

# Public Board Meeting

Wed 28 June 2023, 11:00 - 14:15

MS Teams

## Agenda

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### 11:00 - 11:35 35 min

## 1. OPENING BUSINESS


### 1.1. Welcome and apologies

11.00 Chair

### 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 29 March 2023

11.05 Chair

Paper

 Item 1.3 Board Public Mins Draft v0.2.pdf (11 pages)

### 1.4. Action points from the Board meeting on 29 March 2023

Chair

Paper

 Item 1.4 Action Register.pdf (1 pages)

### 1.5. Chair's Report

11.10 Chair

Paper

 Item 1.5 Chairs Report.pdf (3 pages)

### 1.6. Executive Report

11.20 Chief Executive

Paper

 Item 1.6 Executive Report.pdf (19 pages)

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### 11:35 - 11:50 15 min

## 2. SETTING THE DIRECTION

### 2.1. Annual Delivery Plan 2023-24 and Medium Term Plan

Director of Finance, Planning and Governance

Paper

 Item 2.1 Annual Delivery - Medium Term Plans.pdf (3 pages)

 Item 2.1 Appendix 1.pdf (35 pages)

- Item 2.1 Appendix 2.pdf (4 pages)
- Item 2.1 Appendix 3.pdf (11 pages)

11:50 - 13:35  
105 min

## **3. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE**

### **3.1. Annual Report and Accounts 2022-23**

11.50

#### **3.1.1. Draft Annual Accounts 2022-23**

*Director of Finance, Planning and Governance*

Paper to follow

#### **3.1.2. 2022-23 Annual Audit Report**

*Audit Scotland*

Paper

- Item 3.1.2 Annual Audit Report.pdf (20 pages)

#### **3.1.3. Letter of Representation**

*Audit Scotland*

Paper

- Item 3.1.3 Letter of Representation.pdf (10 pages)

### **3.2. Whistleblowing Champion Annual Report**

12.15 *Non-Executive Whistleblowing Champion*

Paper

- Item 3.2 Whistleblowing Annual Report.pdf (4 pages)
- Item 3.2 Appendix 1.pdf (2 pages)

## **12.20 – 13.00 Lunch break**

### **3.3. Organisational Performance Report Quarter 4**

13.00 *Director of Finance, Planning and Governance*

Paper

- Item 3.3 Organisational Performance.pdf (4 pages)
- Item 3.3 Appendix 1.pdf (1 pages)

### **3.4. Financial Performance Report**

13.10 *Director of Finance, Planning and Governance*

Paper


- Item 3.4 Financial Performance.pdf (3 pages)

### **3.5. Business Cases**

13.20 *Director of Improvement*

Papers

#### **3.5.1. Rapid Review of Co-occurring Substance Use and Mental Health Conditions**

 Item 3.5.1 Mental Health-Substance Use.pdf (8 pages)

### **3.5.2. Personality Disorder Improvement Programme**

 Item 3.5.2 Personality Disorder Imp Prog.pdf (7 pages)

### **3.6. Workforce Report**

13.30 *Director of Workforce*

Paper

 Item 3.6 Workforce Report.pdf (5 pages)

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## **13:35 - 13:50 4. ASSESSING RISK**


15 min

### **4.1. Risk Management: Strategic Risks and updated Risk Management Strategy**

*Director of Finance, Planning and Governance*

Paper

 Item 4.1 Risk Management.pdf (4 pages)

 Item 4.1 Appendix 1.pdf (3 pages)

 Item 4.1 Appendix 2.pdf (19 pages)

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## **13:50 - 14:05 5. GOVERNANCE**

15 min

### **5.1. Governance Committee Annual Reports and Code of Corporate Governance Update**

13.50 *Director of Finance, Planning and Governance*

Paper

 Item 5.1 Annual Reports - Terms of Ref.pdf (3 pages)

 Item 5.1 Appendix 1.pdf (2 pages)

 Item 5.1 Appendix 2.pdf (15 pages)

### **5.2. Governance Committee Chairs: key points from the meeting on 26 April 2023**

13.55 *Chair*

Paper

 Item 5.2 Gov Chairs Key Points.pdf (1 pages)

### **5.3. Audit and Risk Committee: meeting held on 20 June 2023; approved minutes from the meeting on 2 March 2023 (available with other minutes on website)**

*Committee Chair*

Verbal

### **5.4. Quality and Performance Committee: key points from the meeting on 17 May 2022; approved minutes from the meeting on 22 February 2023**

*Committee Chair*

Paper

 Item 5.4 QPC key points.pdf (1 pages)

### **5.5. Scottish Health Council: key points from the meeting on 25 May 2023; approved minutes from the meeting on 2 March 2023**

*Chair, SHC*


Paper

 Item 5.5 SHC Key Points.pdf (1 pages)

**5.6. Staff Governance Committee: key points from the meeting on 3 May 2022; approved minutes from the meeting on 1 March 2023**

*Committee Chair*

Paper

 Item 5.6 SGC Key Points.pdf (1 pages)

**5.7. Succession Planning Committee: next meeting 10 October 2023**

*Committee Chair*

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**14:05 - 14:10** **6. ANY OTHER BUSINESS**  
5 min

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**14:10 - 14:15** **7. DATE OF NEXT MEETING**  
5 min

Next meeting will be held on 27 September 2023

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Register of Interests</b>
<b>Agenda item:</b>	<b>1.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Pauline Symaniak, Governance Manager</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 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 by Non-Executive Directors during the period of their 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](mailto:HIS.BoardAdmin@nhs.scot).

### Assessment considerations

<b>Quality/ Care</b>	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.
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<b>Resource Implications</b>	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.
<b>Risk Management</b>	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.
<b>Equality and Diversity, including health inequalities</b>	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
<b>Communication, involvement, engagement and consultation</b>	The Register was last considered by the Board at its meeting on 29 March 2023 but it has also been reviewed as part of the Annual Accounts process. 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 19 June 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, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2023/24**

NAME	CATEGORY	INTEREST	Date of interest
<b>1. CHAIR</b>			
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
<b>Note: *Remuneration available but not claimed / ** Remuneration is a small hourly fee</b>			
<b>2. NON-EXECUTIVE BOARD MEMBERS</b>			
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

<b>NAME</b>	<b>CATEGORY</b>	<b>INTEREST</b>	<b>Date of interest</b>
	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	Care Inspectorate – Chair, the remuneration being paid by Care Inspectorate for hours worked	1/9/22 to present
	1	Kidz World Nursery Ltd, SC357038 - Early Years Childrens' Nursery, OOSC, and Softplay	1/9/22 to present



NAME	CATEGORY INTEREST		Date of interest
	1	Moodie Consulting Ltd, SC247851 - Management Consulting	1/9/22 to present
	1	DJM Management Consulting Ltd, SC422750 - Management and GDPR Consulting. DJM Property Services & Contracts Ltd, SC699943 - Property Maintenance	1/9/22 to present
	1	DJM Property Lettings Ltd, SC607699 - Property Lettings.	1/9/22 to present
	1	Scottish Social Services Council – Council member, the remuneration being paid via Care Inspectorate for hours worked.	12/06/2023 to present
	2	DJM Kidz Play Ltd, SC386377, Holding Co	1/9/22 to 06/06/2023
	6	Destiny Pharmpie, AIM listed	1/9/22 to present
	6	Lustre plc (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
	6	Anastasis Biotech plc	12/06/2023 to present
	6	Oyako Ltd	12/06/2023 to present

NAME	CATEGORY INTEREST	Date of interest
	6 Regemat 3D Ltd	12/06/2023 to present
	6 C-Major Ltd	12/06/2023 to present
	6 Human Forest Ltd	12/06/2023 to present
	6 Gibie Ltd	12/06/2023 to present
	6 Luas Diagnostics Ltd	12/06/2023 to present
	6 42 Genetics Ltd	12/06/2023 to present
	6 Active Needle Tech Ltd	12/06/2023 to present
	6 Heura Ltd	12/06/2023 to present
	6 Inbentus Medical Tech (Spain)	12/06/2023 to present
	6 Inspira Pharma	12/06/2023 to present
	8 Helm Training Ltd, SC099885 - Chairman, care experienced young persons	1/9/22 to present
	8 Clacks First Ltd, SC344868 - Chairman, business improvement district (BID)	1/9/22 to present
	8 Home Start Clackmannanshire, SC280850 - Director/Treasurer, local families in need	1/9/22 to present
	8 Chairman of the Children's Panel in Falkirk	1/9/22 to present
Michelle Rogers	1 Contractor - Clackmannanshire Council, local authority, Community Justice Coordinator	1/9/22 to present
Duncan Service	1 Evidence Manager, SIGN (previously Senior Information Officer)	1/3/11 to present
	8 Director and Company Secretary, SHU East District Ltd	1/3/11 to present
	8 UNISON Steward	1/3/11 to present
	8 Treasurer, Guidelines International Network (G-I-N)	1/8/13 to 1/9/16 and 1/9/18 to 23/9/22
	8 Chair, Guidelines International Network (G-I-N)	1/9/16 to 1/9/18
	8 Board Member, Guidelines International Network (G-I-N)	1/8/11 to 23/9/22
	8 Co-Chair, UK Grade Network	11/3/20 to present

NAME	CATEGORY	INTEREST	Date of interest
	8	NICE Accreditation Advisory Committee	1/1/16 to 1/6/17
Robert Tinlin	1	Non-Executive Director, Crown Office & Procurator Fiscal Service	1/7/22 to 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)
<b>3. EXECUTIVE BOARD MEMBER</b>			
Robbie Pearson	1	Chief Executive, Healthcare Improvement Scotland	
	9	Sister-in-law is nurse at St Columba's Hospice (regulated by HIS)	
	8	Chair, NHS Board Chief Executives Group	Started 1/4/23
	8	Vice Chair, NHS Board Chief Executives Group	Ended 31/3/23
	8	Chair, NHS Scotland Planning Board	Ended 31/3/23
	8	National Boards Implementation Lead	
	9	Nephew's wife is a paediatrician working in NHS Greater Glasgow and Clyde.	
<b>4. SENIOR STAFF MEMBERS</b>			
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

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
Lynsey Cleland	1	Director of Quality Assurance	
	8	*Lay Member, General Teaching Council for Scotland	
<b>Note:</b> *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	
<b>Note:</b> *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
	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	

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2022/23)
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: 29 March 2023

Time: 10.30

Venue: Virtual Meeting, 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

Gill Graham, Non-executive Director

Nicola Hanssen, 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

Angela Moodie, Director of Finance, Planning and Governance

Clare Morrison, Interim Director of Community Engagement

Lynda Nicholson, Head of Corporate Development

Safia Qureshi, Director of Evidence

Simon Watson, Medical Director

**Apologies**

None

**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.	<b>OPENING BUSINESS</b>	<b><u>ACTION</u></b>
<b>1.1</b>	<b>Chair's welcome and apologies</b>	
	<p>The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. A particular welcome was extended to Clare Morrison, attending her first Board meeting as Director of Community Engagement.</p> <p>There were no apologies.</p>	
<b>1.2</b>	<b>Register of Interests</b>	
	<p>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.</p> <p>The Register was approved for publication on the website.</p>	
<b>1.3</b>	<b>Minutes of the Public Board meeting held on 7 December 2022</b>	
	<p>The minutes of the meeting held on 7 December 2022 were accepted as an accurate record. There were no matters arising.</p>	
<b>1.4</b>	<b>Action points from the Public Board meeting on 7 December 2022</b>	
	<p>The action point register was reviewed and updates noted.</p>	
<b>1.5</b>	<b>Chair's Report</b>	
	<p>The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following:</p> <ul style="list-style-type: none"> <li>a) The helpful feedback provided by new staff who have attended the informal discussions with the Chair and Chief Executive.</li> <li>b) The request for the Board to approve the Committee Vice Chair positions and to note the Board approved by email the new Chair of the Executive Remuneration Committee.</li> <li>c) A briefing was provided as an appendix summarising the impact of the Chair moving into the role of Chair of the NHS Scotland Board Chairs group which will take place in August.</li> </ul> <p>In response to a question from the Board about the timeline for the Patient Safety Commissioner role, it was advised that the Bill is currently at stage one and the Committee has finished taking evidence. Therefore their report is expected by the summer.</p> <p>The Board noted the report and were assured by the activities set out.</p>	
<b>1.6</b>	<b>Executive Report</b>	
	<p>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</p> <p>The Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) He reiterated the welcome to Clare Morrison who joined HIS on 23 January and extended congratulations to Safia Qureshi who passed the PgDip Digital Health Leadership course. The Board echoed their congratulations.</li> </ul>	

- b) He visited NHS Fife recently with the Deputy Chief Executive/Director of NMAHP and this provided an excellent opportunity to see services in operation in Victoria Hospital, Kirkcaldy. The Executive team will be doing more work to build relationships on a geographical basis.
- c) The Follow Up Review of the Beatson West of Scotland Cancer Centre showed important progress.
- d) Regarding the Accelerated National Innovation Adoption process, it is good to note that Scottish Health Technologies Group and the Director of Evidence are closely involved.
- e) The redeployment register has fallen considerably, demonstrating the organisation's ability to develop people within HIS.

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

- f) News had been received the previous day that Scottish Government (SG) will fund the volunteering platform. Thanks were extended to Tom Steele, Chair of the National Volunteering Board for his assistance with this.
- g) Regarding temporary service changes during the pandemic that will become permanent, there will be a requirement for the Service Change Sub-Committee to consider these.
- h) Regarding clinical involvement in Scottish Intercollegiate Guidelines Network guidelines, the issue is that it is taking longer to secure clinical input but there is appropriate input and no risk to the quality of guidelines.
- i) The numbers of complaints received are so low that it is difficult to identify themes within them. If a theme emerged then targeted improvement work would be delivered to address it.
- j) The Citizens Panel work examining access to GP Services includes the impact on older people as part of looking at different demographics.
- k) The amount of the additional allocation for our dementia improvement work has not been confirmed although a letter of intent has been received. Staff have been redeployed into other roles. This allocation has been one of the largest for the organisation over the previous eight years so discussions are ongoing with SG about moving it to baseline funding.
- l) The staff who have been redeployed recently have been a mixture of moving to different jobs within HIS and exiting the organisation. More information on this will be prepared for the Staff Governance Committee.
- m) Business continuity actions have been stood down in relation to the recent eFinancials incident. Performance levels have returned to those before the outage and although there are still some issues, they are not material and payment deadlines are being met. The system will be audited as part of the audit of the Annual Report and Accounts.
- n) A brand refresh is underway to ensure that all of the HIS brands work together.

The Board examined in detail the report from the Executive Team and the additional information provided above, and were assured by the information reported.

**Director of Workforce**



2.	<b>SETTING THE DIRECTION</b>	
2.1	<b>HIS Future Strategy 2023-28 and Communications Plan</b>	
	<p><i>Jane Illingworth, Head of Planning and Governance, joined the meeting for this item.</i></p> <p>The Chief Executive introduced the strategy advising that it represents a more integrated organisation with growing confidence that flexes its resources to maximise its strategic advantage.</p> <p>The Head of Planning and Governance highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) Case studies have been added since the previous draft presented to the Board to illustrate approaches in the strategy.</li> <li>b) The appendix sets out actions to deliver the priorities and based on feedback the priorities now better reflect One Team.</li> <li>c) Since the draft presented to the Board in January some roles have been clarified, for example the Community Engagement Directorate future vision is now available.</li> <li>d) The strategy is written to be relevant to the workforce.</li> <li>e) The Equality Impact Assessment has been completed with assistance from the Equality &amp; Diversity Adviser. It applies to the organisation as well as the impacts sought externally.</li> </ul> <p>The Chair of the Scottish Health Council (SHC) advised that the SHC Committee had received and discussed the strategy. They welcomed the opportunity to contribute at each stage of its development and were very positive about the final document.</p> <p>The Head of Communications introduced the communications that will support the launch of the strategy:</p> <ul style="list-style-type: none"> <li>f) Familiarity has been built internally, for example through the focussed staff huddle and Chief Executive message.</li> <li>g) The formal launch will be week commencing 17 April 2023 and will feature a week of activities followed by ongoing engagement such as podcasts and conversation pieces, for both internal and external audiences.</li> </ul> <p>The Chair of the Quality and Performance Committee advised the meeting that a paper will be provided to the next meeting of the Committee outlining initial proposals for assuring progress with the strategy.</p> <p>Having considered the strategy and the associated communications plan, the Board were content to approve both. Thanks were extended to Jane Illingworth, Lynda Nicholson, Ben Hall and the Communications Team for their work to bring the strategy to fruition.</p>	
2.2	<b>Scrutiny Activity Plan 2023-24</b>	
	<p>The Director of Quality Assurance provided the planned activity of quality assurance for the next year and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>a) The plan may need to be adjusted during the year to reflect any responsive reviews or follow up on assurance findings.</li> <li>b) Some aspects of the plan are subject to ongoing funding discussions such as the work with police custody suites and the phase 2 Adult Support and Protection inspections. HIS is working closely with all partner agencies and all have agreed to support</li> </ul>	

	<p>ongoing multi-agency inspections.</p> <p>c) As well delivering the core assurance work, the directorate is undergoing organisational change to be fit for the future and align to the organisational strategy. Appointed so far are two associate directors, a Chief Inspector and a deputy director.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <p>d) The total footprint of our inspections needs to adapt as we evolve our inspection focus. However, planning does take account of the end to end inspection process including additional time for follow up. The plan continues to take a risk and intelligence based approach to deciding where we undertake an inspection.</p> <p>e) The backlog of inspections was mostly related to independent healthcare providers as we couldn't access services during the pandemic. By the end of the financial year, the number of outstanding inspections will have reduced to two. The variability of this sector is already built into the methodology.</p> <p>f) Regarding joint work, strong partnership working has been key and positive feedback from the Chair of the Care Inspectorate is welcomed.</p> <p>g) Responding to Concerns is a process concerning the safety and quality of care at a system level so it does not address individual complaints. HIS will signpost these complaints as appropriate or assess them if within our remit. It does link to inspection activity and is an unpredictable area in terms of volume though most concerns currently relate to staffing. In these instances, HIS works with its partner agencies.</p> <p>h) Risks are being captured in respect of delivering organisational change at the same time as progressing the directorate work programmes. The posts detailed above will assist with the process and once the new structure is in place, it will provide the directorate with greater resilience.</p> <p>The Board noted the annual scrutiny plan.</p>	
3.	<b>ASSESSING RISK</b>	
3.1	<b>Risk Management: strategic risks</b>	
	<p>The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised the following:</p> <p>a) There are 11 risks on the register. Ten have not changed since the last report but one, related to finance, has decreased from high to medium due to gaining more certainty on some funding.</p> <p>b) Following the Board's risk appetite session in January 2023, appetites statements are being developed and will be provided to the Board seminar in May 2023.</p> <p>c) Work is underway to source a new risk management system as the current system, Compass, is a legacy system that is now out of support. The Audit and Risk Committee will be updated on this in due course.</p> <p>In response to questions from the Board, the following points were clarified:</p> <p>d) To mitigate the cost of a new risk management system, several</p>	

	<p>options are being examined such as the national procurement exercise for territorial Boards or the use of Office365 as a risk system. An update will be provided to the June 2023 meeting of the Audit and Risk Committee.</p> <p>e) Regarding the finance risk reducing, there is now certainty on pay awards for 2022/23 and 2023/24 which Scottish Government will fund. Additional allocations have been received for this year and confirmations are starting to be provided for next year. There is still a risk but the impact is less.</p> <p>f) Regarding the cyber security risk, a one year post has now been approved to support delivery of the areas of focus identified in the national cyber security audit.</p> <p>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.</p>	
<b>4.</b>	<b>HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES</b>	
<b>4.1</b>	<b>Integrated Planning 2023-24 including Financial Plan</b>	
	<p>The Director of Finance, Planning and Governance provided a paper setting out the position in relation to planning for 2023-24 including the budget for 2023/24 and the five year plan. The following key points were highlighted:</p> <p>a) HIS has been allocated £33.6m for 2023/24 which includes a 2% uplift. The financial plan presented has a budget of £33.8m which is an overspend but within the 1% tolerance level.</p> <p>b) Savings will be realised through pay costs, IT and the Delta House sub-let.</p> <p>c) The proposed work programme shows a reduction of 21 projects. This will continue to be refined ahead of submission of the Annual Delivery Plan to Scottish Government in June 2023.</p> <p>d) £400k has been set aside for areas for investment including website redevelopment, a second IT server and an associate Medical Director. There are also organisational development and learning costs for support for the One Team redesign. This list will continue to be reviewed.</p> <p>e) The whole time equivalent staff is currently 430 and that will stay broadly flat through 2023/24.</p> <p>f) Pay costs will increase by £1.9m due to the pay award and one-off payment but this will be fully funded by Scottish Government.</p> <p>g) Additional allocations total £7.5m which is a similar value to last year but over a reduced number of projects. £5.6m of this is covered by letters of comfort but HIS is carrying a risk in relation to the remainder.</p> <p>h) In terms of risks, the paper highlights independent healthcare which is financially challenging and will only breakeven in 2023/24; eRostering costs are £370k but it has been excluded from the budget as the implementation plan is fluid; the corporate services recharge has always provided an underlying underspend but this may not be the case next year.</p> <p>i) The recurring savings required of £1.6m are significant and although there are initiatives to achieve this, any delays will risk it not being achieved.</p> <p>j) The five year plan includes a number of assumptions and savings equal to £6m are required over the next five years.</p>	

	<p>k) A balanced budget will be submitted to Scottish Government but it carries more risk and a higher reliance on recurring savings than in the past.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <p>l) The funding for Hospital at Home has now been confirmed</p> <p>m) There are initiatives in place to secure the savings and each directorate has a responsibility to deliver. One Team will help to realise benefits. The savings will be tracked and are evenly phased so any slippage will be identified early and corrective action taken. The Audit and Risk Committee as well as the Board will have oversight.</p> <p>Having scrutinised the paper and considered the detailed discussions on the budget at the Audit and Risk Committee meeting on 2 March 2023, the Board approved the 2023/24 budget and the five year plan. They endorsed the work on the work programme to date ahead of receiving the annual delivery plan in June 2023.</p>	
<b>4.2</b>	<b>Organisational Performance Report</b>	
<b>4.2.1</b>	<b>Quarter 3 Performance Report</b>	
	<p>The Director of Finance, Planning and Governance provided a summary report of quarter 3 performance against the work programme and highlighted the following information from within the report:</p> <p>a) The full performance report was provided to the Quality and Performance Committee and focussed on the work HIS is delivering to support the system during winter pressures.</p> <p>b) Of the key performance indicators, 14 out of 18 are on target, they remainder being behind target.</p> <p>c) There are currently 89 projects on the work programme and 73% are on target. The main reason for projects being behind target is pressures within the health and care system. Projects continue to pivot in response to those pressures.</p> <p>d) Certainty of funding continues to be a challenge such that some projects are paused with their staff placed on redeployment, creating significant risks to delivery.</p> <p>e) 14 new commissions were received over the financial year and some requests declined.</p> <p>The Board examined the performance report and gained assurance from the progress reported.</p>	
<b>4.2.2</b>	<b>Financial Performance Report</b>	
	<p>The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of February 2023 and highlighted the following points:</p> <p>a) The January position was provided to the Audit and Risk Committee and there has not been significant change since. The position remains as £150k underspent which is within the 1% tolerance. The year-end position is predicted to be breakeven or to be within the 1% tolerance figure, although some risks remains due to the very late pay award and higher non-pays spend in March.</p> <p>b) There is a £400k overspend on the pay budget but this has been offset by savings in non-pays.</p>	

