	2.09

Mental health outcomes

The rate of mental illness and psychiatric disorders in care experienced children aged 5 to 15 years in the UK is estimated at 45% (rising to 72% in residential care) compared with 10% in the general population of the same age.[2, 6]

A survey in 2008 found that, in the UK, 72% of children aged 5 to 15 years had an emotional or behavioural problem on entering care.[7] In Northern Ireland in 2015, 40% of care experienced children had been diagnosed with behavioural problems, 35% with emotional issues, and 21% with depression or anxiety.[2]

In Scotland, results from the Strengths and Difficulties Questionnaire were considered 'cause for concern' in 37% of care experienced children compared with 12% of children in the general population.[7]

Mortality

Care experienced children and young people are between four and five times more likely to attempt suicide compared with the same age group in the general population.[7]

Sixty-one deaths of care experienced young people were reported to the Care Inspectorate in Scotland between 2012 and 2018.[1] Of these deaths, 42 occurred in children and young people currently in care, and 19 in young people receiving continuing or aftercare. Of the deaths occurring in care, the children or young people ranged in age from less than 1 year to 17 years old. Deaths

were twice as common in boys compared with girls. In young people receiving continuing or aftercare, 15 deaths were in young men and four in young women. The Care Inspectorate report states that it is not currently clear whether care experienced young people are more likely to die than young people in the general population, because of the way data are gathered in the two groups. However, the 42 deaths recorded in care experienced children represents 1.9% of all children who died in the same period (n=2,187).

Deaths among care experienced children and young people fell into three categories: anticipated deaths caused by life shortening conditions or terminal illness; unexpected deaths caused by misadventure or unexplained deaths; and deaths resulting from risk-taking behaviours. Between 2012 and 2018, 16 care experienced children died because of life shortening conditions or terminal illness. Twelve children died from misadventure (for example road traffic accidents or drowning) or in unexplained circumstances. The majority of children in the latter category were aged under 5 years, seven of them under 1 year (sudden infant death). Fourteen deaths occurred because of risk-taking behaviours. Children in this category were aged 13 to 17 years and typically died as a result of substance misuse, self-harm or suicide.

In England, care experienced children and young people were more likely to die prematurely from unnatural causes, such as suicide, drug overdose, alcoholism, car accidents and assaults.[8] Premature mortality in care experienced young people was 62% higher than in children with no care experience. This excess risk of premature death increased to 212% if comparing children cared for in a residential home with the general population. The excess risk was 27% for children cared for in a relative's home or in a foster family, compared with the general population.

Prison and the justice system

Statistics suggest that care experienced children and young people are four times more likely to be convicted, or subject to a final warning or reprimand, compared with the general population (4% versus 1%).[9] In 2015, a Youth Justice Board found that care experienced young people reoffend at approximately twice the rate of young people with no care experience.

The 2019 Scottish Prison Survey reported that 25% of prison inhabitants had care experience, with six out of ten people who had been in care having been in care at the age of 16.[10] Care experienced young men were particularly over-represented in the adult prison population, with 49% of young male offenders stating they had care experience.[9] Of the prisoners reporting they had been in care, 64% were cared for in a residential home, 33% spent time in a secure unit, 30% were cared for by a foster family, and 16% were cared for by a family member.[10] Evidence also suggests that young people in prisons are more likely to use drugs, have a methadone prescription, have poor mental health or have poor literacy skills.

In Scotland, care experienced young people make up an estimated 33% of young offenders, despite only constituting an estimated 0.5% of the population.[11] In 2015 to 2016, approximately 37% of people in young offender institutions had spent time in care.[9]

Education

The Scottish Government collates annual statistics on education outcomes for care experienced children and young people.[12] The 2019 to 2020 edition of these statistics collated data on children and young people who experienced care at any point between August 2019 and July 2020, who had a Scottish Candidate Number, and who left school during that period. Children cared for at an earlier period in their life were not captured in this data. In 2019 to 2020, there were an estimated 943 care experienced young people who left school after being in care within the preceding 12 month period. This represents 2% of the 47,454 school leavers in the same year.

Care experienced children and young people tend to leave school earlier than the general population. Forty-three percent of Scottish care experienced children left school at the end of fourth year or earlier, compared with approximately 10% of the general school population.[12] Care experienced children were less likely to have at least one Higher or Advanced Higher qualification on leaving school: 14% compared with 64% of all school leavers. Fewer care experienced young people went on to further education within 3 months of leaving school: 56% versus 72% of all school leavers. In the year 2018 to 2019, 19% of care experienced school leavers did not go on to further education, employment, training, voluntary work or a learning programme, compared with 5% of all school leavers.[2]

Care experienced children and young people in Scotland were considerably more likely to be excluded from school compared with their peers: 152 per 1,000 pupils versus 22 per 1,000 pupils in 2018 to 2019.[3] In England, care experienced children and young people were five times more likely to be excluded from school than their peers.[9]

In England, 25% of care experienced school children meet the expected standard of reading, writing and mathematics compared with 55% of the general population.[9] Only 6% of care leavers were in further education in England in 2015.

In 2019, in England, 27% of care experienced children had an additional or special educational need compared with 3.1% of children in the general population.[2]

In 2016 to 2017, only 1% of students in higher education in England were care experienced.[13] In 2018 to 2019, 13% of care experienced young people were in higher education by age 19 compared with 43% of all school students. Care experienced young people who do go into further education are approximately 38% more likely to drop out of university compared with their non-care experienced peers.[9] Care experienced students in England are also less likely to achieve a first or upper second

class degree compared with their non-care experienced peers: 68.2% versus 80.3% in 2018 to 2019.[13]

The impact of differential education attainment in care experienced young people is unclear. Some reports state that care experienced young people are restricted in their choice of employment because of their qualifications.[12] Other reports suggest that care experienced graduates of higher education have comparable employment outcomes to their non-care experienced peers.[13]

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Appendix: literature search

Due to the nature of the enquiry the normal list of resources used to fulfil a rapid response were not appropriate. Searches of the internet were conducted using Google, limited to the UK or Scotland and to PDF files.

Search concepts used: care experienced; looked after; children in care; health outcomes.

Appendix 4

Healthcare Improvement Scotland

"7 Minute Briefing"

Development of Trauma Informed Practice across Healthcare Improvement Scotland

Maureen Scott
Public Protection & Child Health Service Lead
August 2022
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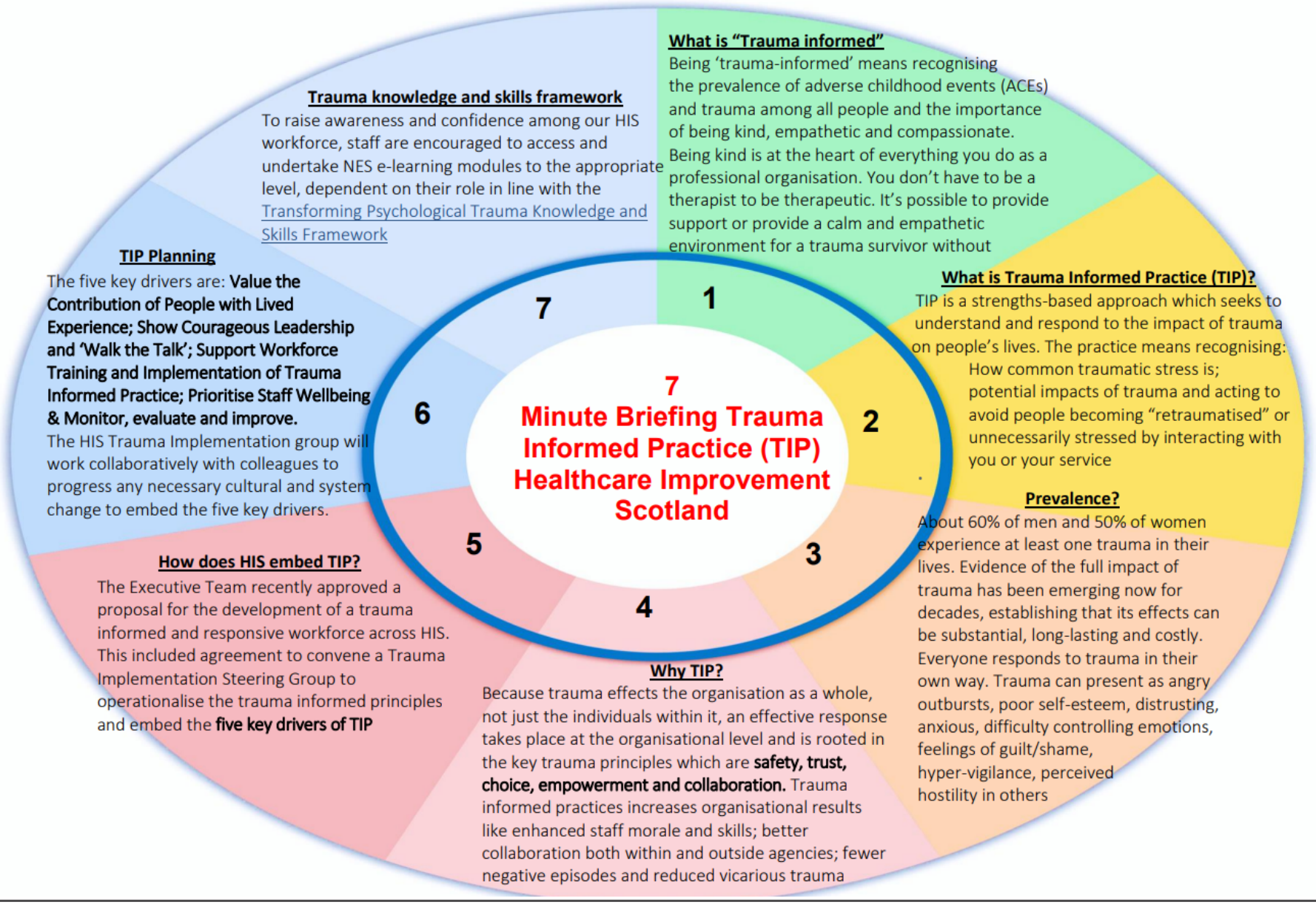
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Minute Briefing Trauma Informed Practice (TIP) Healthcare Improvement Scotland
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What is "Trauma informed"
Being 'trauma-informed' means recognising the prevalence of adverse childhood events (ACEs) and trauma among all people and the importance of being kind, empathetic and compassionate. Being kind is at the heart of everything you do as a professional organisation. You don't have to be a therapist to be therapeutic. It's possible to provide support or provide a calm and empathetic environment for a trauma survivor without
What is Trauma Informed Practice (TIP)?
TIP is a strengths-based approach which seeks to understand and respond to the impact of trauma on people's lives. The practice means recognising:
How common traumatic stress is;
potential impacts of trauma and acting to avoid people becoming "retraumatised" or unnecessarily stressed by interacting with you or your service
Prevalence?
About 60% of men and 50% of women experience at least one trauma in their lives. Evidence of the full impact of trauma has been emerging now for decades, establishing that its effects can be substantial, long-lasting and costly. Everyone responds to trauma in their own way. Trauma can present as angry outbursts, poor self-esteem, distrusting, anxious, difficulty controlling emotions, feelings of guilt/shame, hyper-vigilance, perceived hostility in others
Why TIP?