	<p>c) Regarding Additional Allocations, funding of £7.1m has been received and Scottish Government have been advised that no further funding is required in 2022/23 due to delays in funding resulting in slower delivery or pausing of projects in the second half of the year.</p> <p>d) The year-end process for the Annual Accounts will be: draft performance and accountability report to the Board in April 2023; full set of draft accounts to the Board in May 2023; formal review of the annual report and accounts by the Audit and Risk Committee and the Board in June 2023.</p> <p>The Board scrutinised the financial report and were content with the position reported. They noted that additional scrutiny had been provided by the Audit and Risk Committee earlier in the month and they commended the work to achieve the current financial position given the challenges this year.</p>	
<b>4.2.3</b>	<b>Workforce Report</b>	
	<p>The Director of Workforce took the meeting through the summary workforce report and highlighted the following points:</p> <p>a) The headcount at the end of February is 581, of these 544 are on payroll while the remainder are secondees.</p> <p>b) During the financial year 85 people left the organisation while 109 joined, representing an increase of 24.</p> <p>c) The sickness absence rate is currently 2.4% and the main causes remain stress, anxiety and depression.</p> <p>d) There have been 98 recruitment campaigns over the financial year.</p> <p>The Chair of the Staff Governance Committee confirmed that the Committee had received and scrutinised the full workforce report.</p> <p>Having scrutinised the report, the Board were assured by the workforce information set out.</p>	
<b>4.3</b>	<b>One Team Update</b>	
	<p>The Chief Executive provided an update on the One Team programme which covered the following areas:</p> <p>a) The purpose of One Team is to create a whole organisation approach to our work that builds flexibility and resilience.</p> <p>b) A One Team programme board has been established to lead the work and is chaired by the Chief Executive. Governance and reporting mechanisms are in place.</p> <p>c) There are four workstreams: efficiencies; redesign; workforce; working environment.</p> <p>In response to questions from the Board, the following additional points were made:</p> <p>d) The work will be inclusive through the use of staff surveys, staff focus groups, sofa sessions, frequently asked questions and communications in relation to each workstream.</p> <p>e) A development pool will support better succession planning and skills analysis, and help with the identification of single points of failure.</p> <p>f) The Board will receive reports on One Team progress and it is embedded within the performance report. Committees will receive</p>	

	<p>reports on the elements specific to their remits.</p> <p>g) Communications and branding will link to the strategy and help people to see the organisation as a connected whole. Case studies will be used.</p> <p>The Board noted the update on One Team.</p>	
<b>5.</b>	<b>ENGAGING STAKEHOLDERS</b>	
<b>5.1</b>	<b>Healthcare Staffing Programme (HSP)</b>	
	<p><i>Lesley MacFarlane, Portfolio Lead; Nancy Burns, Portfolio Lead; Kelly Waldie, HSP Programme Adviser and Sandra Ross, Excellence in Care Improvement Adviser joined the meeting for this item.</i></p> <p>The Deputy Chief Executive/Director of NMAHP introduced this item and the presentation from staff covered the following areas:</p> <ul style="list-style-type: none"> <li>a) HIS has been given responsibilities under the Health and Care (Staffing) (Scotland) Act 2019 which will be enacted on 1 April 2024. Ahead of this, some facets of the act have been incorporated into current practices.</li> <li>b) HIS' duties include monitoring and reporting on Health Boards' compliance.</li> <li>c) The work programme is underpinned by the One Team approach and the Quality Management System.</li> <li>d) Themes are emerging including systems and workforce under significant pressures.</li> <li>e) Details were provided of work delivered with NHS Ayrshire and Arran and the positive impact of this.</li> </ul> <p>In response to questions from the Board, the following information was given:</p> <ul style="list-style-type: none"> <li>f) The support provided is tailored to the individual Board but there will be areas of common learning that can be applied to the work with the next Board and aspects that can be scaled up, for example safety huddles.</li> <li>g) Where it is a requirement of Boards to work with us rather than a request, the approach will be supportive and underpinned by building good relationships. We will emphasise that HIS is available to help Boards to meet their duties under the act.</li> <li>h) As the legislation is not yet fully enacted, there is no requirement for HIS to intervene but in future it is likely that monitoring reports or a high profile issue will lead to a HIS intervention. Most of these interventions will be system level support to ensure the safety of care. The enactment comes at a challenging time for Boards alongside staff recruitment and retention issues and financial challenges.</li> <li>i) The learning from the work has been captured and care studies created.</li> <li>j) There is complexity in the work and the performance management culture influences it as well. These aspects will be examined in the Board masterclass later in the year.</li> </ul> <p>The Board gained assurance from the information presented and thanked staff for an excellent presentation.</p>	

<p><b>5.2</b></p>	<p><b>Equality Mainstreaming Report Update</b></p> <p>The Director of Community Engagement presented this paper which is an update required every two years and includes progress on the four equality outcomes identified in the 2021 Equality Mainstreaming report. It demonstrates most progress on outcomes one and four but the next two years will focus activities on outcomes two and three. The report also provides details of the ethnicity and disability pay gaps with actions to address these.</p> <p>The meeting noted that the draft report had already been considered by the SHC Committee, the Staff Governance Committee, the Equality and Diversity Working Group, Partnership Forum and the Executive Team.</p> <p>The Board noted the report.</p>	
<p><b>5.3</b></p>	<p><b>Corporate Parenting and Children’s Rights Report 2020-23</b></p> <p>The Director of Quality Assurance provided this combined report, advising that there was a requirement to publish this report and the criteria are set out in a Scottish Government framework. The pandemic has impacted some of the planned work but there is still some good progress and we continue to build our corporate parenting role.</p> <p>The meeting noted that the report had already been considered by the Quality and Performance Committee and the Staff Governance Committee.</p> <p>I response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> <li>a) Corporate parenting is embedded across the organisation through the Children and Young People Working Group and by some of our work programmes working directly with children and young people. Case studies and impact assessment forms are shared.</li> <li>b) There are practical actions that can be incorporated into recruitment processes to assist care experienced people but these depend on the individual choosing to disclose this information.</li> </ul> <p>The Board noted that a corporate parenting Board masterclass will be delivered during April. The Board considered the draft report and were content to approve it for publication. Thanks were extended to Chris Third and Maureen Scott for their contribution to the report.</p>	
<p><b>6.</b></p>	<p><b>GOVERNANCE</b></p>	
<p><b>6.1</b></p>	<p><b>Governance Committee Chairs: key points from the meeting on 25 January 2023</b></p>	
	<p>The Chair advised that the meeting had considered the continuation of the risk deep dive approach; committee development needs; and cross-cutting issues. The Board noted the key points.</p>	
<p><b>6.2</b></p>	<p><b>Audit and Risk Committee: key points from the meeting held on 2 March 2023; approved minutes from the meeting on 23 November 2023</b></p>	
	<p>The Committee Chair advised that the key topics discussed were risk appetite and how staff take ownership of risk; good progress with the format of the financial report; and the change in both internal and external auditors. The Board noted the key points and minutes.</p>	

<b>6.3</b>	<b>Quality and Performance Committee: key points from the meeting on 22 February 2023; approved minutes from the meeting on 2 November 2022</b>	
	The Committee Chair highlighted the discussions on a new paper about projects at risk; the Committee's support for changes to the format of the Sharing Intelligence for Health and Care Group; and a presentation on primary care improvement work. The Board noted the key points and minutes.	
<b>6.4</b>	<b>SHC Committee: key points from the meeting on 2 March 2023; approved minutes from the meeting on 17 November 2022</b>	
	The Chair of the SHC highlighted issues related to service change in respect of temporary changes made during the pandemic now being becoming permanent and the implications for engagement. The Board noted the key points and minutes.	
<b>6.5</b>	<b>Staff Governance Committee: key points form the meeting on 1 March 2023; approved minutes from the meeting on 6 December 2022</b>	
	The Committee Chair highlighted that the key points had been covered by agenda topics at this meeting except matters in relation to the working environment including hybrid working and One Team. The Board noted the key points and minutes.	
<b>6.6</b>	<b>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</b>	
	The Committee Chair advised that the recent meetings had focussed on the Board vacancy and oversight of the Aspiring Chairs programme. The Board noted the key points and minutes.	
<b>7.</b>	<b>ANY OTHER BUSINESS</b>	
	There were no items of any other business.	
<b>8.</b>	<b>DATE OF NEXT MEETING</b>	
<b>8.1</b>	The next meeting will be held on 28 June 2023.  Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.	
	Name of person presiding: Carole Wilkinson  Signature of person presiding:  Date:	



**DRAFT ACTION POINT REGISTER**

**Meeting:** Healthcare Improvement Scotland Public Board Meeting  
**Date:** 29 March 2023

<b>Minute ref</b>	<b>Heading</b>	<b>Action point</b>	<b>Timeline</b>	<b>Lead officer</b>	<b>Status</b>
1.6	Executive Report	Staff who have been redeployed recently have been a mixture of moving to different jobs within HIS and exiting the organisation. More information on this will be prepared for the Staff Governance Committee.	3 May 2023	Director of Workforce	Complete - breakdown of the redeployment detail was shared with the Staff Governance Committee meeting on 3 May as part of the workforce data report.

**SUBJECT: Chair's Report**

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**1. Purpose of the Report**

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

**2. Recommendation**

The HIS Board is asked to:

- receive and note the content of the report.

**3. Strategic Issues**

**a) NHS Scotland Board Chairs Group**

Since my report to the Board on 29 March 2023, meetings for the NHS Board Chairs group and for the Board Chairs with the Cabinet Secretary for NHS Recovery, Health and Social Care have been held on 24 April and 22 May 2023. These are now being held as a mixture of hybrid and face to face meetings.

The private meeting for the NHS Board Chairs received an update on the National Workforce Strategy for Health and Social Care from the Director of Health Workforce and discussed early plans for the Chairs' annual September development day.

The meetings with the Cabinet Secretary have covered the standing items of NHS recovery and performance including Planned Care, Unscheduled Care and Winter Planning. We also undertook a deep dive into cancer performance and outcomes. This deep dive approach will continue over future meetings in 2023.

I continue to chair the fortnightly meetings with the National Board Chairs and to attend the system pressures meetings with the Cabinet Secretary every four to six weeks.

**b) Succession Planning for NHS Board Chairs**

I continue to chair the panel for the Aspiring Chairs programme which aims to support successful applicants to move from Non-executive Director positions into Board Chair positions. On 18 May 2023, I held my first meeting with the programme participant who has been assigned to HIS as their host Board. Activities are underway which have been designed to meet their specific development areas and complement the peer learning sessions that also feature in the programme. I also attended a drop-in session for host boards which enabled early feedback on the arrangements to be collated.

## 4. Stakeholder Engagement

### Joint Engagement with the Chief Executive

#### a) Care Inspectorate

The Chief Executive and I held the latest of our regular meetings with our counterparts in the Care Inspectorate on 30 March and 29 May 2023, although in May we met instead with Kevin Mitchell, Executive Director of Scrutiny and Assurance. Our discussions have included the current national scrutiny reviews, progress with the National Care Service and pressures across the health and social care systems.

#### b) Meeting with the Chair of NHS Highland

On 25 May 2023, the Chief Executive and I met with Sarah Compton-Bishop, the new Chair of NHS Highland. This was an opportunity to meet the new Chair, outline our priorities with specific reference to our recently published strategy and for her to talk about the challenges her Board faces and how HIS might offer support.

#### c) NHS Scotland Event

Along with the Chief Executive and Board Member, Abhishek Agarwal I attended the annual NHS Scotland event on 19 June 2023 in Glasgow. This year's event focused on recovery and renewal in Health and Care Services. The opening session featured Caroline Lamb, Chief Executive of NHS Scotland and Director General Health and Social Care, and Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care. The rest of the event comprised of a series of spotlight and plenary sessions. As well as an interesting programme, the event also provided excellent networking and engagement opportunities in a face to face environment.

#### d) HIS Strategy Launch Event

On 21 June 2023, I joined the Chief Executive and Executive Team members at the first of several planned launch events for staff in respect of the HIS strategy. Our role in the event was an "in conversation" item about the strategy followed by a question and answer session with staff. There was also a series of presentations which demonstrated One Team in action as well as a lot of positive feedback and a wish to know more about others' work.

#### e) Future Joint Engagement

The Chief Executive and I will meet the Cabinet Secretary for NHS Recovery, Health and Social Care on 3 July 2023. Our intention to focus the discussion on three areas: NHS Recovery and Supporting the System; Creating a Safer NHS; and Building a Caring and Responsive Organisation.

## Other Engagement

### f) Engagement with Staff

I provided the opening remarks at the monthly all staff huddles in April and May, and in April I took part in the latest randomised cuppa trial. I also continue to share a regular email update to staff about key governance developments in the organisation.

### g) Parliamentary Reception

With several members of staff, I attended the Parliamentary reception on 20 June 2023 as part of the NHS 75th Anniversary celebrations. The event recognised the contributions of staff, volunteers and partners.

## 5. Our Governance

### a) Board Recruitment

The advert for an appointment to the current vacancy on the Board went live on 17 May 2023 and will close on 26 June 2023. The publicity campaign has aimed to highlight the vacancy to those who meet the priority criteria and has included an online information session for prospective candidates with myself and the Chair of the Quality and Performance Committee. Interviews will be held at the end of August 2023 with an appointment start date expected in September 2023.

### b) Non-Executive Directors

End of year appraisals with the Non-Executive Directors are now complete and any common themes related to development will be factored into the Board's development programme. In keeping with the practice of recent years, the Board have undertaken the annual iMatter survey as a team and recently received their report. We will meet to create an action plan for the year ahead.

### c) Board Development Sessions and Seminars

Three further Board masterclasses have been delivered: corporate parenting and social media masterclasses on 19 April 2023 and a safety masterclass on 31 May 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.

A Board seminar was held on 31 May 2023 which examined the draft Annual Report and Accounts for 2022-23 and reviewed the new risk appetite statements that were in development.

**Carole Wilkinson**

Chair, Healthcare Improvement Scotland

## EXECUTIVE REPORT TO THE BOARD – JUNE 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 Healthcare Improvement Scotland Board is asked to note the content of this report.

## CHIEF EXECUTIVE REPORT

### **Norwegian Study Trip – Patient Safety Implementation Session – 11 May 2023**

Myself along with Simon Watson and Jo Matthews attended St Andrew's House to meet Norwegian Ministers to provide an overview of the Scottish Patient Safety Programme (SPSP), followed by a Q&A. They were interested to learn more about the SPSP and how we ensure a reliable and sustainable implementation over time.

### **National Staffside & NHS Employer Stakeholders – Introductory Meeting - 24 May 2023**

I was invited to attend in my capacity as Chair, Board of Chief Executives Group. The Cabinet Secretary Mr Matheson spoke of his strategic priorities for health and social care, and there was a discussion on the challenges and priorities identified by those present.

This meeting brought together NHS Employer representatives, Trade Union representatives and the co-chairs of our Partnership Forums - Scottish Partnership Forum, Scottish Terms and Conditions Committee, Scottish Workforce & Staff Governance, and Management Steering Group.

### **Strategy Update 2023-2028**

Since the approval and publication of the strategy in March, the following has taken place to support its implementation:

- A programme of internal staff communications is underway, to familiarise everyone with the strategy and encourage engagement, ownership and involvement
- Plans are underway for a series of events (virtual and in-person) with an initial cohort of senior staff to share thinking and learning on the implications of the strategy and shape priorities together
- The May meeting of the Quality and Performance Committee discussed approaches to implementation and assurance of the strategy with a range of measures to be taken in the short and longer-term, including its reflection in existing performance reporting.

Consideration is also being given to how this report can be more clearly aligned to delivery of the strategic priorities, from quarter 2.

### **Quality and safety in the system**

At its seminar on 31 May, the Board received a presentation from the Medical Director and NMAHP Director/Deputy Chief Executive on current safety issues. This was based on recent intelligence from various HIS programmes of work, including HIS' Safety Network, which is developing its function to inform the wider organisation of important and emergent safety risks in the wider system. The Network will continue to consider and analyse safety intelligence and consideration is being given to the most appropriate mechanisms of reporting this through our governance structures.

### **Patient Safety Commissioner for Scotland Bill**

Stage 1 and 2 consideration of the Bill are now complete. The Stage 1 Report was published in April 2023, and the Stage 1 debate took place in May 2023. HIS was mentioned throughout both in relation to its role as an established player in the patient safety landscape and potential interfaces with the proposed Commissioner. Stage 2 concluded in June 2023, with an amendment agreed that the Commissioner, in exercising its functions, may promote coordination among healthcare providers and public authorities with functions that relate to healthcare. We continue to be engaged with the Bill team to ensure alignment and clarity on the potential implications for HIS, and will do so as the Bill progresses.

### **Board Chairs Public Sector Reform Session**

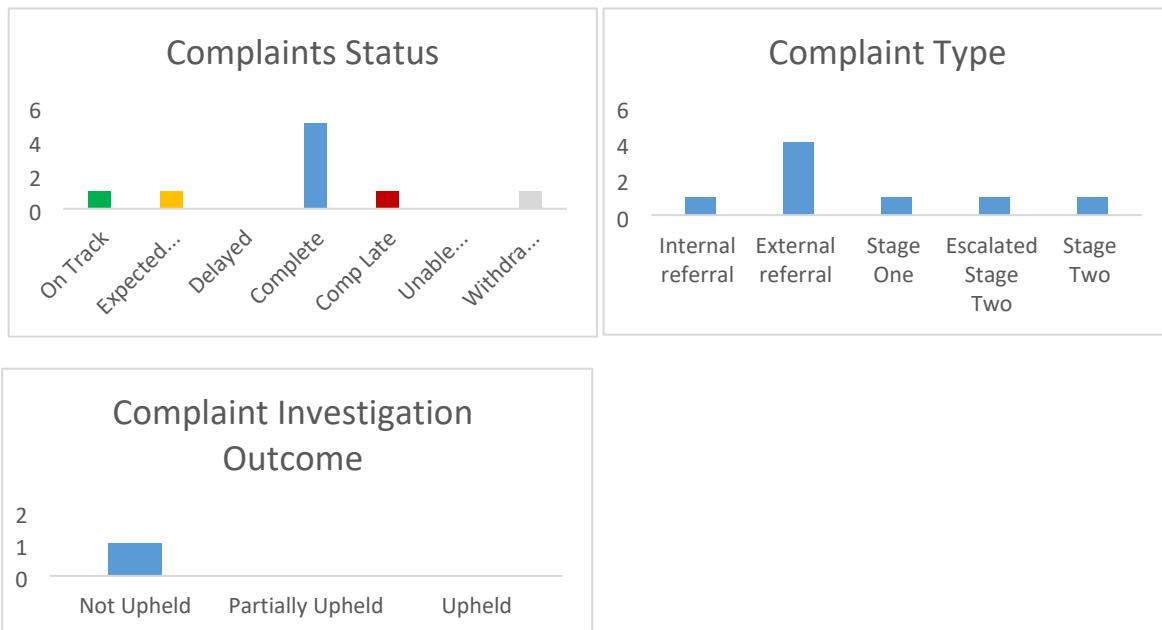
At the end of May, our Director of Finance, Planning and Governance on behalf of the Chair attended the Board Chairs Public Sector Reform session hosted by Scottish Government and Tom Arthur, the Minister for Community Wealth and Public Finance. The introductory session focused on policy, priorities and Board contributions towards accelerating public sector reform given the challenging financial situation. Failure demand across the system was identified as the largest drain on costs, followed by an agreement that efficiency and equality must be high priorities. Officials will now collate this feedback and engage with sponsors before sharing next steps.

### **Complaints Update**

The purpose of this section of the report is to update the Board on complaints relating to the work of HIS. Data included below includes complaints received this financial year up to and including 31 May 2023.

Of the complaints received three have proceeded for investigation as either a stage one or stage two complaint. Two complaints are still under investigation. One complaint the team is expecting a delay due to additional information being provided from the complainant and the Investigator's planned leave.

One complaint was resolved late due to a failure in the process for a complaint response to be approved and sent within required timescale. This highlighted the importance of the use of the complaints mailbox for all correspondence and something the team will look to strengthen and communicate internally across HIS to prevent single person failure during periods of leave.



A summary of complaints under investigation are as follows:

- Two Complaints referred to a decision by Independent Healthcare (IHC) not to investigate a complaint about an independent healthcare service
- One Complaint referred to an independent healthcare service's experience of the inspection process

## ONE TEAM UPDATE

### Key Achievements

1. **Programme Overview** - During the last quarter we've reviewed the programme plan which has helped to illustrate where we have the greatest resourcing challenges, the interdependencies between workstreams and strategic links to other key projects eg eRostering. This has enabled us to make decisions about phasing of work packages and prioritisation of work, and bring oversight of other key projects into the programme.

We recognise that we have a need for additional skills, including an increased participation from Partnership to support the delivery of our priority work and are building a business case for this which will be reviewed in July.

## 2. Workstream Updates

- *Working Environment* – We have an agreed entry date in August for NSS taking over the 4<sup>th</sup> floor at Delta House and are standing up a process for them to 'pay as they go' to book additional meeting space where we have capacity.
- *Efficiency* – Making good progress in formalising a propositions process for income generation, ensuring controls around risk and governance. We have also prioritised a review of IHC debt and are seeking to reduce this by £50k.
- *Workforce* – We have agreed to prioritise three work packages to help focus our resources and ensure delivery of the key enablers for One Team. We have included oversight of the eRostering rollout into this workstream, recognising the wider strategic benefits to HIS. We will review additional resourcing needs here in July.
- *Redesign* – All directorates have now shared their current and anticipated change programmes with each other and we are beginning to work through our redesign methodology with good support and leadership from colleagues with experience in ihub.
- *Communications* – We've developed a draft Vision for One Team and have tested this with the Partnership Forum and in focus groups for feedback. This is helping us tailor our ongoing communications with staff, as well as a framework for redesign to assess options. We've run our first batch of focus groups and are collating feedback. Our second staff survey generated a response rate of 40% and an uplift in the proportion of staff who feel very well or well informed about One Team.

## Key Challenges

1. **Resourcing** – We are finding it challenging to balance the needs of service delivery with the One Team programme work and release skills at the right time. This is creating delays in progress.

We anticipate that these challenges will remain throughout the programme but we are mitigating them through a) robust prioritisation decisions reflected in the programme plan, b) communicating clearly on these decisions, c) seeking short-term external support for critical skills, d) working with other boards to share skills and experience.

2. **Pace of Change** – Some staff are finding the volume and pace of change challenging, particularly in teams going through local directorate transformation. We are listening to feedback from staff directly through surveys and focus groups, as well as working with the Partnership Forum and closely reviewing the local directorate transformation work. This helps inform future One Team change decisions.



## DIRECTORATE ACHIEVEMENTS & CHALLENGES

### NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS DIRECTORATE

#### Key Achievements

- 1. Public Protection and Child Health** – The Children and Young Person Key Delivery Area Network attended the Board Development Day on the 19th of April and delivered a presentation on “The Promise and Corporate Parenting, children’s rights in action”. The presentation highlighted the recently published [Corporate Parenting and Child’s Rights Report 2022-2023](#). The session also delivered a world café workshop which highlighted the various work streams across HIS which are instrumental in upholding and promoting children’s rights as well as aligning with the fundamentals of the Promise.
- 2. Excellence in Care**, (EiC), and the Healthcare Staffing Programme, (HSP), have secured funding for 2023-24. The letter of comfort was received on 27 February 2023. As a result, both programmes have progressed collaborative work with Scottish Government to agree objectives and work plan for the 2023-24 financial year.
- 3. EiC** and HSP worked in collaboration with colleagues from SPSP and Data Measurement and Business Intelligence utilising a “One team” approach, to provide bespoke post inspection responsive support to NHS Forth Valley, which has now concluded. The board was supported to work as an interdisciplinary team to understand their system, set improvement aims, establish measurement, and identify their change ideas. Evaluation of this work is in progress.