Because trauma effects the organisation as a whole, not just the individuals within it, an effective response takes place at the organisational level and is rooted in the key trauma principles which are safety, trust, choice, empowerment and collaboration. Trauma informed practices increases organisational results like enhanced staff morale and skills; better collaboration both within and outside agencies; fewer negative episodes and reduced vicarious trauma
How does HIS embed TIP?
The Executive Team recently approved a proposal for the development of a trauma informed and responsive workforce across HIS. This included agreement to convene a Trauma Implementation Steering Group to operationalise the trauma informed principles and embed the five key drivers of TIP
TIP Planning
The five key drivers are: Value the Contribution of People with Lived Experience; Show Courageous Leadership and 'Walk the Talk'; Support Workforce Training and Implementation of Trauma Informed Practice; Prioritise Staff Wellbeing & Monitor, evaluate and improve.
The HIS Trauma Implementation group will work collaboratively with colleagues to progress any necessary cultural and system change to embed the five key drivers.
Trauma knowledge and skills framework
To raise awareness and confidence among our HIS workforce, staff are encouraged to access and undertake NES e-learning modules to the appropriate level, dependent on their role in line with the Transforming Psychological Trauma Knowledge and Skills Framework

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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 25 January 2023.

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) Risk Deep Dives

The Chairs reflected how useful risk deep dives had been, not only affording the opportunity to enhance understanding of the area of risk but also to review the mitigating actions in place. However, they noted a deep dive hadn't been undertaken recently. In considering the most significant risks that the Committees are reviewing at the moment, it was noted that the risk related to the Scottish Medicines Consortium was reported as very high to the Quality & Performance Committee meeting in November 2022. It was agreed that a risk deep dive session to examine this risk would be scheduled for the Quality & Performance Committee and the Audit & Risk Committee. All board members would be invited to attend.

b) Committee Development

The Head of Organisational Development & Learning joined our meeting to speak to the Chairs about Committee development and what learning activities they might want to undertake in the coming year. She highlighted the board development activities that had been delivered through the programme of masterclasses which will continue through 2023 as well as the Non-executive Director development session in November 2022. The Chairs agreed that they would add a discussion on this to the agendas for their quarter 4 Committee meetings.

c) Cross-Committee Matters

One of the standing items on the Governance Committee Chairs' agenda is the discussion of matters that fall within the remit of more than one Committee. This allows relevant links to be made between the different governance routes for specific areas of work and ensures that business planning schedules are aligned. The themes we discussed on this occasion were equalities, clinical and care governance, sustainability and how the different Committees might monitor progress with different aspects of the future organisational strategy.