#### Key Challenges

- 1.** Directorate capacity and resilience due to staff absence and vacancies, in part due to the late confirmation of funding for 2023/24 which has resulted in staff attrition and recruitment delays.
- 2.** The imminent timelines for the enactment of the Health and Care Staffing Act in April 2024 and the scope of the work to ensure HIS are in a state of ‘readiness’ to meet their legislative duties and the additional work to support Scottish Government and the boards with their preparations.
- 3.** The complexity and co-dependency's of the Healthcare Staffing and Digital Landscape that has the potential to impact on the HSP’s work plan for staffing level tools and Real Time Staffing resource development

#### Key Stakeholder Engagement/External Activities

- 1. The HSP** are working with Scottish Government colleagues to plan, coordinate and support the delivery of a webinar series, *The Health and Care (Staffing) (Scotland) Act 2019: Guidance Chapter Webinars*. The aim of the webinar series is to raise awareness of the legislation, give an overview of the guidance chapters and sign-post attendees to the public consultation where they can provide feedback directly to Scottish Government

2. **Public Protection** – in April 2023, HIS submitted a Prevent Self-Assessment Annual Return to the Scottish Government Safeguarding and Vulnerability Team. The purpose of the annual return is to demonstrate HIS's compliance with our [statutory guidance](#) for Prevent and contribute to the Annual Report on Prevent Delivery in Scotland.
3. **EiC** are hosting a digital stakeholder event on Tuesday 13 June 2023, *The Art of the Possible: Digitally Enabling Excellence in Care*. The aim of the event is to explore how Electronic Patient Records can improve person-centred care planning, record keeping, communication and ultimately the delivery of person-centred care and assurance.

## ihub DIRECTORATE

### Key Achievements

1. **HIS Frailty Improvement and Implementation Programme:** Applications opened to NHS boards and health and social care partnerships (HSCPs) teams to take part in a national quality improvement programme which aims to improve the experience of, and access to, person-centred, co-ordinated health and social care for people aged 65 and over who are living with frailty. As the programme was over-subscribed, we had to go through a selection process to pick six sites which are NHS Lanarkshire and North Lanarkshire HSCP; NHS Dumfries & Galloway and Dumfries & Galloway HSCP; NHS Grampian and Moray HSCP; Perth & Kinross HSCP; NHS Greater Glasgow & Clyde, Glasgow Royal Infirmary; NHS Ayrshire & Arran and South Ayrshire HSCP. This is a high profile cross-directorate programme which integrates previous activity around both acute, primary and community services. The programme was launched on 31 May 2023 with excellent attendance and engagement from the participating sites.
2. **Improvements in impact reporting:** The Improving Access portfolio has developed and tested an alternative approach to reporting the national impact of the Hospital at Home programme. The new format of [quarterly reporting](#) has increased visibility of our impact with the Cabinet Secretary. This contributed to our progress being quoted in a Scottish Government press release, at least 14 articles in the mainstream media and in a parliamentary motion to open a debate on Hospital at Home. The Primary Care Access programme has also developed a new approach to demonstrating the local impact of the programme using "Brief Insights". Examples include: [Carrick Medical Practice](#), [Moray Coast Medical Practice](#) and [Perth City Medical Practice](#) brief insights. We are exploring how other ihub programmes can adopt and adapt these approaches to improve the impact reporting across the directorate.
3. **Co-design of the revised SPSP Pressure Ulcer Change Package and Measurement Plan:** During January to March 2023 the SPSP Acute programme completed the co-design of a change package to support pressure ulcer improvement work in pre-hospital, acute and care home settings. This was achieved by working with people and families with lived experience of pressure ulcers, and a multidisciplinary, multiagency Expert Reference Group. The work also benefited from a HIS One Team approach with input from across the ihub, Evidence, Quality Assurance and NMAHP directorates.

4. The [CEIM Leaders](#) (Care Experience Improvement Model) programme aims to build person-centred quality improvement coaching capabilities within care teams across health and social care settings. The first ever social care and early years cohort of the programme is being delivered by the ihub's Person-centred Design and Improvement team, in partnership with colleagues from NHS Education for Scotland, Scottish Social Services Council and the Care Inspectorate. Phase 1 focused on building knowledge and skills in coaching CEIM, and was evaluated by the ihub's Evidence and Evaluation for Improvement Team. A [short insights summary](#) was developed to highlight key learning and insights from participants on the short-term programme outcomes. Phase 2 has now commenced and focuses on implementation support for the new CEIM Leaders to embed [CEIM](#) into their organisations. This phase will include evaluation of the programme's impact for both the participating organisation and people who access their services.

## Key Challenges

1. Over last quarter we have been involved in developing business cases for a number of potential new commissions and/or extensions to existing allocations. It can be difficult to effectively plan for this work as we often don't know in advance where the requests are going to be focused. However we have also identified that even when we do know, we aren't always taking the workload implications sufficiently into account when agreeing our priorities for the year. This is an area we have identified for further work in terms of ensuring we have efficient processes to deliver business cases and, where possible, are considering the workload impact as part of our wider operational planning.
2. Significant changes within Scottish Government have increased the requests from policy leads around briefings on our work. There is also a significant element of our work which is influencing into government and turnover in key policy lead roles can create challenges with the time needed to commit to building new and effective relationships.
3. Workforce issues remained a key challenge with twenty-two staff in the directorate placed on redeployment in January 2023 and a further two in April 2023. Two teams had particularly high levels of staff going through this process: the Mental Health Improvement Team and the Dementia and Community Improvement Team. All staff have now been redeployed with only a small number (four) deciding to leave the organisation through the process. We are grateful to the support of HR colleagues and staff side and Partnership Forum colleagues in managing this significant level of redeployment. We are also grateful to the staff who were impacted who demonstrated high levels of understanding around why this was happening and emotional maturity in helping us work through some initial teething issues brought about by so many staff being placed on redeployment at the same time.

## Key Stakeholder Engagement

1. **Joint Frailty Workshop with Scottish Government:** this workshop, hosted jointly by NHS Scotland Chief Operating Officer at Scottish Government and Healthcare Improvement Scotland's ihub, was set up to discuss opportunities for collaboration around frailty work and integrated frailty pathway implementation support, following various approaches to HIS from different policy areas with an interest in frailty. The workshop

involved key individuals in policy areas who are currently considering frailty support and representation from HIS teams that are focusing on frailty. We have continued to build on this collaborative approach with our colleagues in Scottish Government as a result of this workshop and plan further such activities in other subject matter areas.

2. **The Director of Improvement** participated in a small (approx. 15 people) half day session with the Chief Executive of NHS England (NHSE) to explore what needs to happen to embed an improvement approach into delivery. Work is progressing with our sponsors at Scottish Government to look at any transferable learning/approaches from this work. Further, on the back of these connections, the Head of Improvement and Safety and Director of Improvement met with NHSE colleagues who are developing a self-assessment maturity tool for organisations to assess where they are at with embedding improvement into delivery and shared the learning from our previous work in Scotland. We are now taking their draft tool and looking at updating our current Quality Management System self-assessment tool. This work is an excellent example of a two-way transfer of learning.
3. **The SPSP Perinatal and SPSP Paediatric Programmes** are in a period of co-design. SPSP established expert reference groups working with clinical and quality improvement colleagues in Boards to develop the programme content, the first of these groups for each programme were held in March 2023.
4. **HIS** commissions NHS Education for Scotland (NES) on a 5-year rolling plan to deliver quality improvement training for health and social care. Following feedback that there is a key gap in training for operational managers, HIS and NES have worked with stakeholders (NHS board Operational Managers, Site Directors and an Expert Advisory Group) to develop a new programme for operational managers. Recruitment for this new programme (Managing Quality in Complex Systems) is underway and testing will begin in September.
5. **The Medication Assisted Treatment (MAT) Standards National Learning System** held its first learning session in April. The event opened with a pre-recorded note of appreciation from Elena Whitham MSP, Minister for Drugs Policy, recognising the great efforts made by services across Scotland to implement the MAT Standards. Service presentations sharing learning from local innovations included the Scottish Ambulance Service, NHS Greater Glasgow & Clyde and Sustainable Interventions Supporting Change Outside Recovery. The webinar was attended by 96 delegates with a spread of representation across policy, justice, social work, health, social care and third sector. The recording and presentation are available [ihub.scot/mat](http://ihub.scot/mat).
6. **The Director of Improvement** participated virtually as part of a multi-country team (England, Denmark, USA and Scotland) presenting a workshop at the International Forum on Quality and Safety in Healthcare. The workshop received the runners-up Patients Choice Award for best workshop.
7. **The Transformational Redesign Unit** hosted a session with Scottish Government colleagues from the Social Care and National Care Service Development Directorate in March 2023. We shared the learning and impact of our work across the core themes of bridging the gap between policy and implementation, our multi-disciplinary approach to redesign and improvement, applying our learning from people with lived and living experience and our use of evidence and evaluation. The session was positively received

by Donna Bell, the Director of Social Care and her senior team, and has led to individual meetings to explore each of these themes in greater depth with colleagues progressing work to support improvement across Scotland's social care services.

- 8. Webinars** – over quarter 4, the directorate held 16 webinars with a total “live” attendance of 2,803 individuals. In addition, a number of the events were recorded which then further expands our reach. The average number of participants per event was 175 and the event with the largest number in attendance was the Community Care and Dementia webinar – “Supporting people with a learning disability and advancing dementia moving into a care home” with 331 attendees. We also held 24 workshops which included face-to-face learning events and network meetings.

## QUALITY ASSURANCE DIRECTORATE (QAD)

### Key Achievements

- 1. The joint inspection of police custody centres** with HM Inspectorate of Constabulary in Scotland has formally commenced, following the testing of an interim Framework to Inspect on two unannounced inspections in November 2022 and March 2023. The report from the first test inspection to [NHS Lanarkshire](#) has been published. A final Framework to Inspect has been agreed in collaboration with a short life working group and will be published shortly with a summary paper outlining how it was informed by the evaluation of the testing and feedback from the short life working group and people with lived experience. We are scheduled to undertake 3 unannounced joint inspections in 2023/24 along with associated follow-up activities.
- 2. QAD produced a Neurological Standards [self-evaluation](#) tool** to support NHS boards, HSCPs and Third Sector organisations to assess how their organisation/service is performing against the *Quality Assurance of General Standards for Neurological Care and Support* (produced by the Evidence Directorate). The self-evaluation tool was pre-tested in an NHS board to ensure that it was transferable to Neurological Standards and organisations assessing themselves, accompanying guidance for the tool was developed and short educational sessions were provided across Scotland.

This work has shown that the Quality Assurance System Self-evaluation Tool could, after mapping, be adapted for other Standards to support organisations self-assess what they do well and what could be improved upon.

### Key Challenges

- 1. Financial uncertainty**, and lack of final agreement from Scottish Government on the phase two proposals has been a key challenge for the **Adult Support and Protection Joint Inspection Programme**. Negotiations around the scope and content of the phase 2 work, and the associated financial envelope, have been ongoing for many months. We have just received written confirmation of funding for phase 2 work but unfortunately the team has lost experienced seconded staff who have sought permanent employment opportunities elsewhere whilst negotiations were ongoing. Internal options to facilitate timely engagement with the phase 2 work are currently being scoped, taking account of the

directorates' ongoing organisational change and the potential requirement for external recruitment and its associated lead times.

## Key Stakeholder Engagement

1. **QAD** was involved in the third Healthcare Improvement Podcast. The podcast was entitled '**Private healthcare; regulation, patient safety and the future**'. It discussed the importance of regulating private healthcare and what the future of this sector might look like. It includes contributions from Head of Service Review, Kevin Freeman-Ferguson, as well as Jackie Partridge and Linda Strachan, who run their own clinics and belong to the British Association of Cosmetic Nurses. Natalie Graham a member of staff in QAD, also shared her own experience of cosmetic procedures and her insights on what you should look out for if booking a procedure. The episode is available on [Podbean](#), Spotify, Google Podcasts and Amazon Music.
2. **The QAD Director** chaired a meeting of the **NHS Liaison Group** on 18 April. Representatives from 17 NHS health Boards were in attendance and it provided an opportunity to discuss a number of areas of HIS work including the SPSP, Police Custody and Mental Health inspections and the development of the care of older peoples standards.

## EVIDENCE DIRECTORATE

### Key Achievements

1. **For the first time all United Kingdom (UK)** nations and Ireland came together to work on and publish a joint guideline, [National clinical guideline for stroke for the UK and Ireland](#). [This](#) was published in April. The project was an excellent example of successful collaboration, and demonstrated where we added value to the process, with Scottish Intercollegiate Guidelines Network (SIGN) providing both methodological and editorial expertise and advice. The Scottish perspective was given by two SIGN Council representatives on the guideline development group, with sign off and endorsement through the SIGN Editorial process. The guideline is endorsed for use in clinical practice by the Royal College of Physicians of London and the Royal College of Physicians of Ireland. The online-only publication at <https://www.strokeguideline.org/> is supported by a plain language summary for people affected by stroke. SIGN and HIS Communications team had a leading role in the content and design of this resource. Our contribution was recognised at the launch on 19 April where 120 people attended and 1,000 people registered to attend the event virtually. The guideline features in episode 5 of the HIS podcast series.
2. **The Scottish Antimicrobial Prescribing Group (SAPG)** has developed quality of care indicators to support best practice in the management of [Staphylococcus aureus bacteraemia \(SAB\) \(sapg.scot\)](#). SAPG also published guidance on incorporating wider adoption of co-trimoxazole into local guidance. ([SAPG -statement-in-support-of-co-trimoxazole.pdf](#))



3. **Scottish Medical Council (SMC)** welcomed Dr Scott Muir as the new Chair of SMC and Dr Robert Peel as the new Chair of New Drugs Committee (NDC), Dr Jonathan Hicks as Vice-Chair of NDC and Graeme Bryson as Vice-Chair of SMC. In addition to publishing advice on 12 new medicines between February and April, in March, following successful collaboration with the National Institute for Health and Care Excellence (NICE), SMC published a Collaborative Advice Document for use in NHSScotland based on the shared work done on the NICE Covid-19 Multiple Technology Appraisal (MTA TA878; casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab). The recommendations are aligned across England and Scotland. Three of the medicines assessed were accepted for use for patients with Covid-19 and one not recommended.
4. **The Bairns' Hoose standards** were published on 31 May with an online Ministerial launch on 27 June. The standards team worked with HIS' Communications team to develop a children's version of the standards, in partnership with children and young people. Using the link worker model from the standards development, two organisations have been commissioned to support young people to give their views on designs.
5. **The Scottish Health Technologies Group (SHTG) [advice on Placental growth factor \(PIGF\)-based testing](#)** generated significant interest and impact. The advice release was followed up by a quote from Maree Todd, Public Health Minister who warmly welcomed the recommendations. Following publication of our advice, a letter was sent from Scottish Government to all health boards seeking assurance the advice would be followed. There was reporting of the advice in various media outlets ranging from Scottish Television (STV) News to national newspapers.

### Key Challenges

1. Capacity versus demand continues to create pressure across all teams. The directorate uses and regularly reviews a priority matrix to support priority setting. SMC continues to work with Scottish Government to address these challenges and is working on a revised business case to present to the Executive Team.

### Key Stakeholder Engagement

1. **Dementia guideline** - Work has started on the patient version of this. There will be a pre-consultation meeting in June, where people with dementia and carers will be asked to help shape the draft of the patient version.
2. **James Stewart, SHTG Public Involvement Adviser** presented at the HIS annual public partner conference in March on the impact and benefits of public partners working in SHTG. Excellent feedback has been received regarding the presentation. A blog from Claire Fernie who is a public partner for SHTG was recently published on [our website](#). The blog looks at the public partner role in SHTG and what Claire enjoys about it.

### Key Achievements

- 1. Health and Justice programme** - Retender and Implementation of contract for prison pharmaceutical services. These services support the safe and effective use of medicines in a high-risk environment. Development of prescribing and administration requirements for a new clinical IT system which will drive improvement in equity of care for people in custody, patient safety, prescribing and through care. An Outline Business Case was produced for ministerial consideration and funding confirmed to progress prototype development in May 2023.
- 2. Area Drug and Therapeutics Committee Collaborative programme (ADTCC)** - Safe use of medicines: The ADTCC has established a Sodium Valproate Learning System, which will support accelerated knowledge into action across NHS Scotland. This relates to safe use of Sodium Valproate, which will allow sharing of good practice across Boards and other stakeholders, including supporting the implementation of the Pregnancy Prevention Programme. First meeting held with attendance from 13 boards and positive feedback has been had from attendees. The next meeting is planned for August 2023.
- 3. The National Cancer Medicines Advisory Group (NCMAG) programme** - Completed the first year of proposal review, supporting patient access to clinical- and cost-effective medicines (which fall out with the SMC remit) through engagement with clinical communities and patient groups and by implementing guiding principles within an agreed operational framework. NCMAG has published six advice statements to April 2023. Four proposals have been supported, three of which are cost saving compared to current care.

### Key Challenges

- 1. Funding** - A challenge for the ADTCC has been the financial uncertainty related to additional allocations. Funding is unavailable from the current Scottish Government funding envelope and the ADTCC team have had to adapt and absorb additional work and revise our work programme, to ensure specific work on Sodium Valproate and Hospital Electronic Prescribing & Medicines Administration can be accommodated. This has created capacity challenges.
- 2. Governance** - The Controlled Drugs/Independent Healthcare team has been restructured and the team have identified gaps in the operational processes required for HIS to meet its statutory duties relating to the governance of Controlled Drugs.
- 3. Recruitment** - Inability to recruit to Medical post funded for Systemic Anti-Cancer Therapy governance activities.

### Key Stakeholder Engagement

- 1. Safety – HIS One Team Safety Network** – This was established last year to provide a forum for all HIS Directorates to collaboratively support the safety key delivery area. The



purpose of the network is to provide a forum to share, discuss and evaluate key safety risks in the wider system and identify collaborative actions to reduce or mitigate them. The group also provides a forum for supporting national and international initiatives requiring a One Team approach, such as World Patient Safety Day (see below). The group is developing a regular bulletin highlighting key issues that will be shared with the wider organisation and inform our contribution to the Sharing Intelligence for Health and Care Group. The next network meeting in early July will be a deep dive exercise focused on developing safety intelligence sharing processes within HIS. **World Patient Safety Day, 17 September 2023** - The World Health Organisation has chosen this year's theme as 'Engaging Patients for Patient Safety' and urges recognition of the crucial role patients, families and caregivers play in the safety of health care. HIS will be engaging with all stakeholders to showcase previous, ongoing and future HIS work streams that provide platforms and opportunities for diverse patients, families, and communities to raise their voice, concerns, expectations and preferences to advance safety, patient centredness, trustworthiness, and equity. This will be achieved by delivering a comprehensive, multi-media communication programme to be overseen by the communication team within HIS.

2. **Systemic Anti-Cancer Therapy (SACT)** – Governance framework audit virtual training event held for Managed Service Network Children and young people with cancer multi-disciplinary teams.
3. **ADTCC** continue to engage in boards providing support and gathering intelligence, for shared learning. The quarterly national ADTCC Forum was held in May with attendance from 12 board areas, this ongoing learning system continues to strengthen clinical engagement, shared learning and collaboration in the context of improving medicines safety and governance across NHS Scotland.
4. **MAT** – Development of the learning system will involve health and social care partners across Scotland with a particular focus on the experiences of those with living and lived experiences in how services are designed and delivered. MAT standards work involves cross-organisation HIS working to ensure we are sighted on each other's work and share intelligence. There is close working with Alcohol & Drug Partnerships (ADP) colleagues, health and social care colleagues working within (ADP) areas, MIST (MAT standards Implementation Team) and Colleagues within Scottish Government.

## COMMUNITY ENGAGEMENT DIRECTORATE



## Key Achievements

1. **Directorate Vision** – In June 2023, we launched [our new vision](#) which explains how the Community Engagement Directorate will play its part in delivering the new HIS strategy in 2023-28. The vision is a concise, one-page document and is also available as an animation. It sets out our ambition to be the recognised go-to place for best practice on engagement and to be crucial to health and care transformation.
2. **Quality Framework for Community Engagement and Participation** – In April 2023, we published our new [quality framework](#) which supports NHS boards and Integration Joint Boards to carry out effective community engagement and meet their statutory duties for public involvement. It is an improvement tool, designed to support reflection and self-evaluation.
3. **Citizens' Panel 11** – In May 2023, we published our [11<sup>th</sup> Citizens' Panel report](#) which provides insight into people's views in three areas: vaccination motivation, smoking and vaping, and digital health and care. The report was commissioned by Scottish Government and had 667 respondents from our current Citizens' Panel of 1,015 members.

## Key Challenges

1. **Directorate Organisational Change** – The Directorate began an organisational change consultation in April which is due to complete in July. The timeframe to match people into posts by September, when interim arrangements are in place until, is very tight. The impact on staff wellbeing is also a concern and support has been offered throughout the consultation.
2. **Service Change** – The volume of service change activity continues to grow in response to system pressures. Useful discussions on defining proportionate engagement and assuring service change have taken place with Scottish Government. Progress is being made against the actions agreed but this will remain an ongoing concern until new processes are in place.
3. **Office Accommodation** – The Directorate is continuing to experience challenges in relation to office accommodation in boards, particularly in relation to suitability, connectivity and requests from NHS boards that office space is now required for their staff. We are currently asking directorate staff to update us on their preferences on home, office or hybrid working to inform an assessment of our office accommodation needs. This may require adjustments to some of our existing Service Level Agreements with NHS boards.

## Key Stakeholder Engagement

1. **Webinars** – 2 webinars (April: engaging with young people; May: What Matters to You?) with 352 attendees in total. 96% rated the webinars excellent/good.

2. **Gathering Views activity** – 1,184 views gathered from the Scottish public on principles for accessing primary care, Planned Care Waiting Times Guidance and Citizens' Panel topics.

## COMMUNICATIONS TEAM

### Key Achievements

1. **Board Social Media Masterclass** - Colleagues from the Communications Team ran a social media masterclass for board members taking them through an interactive session where the benefits and risks of social media were explored and examples of good and bad approaches were explained. Different platforms, their merits and HIS's current level of engagement were also explored. We will be following up this session with some specific training on how to use the different platforms. Feedback has been good both immediately after the session and since.
2. **Bairn's Hoose Standards** - We worked collaboratively with colleagues in HIS, Scottish Government and partners to produce materials to support the launch and implementation of the Bairns Hoose Standards. Children and young people were involved throughout and worked with us to design, write and sign off the standards. They were involved in designing illustrative materials that help young people understand what they can expect from Bairn's Hoose. We also designed 'flash cards', as part of a resource pack, to help professionals explain to young people and their families what they can expect from the standards.
3. **Introduction to inclusive content** - Following on from the discovery phase of the website redevelopment project, we have been upskilling colleagues across the organisation in inclusive communications skills. 120 people have attended our lunch and learn sessions over a five-week period, and since February 2023, 70 people have attended the three-hour inclusive content learning sessions, or are in the process of completing these intensive learning sessions. Due to demand, we have two more two-part inclusive content learning sessions planned.