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 2 March 2023. The approved minutes of the Audit and Risk Committee meeting on 23 November 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) Strategic & Operational Plan Risk Registers

The Committee considered the review all of the strategic risks currently held on Compass and the high/very high operational plan risks assigned to the Committee as at 14 February 2023. This prompted discussion on the issue of "risk appetite" and how best to communicate this to staff and a number of suggestions were made to encourage staff to take ownership of the risks.

b) Financial Performance Report

The Committee received this report informing them of the financial position at 31 January 2023. Further detail was provided on a number of factors affecting the finances of the organisation, in particular, proposed savings, the current financial situation relating to the projects and the risks and opportunities which remain to achieving financial balance. A full discussion took place on the report and the overall financial position of the organisation.

c) Changes in Internal Auditors

The new internal Auditors for 2023/24 KPMG conducted a presentation outlining their plans for the Internal Audit service to the Committee for 2023/24. James Lucas and Syed Hamood Kalid Shah presented their plan for the coming year.

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 22 February 2023. The approved minutes of the Quality and Performance Committee meeting on 2 November 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) Projects at Risk

The Committee received an update on the projects most at risk, the reasons why, the mitigations in place and associated risks. An in depth discussion took place on the timelines for various projects, particularly for those who had yet to receive approved funding from the Scottish Government. The Committee found it a very useful paper and will be updated on the situation at the next meeting

b) Sharing Intelligence for Health and Care Group Report

Members received a report on the Sharing Intelligence for Health and Care Group, detailing the progress of the Group, which is a mechanism that enables seven national agencies to share, consider, and respond to intelligence. The Group are working through proposed changes to its role and remit to provide clarity of function and responsibilities which the Committee supported. A further update will be provided at the next meeting.

c) Primary Care Improvement Work

Belinda Robertson, Associate Director of Improvement and Thomas Monaghan, Portfolio Lead- Access QI conducted a presentation on the subject of Primary Care Improvement work. Members welcomed the presentation which provided real life examples of how the work is making real change for practice staff and patients.

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 2 March 2023. The approved minutes of the Scottish Health Council Committee meeting on 17 November 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) Vision/Relation to Strategy

The Committee discussed work undertaken to develop a clear strategic vision for the future of the Community Engagement directorate. The rationale for developing the vision is the need to provide stability and direction for the directorate after a prolonged period of uncertainty, combined with a lack of clarity both internally and externally about the directorate's work.

The Committee heard how the vision had been co-produced with staff and that it describes how the directorate will contribute to the delivery of the overall HIS strategy 2023-28. The Committee also heard an update on the development of the HIS strategy and how it had been possible to change some of the wording within it to be aligned with the language in the Community Engagement vision.

The Community Engagement vision is bold and ambitious, it aims to maximise the impact of the directorate in improving meaningful engagement in health and care services, and it positions the directorate as having a crucial role in national health and care transformation. Committee members suggested improvements to the vision including emphasising the benefits of engagement and developing it in accessible formats. They then endorsed the vision and looked forward to the next stage of describing how it can be delivered in terms of working processes, directorate structure and outcomes reporting.

b) Service Change sub-committee update

The Committee discussed an issue identified by the Service Change sub-committee on determining proportionate engagement within the current national and regional context. The sub-committee had been considering a Major Service Change template for a service change to be made permanent following its temporary introduction during the Covid-19 pandemic. Similar changes have also been made in other NHS Boards and are underpinned by a national policy drive. This raised the question of how to determine what would constitute proportionate engagement for services that were already in place and were in line with national policy. Also, to be considered is the balance between what engagement should take place at a national level during national policy development and what should take place to support the local implementation of nationally driven service changes.

The Committee agreed with the view of the Service Change sub-committee that guidance from Scottish Government on this issue is needed and that a decision on the service change that had been submitted should be postponed until that guidance is received. There was a clear recognition the impact a Major Service Change decision, either way, would have because of the precedent it would set and given the volume of service changes which have been introduced temporarily over the past three years.

c) Reporting/Impact measurement
The Committee was keen for the reports it receives to be reviewed in light of the new directorate vision. It considered that this provided an opportunity for reporting to be aligned to the three work programmes defined in the vision (evidence for engagement, improvement of engagement and assurance of engagement), and importantly for reporting to be based on measuring outcomes/impact rather than volume of activity. The Committee agreed that work should be undertaken by the directorate staff to develop proposed reporting for discussion at the next Committee meeting.

Suzanne Dawson
Committee Chair

SUBJECT: Staff Governance 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 Staff Governance Committee meeting on 1 March 2023. The approved minutes of the Staff Governance Committee meeting on 6 December 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) Equality Mainstreaming Report and Equality Outcomes

The Committee received this detailed report on the progress we have made in advancing equality. We published our Equality Mainstreaming report, including equality outcomes, in April 2021. By April 2023, we are required to update on the progress we have made towards the equality outcomes we set in 2021, on how we have mainstreamed equality in our work over the last two years and our gender pay gap. To reflect good practice, we will also report on our disability and ethnicity pay gaps. The Committee praised the report and a number of suggestions were made to the wording of the document which would be taken on board.

b) One Team Update

Members were updated on the progress of the One Team programme, with special reference to progress in the Working Environment and Workforce workstreams. During discussion, suggestions were made, particularly in relation to how best to communicate changes to staff.

c) Workforce Data

The Committee received this report informing them of the current workforce position and monthly reporting data within the organisation. Discussion took place on the impact of workforce shortages and the effect of different working patters, such as working from home and how this could influence the sickness absence figures.

Duncan Service
Committee Chair

SUBJECT: Succession Planning 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 Succession Planning Committee meeting on 19 January 2023. The approved minutes of the Succession Planning Committee meeting on 15 June 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) Terms of Reference and group membership

The group undertook its annual review of the Terms of Reference and group membership. The Terms of Reference have been updated to change to the way the membership of the committee is described, which brings it in line with how the membership of the other governance committees is described. The current membership of the group has been reviewed and updated.

b) Succession planning, skills and learning opportunities

Having noted previously that following our last recruitment round it would be some time before we needed to undertake recruitment activity again, the resignation of a Board member does bring forward this requirement. The committee will therefore meet again in March to discuss next steps, and more significantly how we ensure every effort is made to raise awareness of the vacancy and that we actively use all of HIS potential networks and connections to do that. This will also be reflected in our updated business plan.

In the meantime the succession plan sub group has been reactivated to complete the work on the succession plan and in due course will undertake a proportionate approach to engaging with our internal networks and a number of 'critical friends' on the plan, while bearing in mind any ongoing pressures in the system at that time. It is anticipated this work will be completed over the summer.

The Head of Organisational Development & Learning provided a helpful update on the latest development activities non-executives have been undertaking and proposals are being developed for the 2023-24 programme of masterclasses. The next masterclass, focusing on Evidence will be held on Monday 6 March.

c) Supporting future Chair candidates

HIS has volunteered to be a host Board to support potential future Board chair candidates to learn more about this role within the NHS. This is a new initiative, which may start around April / May, and the committee has agreed to oversee HIS' activities in this respect, which may for example include shadowing. We can offer good insight and learning opportunities but there will also be the opportunity to learn from the potential candidates that we host.

Carole Wilkinson
Committee Chair

SUBJECT: Succession Planning 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 Succession Planning Committee meeting on 15 March. The approved minutes of the Succession Planning Committee meeting on 19 January 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) Non-executive recruitment

The committee considered the criteria for potential candidates for the one recently arising vacancy that would best complement the current skills and experience mix on the Board, and proposes that senior level clinical experience would be most beneficial. It will be important to reach as many potential candidates as possible through a well planned and executed communications strategy. It is anticipated that the process would culminate with interviews to be held in August and the appointment in September. The committee continues to consider co-option to committees as a way to engage people who have been through the public appointments process and who may be looking for development opportunities.

b) Supporting future Chair candidates

The committee considered guidance for the Aspiring Chairs programme and although there is still no decision about whether or not HIS has been chosen as a host Board, we are hopeful for a positive outcome. Around 15 candidates were interviewed from the existing non-executive cohort across Scotland and 10 have been selected for the programme. We can offer good insight and learning opportunities but there will also be the opportunity to learn from the potential candidates that we host.

c) Non-executive development

The themes previously considered for the masterclass programme have now been programmed into a timetable of activity. The committee heard that in line with our plan to mainstream equality, each of the masterclasses will integrate the theme of equality rather than have equality and diversity scheduled as a standalone session. The committee welcomed the programme and discussed the potential interest by the members of the Scottish Health Council Committee in the subjects on the programme. Each Board governance committee will be invited to consider any specific development needs with themes to be added to the masterclass programme.

Carole Wilkinson
Committee Chair