### Key Challenges

1. **Annual Report & Accounts** - The Communications Manager responsible for collating and drafting the front half of the annual report unfortunately had a leave of absence at a key point in the creation of the annual report. The Management Team worked together to reprioritise and reallocate activity to enable our Communications Manager usually responsible for Internal Communications, to pick up this important piece of work so the process wasn't delayed. We will take learning from the process this year to improve the production cycle for next year.

### Key Stakeholder Engagement

1. **Right Decision Service** - We have been working closely with Scottish Government and Digital Health and Care Innovation Centre to produce communications material – both

internal and external – to communicate the transfer of the Right Decision Service (RDS) to HIS. This included producing video clips, the first of a new internal series ‘5 minutes on...’ and external media and social media content. There were a number of delays outwith our control but we were adaptable and flexible to reschedule and repurpose our communications. Launch communications remain on going and there will be a business as usual communications plan around RDS going forward.

- 2. Corporate Strategy Launch** - The launch of the Corporate Strategy was a key activity for the Communications Team. As well as familiarisation communications internally including a well-attended themed All Staff Huddle, we ran a comprehensive programme of activity aimed at stakeholders including social media activity, a special edition of eNews and direct mail to all Board Chairs and CEOs. We will follow this activity up with further activity in the coming months.

## PEOPLE & WORKPLACE DIRECTORATE

### Key Achievements

- 1. One Team** - The Organisational Development and Learning (OD&L) team continues to contribute to the progression of work packages within both the Workforce and Redesign Work streams. Recently, this has included taking a paper on Management Development which proposes investment in this staff group and making recommendations on next steps for developing organisational culture in HIS. Work is also underway to support both the Community Engagement Directorate and Quality Assurance Directorate with diagnostic work in relation to training and development requirements whilst the organisational change consultation process is underway.
- 2. iMatter** – Following closure of the iMatter Survey process for HIS on the 12th June 2023, the organisational response rate has been confirmed at **92%** for the completion of the iMatter questionnaire. This is an increased rate on last year, which was already recognised as very high at **91%**. As we are an all-electronic response board, Teams, Directorates and Board reports have been made available to all at midday on Tuesday 13 June. The iMatter Action planning process across all teams has to be completed by the 8<sup>th</sup> August 2023.
- 3. Support to Organisational Change** – Significant work is in place from within the Directorate to ensure appropriate support to both the Community Engagement and Quality Assurance Directorates organisational changes. Both Directorates have a range of engagement processes in place, along with a joint Partnership discussion forum to enable consistency of approach to issues but also to enable planning and finalisation of process as the Directorates move through the consultation period.
- 4. Personal Development and Wellbeing Review (PDWR)** - As of 31 May 411/529 (77.7%) of HIS Agenda for Change staff have recorded activity on Turas Appraisal during April and May. Further compliance reporting to Directorates will take place during June and July.

5. **Mandatory Training** - Following the recent relaunch of the HIS Mandatory Training Programme, and the implementation of the LearnPro Scorecard, which offers managers a team dashboard showing learning activity status across LearnPro and Turas Appraisal account (where linked by the learner), there has been a significant increase in completion of Mandatory for All training. Further compliance reporting will be undertaken from December after the amnesty period (which runs to the end of November in line with the PDWR mid-year review period). Work is ongoing to encourage people to complete their mandatory training, alongside the request for staff to link their accounts with 187/550 (34%) HIS LearnPro users still to link their accounts.
6. **OD&L Capacity** – A band 7 role is now being advertised and will offer some additional capacity until the end of March 2024. It is intended this role will progress priorities relating to One Team and HIS Campus.

## Key Challenges

1. **Organisational Change** – The two organisational change consultation processes remain ongoing within the Community Engagement and Quality Assurance Directorates with both consultations due to conclude in July. Individual meetings are ongoing for the opportunity for staff to raise any concerns and ask any questions in relation to the impact on them which are valuable for both the staff and managers during this process. Across both directorates there are a variety of methods for staff to provide feedback to management via staff huddles/meetings, individual meetings, inboxes to send queries to, feedback via Partnership Forum and trade union reps, teams pages to name but a few. Draft job descriptions have been shared with staff across the directorates for any new posts or updated job descriptions to reflect the proposals.

It is acknowledged that this period of organisational change brings uncertainty for staff and support continues to be available via the Employee Assistance Programme, Occupational Health, Partnership Forum representatives, Trade Union representatives and HR representatives. Work is also underway with OD&L colleagues to determine what additional support is required.

Joint meetings with Trade Union and Partnership Forum representatives have been set up and chaired by the Director of Workforce. These meetings provide the opportunity to discuss any common issues that arise across the two directorates and ensure consistency of process. Work is also underway via this group to update the organisational change matching process.

2. **HIS Campus** - The rate of progress with the HIS Campus development has been impacted by capacity and resource challenges affecting the busy OD&L and Digital Teams. This is particularly the case in relation to the creation of a digital space for the Campus. There is further work to be undertaken in terms of the most effective oversight and management of organisation-wide training and development requirements along with the required funding arrangements.

## Key Stakeholder Engagement

- 1. Governance for Engagement** – The Directorate has had the opportunity to present to colleagues at the Governance for Engagement Sub-Committee of the Scottish Health Council at their April meeting. This is always a useful opportunity to exchange ideas and experiences and understand better how we as a Directorate can improve on our engagement beyond current arrangements and practices.
- 2. 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. This has been a continuing focus in relation to the Organisational Change activity underway. All work carried out by OD&L involves collaboration and co-design with Partnership and Directorate colleagues.
- 3. HIS Campus** – External funding has been secured from the Flexible Development Fund to enable the purchase of some development opportunities for HIS staff and managers. Topics were identified via the HIS Campus Group directorate representatives as follows: Managing Self through Change, Managing Others through Change, and Managing in a Hybrid Environment. Roll out of these opportunities will take place from August onwards.

## FINANCE, PLANNING & GOVERNANCE (FP&G)

### Key Achievements

- 1. Annual Delivery Plan 2023-24** - our Annual Delivery Plan (ADP) has been submitted to Scottish Government (SG) by the deadline of 8 June. The draft ADP was presented to the Quality and Performance Committee at its May meeting, who endorsed the direction of travel, and was also shared with the Board for awareness. It is the intention to present the final version to the Board at its June meeting. The Medium Term Plan is also in development and an approach has been agreed with the SG sponsor division which reflects the specific contribution of HIS.
- 2. Risk Management** - at the May Seminar the Board considered new risk appetite statements for our five categories of risk and a formula for determining whether we are in or out of appetite, as well as agreeing to consider risk tolerance (the acceptable deviation from our risk appetite) when reviewing risks. The risk strategy is being revised accordingly for approval at the June Board meeting via the Audit & Risk Committee.
- 3. Annual Report & Accounts** – the annual accounts have been prepared and audited by our new external auditors, Audit Scotland. An unqualified opinion has been presented, with one unadjusted error noted and three recommendations. The accounts are due to be signed at this Board meeting before presentation to SG by 30 June and then laid before parliament later in the year. This year's accounts preparation and audit was in closer collaboration with National Services Scotland (NSS) following the revised Service Level Agreement and transfer of undertakings (TUPE) from HIS to NSS earlier in the year.

## Key Challenges

1. **Financial position at P2** – Staff turnover and pausing of vacancies while organisational change takes place across a number of directorates, has created an underspend at the end of May. With whole time equivalent down 25 (5%) to budget there is a risk of both underspend and under delivery to plan if this gap continues.
2. **Additional Allocations Funding** – Since the 23/24 budget was approved, a further three allocations have been added and some have been reduced, taking the total to £6.6m for the year. To date we have received funding confirmation for £4.6m, leaving £2.0m outstanding. In addition a further 15 new allocations are under consideration in the region of £2m. There is a risk this volume of new work, even at the scoping stage, distracts from delivery against our ADP.

## Key Stakeholder Engagement

1. **Directorate and Clinical Care Governance** - jointly with the Workforce Directorate, we gave our annual presentation on implementation of Clinical and Care Governance (CCG) within the Directorate to the HIS CCG Group. We discussed how we have worked to reflect CCG in the recruitment and development of Non-Executive Directors, in processes such as new work commissions from SG and in stakeholder engagement in the development of the new HIS strategy.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Annual Delivery Plan and Medium Term Plan</b>
<b>Agenda item:</b>	<b>2.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Jane Illingworth, Head of Planning &amp; Governance</b>
<b>Purpose of paper:</b>	<b>Approval</b>

## 1. Situation

In its NHSScotland Delivery Plan Guidance (March 2023) the Scottish Government (SG) sets out the requirement for all territorial and national boards to develop and submit an Annual Delivery Plan (ADP) by 8 June 2023 and a Medium Term Plan (MTP) by 7 July 2023.

This paper describes the approach taken and provides the draft documents for Board approval.

## 2. Background

### Annual Delivery Plan 2023-24

The ADP guidance received from the SG sponsor unit provides a changed format to previous years and consisted of two templates:

- ADP1 – a narrative Word document focused around our contribution to 10 Drivers of Recovery identified in the planning guidance as well as information on Finance and Workforce
- ADP2 – a spreadsheet setting out all of our work programme deliverables which will be used for quarterly progress reporting to SG; this is a continuation of the format currently used for performance reporting and is based on the 2023-24 work programme approved by the Board as part of the integrated budget in March.

A draft of the narrative section of the ADP was shared with the Quality and Performance Committee at its meeting on 17 May and members were supportive of the approach taken and progress made.



## Medium Term Plan 2023-26

The SG guidance also requires HIS to develop a MTP covering a three-year period. No template is provided for national boards, but the guidance states that MTPs should be succinct and high level, and again be aligned to the recovery drivers as well as areas such as finance and sustainability and value-based health and care.

### 3. Assessment

The ADP presents the programmes of work previously agreed as part of the integrated planning process for 2023-24 in a way which articulates HIS' contribution to the recovery drivers (appendix - ADP1 narrative), while adapting the template (appendix - ADP2 spreadsheet) provided in the planning guidance to ensure the full HIS work programme is reflected.

For this reason, reference to HIS' contribution to the recovery drivers is kept at a high level in the MTP, cross-referencing to the ADP for the detail. This allows for a stronger emphasis on HIS' broader strategic priorities and statutory/core responsibilities in the MTP. The sponsor division in SG is supportive of this approach.

The MTP includes details of HIS' Key Delivery Areas (KDAs), which have been under discussion by the Chief Executive and Executive Team (ET) in connection with ET objective setting. The Plan describes the intention behind the KDAs and lists seven immediate priority areas.

#### Next steps

The ADP was submitted to SG by the deadline of 8 June, subject to HIS Board approval. There is an internal process within SG which will conclude with a letter from Linda Pollock, Director of Healthcare Quality and Improvement, to HIS, containing feedback on the ADP. We expect this to issue by mid July 2023.

The draft MTP is attached at **appendix 3** for Board approval ahead of submission to SG by the deadline of 7 July 2023.

The existing processes for reporting on progress against the work programme, using the work programme tracker, will also be adapted to continue to provide for ADP reporting to SG and this will form part of the quarterly performance report shared with the Quality & Performance Committee. During 2022-23 we have worked with the sponsor team to agree a proportionate approach which minimises duplication of information and we will seek to continue this approach, while reflecting the ADP requirements.

#### Assessment considerations

<b>Quality/Care</b>	The ADP, MTP and implementation of the HIS Strategy will set out how HIS will deliver its purpose to drive the highest quality care for everyone in Scotland.
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<b>Resource Implications</b>	The ADP is directly aligned to agreement of HIS' budget for 2023-24.
<b>Risk Management</b>	Risks in relation to delivery of the Strategy and work programme are captured on the strategic and operational risk registers.
<b>Equality and Diversity, including health inequalities</b>	An Equality Impact Assessment was undertaken in relation to the Strategy and equality considerations are taken into account for all HIS programmes of work. The ADP and MTP set out HIS' planned contribution to a number of areas of health inequality and equality and diversity impact assessments are undertaken as part of individual programmes of work.
<b>Communication, involvement, engagement and consultation</b>	ET received an update on the planning process for 2023-24 at its meeting on 18 April 2023. The Quality and Performance Committee considered the draft ADP at its May meeting which included discussion about the approach to the MTP and a further draft was shared with the Board ahead of its submission to SG.  The draft Medium Term Plan was discussed by ET at its meeting on 13 June 2023.

#### 4. Recommendations

The Board is asked to approve the draft Annual Delivery Plan as submitted to Scottish Government. The Board is also asked to consider and approve the Medium Term Plan for submission to SG by 7 July.

#### 5. Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, HIS ADP1 template (narrative)
- Appendix 2, HIS ADP2 template (spreadsheet)
- Appendix 3, HIS Draft Medium Term Plan



# Annual Delivery Plan Template

**Template: ADP1**

**NHS Board: Healthcare Improvement Scotland**

## 2023/24 Annual Delivery Plan (extract from Scottish Government guidance)

Boards are requested to develop their 2023/24 Annual Delivery Plans (ADPs) to reflect the following key areas, using the relevant template. The ADPs should also set out in detail how the board will achieve and maintain the expected levels of operational performance with specific detail and trajectories required in relation to the first year of the Plans.

#	Area	Board Actions	Template
<b>A</b>	<b>Recovery Drivers and HIS Priorities</b>	Set out your approach to delivering the agreed ten national areas for recovery. <b>This reflects all policy areas.</b> ADPs must include clearly what will be delivered, by when and the expected impact. Where appropriate, trajectories are also required. <i>To note, these national areas are not exclusive, and Boards are expected to continue to recover and deliver all core services.</i>	ADP1 ADP2
<b>B</b>	<b>Finance &amp; Sustainability</b>	Boards are asked to identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.	ADP1
<b>C</b>	<b>Workforce</b>	Boards are asked to include an update on the implementation of board workforce plans.	ADP1
<b>D</b>	<b>Internal Improvement Programmes</b>	Boards are asked to summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.	ADP1

**This document should be read alongside the ADP2 template.**

## Section A: Recovery Drivers and HIS Priorities

1

### Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board action
1.1a	<p>Outline your plans for the Primary Care Improvement Programme, which includes access sprints with GP practices, Community Treatment and Care (CTAC) learning network, improvement support for pharmacotherapy alongside Scottish Patient Safety Programme (SPSP) Primary Care ensuring ongoing focus on key safety issues.</p>
	<p>In 2023/24, the Primary Care Improvement Portfolio (PCIP) will:</p> <ul style="list-style-type: none"> <li>• deliver, evaluate, and spread the Primary Care Access Programme (PCAP)</li> <li>• test dedicated improvement sprints for pharmacotherapy to support spread of the serial prescriptions and acute prescribing toolkits</li> <li>• launch the Quick Guide to Acute Prescribing (short version of the aforementioned toolkit)</li> <li>• scope opportunities for improvement in the level 2/3 pharmacotherapy space, for example polypharmacy</li> <li>• ensure all shared SPSP medicines resources are up-to-date, reliable and trustworthy and further embed medicines safety across all PCIP workstreams</li> <li>• scope approaches and initiate work to establish the current safety climate and culture in general practice</li> <li>• enable and support implementation of CTAC services to share learning that improves the delivery of CTAC services</li> <li>• lead Primary Care Resilience Webinar sessions</li> <li>• develop, review, evaluate and disseminate resources to support improvements which aid key challenges facing primary care</li> </ul> <p>The above will be underpinned by our learning system which spreads learning to key stakeholders to enable improvement.</p>
1.2a	<p>Outline your plans to lead the national support for the roll out of Hospital at Home.</p>
	<p>We will continue to support NHS boards and Health and Social Care Partnerships (HSCPs) to implement or expand Hospital at Home services. We will support services increase the number of patients managed by 50 % by the end of March 2024. We will do this by:</p> <ul style="list-style-type: none"> <li>• creating additional capacity through setting up new services</li> <li>• broadening the scope of services to increase demand</li> <li>• maximising the use of capacity to increase activity</li> </ul> <p>We will also deliver national infrastructure to support the expansion of Hospital at Home. This includes:</p> <ul style="list-style-type: none"> <li>• national data collection and analysis</li> <li>• collection and synthesis of evidence demonstrating the impact of Hospital at Home</li> </ul>

	<ul style="list-style-type: none"> <li>• supporting NHS Education for Scotland (NES) to implement the Hospital at Home competency framework</li> <li>• providing opportunities for peer-to-peer learning</li> </ul>
<b>1.3a</b>	Outline your plans to support the Anticipatory Care Programme (ACP).
	<p>Several teams will deliver work to support this area.</p> <p>In 2023/24, PCIP will continue to deliver ACP work in line with our available budget and capacity, including developing the evidence base for future activities. We will:</p> <ul style="list-style-type: none"> <li>• refresh, republish and promote current case studies, guidance and resources as required, including those focused on electronic Key Information Summaries (eKIS)</li> <li>• engage in cross-organisational work on frailty and dementia (see sections 1.4a and 2.1a for more information)</li> </ul> <p>The Focus on Frailty work will support teams to consider anticipatory care planning as part of enhanced integrated team working and implementation of person-centred care planning.</p> <p>The SPSP Acute Adult Collaborative will continue to support teams to:</p> <ul style="list-style-type: none"> <li>• consider the role of Treatment Escalation plans as part of person-centred care planning</li> <li>• share learning around tools implemented by teams to promote anticipatory care planning</li> </ul> <p>Finally, a Scottish Intercollegiate Guidelines Network (SIGN) guideline on care of deteriorating patients will be published in Q1. The guideline covers observation, data collection, escalation, early warning scores, sepsis antimicrobial management, anticipatory care planning, treatment escalation plans and person-centred communication for adults in hospital and community healthcare settings.</p>
<b>1.4a</b>	Outline your plans for the Dementia Improvement Programme, with a focus on timely diagnosis and effective provision of post diagnostic support and care coordination.
	<p>Due to issues around funding to continue our wider programme of work on timely diagnosis, post-diagnostic support and care coordination, we have consolidated our core resource to develop a HIS dementia improvement programme (the Focus on Dementia improvement programme). This will support the implementation of key recommendations from the SIGN guideline on assessment, diagnosis, care and support for people with dementia and their carers which will be published in Q2. The guideline covers the identification and diagnosis of dementia (including the use of remote technology), post-diagnostic support, non-pharmacological management of aggression, agitation and sleep problems, grief and dementia, changes needs of people with dementia, and palliative approaches.</p> <p>The focus of the improvement support work will be:</p> <ul style="list-style-type: none"> <li>• working with HSCPs and Health and Social Care Teams to improve the quality and experience of post-diagnostic support</li> </ul>

	<ul style="list-style-type: none"> <li>• leading the Dementia Post Diagnostic Support Network across Scotland</li> <li>• taking the learning from our Dementia in Hospitals programme to support shared learning with Hospital at Home, SPSP Acute Care Programme and Focus on Frailty programme</li> <li>• learning Sessions to share and spread practice improvements</li> </ul> <p>We will continue to work in collaboration with Scottish Government Dementia Policy team to secure future longer term funding to enable a wider programme of improvement support aligned to the new Dementia Strategy for Scotland.</p>
<b>1.5a</b>	<p>Outline your plans for undertaking Scottish Health Technologies Group (SHTG) reviews of:</p> <ul style="list-style-type: none"> <li>• the clinical and cost effectiveness of community-based management of respiratory conditions</li> <li>• the evidence for outpatient biopsies compared with inpatient procedures</li> <li>• Teledermatology for triage of primary care referrals; and</li> <li>• The benefits and cost savings of MDTs within primary care.</li> </ul>
	<p>The SHTG will publish advice for Scottish Government's General Practice Policy Division on the role of multidisciplinary teams (MDTs) within primary care, and on the value of community-based management of respiratory conditions.</p>
<b>1.6a</b>	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to improving the effectiveness of primary and community care.</p>
	<p>In Q1, HIS – Community Engagement (HIS-CE) will gather public views on draft principles for accessing general practice services. The report, to be published in Q2, will summarise feedback from the public through discussion sessions and the Citizens' Panel and make recommendations for the policy team in Scottish Government.</p> <p>In 2023/24, the PCIP will:</p> <ul style="list-style-type: none"> <li>• support and enable GP Cluster working in Scotland, and</li> <li>• contribute to the development of Quality Improvement (QI) skills in general practice by supporting the Scottish Quality and Safety Fellowship (SQSF) Programme. If funding permits, we will provide financial support for up to three Cluster Quality Leads to participate in SQSF Cohort 15.</li> </ul> <p>The SIGN guidelines on epilepsy (in children and in adults) will be updated to take account of new Medicines and Healthcare products Regulatory Agency (MHRA) advice about the risks of valproate in pregnancy and the Pregnancy Prevention Programme and the potential risks of valproate in other patients following a review of the latest safety data. The revisions will be published in Q2/Q3.</p>
<b>1.7a</b>	<p>Please outline your plans to further develop community-led models of care.</p>
	<p>Within the People-led Care Portfolio there will be a focus on several workstreams covering:</p> <ul style="list-style-type: none"> <li>• Ethical, collaborative commissioning: supporting local HSCPs with partnership/provider relationship development to enable community-led models of care and support</li> </ul>



	<ul style="list-style-type: none"> <li>Promoting Variety: supporting pathfinder sites to test out innovative models for short breaks for unpaid carers</li> </ul> <p>Specific programmes include:</p> <ul style="list-style-type: none"> <li>Designing and Delivering Models of People-led Care: This will include contributing to work in a range of HIS improvement programmes (including those in mental health and substance use, early intervention in psychosis, unpaid carers, and frailty improvement) and in partnership with other national and third sector organisations (eg Social Work Scotland, national carers organisations, NES), to support community-led and person-centred models of care.</li> <li>People-led Systems Transformation Support (including place-based support)</li> <li>Unpaid carers (including supporting quality planning in preparation for the introduction of the right to short breaks for unpaid carers through workshops, impact stories, guidance and working in partnership with national carers organisations and Scottish Government)</li> </ul>
<b>1.8a</b>	Please outline your plans for improvement work in care homes eg Anticipatory Care Planning and Essentials of Safe Care.
	<p>We are currently in discussion with the Care Inspectorate about arranging an Excellence in Care (EiC) learning event to highlight some of the work currently being undertaken in care homes and highlight opportunities for the board EiC Leads to be involved with or initiate this within their Boards.</p> <p>SPSP will collaborate with the Care Inspectorate to continue to promote awareness of the SPSP Essentials of Safe Care (EoSC) and alignment to the Scottish Government Healthcare Framework for Adults Living in Care Homes. This will include:</p> <ul style="list-style-type: none"> <li>an SPSP EoSC national webinar</li> <li>care home representation within Falls and Pressure Ulcer improvement resource development and support</li> <li>updated EoSC evidence, resources and guidelines to ensure support to social care provision</li> </ul>
<p><b><i>The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.</i></b></p>	
<b>1.2</b>	Boards to set out their plans to deliver a sustainable Out-of-Hours service, utilising multidisciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review.
	We are in discussion with Scottish Government to design and test improvement support to use QI methodology to improve access to GP out-of-hours (OOH) services. This would adapt the approach used to improve access to GP and elective care to OOH services.
<b>1.3</b>	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.



	<p>The PCIP will</p> <ul style="list-style-type: none"> <li>• lead Primary Care Resilience Webinar sessions</li> <li>• develop, review, evaluate and disseminate resources to support improvements which aid key challenges facing primary care</li> </ul>
<b>1.4</b>	<p>In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.</p>
	<p>The SIGN/National Institute for Health and Care Excellence (NICE)/British Thoracic Society collaborative guideline for the diagnosis, monitoring and management of chronic asthma is due to be published in Q2. The aim of the guideline is to ensure that patients are correctly diagnosed and that their asthma is well controlled with the most appropriate combination of medicines to ensure good quality of life and avoid unscheduled hospital visits. This will include updating the patient decision aid on asthma inhalers and climate change.</p> <p>The suite of SIGN cardiovascular disease (CVD) guidelines will be updated according to priorities identified by stakeholders, including the Scottish Government CVD task force. Guidelines on CVD risk assessment and secondary prevention and cardiac arrhythmias are seen as the first priority and will be updated in 2023/24. The SIGN diabetes guideline is to be updated according to priorities identified by Scottish Diabetes Group. Guidelines on glycaemic control in people with type 1 diabetes and prevention of type 2 diabetes due are to be published Q4 and Q1 respectively.</p>
<b>1.7</b>	<p>As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.</p>
	<p>An update to SIGN 144 Glaucoma referral and safe discharge will be considered once data from implementation of the national Community Glaucoma Scheme Service are available.</p>

2

**Urgent & Unscheduled Care**

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No.	Board action
2.1a	Outline your plans for the Integrated Frailty programme.
	<p>We will design and deliver a new national Frailty Improvement Programme (Focus on Frailty). This work commences in May 2023 and will run until March 2025. We will be working with six teams (from NHS boards, HSCPs and GP Practices) to improve the experience of and access to person-centred, coordinated health and social care for people aged 65 and over who are living with frailty or at risk of frailty. Teams will focus on one or more of the following three areas outlined in the programme's driver diagram:</p> <ul style="list-style-type: none"> <li>• early identification and assessment of frailty</li> <li>• people living with frailty, carers and family members access person-centred health and social care services</li> <li>• leadership and culture to support integrated working</li> </ul> <p>There will also be support for teams to engage with people with lived experience of frailty.</p>
2.2a	Outline your plans for the Scottish Patient Safety Programme (SPSP), supporting critical safety work including quality and safety at front door.
	<p>The next steps for the SPSP Acute Adult programme will include an evidence review, learning from other home nations, and a period of codesign with stakeholders which may include focus on quality and safety at the front door.</p> <p>The Healthcare Staffing Programme (HSP) will provide responsive and proactive improvement support and expertise to boards through their preparations for the enactment of the Health and Care (Scotland) (Staffing) Act 2019 in April 2024 and provide opportunities to develop a national learning system and network. The team will work in collaboration with EIC and SPSP to support boards to understand and implement the common staffing method.</p> <p>Safety is a Key Delivery Area for HIS and we have mechanisms to ensure appropriate clinical input in this activity. Key Delivery Areas are specific aspects of the health and social care system to which we want to bring a particular focus, with the intention of increasing our impact by ensuring effective cross-organisational working, underpinned by a Quality Management System approach.</p> <p>The HIS Safety Network will:</p> <ul style="list-style-type: none"> <li>• discuss, debate and improve approaches to key safety challenges with key partners and stakeholders</li> <li>• showcase innovative approaches from across Scotland</li> <li>• consider government policy developments and their impact on the safety of care</li> </ul>

	Additional details on SPSP work are noted in sections 1.1a (medicines), 1.3a, 1.4a, 2.5a (acute care), 1.8a (EoS), 2.8a (perinatal and paediatric programmes), and 3.2a (mental health).
<b>2.3a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to urgent and unscheduled care.
	<p>The Strategic Planning Portfolio will be developing and publishing an Actionable Insights resource for Unscheduled Care, as part of the Good Practice in Strategic Planning Programme. This approach uses strategic planning to inform innovation and improvement to complex quality problems such as the whole system challenges in the unscheduled care system. This will be supported by targeted learning system activity.</p> <p>Please also see section 1.2 on Hospital at Home; Hospital at Home adds capacity to unscheduled care services and reduces admissions to hospital.</p> <p>Our approach to quality assurance is the provision of a range of inspection, regulation and review programmes, in a planned and proactive manner 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 range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodology also supports the use of the EiC framework which includes a Quality Management System approach, and will also be supported by HSP expertise in workforce planning.</p>
<b>2.4a</b>	Outline your plans to support prescribing.
	<p>The EiC team is currently in discussion with the Hospital Electronic Prescribing and Medicines Administration (HEPMA) national groups regarding the EiC omitted medicine measure to explore the opportunity to include Boards using HEPMA.</p> <p>The Area Drug and Therapeutics Committee Collaborative (ADTCC) supports the delivery of the approved medicines list for the NHS Pharmacy First Scotland service, which allows patients to use a community pharmacy as the first port of call for treatment.</p> <p>SIGN is collaborating with Effective Prescribing and Therapeutics at Scottish Government to update the Polypharmacy Guidance, Realistic Prescribing, which is due to be published in Q2. The aim of the guideline is to prevent inappropriate polypharmacy and avoidable harm at every stage of the patient journey by identifying patients at greatest risk of harm and to agree a medication regimen that is tailored to their changing needs and expectations.</p>
<b>2.5a</b>	Outline your plans in relation to safety issues eg falls and the deteriorating patient.

	<p>In 2023/24 the SPSP Acute Adult Collaborative will focus on:</p> <ul style="list-style-type: none"> <li>• reducing falls and falls with harm</li> <li>• recognition, response and review to deteriorating patients</li> <li>• publishing the updated SPSP Pressure Ulcer change package and resources and support formation and delivery of a Pressure Ulcer Improvement Network to support shared learning</li> </ul> <p>EiC currently has patient safety measures relating to falls, pressure ulcers and Early Warning Score (EWS) on the Care Assurance and Improvement (CAIR) dashboard. This informs local and national improvement work and care assurance as part of the Quality Management System (QMS). Patient safety data are reviewed and utilised to provide improvement support through EiC coaching calls between board leads and members of the HIS team as well as through the provision of board reports from the CAIR resource.</p> <p>The HSP continues to work with Scottish Government and NES to develop systems for the monitoring of real-time staffing to inform the management of safe staffing and risk escalation, ultimately improving the safe delivery of care.</p> <p>The SIGN guideline on care of deteriorating patients will be published in Q1. The guideline covers observation, data collection, escalation, early warning scores, sepsis antimicrobial management, anticipatory care plans, treatment escalation plans and person-centred communication for adults in hospital and community healthcare settings.</p>
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***The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.***

**Reducing Admissions: Alternatives to inpatient care**  
*Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission.*

2.4	Set out plans to implement and further develop Outpatient Parenteral Antimicrobial Therapy (OPAT), Respiratory and Hospital at Home pathways.
	<p>Building on SHTG advice (2021) that contributed to the rollout of OPAT by demonstrating its effectiveness and cost effectiveness, SHTG will be publishing an OPAT cost calculator. The calculator will enable boards to calculate their own expected cost savings as part of local planning decisions. SHTG advice due for publication in July 2023 will support decision making regarding the expansion of community-based respiratory care services for people with chronic respiratory conditions. The Scottish Antimicrobial Prescribing Group (SAPG) supports the rollout and scale up of OPAT services across Scotland by providing clinical expertise, governance, clinical pathways and detailed clinical information to support clinicians. SAPG works collaboratively with the OPAT clinical network led by Scottish Government.</p> <p>SHTG will continue to support decision making on the effectiveness and cost effectiveness of new pathways, for example through support to the Remote Health Pathways Programme board.</p> <p>Please also see section 1.2a for more information on Hospital at Home.</p>

2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.
	We will collaborate with Centre for Sustainable Delivery (CfSD) and National Cancer Network to support the development of evidence-based patient pathways.
<b>Best Start Maternity and Neonatal Plan</b>	
2.8	<p>Best Start Maternity and Neonatal Plan: <i>you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.</i></p> <p>Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at board level.</p>
	<p>The SPSP Perinatal Programme (formerly part of the Maternity and Children Quality Improvement Collaborative (MCQIC)) is in a period of redesign with all NHS boards and wider stakeholders. The collaborative will launch in October 2023 and will be open to all NHS boards and will support:</p> <ul style="list-style-type: none"> <li>• co-design and launch of a stillbirth, term admission, maternal deterioration and neonatal change package including resources and evidence review</li> <li>• co-design of an improvement programme to explore caesarean section variation and improve experience for women undergoing caesarean section</li> <li>• continuing to support the perinatal learning system with an in-person collaborative launch, webinar and learning network</li> </ul> <p>The SPSP Paediatric Programme is also in a period of redesign with all NHS boards and wider stakeholders. The collaborative will launch in September 2023 with all NHS boards invited to participate and support:</p> <ul style="list-style-type: none"> <li>• co-design and launch of a paediatric deterioration change package including resources and evidence review</li> <li>• recruitment and providing improvement and data support to collaborative teams</li> <li>• continuing to support the paediatric learning system with an in-person collaborative launch, webinar and learning network</li> </ul> <p>The HSP is undertaking the redevelopment of the Maternity Staffing Level Tool in 2023/24 which will reflect the service delivery model outlined in The Best Start Maternity and Neonatal Plan. The HSP launched the Maternity Real Time Staffing Resource on TURAS in February 2023. In collaboration with NES Digital, the HSP will monitor the usage of the resource, gather feedback and identify areas for improvement. The HSP will support the boards in utilising this resource to inform staffing decision making and risk. The HSP will also launch the Paediatric and Neonatal Real Time Staffing Resource in 2023/24 which will support frontline teams to identify, mitigate and escalate risk in relation to the workforce.</p>

No.	Board action
3.1a	Outline your plans to deliver Infection Prevention and Control (IPC) inspections of inpatient mental health services.
	<p>The aim of these inspections is to contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance. Our inspections will specifically consider IPC in mental health units. The findings from each inspection will be published on our website.</p> <p>Our range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework.</p>
3.2a	Outline your plans in relation to Mental Health (MH) Improvement, supporting effective implementation of early intervention in psychosis services, improvements to pathway for people with mental health and substance abuse issues, and key safety issues across mental health inpatients.
	<p>This will be undertaken through work in several areas and include input of appropriate clinical expertise.</p> <p><b>Early Intervention in Psychosis (EIP) Programme:</b> We will work closely with people with lived experience, third sector partners (commissioned work) and other core stakeholders on:</p> <ul style="list-style-type: none"> <li>• continued development and improvement of the EIP hub and bespoke models in NHS Tayside and NHS Dumfries and Galloway respectively</li> <li>• gathering and analysis of data to inform implementation progress and understand impact</li> <li>• delivery of a learning system through national webinars, case studies and communications with a national EIP network to increase learning, share insights and keep stakeholders connected with the activities of the pathfinder sites</li> <li>• development of a knowledge and skills framework</li> <li>• development of an online “Essentials of EIP” clinical training module with NES</li> </ul> <p><b>SPSP Mental Health:</b> key activities include:</p> <ul style="list-style-type: none"> <li>• continuation of the Collaborative until August 2023 with inpatient teams working on improvement projects linked to reducing and improving restraint and seclusion practices and Improving Observation Practice</li> <li>• consulting with a range of stakeholders around the shape of SPSP Mental Health in the post-collaborative phase</li> <li>• participation in EoSC work</li> <li>• development of Patient Safety Climate resources</li> </ul> <p><b>Mental Health and Substance Use Programme</b> See section 3.3a.</p>



3.3a	Outline your plans to develop mental health and substance abuse pathfinders.
	<p>The Mental Health and Substance Use Programme will focus on six Pathfinder sites until end March 2024. The keys elements of this work will be to:</p> <ul style="list-style-type: none"> <li>• support leadership conditions that will ensure sustainability and quality in implementation (including considerations of strategic planning, governance, management processes and finance)</li> <li>• understand the system and identify changes with local stakeholders</li> <li>• test and implement changes, including bringing together multidisciplinary teams across sectors</li> <li>• embed and sustain changes</li> <li>• measure and evaluate the impact of the changes made as part of this work</li> <li>• share findings and insights from this activity across all ADPs and Mental Health Services to support the spread of integrated models</li> </ul> <p>We will work with local organisations and services to ensure participation from people with lived and living experience of mental health and substance use.</p> <p>HIS is undertaking a Multidisciplinary Redesign and Improvement Team approach in its national improvement programmes that combines skills from a range of change specialists including strategic planning, service design, QI, evidence specialists, data analysts and programme management.</p>
3.4a	Outline your plans to make progress on the implementation of mental health and substance use rapid review recommendations.
	<p>A business case is progressing through HIS governance and assurance processes. It focusses on “Supporting Implementation of Recommendation 1” (development and implementation of an operational protocol) from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland.</p>
3.6a	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to mental health services.
	<p><b>HSP activity</b>  The HSP will undertake the redevelopment of the Mental Health and Learning Disabilities Inpatient Staffing Level Tool, with multi-professional consideration, in 2023/24 to support boards’ workforce planning and ensure the tool is fit for purpose ahead of the Health and Care (Staffing) (Scotland) Act 2019 implementation.</p> <p>Additionally, the HSP launched the mental health inpatient Real Time Staffing Resource on TURAS in November 2022. In collaboration with NES Digital, the HSP will monitor the usage of the resource, gather feedback and identify areas for improvement. The HSP will support the boards in utilising this resource to inform staffing decision making and risk.</p> <p><b>Personality Disorder Improvement Programme</b>  A business case is progressing through HIS governance processes for a commission from Scottish Government to deliver meaningful improvements in services and support for people with a diagnosis of personality disorder as</p>

identified in the recommendations from the first phase of this work. These are: supporting boards to develop and implement changes, including supporting staff development and maintaining and further developing a national learning system, and amplifying the voice of people with lived experience to ensure services are co-designed and co-produced.

### **Mental Health Service Standards Implementation Support**

We are currently working with Scottish Government to scope a potential new commission focused on supporting implementation of mental health service standards. The focus initially will be in relation to adult secondary mental health services; however, the longer term aspiration is that this programme will also support implementation of standards in relation to psychological therapies and eating disorder services.

### **Joint inspections**

The joint inspections of adult services 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. Following the current programme of inspections, which focus on adults with physical disabilities and complex needs, there will be a series of inspections with a mental health focused theme.

The joint inspections of prisoner healthcare and police custody suites include consideration of delivery of mental health assessment and services to people within these settings. The findings of our joint inspections will be published by our partner organisations.

### **Guidelines and assessments**

The update to the SIGN guideline on perinatal mood disorders will be published in Q2. The guideline covers screening and treatment for women or birth parents at risk of, or experiencing a mental health condition during or in the 12-month period after pregnancy.

SHTG has previously assessed digital mental health apps (Togetherall and Feeling Good) for the Scottish Government's Digital Mental Health Programme and could continue to support the assessment of mental health digital apps, or mental health pathways more broadly.



No.	Board action
4.1a	<p>Outline your plans to deliver Access QI, working alongside the Centre for Sustainable Delivery (CfSD), and supporting application of QI to reduction of waiting times</p>
	<p>Access QI will continue to work with Ear, Nose and Throat (ENT), gynaecology and urology services to use a QI methodology to reduce waiting times to access care. Key areas of change will be:</p> <ul style="list-style-type: none"> <li>• reducing inappropriate demand that has traditionally been managed in primary care but is now being referred to secondary care</li> <li>• increasing activity through changing processes and care pathways to release staff time to see more patients</li> </ul> <p>We work with the CfSD Specialty Delivery Groups to share learning from Access QI sites to the wider specialty. This will be particularly key for gynaecology where most services are focused on improving access to the urgent suspected cancer post-menopausal bleeding pathway.</p>
4.2a	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to planned care.</p>
	<p>This year's programme of SIGN evidence-based guidelines covers CVD, diabetes, dementia, asthma, epilepsy, chronic pain, antibiotic prophylaxis in surgery, palliative care. Additionally, SAPG produces guidance for NHS Scotland on the management of patients with infection based on gaps identified locally within health boards.</p> <p>Activity from the National Cancer Medicines Advisory Group (NCMAG) programme should also support improvement in planned care. Please see section 5.2a for additional information.</p> <p>Our approach to quality assurance is the provision of a range of inspection, regulation and review programmes, in a planned and proactive manner 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 range of inspection, regulation and review programmes are set out in our <a href="#">Scrutiny Plan 2023/24</a>. Our <a href="#">Quality Assurance System</a> underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodology also supports the use of the EiC framework which includes a Quality Management System approach, and will also be supported by HSP expertise in workforce planning.</p>

No.	Board actions
5.1a	Outline how you will embed new diagnostic optimal pathways and national referral guidelines
	A number of teams participating in the Access QI programme are focusing on cancer pathways. The national change packages that the teams draw from in this programme incorporate new diagnostic pathways and referral guidance into the changes implemented by services as part of the programme.
5.2a	Demonstrate and outline the collation of evidence and economic analysis to support cancer pathway development by the Scottish Cancer Network
	<p>The NCMAG programme is connected with the <u>Scottish Cancer Network (SCN)</u> programme through cross-representation on stakeholder groups NCMAG's evidence-based advice on clinician proposals will support a national position on the inclusion or exclusion of proposed medicines, which are outwith Scottish Medicines Consortium (SMC)'s remit (specifically, off-label and off-patent uses), in SCN pathways. NCMAG advice will support improvements in patients' outcomes and experiences, and support territorial board efficiency and consistency in medicines governance and medicines access.</p> <p>The SMC provides advice to NHS Scotland on the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines. Many of these are for the treatment of different cancers. This advice informs and supports the cancer pathway development.</p> <p>The Evidence directorate is providing dedicated support for a programme of work to address evidence gaps in the national cancer clinical pathways, identify areas of unmet need, carry out evidence reviews and synthesis, and facilitate the development of evidence-based recommendations. A review of the evidence for dose dense chemotherapy and bisphosphonates treatments is planned over the year.</p> <p>The Right Decision Service platform will enable creation of management pathways to support the cancer network. See section 7.4 for further information.</p>
5.3a	Outline how you will support delivery of the cancer action plan.
	<p>Upon publication of the Scottish Government's new Cancer Strategy and 2023-26 3-year plan, we will review and develop specific plans to support implementation of relevant actions.</p> <p>As host of the Right Decision Service, HIS will provide support for the creation of decision aids to support Once for Scotland management pathways.</p>
5.5a	Demonstrate how you will test and evaluate patient direct or rapid access to the urgent suspicion of cancer pathway
	Access QI has identified a set of outcome measures to understand if an improvement in accessing planned care has occurred. We have supported services in using a sampling tool to identify the time between different stages in

	<p>a pathway to identify areas for improvement in the pathway and to determine if changes have made an improvement.</p> <p>In addition we provide coaching supporting to analysts in NHS boards to use Demand, Capacity, Activity and Queue methodology to identify blockages in pathways and to support services use data to drive and monitor improvement.</p>
<b>5.7a</b>	<p>Outline how you will support adoption of new innovation in cancer treatment and care and supporting of oncology transformation programme</p> <p>The systemic anti-cancer treatment (SACT) Governance team will work with the Royal College of Nursing (RCN), the SACT data group, Public Health Scotland (PHS) and SCN to scope out requirements for development of a national workforce planning and monitoring tool for SACT services .</p> <p>SHTG can undertake evidence-informed assessments of innovative cancer technologies, taking into account clinical effectiveness, safety, cost effectiveness and patient and clinical views, to inform decision makers of the value of innovative technologies and treatments. For example, SHTG will publish advice on the use of tumour profiling tests to guide chemotherapy use for people with early breast cancer.</p> <p>The SMC provides advice to NHS Scotland on the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines. Many of these are for the treatment of different cancers.</p>
<b>5.8a</b>	<p>Outline how you will support NCMAP/SACT and the NCMAG</p> <p>The NCMAG programme operates with robust processes for: engagement of stakeholders (including patient groups and clinicians), evidence gathering and review, decision making, communication and governance. It will continue to publish evidence-based advice to improve outcomes and experiences for patients, reduce duplication of effort across the boards, support national consistency in access to off-label and off-patent cancer medicines and make use of national expertise.</p> <p>The SACT Governance team will complete a review of regional, managed service network (MSN) and Independent Healthcare (IHC) SACT audit programme returns alongside Quality Assurance Directorate (QAD), producing a report for publication. There will also be ongoing maintenance of the published register of Controlled Drugs Accountable Officers in Scotland held on HIS website.</p> <p>The SACT Governance team will also work with key stakeholders within the SACT programme board to scope out requirements for the development of a national workforce planning and monitoring tool for SACT services. The SACT Governance team will also undertake a refresh of the SACT Governance framework and associated audit tools following publication of updated CEL30, including an update of SACT audit training.</p> <p>HIS-CE is currently supporting and providing assurance for NHS Ayrshire &amp; Arran's consultation on the redesign of its SACT service which met the threshold of major service change.</p>

<b>5.9a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to urgent and unscheduled care.
	<p>The Cancer Quality Performance Indicators and National Screening Programmes are currently in the process of redesigning their methodologies and quality assurance activities in discussion with Scottish Government and key stakeholders.</p> <p>The update of SIGN Guideline 146 on cutaneous melanoma will be published in Q1. The guideline covers prevention, surveillance and genetics, diagnostic and prognostic indicators, surgical management and staging, imaging and non-surgical staging, treatment options according to cancer stage and melanoma in women.</p> <p>A programme to support the continued maintenance and development of palliative care living resources for NHS Scotland is in place, which will sustain and help implement the collection of 35 Scottish Palliative Care Guidelines, 22 accompanying medicine information sheets and 14 patient information leaflets. Over 2023/24 the programme will provide a series up-to-date, high-quality evidence-based resources to enable healthcare professionals to provide a palliative care approach that focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.</p>

**6** **Health Inequalities**  
 Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

<b>No.</b>	<b>Board action</b>
<b>6.1a</b>	<p>Demonstrate your contribution to delivery of the National Mission on Drugs through improvement in the treatment and care we provide for people with drug problems and their families, specifically through support of implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation, leading work on redesign of pathways into and out of rehab and supporting work on Mental Health and substance use (detailed in sections 3.3a and 3.4a above).</p>
	<p>In 2023/24, HIS will continue to deliver a range of programmes commissioned by Scottish Government in their National Mission to reduce drug deaths in Scotland. At the beginning of 2023 we have three significant programmes of work:</p> <ul style="list-style-type: none"> <li>• Pathways to Recovery: Improving pathways into, through and out of residential rehabilitation</li> <li>• Medically Assisted Treatment (MAT) Standards Implementation Support</li> <li>• Mental Health and Substance Use programme (Please see section 3.3a for more details)</li> </ul>

	<p>We also promote implementation of MAT Standards through our healthcare within justice joint inspection programmes (prisoner healthcare and police custody).</p> <p>These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.2a</b>	<p>Demonstrate how you will continue to support the Residential Rehab: Pathways Development programme for drugs and alcohol and the development of a Good Practice Guide for Pathways into, through, and out of Residential Rehabilitation in Scotland, including development of a universal pathway.</p>
	<p>The aim of the "Pathways to Recovery: Improving pathways into, through and out of residential rehabilitation" work is to improve referral pathways into and from rehabilitation services, in particular for those with multiple complex needs, so that pathways to residential rehab and aftercare pathways following rehab are clear, consistent and easy to navigate.</p> <p>We are supporting Alcohol and Drug Partnerships to understand their current pathways to identify areas for development. This will build on previous work undertaken by the Pathways to Recovery team following the launch in March 2023. These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.3a</b>	<p>Outline how you will continue to contribute to the delivery of the Medication Assisted Treatment (MAT) standards through the MAT Standards Substance Use Transformation Programme, delivery of a MATS National Learning System, and Design of a National Improvement Programme for MAT Standards Implementation.</p>
	<p>The aim of Medically Assisted Treatment (MAT) Standards Implementation Support is to support the MAT Implementation Support Team (MIST) with the implementation of the MAT standards. It will support their aim that people with problematic drug use will have timely access to effective care and treatment, with a focus on quality of life and recovery. This will include the development of national learning system and design of a national improvement programme.</p> <p>Work for 2023/24 will build on activity undertaken in the lead up to and launch of the programme in November 2022. These areas of work are supported by clinical input from HIS's Pharmacy Clinical Lead and the National Clinical Lead for Health and Justice.</p>
<b>6.5a</b>	<p>Demonstrate how you will strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community.</p>
	<p>HIS works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and His Majesty's Inspectorate of Constabulary for Scotland (HMICS) to provide expertise to the inspection of healthcare in prisons and police custody centres in Scotland. Inspection reports are published by HMIPS and HMICS outlining the inspection findings and recommendations for improvement. The HSP will provide subject matter expertise and any support required in these inspections to ensure quality of care and patient safety.</p>

	The EiC team is also currently in the process of scoping and developing measures for prison and police custody services.
<b>6.7a</b>	Outline how you will support the delivery of the Women's Health Plan through supporting change, sharing best practice and innovation.
	<p>The programmes described in the following sections will all have implications in supporting change, sharing best practice and innovation in women's health:</p> <ul style="list-style-type: none"> <li>• Section 1.4 (update of the suite of SIGN CVD guidelines, which will take account of section 9.4 on heart health in the Scottish Government Women's Health Plan)</li> <li>• Section 2.8 (SPSP Perinatal Programme and Maternity Staffing Level Tool)</li> <li>• Section 3.6a (SIGN guideline on perinatal mood disorders)</li> <li>• Section 4.1a (with a focus on gynaecology pathways)</li> <li>• Section 5.9a (SIGN guideline on cutaneous melanoma, including melanoma in women)</li> <li>• Section 6.8a (leadership around safe prescribing of sodium valproate)</li> <li>• Section 6.9a (Equality Impact Assessments (EQIAs))</li> </ul>
<b>6.8a</b>	Outline how you will continue to lead and support the Scottish Government's commitment to increase and ensure patient access to medicines that are both clinically effective and cost effectiveness.
	<p>We will continue to facilitate quarterly ADTCC Forum meetings, where board Area Drug and Therapeutics Committees (ADTCs) can share learning and good practice with standing safety items and information from internal and external contributors regarding cost and clinical effectiveness. We will also continue to bring relevant HEPMA (electronic prescribing) issues to the Forum.</p> <p>We will continue to host national network meetings for boards to share good practice around the safe prescribing of sodium valproate in people of childbearing potential.</p> <p>We will continue to deliver operational guidance to support the use of medicines identified as accessible via the MHRA Early Access to Medicines Scheme (EAMS).</p> <p>SMC will continue to:</p> <ul style="list-style-type: none"> <li>• provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines</li> <li>• produce a horizon scanning report to provide NHS health boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction.</li> </ul>
<b>6.9a</b>	Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to enhancing planning and delivery of approach to health inequalities.



All work undertaken by HIS will have at least an initial EQIA screening completed, and a full EQIA in place wherever relevant; this may be completed by a partner/commissioning organisation where appropriate. The EQIA will help teams to identify which group(s) may be positively or negatively affected by each piece of work and to make appropriate adjustments to mitigate the risks of negative impacts.

An evidence synthesis is being undertaken to understand the impact of socioeconomic status on access to palliative and end of life care in the home, inform the developments of models of care within a home environment, and identify potential opportunities for housing, health and care to develop collaborative and integrated approaches. The next stages of this work are to help inform colleagues in the design and delivery of Hospital at Home, Frailty and Strategic Planning.

We will provide opportunities for members of the public and communities to participate in training including Voices Scotland workshops. We will also develop the Engagement Practitioner Network to enable partners to share best practice, develop and explore learning opportunities and consider challenges relating to meaningful engagement.

We continue to raise awareness of “What Matters to You?” (WMTY) through a range of media routes. We also develop and share case studies, produce the annual report and share learning. We will deliver WMTY workshops to organisations and groups to support the implementation of the approach in a range of different settings. We will also organise networking events for health, social care, third and independent sector organisations across Scotland.

Through our Governance for Engagement process, we provide advice and guidance on how teams across the organisation can improve their engagement activities. In 2023/24, we will create a learning system that supports health and care services in Scotland to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new things.

We are also working with PHS to link Hospital at Home access data with the Scottish Index of Multiple Deprivation (SIMD) to better understand and address any inequalities in accessing the service.

No.	Board action
7.1	<p>Outline your actions and proposed actions as a Key partner in CfSD's Accelerated National Innovation Adoption (ANIA) through SHTG providing the evidence elements and, where aligning with existing programmes, implementation support through ihub.</p>
	<p>We will evaluate promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money, support a sustainable health and care service.</p> <p>SHTG provides evidence support to ANIA, and a member of the Medical directorate has also been seconded to support this work. Each ANIA programme is subject to SHTG assessment; the SHTG advice feeds directly into a Value Case that is considered by the Innovation Design Authority (IDA) for an implementation decision. SHTG will be providing advice to ANIA on the following technologies:</p> <ul style="list-style-type: none"> <li>• Cytosponge</li> <li>• colon capsule endoscopy (update of previous SHTG advice)</li> <li>• digital diabetes remission programme</li> <li>• digital heart failure pathway</li> <li>• theatre scheduling technologies</li> <li>• lung cancer artificial intelligence triage</li> </ul> <p>A process is also in place to ensure that, where innovations have been assessed as a priority for national spread, there are effective interfaces with any relevant improvement support programmes led by the ihub.</p>
7.3	<p>Please outline your plans to ensure meaningful engagement in the design and delivery of care.</p>
	<p>HIS-CE will continue its programme of Gathering Views and Citizens' Panels, asking the public about views on and experiences of specific topics commissioned by Scottish Government, and making recommendations for future policy.</p> <p>The Gathering Views programme will collect the opinions and experiences of people who use health and care services and the public on a range of topics, including access to general practice services, medical implanted devices, waiting times and palliative care. We will summarise what people told us and make recommendations for policy makers. We will conduct surveys of our Citizens' Panel to gather a representative view from the Scottish public on a range of policy areas, including the Tobacco Action Plan, Vaccination Motivations and digital health and care, organ and tissue donation and independent healthcare (IHC).</p> <p>The Volunteering in NHS Scotland Programme will support volunteer managers across Scotland to develop and implement a range of volunteering opportunities. Work to demonstrate evidence of the impact of volunteering will be undertaken.</p>



	<p>We will work with service providers and communities across Scotland to identify and share best practice on engaging with seldom heard communities, including an <i>Engaging With...</i> web resource, case studies and webinars.</p> <p>SIGN guideline development involves patients, carers and the public at all stages and each guideline has an accompanying plain language summary or patient booklet explaining what people should be offered to treat and manage their condition. This year we will be increasingly publishing guidelines, patient booklets and plain language summaries on a digital first basis using the Right Decision Service platform.</p> <p>HIS-CE recently published the Quality Framework for Community Engagement and Participation and will continue to promote it and support partners, such as NHS boards and HSCPs, in its effective use. This will ensure meaningful engagement and demonstrate how they are meeting their statutory duties for public involvement in line with Planning with People.</p> <p>We will continue to develop the Engagement Practitioner Network to enable partners to share best practice, develop and explore learning opportunities, and consider challenges relating to meaningful engagement.</p>
7.4	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to innovation adoption.</p>
	<p>SMC is a partner, alongside the MHRA, NICE and the All Wales Therapeutics and Toxicology Centre (AWTTC) in the UK Innovative Licensing Access Pathway (ILAP). ILAP connects the medicines regulator with health technology assessment (HTA) bodies to create a pathway for early patient access to innovative medicines.</p> <p>SHTG is a partner in the development of the Innovative Devices Access Pathway (IDAP) set for launch later in 2023, along with MHRA, NICE and other UK partners. IDAP is new regulatory pathway that facilitates the development of innovative technologies, by providing innovators and manufacturers with a multi-partner support service (including targeted scientific advice) that seeks to bring new products to patients sooner.</p> <p>Across our Evidence directorate in particular, we will support improved delivery through better use of digital and tools. During 2023/24 this will expand as the national decision support platform, the <a href="#">Right Decision Service</a> (RDS), undergoes a phased transfer from the Digital Health &amp; Care Innovation Centre (DHI) to HIS. RDS aims to provide access to local and national guidance, pathways, calculators and other decision support tools on a Once for Scotland basis to health and care professionals in Scotland. This will provide an opportunity to scale up the programme across Scotland and embed and mainstream decision support in the delivery of health and care. HIS already has experience in working with RDS to incorporate SIGN guidelines and SAPG advice into the platform and will build on these opportunities for the dissemination of the work of the organisation to support evidence-based decision making.</p> <p>This includes support for the continued development and maintenance of the professional citizen-facing Realistic Medicine apps, which will provide knowledge</p>

	<p>and information to support both professionals and patients to practise Realistic Medicine.</p> <p>An engagement exercise (details still being defined) by HIS-CE will support public understanding and awareness of value based health and care and Realistic Medicine.</p>
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<b>8</b>	<b>Workforce</b>	<p>Workforce: Roll out and delivery of benefits of the eRostering system across Scotland to support Safe Staffing and improved workforce data and visibility of workforce availability.</p>
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No.	Delivery priority
<b>8.1</b>	<p>Outline intended actions to support all patient-facing Boards to implement the delivery of eRostering across all workforce groups</p>
	<p>The HSP will continue to work with Chief Nursing Office Directorate (CNOD), NHS National Services Scotland (NSS) and RLDatix to ensure our current work closely aligns to the national eRostering work and will support a seamless implementation of the Safe Care module to inform real-time staffing decision making and risk. This will include testing and implementing the Scottish staffing level tools into safe care and developing the standardisation and Once for Scotland approach to the use of safe care. The HSP also provides representation on the eRostering Oversight board and operational group.</p> <p>The HSP will continue to work with CNOD, NSS and RLDatix to identify the potential for the system to host the current suite of staffing level tools and professional judgement tool.</p>
<b>8.2</b>	<p>Led by the Chief Nursing Officer, demonstrate development of guidance for Boards to support them in implementing and using e-rostering software to its fullest potential.</p>
	<p>The HSP team will support the national sharing of learning and locally developed resources and guidance. This will be delivered through HSP Hubs and the safe and effective staffing learning system, identifying further opportunities to promote learning, and the development of national resources and guidance utilising a Once for Scotland approach.</p>
<b>8.3</b>	<p>Please outline any other projects, programmes, or core business activities you would expect HIS to lead and/or contribute to in relation to workforce.</p>
	<p>The HSP has the following high level objectives to support implementation of the Health and Care Staffing Scotland Act 2019:</p> <ol style="list-style-type: none"> <li>1. Increase knowledge and capability around implementation of legislation across the Health Boards, Integration Joint Boards and the Care Sector</li> </ol>

	<ol style="list-style-type: none"> <li>2. Redevelop agreed priority staffing level tools (maternity, mental health and learning disability and MDT professional judgement tools) and maintain the existing suite of staffing level tools</li> <li>3. Continue to develop solutions for real-time staffing assessment and risk escalation and mitigation that meets the requirements of the legislation. This includes development of resources on TURAS platform and through work with national eRostering system.</li> <li>4. Identify a digitally enabled workload and workforce planning solution that reflects a multidisciplinary workforce</li> <li>5. Work in partnership with Scottish Government to develop and test methodology for monitoring the legislation</li> <li>6. Increase stakeholder engagement in preparation for enactment of the staffing legislation</li> </ol> <p>EiC and the HSP are working to develop workforce measures to support the legislative requirements as part of the Common Staffing Method. This supports the triangulation of workforce and quality.</p>
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9	<b>Digital Services</b>	Optimise use of digital and data technologies in of health services the delivery
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No.	Delivery priority
<b><i>The below actions are for all health boards</i></b>	
<b>9.1</b>	<p><b>Optimising M365</b> Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits.</p> <p>HIS currently uses Forms, Lists, OneNote, Planner, Power Automate, SharePoint, Teams and Whiteboard. SharePoint is used for a controlled number of use cases. The examples below will be showcased as good practice to HIS staff during 2023/24 to encourage further adoption of M365 tools across the organisation:</p> <ul style="list-style-type: none"> <li>• using PowerAutomate, Lists and Forms to develop an organisation-wide automated process for the approval of all new mobile apps and software</li> <li>• liaising with NHS24 to learn from their experience of using M365 tools to deliver an automated Resource Allocation Form (RAF) approval process and intend to implement this</li> <li>• considering joining the ‘federation pilot’ between NHS boards and Local Authorities. In the first instance this would enable calendar sharing to allow easier scheduling of meetings.</li> <li>• showcasing particular approaches using staff Digital Huddles and Digital Champion sessions</li> <li>• working with Microsoft to identify role specific training packages from the online training available via office.com and the Enterprise Skills Initiative</li> </ul> <p>Power BI is not widely used yet however we intend to widen its use during 2023/24. OneDrive is scheduled for rollout to all HIS staff during 2023 Q1 and</p>

	<p>the full desktop client version of Office365 during 2023 Q2 which will replace Office 2016. Like all NHS boards, licences for M365 are managed by the HIS ICT team in conjunction with the National M365 team. Data on Teams and SharePoint is managed through the HIS Records Management policy. We are considering next steps in relation to the migration of the HIS intranet site to SharePoint and its adoption for all HIS data, taking into account skill and resource requirements.</p>
9.2	<p><b>National digital programmes</b></p> <ul style="list-style-type: none"> <li>Boards to provide high level plans for the adoption/implementation of the national digital programmes*. Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.</li> </ul> <p>Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.</p> <p><i>*National digital programmes: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)</i></p>
	<p>HIS is a non-patient-facing board so only CHI, eRostering and M365 are relevant.</p> <p>The HIS Death Certification Review Service (DCRS) connects to the CHI and we await connection to the new CHI system.</p> <p>HIS started the early engagement work for eRostering at the end of April 2023. The High Level Milestones are as follows:</p> <ul style="list-style-type: none"> <li>Initiation Date: 03/07/2023</li> <li>Readiness Date: 25/09/2023</li> <li>Deployment Start: 13/11/2023</li> <li>Deployment End: 08/12/2023</li> <li>Adoption Start: 11/12/2023</li> <li>Benefit Realisation: 05/02/2024</li> <li>Project Close: 19/07/2024</li> </ul> <p>The resource available to support business change for national programmes is limited and HIS Digital Services Group and the other corporate support functions (Information Governance, Human Resources, Finance, Communications and Organisational Development and Learning) are having to manage the support they provide alongside other commitments.</p>
9.3	<p>Boards to complete the <b>Organisational Digital Maturity Exercise</b> to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).</p>
	<p>The Organisational Digital Maturity Exercise will be completed by the June 2023 deadline.</p>
9.4	<p><b>Leadership in digital</b></p> <p>Boards should outline:</p> <ul style="list-style-type: none"> <li>Executive support and commitment to how you are optimising use of digital and data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce</li> </ul>

	How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation
	<p>In 2022/23 the Director of Evidence and Digital was one of five Scottish participants in the UK-wide NHS PgDip in Digital Health Leadership and successfully completed this.</p> <p>In 2022 two members of HIS staff joined cohort 19 of the NES Digital Health and Care Leadership Programme.</p> <p>In 2023 two members of HIS staff joined cohort 20 of the NES Digital Health and Care Leadership Programme.</p>

10	Climate	Climate Emergency & Environment
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No.	Delivery priority
<b>10.1a</b>	Set out plans for <i>building energy transition programme</i> . Outline key milestones in 23/24 for implementation: energy efficiency, on-site generation of renewable electricity and decarbonise heat sources
	<p>HIS is a tenant at two sites: Delta House, Glasgow and Gyle Square, Edinburgh; as a tenant, HIS is limited in actions which can be taken in relation to decarbonisation. Energy companies within the national framework supply our electricity through national contracts.</p> <p>Delta House only uses electricity for energy, and HIS has installed energy efficient technology such as low level LED lighting throughout the building. The building heating system was replaced during our 2021 building renovation.</p> <p>HIS will work with NSS to maximise the decarbonisation of Gyle Square and explore the wider benefits of solar power energy generation for discussion with our property owners.</p>
<b>10.2a</b>	Outline actions in 23/24 in decarbonisation: fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest), and business travel.
	<p>During 2021/22 HIS reduced then removed all lease vehicles used by management and staff.</p> <p>Our inspectors still occasionally hire cars to visit hospitals. In our new active travel plan, which is under development, there will be clear guidance that electric vehicles should be hired where possible.</p> <p>The active travel plan will also promote sustainable travel to, from and during working hours. We have collected baseline travel data from 2021/22, which will be analysed and patterns identified. This information will be used to develop a new active travel plan policy and to develop educational material for staff.</p>

	The active travel plan will also have travel information, which can be used by staff and external visitors to our buildings. This will build on our Cycle Friendly Employer award and promote the benefits of cycling or walking to work.
<b>10.3a</b>	Outline key milestones for education and training in climate change and sustainability, particularly sustainability in quality improvement.
	<p>We have invested in a carbon footprint-training course being delivered by the Centre for Sustainable Healthcare for key staff delivering the climate change and sustainability programmes of work.</p> <p>HIS is contributing to the National Climate Change eLearning training course being developed for all NHS staff that will be rolled out to HIS staff once available. Until then we have identified two climate change awareness-raising videos that we have shared with staff via our intranet newsfeed channel.</p> <p>We have also developed a climate change introductory presentation, which is being used by directorates to inform staff.</p> <p>HIS Sustainability staff are also benefiting from the Institute of Environmental Management and Assessment (IEMA) affiliation by attending courses, workshops and conferences.</p>
<b>10.4a</b>	Outline key projects in support of territorial Health Boards to implement the Scottish Quality Respiratory Prescribing Guide
	<p>SIGN is working with NICE and the British Thoracic Society on a UK guideline for the diagnosis, monitoring and management of chronic asthma, due to be published Q2 2024. The aim of the guideline is to ensure that patients are correctly diagnosed and that their asthma is well controlled on the most appropriate combination of medicines to ensure good quality of life and avoid unscheduled hospital visits. This will include updating the patient decision aid on asthma inhalers and climate change.</p> <p>SMC is contributing to an initiative being undertaken by NHS Highland, the University of the Highlands and Islands and other partners, to develop and evaluate a prescription framework that includes environmental sustainability alongside cost and clinical effectiveness. This is seen as a first step towards reduction of pharmaceutical pollution in Scotland.</p>
<b>10.5a</b>	Demonstrate your chairing of NHS National Board's sustainability group and your contribution to national sustainability and climate change initiatives being driven by the NHS regional chairs group and as an active member of the National Environmental Sustainability Group (NESG), and NESG subgroups
	<p>The HIS sustainability lead chairs the National Boards Sustainability Group. There is a shared learning space containing documents, tools and resources, available via the dedicated MS Teams site.</p> <p>The group has improved networking, communication and collaboration on mutually beneficial activity. The group will deliver a joint active travel plan and biodiversity report during 2023.</p> <p>HIS is an active member of the following national groups:</p> <p><b>Scottish Government: Regional chairs group</b></p> <ol style="list-style-type: none"> <li>1. Climate Emergency and Sustainability Board</li> </ol>



	<ol style="list-style-type: none"> <li>2. Climate and Sustainability Strategy Group – Regional Chairs monthly meeting</li> <li>3. Short life working group – Climate and sustainability assessment and reporting review</li> <li>4. NHS Scotland Climate Emergency and Sustainability Finance group, focusing on activity that can be undertaken by available external funding.</li> </ol> <p><b>National – Attend monthly NESG subgroups:</b></p> <ol style="list-style-type: none"> <li>1. Short life working group developing climate change learning modules for all NHS Scotland staff</li> <li>2. Short life working group standardising national sustainability role job descriptions</li> </ol>
<b><i>The following actions have been set for the territorial boards. Please indicate – where appropriate – how HIS will contribute.</i></b>	
<b>10.6</b>	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.
	This is not directly relevant, however HIS is represented on the Scottish Government’s Value Based Prescribing Working Group.
<b>10.7</b>	Outline plans to implement an approved Environmental Management System.
	<p><b><u>Waste Targets</u></b></p> <p>HIS’s overall waste generation is low at present, as the majority of staff have adopted hybrid working. From March to December 2022 our waste figures were:</p> <ul style="list-style-type: none"> <li>• Confidential: 1,749 kg</li> <li>• General: 1,573 kg</li> <li>• Recycling: 257 kg</li> </ul> <p>Within our Public Bodies Duties Report we have identified key priority actions by emission sources and associated pathways which will achieve the targets set out in the DL (2021) 38 which are to:</p> <ul style="list-style-type: none"> <li>• reduce domestic waste arising by a minimum of 15 %, and greater where possible, compared to a financial year 2012/13 baseline</li> <li>• ensure that no more than 5 %, and less where possible, of all its domestic waste goes to landfill</li> <li>• reduce the food waste it produces by 33 % against a financial year 2015/16 baseline</li> <li>• ensure that 70 % of all its domestic waste is recycled or composted</li> </ul> <p><b><u>Environmental Management System</u></b></p> <p>In order to develop and implement an effective environmental management system HIS is gathering baseline data for energy, waste and water. Once identified we can monitor this data, identify our aspects and impacts on the environment, develop an environmental risk register, set achievable targets, monitor and report on these targets and ensure compliance with any regulatory requirements.</p> <p>This will be implemented throughout 2023/24.</p>

## Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

HIS undertakes an annual integrated planning process, which is a consolidated view of three key plans: financial plan, workforce plan and our ADP. This allows assurance to be given over delivery within available and affordable resources.

Taking learning from 2022/23, in cases where formal approval of funding has not been received for 2023/24, projects have been changed in scope or paused in our ADP until this is received, or to reflect available core funding. This includes such projects as e-health, collaborative communities and the volunteering system. Pausing such work carries a risk of delay or non-delivery to our plan.

There are a number of assumptions in the ADP and budget that could flex either way during the year, providing both opportunities and risks. Key risks to the plan include:

- staff availability, continuity, development and skills
- delayed confirmation of funding
- Once for Scotland 'must do' projects, redirecting resources from ADP delivery, such as eRostering
- higher inflation increasing costs

We have committed to delivering savings of 3 % against the sustainability and value programme in 2023/24. Initiatives scoped and are included in our ADP include:

- organisational redesign, to ensure maximum efficiency across the organisation and key roles
- review of our national accommodation strategy, including sharing and/or exiting existing space
- other income generation through grants, funding and reimbursement for services performed in addition to our regulatory activities

### Collaboration across National Boards

Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to recovery and delivery planning across NHS Scotland. We will be sharing the content and focus of our annual and medium term plans as a collective group of national boards with the intention of identifying any key activities or projects that would benefit from wider collaboration.



## Section C: Workforce

Please include an update on the implementation of Board workforce plans.

### **In accordance with Scottish Government guidance, the 2022-25 Workforce Plan for Healthcare Improvement Scotland provides the following:**

- information on our current workforce (comparing demand analysis with current workforce)
- our assessment of further workforce needs, including describing and analysing the gap between projected future workforce needs and current staffing levels
- an action plan to address the gap and achieve the necessary changes to the workforce; this action plan is based on the five pillars of workforce planning:
  - Plan – including data about our workforce
  - Attract
  - Train
  - Employ – including ensuring staff feel valued and rewarded and that we are an employer of choice
  - Nurture – the wellbeing of our workforce is an essential priority

As detailed elsewhere in this Plan, our 'One Team' organisational programme of work will be central to ensuring that our structures, processes and cultures allow us to work collaboratively. From a workforce perspective we will support the development of transferable skills across the organisation and promote cross-directorate working, as well as explore opportunities for skills and leadership development, succession planning and the development of career pathways to encourage retention of staff. We will also work to ensure continued establishment of consistent and effective management practices and leadership structures across the organisation.

### **Progress against actions in the 2022-25 Workforce Plan**

We report on progress against the action plan to our Staff Governance Committee on a quarterly basis using a 'RAG' status as well as evidence to support assessment of progress. In line with previous guidance, the full revision to this action plan will be discussed with our Committee and the Board later in the year.

### **At the time of writing, the following actions in our Workforce Plan have been completed:**

- A review and evaluation of the Career Ready Programme, to provide learning for all partners to enhance future programmes

- A review of our recruitment process to ensure that vacancies are filled in a timely manner to support better retention and the reputation of HIS as an employer of choice
- A complete review and retendering of our Employee Assistance Programme; from 1 April Spectrum.Life is our new provider and this has been launched internally
- We have reviewed our test of change programme in relation to agile and flexible working across HIS; this has provided assurance around the resilience and safety of the workforce.

### **Priorities during 2023-24 include:**

- In relation to recruitment, we are reviewing specialist posts within HIS and looking at alternative methods to attract candidates. We will also continue recruitment on a Scotland wide basis to create a more agile and flexible workforce, maximising the opportunities of agile and hybrid working.
- We are reviewing the role and membership of our Workforce Profile and Resourcing Group. This will support greater scrutiny of vacancy requests and the identification of opportunities to explore role redesign, standardisation of roles and collaboration of roles.
- In support of workforce health and wellbeing, we will complete implementation of the 'Dying to Work' Charter arrangements, and continue to provide information and resources to support menstrual health and the menopause.
- We are participating in the NHS Scotland Equally Safe at Work pilot programme to gain expert advice and guidance to help understand any gender disparities in the workplace as well as develop initiatives and policies, supported by training to enhance our current resources and support available.
- We will also continue our work to increase opportunities to develop the young workforce through employability opportunities and have recently joined the Anchor Group for Employability.

### **Challenges**

A requested in the May 2023 letter from the Scottish Government Workforce Directorate, the current challenges in relation to Workforce Planning are as follows:

- Financial pressures

A proportion of the work commissioned by Scottish Government from HIS is funded annually on an 'Additional Allocation' basis. Delays to date in receiving allocation letters for the current year present a risk to our ability to deliver certain programmes of work.

Implementation of and recruitment to business cases is impacted by funding decisions which, in turn, affects our ability to recruit to these teams and specialist

roles. Employment contracts can end up being shortened, making the roles and job opportunities less attractive in a competitive employment market.

- Workforce shortages/competition

Within HIS we recruit to a range of specialist roles that are not replicated elsewhere within NHS Scotland, for example in improvement, service redesign and health economics. We are often in competition with private industry, such as large pharmaceutical companies, or seeking to employ to these roles from a smaller skills base than other roles.

- Recruitment employment challenges

Given the nature of our funding we are reliant on a proportion of fixed term contract appointments, and need also to attract individuals on secondment from other NHS boards. As the wider NHS workforce continues to recover from COVID-19 and territorial boards continue to experience significant work pressures, this impacts on both our ability to second staff into the organisation and also can require us to extend roles initially planned as fixed term.

This creates organisational risk and in recent times has seen the situation of 55 individuals to be managed through the redeployment process. Given our overall staffing numbers sit at a headcount of between 550 and 600, this has placed a significant pressure on our organisation. We have worked hard to manage this successfully but this will continue to be a feature of our workforce pressures going forward.

## Section D: Internal Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

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

### One Team workstreams



**Working Environment:** this includes reviewing the use of both Delta House and Gyle Square to ensure best use of resources, and we are currently negotiating with NHS NSS to share space and costs in Delta House.

**Efficiency:** 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:** 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.

**Redesign:** includes oversight of current local directorate transformation work to ensure that work progresses in line with the overall principles established for the One Team programme. Process mapping and process improvement work is also delivered by this workstream which will include opportunities for HIS Foundation Improvement Skills (FIS) trained colleagues to practice their improvement skills in a supported, structured environment.

All four workstreams are supported by an Organisational Development Strategy and a communications plan, and a One Team Programme Board has been established with reporting lines to our Governance Committees and Board.

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.

DRAFT



# **Annual Delivery Plan Template**

**Template: ADP 2**

**June 2023**

**NHS Board:** [Healthcare Improvement Scotland](#)









# Healthcare Improvement Scotland Medium Term Plan 2023-26

Item 2.1, Appendix 3

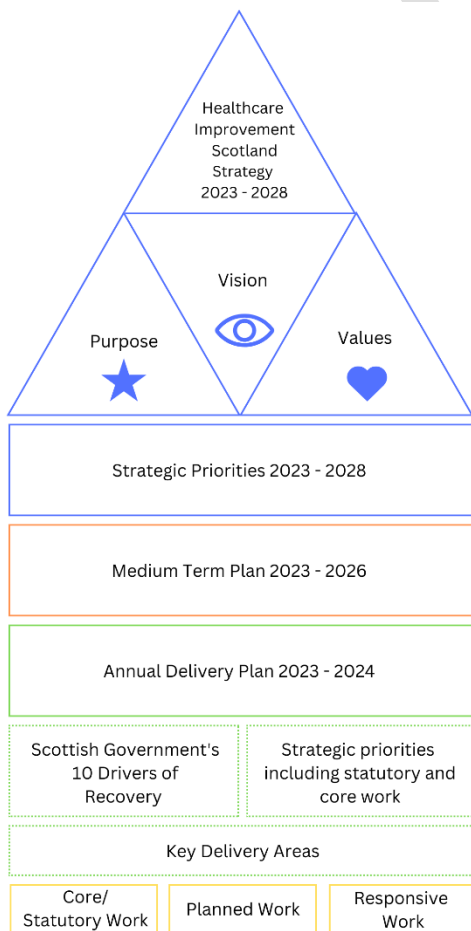
## SECTION A: RECOVERY DRIVERS AND HEALTHCARE IMPROVEMENT SCOTLAND PRIORITIES

### 1. Introduction

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 Annual Delivery Plan (ADP) 2023-24 sets out our planned programme of work for the coming year, with a specific focus on our contribution to the Scottish Government's Recovery Drivers. **This Medium Term Plan sets this work in the broader context of delivering our 5-year strategy, including our statutory functions and our relentless focus on the safe delivery of high quality care.**

The following diagram is intended to describe the inter-relationships between HIS' strategy, SG planning requirements and our core areas of work:



## 2. HIS Strategy 2023-28 and our medium-term priorities

Our five year strategy recognises the serious challenges facing the health and social care system, and the needs of our stakeholders in meeting those. In response, we will maintain a relentless focus on quality and safety, with the following strategic priorities across 2023-2028:

Our strategic priorities 2023–2028:

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.

How we will organise ourselves to deliver:

In order to deliver our strategy, 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.

Our Annual Delivery Plan sets out our ‘One Team’ change programme to help HIS operate in a more efficient and resilient way, whilst supporting delivery against our strategy.

**Across all of our priorities, 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

Recovery and renewal

Our **Annual Delivery Plan 2023-24** describes in detail how we are supporting delivery of the Scottish Government’s 10 Drivers of Recovery across specific programmes of work. We recognise that these Drivers are part of a broader Scottish Government programme of recovery and renewal. We believe

that HIS has a significant contribution to make to the developing Transformation Framework in particular, as follows:

- **Developing a world-class safe and sustainable model of care**
- **Embedding research and innovation into the planning cycle**
- **Addressing health inequalities in how we design and deliver services**
- **An approach that shifts our focus to preventative and proactive care**

### Collaboration across National Boards

Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to recovery and delivery planning across NHSScotland. We will be sharing the content and focus of our annual and medium term plans as a collective group of national boards with the intention of identifying any key activities or projects that would benefit from wider collaboration.

### Maximising our impact: Key Delivery Areas

Our strategy sets out how we will 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. This applies across our functions and priorities, to whichever service area, condition or aspect of quality we are working on.

We have also identified a number of specific aspects of the health and social care system to which we want to bring a particular focus in our work (which may reflect specific quality challenges or the needs of a particular population group), delivered cross-organisationally and with Executive leadership.

We describe these as 'Key Delivery Areas', with the intention of increasing the impact of HIS by ensuring effective cross-organisational working, underpinned by a Quality Management System approach. Some areas will directly align to a number of specific work programme deliverables (e.g. Mental Health) while others are broader and will underpin and be reflected in all that we do (e.g. Children and Young People).

As we refresh HIS' strategy and medium-term planning, we have identified the following Delivery Areas:

- Safety
- Primary and Community Care
- Children and Young People
- Women's Health
- Mental Health
- Cancer
- Maternal Care

These directly support elements of the Recovery and Renewal Transformation Framework, and the aims of the Care and Wellbeing Programme, in particular in relation to preventative and proactive

care. They also address specific Recovery Drivers and policy aims in relation to Getting it Right for Everyone, Children’s Rights and the Women’s Health Plan. We will keep our Key Delivery Areas under review to ensure that we are responding to priorities and challenges as they emerge and focusing our resources accordingly.

## Our medium-term priorities

Working within the strategic context set out above, Healthcare Improvement Scotland’s priorities during 2023-26 include:

- 1. Driving a stronger and more consistent focus on safety at a national level**
- 2. Helping 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**
- 3. Proactively supporting the recovery and renewal of our health and social care system including:**
  - (i) developing safe alternatives to hospital in-patient care
  - (ii) developing more sustainable primary care
  - (iii) shifting our focus to more preventative and proactive care
  - (iv) supporting population health reform
- 4. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon, including:**
  - (i) embedding best practice in listening, understanding and acting on the views of people who need, use and deliver services and use of our Quality Framework for Community Engagement and Participation
  - (ii) embedding perspectives of service users and carers across our work programme
  - (iii) delivering on our statutory duties relating to equality and children and young people
- 5. Supporting Value-Based Health and Care, including**
  - (i) evaluating 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

**Appendix 1** describes in more detail how we are working to deliver these priorities.

## SECTION B: FINANCE AND SUSTAINABILITY

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%).



The One Team approach is the delivery mechanism for expected recurring savings, aligning to the sustainability and value programme. Key initiatives included in the five year plan include:

- Organisational redesign, to ensure maximum efficiency across the organisation and key roles
- Review of our national accommodation strategy, including sharing and/or exiting existing space (noting that HIS does not own its accommodation)
- Other income generation through grants, funding and reimbursement for services performed in addition to our regulatory activities
- Digital transformation and innovation in how we work

Key risks to the plan include:

- Staff availability, continuity, development and skills
- Delayed confirmation of funding
- Increased demand for our services
- Once for Scotland 'must do' projects, redirecting resources from Annual Delivery Plan (ADP) delivery, such as e-rostering, NCS
- Higher inflation increasing costs

## Appendix 1: Delivery of our medium-term priorities

### **1. Driving a stronger and more consistent focus on safety at a national level**

It is essential that in the context of current service pressures, we maintain our focus on safety, quality, and making sure people get the right care, through our statutory assurance and regulatory functions as well as point of care tools and improvements.

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. Our [Quality Assurance System](#) underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework.

We will continue to bring together our knowledge and experience in relation to safety in a far more connected way across initiatives such as Excellence in Care, the Scottish Patient Safety Programme and from the external assurance of healthcare including the Healthcare Staffing Programme. This also allows for the provision of responsive and agile cross-organisational support for boards both proactively and post-inspection. We will ensure systems and processes are in place to enable effective sharing of intelligence through HIS's Responding to Concerns and Sharing Intelligence work streams.

As part of providing national leadership in further advancing a safety culture in NHSScotland we will develop a more regular and systematic approach to sharing advice, knowledge and intelligence for 'safety in the system' at a national level and the prioritisation of improvements in the safety and effectiveness of care. Our initial priority is to work with our key partners and stakeholders to discuss, debate and improve the approach to key safety challenges.

### **2. Helping 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**

We will deliver responsive and proactive improvement support and expertise to boards through their preparations for the enactment of the Health and Care (Scotland) (Staffing) Act 2019 in April 2024 and provide opportunities to develop a national learning system and network. We will help 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.

The Healthcare Staffing Programme (HSP) will continue to support the development and digitalisation of commissioned Real Time Staffing Resources which will enable the boards to identify, mitigate and escalate real time and recurring risks related to staffing. HSP will also redevelop the Maternity, Mental Health and Learning Disabilities Staffing Level Tools and create a new multi-professional Professional Judgement Tool to support boards in workforce planning.

**3. Proactively supporting the recovery and renewal of our health and social care system including:**

**(i) developing safe alternatives to hospital in-patient care**

Hospital at Home (H@H) provides a safe, patient centred alternative to an acute hospital admission. It provides a better outcome for the patient, who receives treatment in the safety and comfort of their own home, as well as reducing pressure on hospital sites. Since 2020 we have supported NHS boards and HSCPs across Scotland develop and expand H@H services and we will continue to do so by providing a national infrastructure which includes national data collection and analysis, providing opportunities for peer-to-peer learning and collection and synthesis of evidence demonstrating its impact. We will continue to work with NHS Education for Scotland to implement the Hospital at Home competency framework. In the shorter term, we will support services increase the number of patients managed by 50% by end of March 2024.

Other work in support of developing alternatives to inpatient care includes the advice of the Scottish Health Technologies Group, which will include support for decision making regarding the expansion of community-based respiratory care services for people with chronic respiratory conditions. The Scottish Antimicrobial Prescribing Group (SAPG) will support the rollout and scale up of Outpatient Parenteral Antimicrobial Therapy services across Scotland. The Scottish Health Technologies Group (SHTG) will also continue to support decision making on the effectiveness and cost effectiveness of new pathways.

**(ii) developing more sustainable primary care**

Healthcare Improvement Scotland's 7-week Primary Care Access Programme helps teams to improve access to care by identifying the root cause of their access issues, prioritising changes and using quality improvement methodology to test and embed changes. 80 practices have participated in our programme since September 2022 and we are continuing to deliver and spread this programme.

Our Primary Care Improvement Programme will continue to deliver a number of programmes to support improvements which aid other key challenges facing primary care, including in relation to pharmacotherapy and polypharmacy, medicines safety, primary care resilience and the improvement of Community Treatment and Care services, all underpinned by a learning system.

**(iii) shifting our focus to more preventative and proactive care**

Frailty is an important area of focus in our improvement work given its association with poor outcomes as well as increased use of primary care and unplanned secondary care services. Our Focus on Frailty Programme launched on 31 May 2023 with six teams across Scotland, over an 18 month period. This includes NHS boards, health and social care partnerships, GP practices, community and third sector organisations. We will be supporting teams to better understand their system, re-design new models of care and undertake process improvement and support spread, for services accessed by people aged 65 and over who are living with frailty or at risk of frailty.



Frailty is also a focus of our collaboration with Scottish Government in relation to Getting it Right for Everyone and the Unscheduled Care Collaborative, and aligns with other national HIS programmes including Focus on Dementia, Primary Care Access, Scottish Patient Safety Programme and People Led Care. We will ensure a co-ordinated approach through our internal networks and learning systems to maximise our impact. The Focus on Frailty work will also support teams to consider anticipatory care planning as part of enhanced integrated team working and implementation of person-centred care planning.

We will continue to identify opportunities for collaboration with the Care Inspectorate in relation to improvement work in care homes, based on our Excellence in Care Programme and the Scottish Patient Safety Programme (SPSP) Essentials of Safe Care. The SPSP Acute Adult Collaborative will continue to support reductions in falls, care of deteriorating patients and improvement in pressure ulcer care.

#### **(iv) supporting population health reform**

We are directly supporting the Scottish Government's National Mission to reduce drug deaths in Scotland, through three significant programmes of work:

- Pathways to Recovery: Improving pathways into, through and out of residential rehabilitation
- Medically Assisted Treatment (MAT) Standards Implementation Support (also through our healthcare within justice joint inspection programmes)
- Mental Health and Substance Use programme

In addition to the Mental Health and Substance Use programme, we will continue to deliver our programme of work to support Early Intervention in Psychosis.

#### **4. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon, including:**

- (i) embedding best practice in listening, understanding and acting on the views of people who need, use and deliver services and use of our Quality Framework for Community Engagement and Participation**

We will support and promote the use of innovative approaches to inclusive engagement in the design, delivery, improvement and assurance of health and care across Scotland, and provide advice and support to NHS boards and Integration Joint Boards on meaningful engagement in relation to service change.

We enable inclusive engagement of people and communities in health and care services through:

- building and sharing evidence around engagement

- using knowledge and expertise to improve engagement
- providing assurance that people are involved in shaping services

We will work with service providers and communities to identify and share best practice on engaging with seldom heard communities, including an *Engaging With...* web resource, case studies and webinars, and the creation of a learning system.

We will also embed use of our Quality Framework for Community Engagement and Participation to help NHS boards and health and social care partnerships self-evaluate how they are meeting the principles within Planning with People guidance, and inform improvement plans for their engagement activities.

#### **(ii) embedding perspectives of service users and carers across our work programme**

We will continue to capture the perspectives of service users and carers across our work, bringing highly valuable qualitative evidence to support decision making, for example in the Scottish Medicines Consortium.

Our Public Partners and People's Experience Volunteers provide a public perspective on developing guidelines and standards, contributing to health technology assessments, supporting improvement programmes, sharing good practice, carrying out inspections, testing questions and making our publications more accessible.

#### **(iii) delivering on our statutory duties relating to equality and children and young people**

We will share our expertise on equality, inclusion and human rights, person-centred care and deliver on our statutory duties relating to equality and children and young people which have associated action plans. We will report on progress on 2, 3 and 4-yearly cycles.

We carry out equality monitoring of all our engagement activity so that we understand who we have worked with and – importantly – who we have not, so that these gaps in representation can be addressed. We will also continue to ensure our all our work undergoes an EQIA process and includes the voice of those with lived experience, for example through the use of reference groups, short life working groups, and third sector commissions for wider engagement.

### **5. Supporting Value-Based Health and Care**

Healthcare Improvement Scotland is a key delivery partner in [Delivering value based health and care: a vision for Scotland](#). Throughout our Annual Delivery Plan we have included references to our support for value based health and care, including Realistic Prescribing, the work of the SHTG and the work of the Scottish Medicines Consortium (SMC) and the National Cancer Medicines Advisory Group.

Across our Evidence Directorate in particular, we will support improved delivery through better use of digital and tools. During 2023-24 this will expand as the national decision support platform, the [Right Decision Service](#) (RDS), undergoes a phased transfer from the Digital Health & Care Innovation Centre to HIS. RDS aims to provide access to local and national guidance, pathways, calculators and

other decision support tools on a Once for Scotland basis to health and care professionals in Scotland.

We will continue to work with NHS Education to provide access to high quality evidence based knowledge and tools that facilitate shared decision making and supports people to make an informed choice. This includes the following:

- SIGN guidelines will support shared decision making and provide evidence based guidelines to support professionals with the delivery of value based health and care.
- SIGN patient booklets will provide information on the benefits and risks associated with treatment and care to help people make an informed choice about the treatment that is right for them.
- SHTG's independent advice will inform the use of health technologies that benefit patients' own care. An example being Freestyle Libre, which helps people with diabetes to improve control of their blood glucose, greatly supporting them to manage their condition.

In relation to effective prescribing and stewardship, the SAPG works closely with the NHS National Services Scotland (NSS) Scottish One Health Antimicrobial Use and Antimicrobial Resistance (SONAAR) team in Antimicrobial Resistance and Healthcare Associated Infection Scotland to identify unwarranted variation in antimicrobial prescribing and then supports boards with improvement initiatives.

- (i) evaluating 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**

The SHTG provides evidence support and objective advice to NHS Scotland on the use of new and existing health technologies. SHTG continues to seek alignment to decision making structures to ensure work is relevant and impactful. The HTA approach facilitates the engagement with, and gathering of evidence from, communities across Scotland. SAPG develops evidence-based guidance on antimicrobial prescribing using a Once for Scotland approach.

As described in our Annual Delivery Plan, the SMC will continue to:

- provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines
- produce a horizon scanning report to provide NHS health boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction.
- continue as a full partner, alongside the Medicines and Healthcare products Regulatory Agency (MHRA), the National Institute for Health and Care Excellence (NICE) and the All Wales Therapeutics and Toxicology Centre to deliver the UK Innovative Licensing Access Pathway (ILAP). ILAP connects the medicines regulator with health technology assessment bodies to create a pathway for early patient access to innovative medicines.

The clinical and cost-effectiveness of medicines is also supported by the Area Drug and Therapeutics Committee Collaborative (ADTCC). We will continue to facilitate quarterly ADTCC Forum meetings, where board Area Drug and Therapeutics Committees can share learning and good practice with information from internal and external contributors regarding cost and clinical effectiveness. We will also continue to deliver operational guidance to support the use of medicines identified as accessible via the MHRA Early Access to Medicines Scheme.

The National Cancer Medicines Advisory Group (NCMAG) programme will continue to issue evidence-based advice on the clinical- and cost-effectiveness of clinical community proposals for cancer medicines that are outwith the remit of SMC (specifically, off-label and off-patent uses). NCMAG advice will support improvements in patient's outcomes and experiences, and support territorial board efficiency and consistency in medicines governance and medicines access.

Our Quality Management System 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. **We will support the creation of the conditions for identifying and accelerating the adoption and spread of proven service innovations and improvements.**

We will undertake a range of work related to quality management and the HIS Quality Management System (QMS) including working with partners to explore, learn, and share effective conditions and culture to support Quality Management, re-design, and improvement to flourish.

# Healthcare Improvement Scotland

2022/23 Annual Audit Report



 AUDIT SCOTLAND

Prepared for the Board of Healthcare Improvement Scotland and the Auditor General for Scotland

June 2023

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# Key messages

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## 2022/23 annual report and accounts

- 1 Audit opinions on the annual report and accounts are unmodified.
- 2 Adjustments have been made to the Remuneration Report and the Staff Report as a result of the audit.

## Wider scope

- 3 Healthcare Improvement Scotland has developed detailed plans for 2023/24 and for the subsequent 4 years, risks remain over the ability to deliver fully against the recurring savings plan over the course of 2023/24 and future years.
- 4 We have concluded that Healthcare Improvement Scotland has appropriate budget monitoring arrangements in place.
- 5 Healthcare Improvement Scotland operated within its Revenue Resource Limit.
- 6 Audit procedures related to our high level evaluation of key controls within the main accounting systems did not identify any significant internal control weaknesses.

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# Introduction

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1. This report summarises the findings from the 2022/23 annual audit of Healthcare Improvement Scotland. The scope of the audit was set out in an Annual Audit Plan presented to the 2 March 2023 meeting of the Audit and Risk Committee (ARC). This Annual Audit Report comprises:

- significant matters arising from an audit of Healthcare Improvement Scotland's annual report and accounts
- wider scope areas that frame public audit as set out in the [Code of Audit Practice 2021](#), which for less complex bodies includes conclusions on financial sustainability and for our 2022/23 audit of Healthcare Improvement Scotland, conclusions on financial management.

2. This report is addressed to the Board of Healthcare Improvement Scotland and the Auditor General for Scotland and will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) in due course.

## Audit appointment from 2022/23

3. I, Claire Gardiner, have been appointed by the Auditor General as auditor of Healthcare Improvement Scotland for the period from 2022/23 until 2026/27. The 2022/23 financial year was the first of my five-year appointment. My appointment coincides with the new [Code of Audit Practice](#) (the Code) which was introduced for financial years commencing on or after 1 April 2022.

4. My team and I would like to thank Board members, Audit and Risk Committee members, directors, and other staff, particularly those in finance, for their cooperation and assistance in this year and we look forward to working together constructively over the course of the audit appointment.

## Responsibilities and reporting

5. Healthcare Improvement Scotland has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing an annual report and accounts that are in accordance with the accounts direction from Scottish Ministers. Healthcare Improvement Scotland is also responsible for compliance with legislation and putting arrangements in place for governance, propriety and regularity.

6. The responsibilities of the independent auditor are established by the Public Finance and Accountability (Scotland) Act 2000 and the [Code of Audit Practice 2021](#) and supplementary guidance and International Standards on Auditing in the UK.

7. Weaknesses or risks identified in this report are only those which have come to our attention during our normal audit work and may not be all that exist.



Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

**8.** This report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers, and dates for implementation.

## **Auditor Independence**

**9.** We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2022/23 audit fee of £34,680 as set out in our 2022/23 Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

## **Adding value through the audit**

**10.** We add value to Healthcare Improvement Scotland by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- providing clear and focused conclusions on financial sustainability and financial management
- sharing intelligence and good practice.

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# Part 1. Audit of 2022/23 annual report and accounts

Public bodies are required to prepare annual report and accounts comprising financial statements and other related reports. These are principal means of accounting for the stewardship public funds.

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## Main judgements

Audit opinions on the annual report and accounts are unmodified.

Adjustments have been made to the Remuneration Report and the Staff Report as a result of the audit process.

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## Audit opinions on the annual report and are unmodified

**11.** The board approved the annual report and accounts for Healthcare Improvement Scotland for the year ended 31 March 2023 on 28 June 2023. As reported in the independent auditor's report, in my opinion as the appointed auditor:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- expenditure and income are regular and in accordance with applicable enactments and guidance
- the audited part of the remuneration report and the staff report were prepared in accordance with the financial reporting framework
- the performance report and governance statement were consistent with the financial statements and properly prepared in accordance with the relevant legislation and directions made by Scottish Ministers.

## Overall materiality was assessed on receipt of the annual report and accounts as £0.83 million

**12.** Broadly, the concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected to influence the economic decisions of users of the accounts, and hence impact their opinion set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality, although some issues may be considered material by their nature. It is ultimately a matter of the auditor's professional judgement.

**13.** Our initial assessment of materiality was carried out during the risk assessment and planning phase of the audit. This was reviewed and revised on receipt of the unaudited annual report and accounts and is summarised in Exhibit 1.

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## Exhibit 1

### Materiality values

Materiality level	Amount
Overall materiality	£0.83 million
Performance materiality	£0.58 million
Reporting threshold	£42 thousand

**14.** The overall materiality threshold was set with reference to gross expenditure, which we judged as the figure most relevant to the users of the financial statements.

**15.** Performance materiality is used by auditors when undertaking work on individual areas of the financial statements. It is a lower materiality threshold, set to reduce the probability of aggregated misstatements exceeding overall materiality. Performance materiality was set at 70% of overall materiality, reflecting previously reported matters and our cumulative knowledge of Healthcare Improvement Scotland.

**16.** It is our responsibility to request that all misstatements, other than those below our reporting threshold, are corrected, although the final decision on making the correction lies with those charged with governance.

## Significant findings and key audit matters

**17.** Under International Standard on Auditing (UK) 260, we communicate significant findings from the audit to the board, including our view about the qualitative aspects of the body's accounting practices.

**18.** The Code of Audit Practice also requires all audits to communicate key audit matters within the annual audit report under International Standard on Auditing (UK) 701. These are matters that we judged to be of most significance in our audit of the financial statements.

**19.** The significant findings and key audit matters are summarised in [Exhibit 2](#).

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## Exhibit 2

### Significant findings and key audit matters from the audit of the annual report and accounts

Issue	Resolution
<p><b>1. The Remuneration report and the Staff Report</b></p> <p>The audit of the Remuneration Report and the Staff Report identified a number of errors and other disclosure changes that were required to ensure the reports were fully compliant with applicable guidance. These included:</p> <ul style="list-style-type: none"> <li>• the remuneration table did not include a senior employee who had left during 2022/23</li> <li>• the pension values table did not include the correct values for total accrued pension. This also affected the equivalent prior year disclosure, which was amended</li> <li>• fair pay disclosure table: median, 25<sup>th</sup> percentile and 75<sup>th</sup> percentile values were not correct, and did not include all the relevant narrative to explain movement compared to the prior year.</li> </ul>	<p>Management have reviewed the disclosures within the Remuneration Report and the Staff Report and have updated the information.</p> <p>We are satisfied that the revised Remuneration and Staff Reports fulfils the disclosure requirements of applicable guidance.</p>
<p><b>2. Independent Healthcare income surplus</b></p> <p>The 2022/23 independent healthcare income surplus of £70,000 was transferred from income to be held in a general revenue unused balance code within trade and other payables. This has the effect of deferring the independent healthcare surplus. No conditions are attached to this independent healthcare income that could require Healthcare Improvement Scotland to return the unspent money. Therefore, the full 2022/23 independent healthcare income should have been recognised in 2022/23.</p> <p>Independent healthcare income surpluses have been treated this way for a number of years and as at 31 March 2023 the total balance held in trade and other payables is £0.35 million.</p> <p>The accounting treatment applied has the effect of decreasing operating income in the Statement of Comprehensive Net Expenditure and increasing liabilities in the Statement of Financial Position. The reported surplus against Healthcare Improvement Scotland's Core Revenue Resource Limit for the year has consequently been understated by the £0.35 million, with £0.28 million relating to preceding years.</p>	<p>Management has chosen not to make an adjustment for this in the audited 2022/23 annual report and accounts and we have reported it as an unadjusted error at paragraph 21.</p> <p>This unadjusted error does not impact upon our audit opinions on the annual report and accounts set out at paragraph 11.</p>

## Our audit work responded to the significant risk of material misstatement we identified in the annual report and accounts

**20.** We have obtained audit assurances over the identified significant risk of material misstatement to the annual report and accounts. [Exhibit 3](#) sets out the significant risk of material misstatement to the financial statements we identified in our 2022/23 Annual Audit Plan. It also summarises the audit procedures we performed during the year to obtain assurances over the risk and the conclusions from the work completed.

### Exhibit 3

#### Identified significant risks of material misstatement in the annual report and accounts

Audit risk	Assurance procedure	Results and conclusions
<p><b>1. Risk of material misstatement due to fraud caused by management override of controls</b></p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<ul style="list-style-type: none"> <li>Assess the design and implementation of the key controls over journal entry processing.</li> <li>Test journal entries through the year, at the year-end and post-closing entries, with a focus on significant risk areas.</li> <li>Make inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments.</li> <li>Focussed testing of accounting accruals and prepayments.</li> <li>Substantive testing of income and expenditure transactions around the year-end to confirm they are accounted for in the correct financial year.</li> <li>Evaluate significant transactions outside the normal course of business.</li> </ul>	<p><b>Satisfactory</b></p> <p>The completion of the assurance procedures did not identify any evidence of management override of controls.</p> <p>Audit procedures related to the board's accounting records did not identify any errors or instances of transactions outside the normal course of business.</p> <p>Key officers involved in the financial reporting process, including NSS officers* (who provide financial services for Healthcare Improvement Scotland) provided assurance that they had not identified any instances of inappropriate or unusual activity.</p> <p>* NSS (NHS National Services Scotland) provide a range of financial services to Healthcare Improvement Scotland under a service level agreement.</p>

## **There was one non-material misstatements identified within the financial statements**

**21.** We identified one non-material misstatements, as noted in [Exhibit 2](#) which was not corrected by management in the audited annual report and accounts. We considered the size, nature and circumstances of this uncorrected misstatements and concluded that it was not material.

## **The unaudited annual report and accounts were received in line with the agreed timetable**

**22.** The unaudited annual report and accounts were received in line with our agreed audit timetable for 9 May 2023.

**23.** Officers provided good support to the audit team. However, related to it being the first year of the audit appointment, we needed to request additional or alternative working papers to support our audit procedures.

**24.** As part of our review of the unaudited annual report and accounts we identified a number of disclosure amendments that were required and subsequently amended by management. These factors, and audit procedures related to the Remuneration Report and the Staff Report, combined, meant the financial statements audit took longer than had been originally planned.

**25.** Given the lower level of complexity of Healthcare Improvement Scotland, related to its size and its limited financial activity, our observations from the audit of the 2022/23 annual report and accounts is there is scope for management to reduce the length of the performance report and the accounting policies.

**26.** As part of the 2023/24 audit, we will work with management to improve the process around working papers and consider what other improvements can be made to the audit process.

## **We are satisfied the Annual Governance Statement has been prepared in accordance with the relevant statutory guidance**

**27.** Our audit opinion considers whether the Governance Statement has been prepared in accordance with the Ethical Standards in Public Life etc. (Scotland) Act 2000 and directions made by Scottish Ministers.

**28.** We are satisfied that the Governance Statement for the year to 31 March 2023 has been prepared in line with applicable acts and accounts directions and is consistent with other disclosures in the financial statements.

## **Good progress was made on the prior year recommendation**

**29.** Healthcare Improvement Scotland implemented the audit recommendation identified by Deloitte's, the previous external auditor. The recommendation related to the need for management to complete the National Fraud Initiative (NFI) self-appraisal checklist to support the Audit and Risk Committee's consideration of how well the organisation engages in the NFI process. The Audit and Risk Committee considered a completed checklist at the September 2022 meeting and concluded they were assured around Healthcare Improvement Scotland's NFI participation.

# Part 2. Wider Scope

For less complex bodies wider-scope audit work considers the financial sustainability of the body and the services that it delivers over the medium to longer term, and for the 2022/23 audit of Healthcare Improvement Scotland, consideration of its financial management arrangements.

## Conclusion

Healthcare Improvement Scotland has developed detailed plans for 2023/24 and for the subsequent 4 years, risks remain over the ability to deliver fully against the recurring savings plan over the course of 2023/24 and future years.

We have concluded that Healthcare Improvement Scotland has appropriate budget monitoring arrangements in place.

Healthcare Improvement Scotland operated within its Revenue Resource Limit.

Audit procedures related to our high level evaluation of key controls within the main accounting systems did not identify any significant internal control weaknesses.

## Audit work has addressed the wider scope risks identified in our Annual Audit Plan

30. [Exhibit 4](#) sets out the wider scope risks relating to Financial Sustainability we identified in our 2022/23 audit. It summarises the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

### Exhibit 4

#### Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusions
<b>1. Financial Sustainability</b> Healthcare Improvement Scotland (HIS), similar to other public sector bodies, is facing challenges to its financial sustainability, including its ability to plan	<ul style="list-style-type: none"> <li>Review of financial plans and budgets.</li> <li>Review of year end aged debtors and creditors listings.</li> </ul>	<b>Satisfactory</b> Healthcare Improvement Scotland operated within its annual Revenue Resource Limit during 2022/23.



Audit risk	Assurance procedure	Results and conclusions
<p>related to the timing and uncertainty around non-recurring funding streams.</p> <p>Whilst reflective of the usual nature of HIS's business (relatively low level of non-current and current assets), HIS's financial sustainability position is exacerbated in part due to its general fund deficit (net liabilities position) as reported in its Statement of Financial Position.</p>	<ul style="list-style-type: none"> <li>• Consideration of assurances from the Scottish Government.</li> <li>• Report findings in our Annual Audit Report.</li> </ul>	<p>As reported in its Statement of Financial Position, Healthcare Improvement Scotland's remains with a general fund deficit (net liabilities position). We are satisfied this is due to timing of payments and is not indicative of financial sustainability issues.</p> <p>Baseline funding for the financial year ending 31 March 2024 has been confirmed by Scottish Government.</p> <p>Healthcare Improvement Scotland's 2023/24 financial budget was approved by the Board on 29 March 2023 as part of its 2023/24 integrated plan. This also included approval of a five-year financial plan for the period 2023-2028.</p>

## Healthcare Improvement Scotland operated within its Revenue Resource Limits of £40.1 million

31. The Scottish Government Health and Social Care Directorates (SGHSCD) set annual resource limits and cash requirements which NHS boards are required by statute to work within. NHS Boards are required to achieve a breakeven position over a rolling three year period and can exercise annual flexibility within one per cent of their revenue resource limit. [Exhibit 5](#) shows that Healthcare Improvement Scotland operated within its limits during 2022/23.

### Exhibit 5 Performance against resource limits in 2022/23

Performance against resource limits set by SGHSCD	Resource Limit £'000	Actual £'000	Underspend £'000
Core revenue resource limit	39,290	39,223	67
Non-core revenue resource limit	865	856	9
<b>Total revenue resource limit</b>	<b>40,155</b>	<b>40,079</b>	<b>76</b>



<b>Performance against resource limits set by SGHSCD</b>	<b>Resource Limit £'000</b>	<b>Actual £'000</b>	<b>Underspend £'000</b>
Core capital resource limit	114	95	19
Non-core capital resource limit	0	0	0
<b>Total capital resource limit</b>	<b>114</b>	<b>95</b>	<b>19</b>
<b>Cash requirement</b>	<b>40,150</b>	<b>40,150</b>	<b>0</b>

Source: Healthcare Improvement Scotland Annual Report and Accounts 2022/23

## Financial management arrangements are appropriate

**32.** Based on our observations of the arrangements in place to monitor and report on the financial position throughout the year, reports are sufficiently detailed to allow corrective action to be undertaken. We observed also that the actual outturn for the full year was reflective of the forecast outturn reported to the March 2023 Board (based on February 2023 data). We have concluded that Healthcare Improvement Scotland has appropriate budget monitoring arrangements in place.

## Standards of conduct for prevention and detection of fraud and error are appropriate

**33.** As part of the audit, we also considered Healthcare Improvement Scotland's arrangements in place to prevent and detect fraud and other irregularities. We have concluded that the arrangements are adequate.

## Healthcare Improvement Scotland has appropriate financial control arrangements in place, but with some scope for improvement

**34.** As part of our audit, we develop an understanding of Healthcare Improvement Scotland's control environment in those accounting systems which we regard as significant to produce the financial statements. Our objective is to gain assurance that Healthcare Improvement Scotland has systems for recording and processing transactions which provide a sound basis for the preparation of the financial statements. Our audit is not controls based and, with the exception of the control related to journal entry authorisation, we have not placed reliance on controls operating effectively as our audit is substantive in nature.

**35.** From our review of the design and implementation of systems of internal control relevant to our audit approach, and the testing of the operating effectiveness of the control related to journal entry authorisation, we identified no material weaknesses or areas of concern which would have caused us to alter the planned audit approach as documented in our 2022/23 Annual Audit Plan. However, we do note the following matters and recommendation:

- NHS National Services Scotland (NSS) provide a range of financial services to Healthcare Improvement Scotland under a service level agreement (SLA). The SLA details the processes and controls operated by NSS on Healthcare Improvement Scotland's behalf, separate to its own processes and controls. Our audit procedures have identified that related to this arrangement NSS is able to input journals directly to Healthcare Improvement Scotland's ledger. Whilst this is not an issue in itself, journals input by NSS are not covered by the Healthcare Improvement financial control whereby journals with a value greater than £50,000 require to be authorised by a second officer.
- Journals greater than £50,000 processed by Healthcare Improvement Scotland Finance Manager's also are not subject to a secondary check.

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## Recommendation 1

Healthcare Improvement Scotland should consider developing a review process, which could be retrospective, which ensures that journals input to the Healthcare Improvement Scotland ledger by NSS without a secondary check, and the Healthcare Improvement Scotland Finance Manager's are subject to review.

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**36.** In our 2022/23 Annual Audit Plan we highlighted the eFinancials system (the financial ledger hosted by Ayrshire and Arran Health Board and used by all health boards across Scotland) issues following a system upgrade in January 2023. Whilst the upgrade issues were highly disruptive for a period of time, assurances have since been provided via the 2022/23 eFinancials service audit report that no internal control weaknesses emerged during the period of disruption. The main impact for Healthcare Improvement Scotland was a deterioration in its payment performance.

## Healthcare Improvement Scotland has a medium-term financial plan

### 2023/24 financial budget

**37.** Healthcare Improvement Scotland's 2023/24 financial budget was approved by the Board on 29 March 2023 as part of its 2023/24 integrated plan. This also included approval of a five-year financial plan for the period 2023-2028.

**38.** The total approved budget for 2023/24 was £42.7 million: £33.6 million relating to Healthcare Improvement Scotland's baseline funding; £7.5 relating to additional funding allocations that relate to specific initiatives; and £1.6 million relating to the independent healthcare inspection regime. The baseline budget includes recurring savings initiatives of £1.6 million, which equates to 4.8% of the baseline funding.

**39.** The 2023/24 approved budget was balanced, based on the achievement of £1.6 million savings target. The achievement of a balanced position was subject to a significant number of risks to achieve the balanced position, including:

- unfunded pay awards

- uncertainty on allocation funding
- confidence on achieving recurring savings
- funding associated with independent health care
- cost pressures.

**40.** The £1.6 million saving target is being delivered under the sustainability and value programme through the organisations 'One Team' transformation programme. Whilst taking this approach could mitigate some of the risks, the achievement of the target is still likely to be challenging, particularly being able to deliver all savings on a recurring basis. Healthcare Improvement Scotland has assessed that the 2023/24 financial budget carries more risk and a higher reliance on recurring saving than in previous years.

**41.** Similar to previous years, a number of Healthcare Improvement Scotland's key work programmes and projects are funded through a combination of core baseline funding and additional allocations. If the additional allocation components are not provided as expected, this could impact on delivery of specific projects. When the 2023/24 budget was approved by the Board, there was uncertainty around 12% of the overall anticipated funding.

### Five-year financial plan

**42.** The five-year financial plan for 2023 to 2028 is based on the underlying 2023/24 budget assumptions and assuming a 2% increase in baseline funding year on year, building in staffing and other cost pressures. The five-year plan identifies a total budget gap of £6.2 million, with £1.6 million savings targeted for 2023/24, and then a further £4.6 million of savings across 2024/25 to 2027/28. Healthcare Improvement Scotland notes this level of savings is the equivalent of a 12% decrease in total staffing whole time equivalent posts from 547 in 2023/24 to 483 in 2027/28.

**43.** Healthcare Improvement Scotland has developed detailed plans for 2023/24 and for the subsequent 4 years. Plans are in place to deliver recurring savings in 2023/24, supported by the 'One Team' transformation programme. There remains an ongoing risk over Healthcare Improvement Scotland's ability to deliver fully against the recurring savings plan over the course of 2023/24 and future years.

**44.** Given the level of risk associated with the 2023/24 financial budget and the uncertainty around elements of non-recurring funding, delivery against the budget and the saving programmes will require to be carefully managed. Timely reporting to the Board will continue to be important, to afford it the opportunity to make informed decisions and adapt to any changes in the funding and budgetary landscape.

### Climate change arrangements

**45.** The Scottish Parliament has set a legally binding target of becoming net zero by 2045 and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in ensuring these targets are met and in adapting to the impacts of climate change.

**46.** The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work.

**47.** Healthcare Improvement Scotland has various arrangements in place to support its own climate change journey and is aiming to reduce its carbon emissions by 15% by August 2023 and be net zero by 2040. It also plays an important part in supporting other health boards.

**48.** The 2022/23 annual report and accounts makes appropriate disclosures on the actions taken in year to support the climate change agenda. And from a governance perspective, Healthcare Improvement Scotland has a Net Zero and Sustainability action plan and a draft Climate Emergency and Sustainability Strategy. It reports initially to its Resilience group then formally to the Audit and Risk Committee.

## Work continues against the requirements of the NIS regulations

**49.** There continues to be a significant risk of cyber-attacks to public bodies, and it is important that public bodies have appropriate cyber security arrangements in place. A number of recent incidents in the wider public sector and beyond have demonstrated the significant impact that a cyber-attack can have on both the finances and operation of an organisation. As part of our 2022/23 audit, we considered Healthcare Improvement Scotland's arrangements for managing and mitigating cyber security risks.

**50.** A key measure to gauge the appropriateness of Healthcare Improvement Scotland's cyber security arrangements is from the outcome against the periodic assessments against the EU Network and Information Systems Regulations 2018 (NIS Regulations). The NIS Regulations set out a comprehensive set of cyber security controls along with legal measures to boost the overall level of cyber security arrangements within public bodies.

**51.** Similar to other bodies assessed under the NIS Regulations, Healthcare Improvement Scotland overall compliance status is below the expected level. The most recent assessment took place in December 2022, and whilst there was some improvement compared to the previous assessments, the compliance report noted concerns around Healthcare Improvement Scotland's ability to meet the expected compliance target within relevant timelines.

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## Recommendation 2

Healthcare Improvement Scotland should consider developing a risk assessed action plan to address the actions stemming from the NIS Regulation. Implementation against the action plan should be monitored by an appropriate governance committee.

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## Healthcare Improvement Scotland has arrangements in place for securing Best Value

**52.** [Ministerial Guidance to Accountable Officers](#) for public bodies and the [Scottish Public Finance Manual \(SPFM\)](#) explain that accountable officers have a specific responsibility to ensure that arrangements have been made to secure Best Value. The SPFM articulates the characteristics of Best Value relate to: vision and leadership; governance and accountability; use of resources; partnership and collaborative working; working with communities; sustainability and; fairness and equality.

**53.** We carried out a high-level review to consider the Best Value arrangements in place within Healthcare Improvement Scotland. We have concluded that whilst there is evidence to demonstrate that Healthcare Improvement Scotland is committed to the principles and characteristics of Best Value, self-evaluation against the best value principles and reporting of the outcome is not periodically undertaken.

**54.** The SPFM emphasises that Best Value arrangements should be proportionate to Healthcare Improvement Scotland's priorities, operating environments and scale, however in the absence of a periodic self-evaluation, there is a risk that Healthcare Improvement Scotland does not effectively demonstrate the arrangements it has in place to secure and demonstrate Best Value.

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### Recommendation 3

Healthcare Improvement Scotland should consider how it articulates that arrangements are in place to secure and demonstrate Best Value.

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# Appendix 1. Action plan 2022/23

## 2022/23 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p><b>1. Journal authorisation</b></p> <p>Journals greater than £50,000 processed by NSS on behalf of Healthcare Improvement Scotland and journals processed by the Healthcare Finance Manager's are not subject to a secondary check.</p> <p>Risk – journal errors are not detected.</p>	<p>Healthcare Improvement Scotland should consider developing a review process, which could be retrospective, which ensures that journals input to the Healthcare Improvement Scotland ledger by NSS without a secondary check, and the Healthcare Improvement Scotland Finance Manager's are subject to review.</p> <p><a href="#">Paragraph 35.</a></p>	<p>As a small finance team of five, we rely on the service level agreement with NSS to deliver most of our high volume transactions. As part of this agreement, we place reliance on their financial control framework to ensure accurate postings. We take assurance from internal audit, external audit, key performance metrics and analytical reviews.</p> <p>Management agrees to undertake a review of these assurance processes during the year, ensuring they are proportional and adequate, and will make any amendments as required.</p> <p><b>Responsible officer:</b> Head of Finance &amp; Procurement</p> <p><b>Agreed date:</b> 31 March 2024</p>
<p><b>2. NIS Regulations Implementation</b></p> <p>Healthcare Improvement Scotland's compliance status is below the expected level against the NIS Regulations.</p> <p>Risk – Healthcare Improvement Scotland does not meet the expected compliance target within relevant timelines.</p>	<p>Healthcare Improvement Scotland should consider developing a risk assessed action plan to address the actions stemming from the NIS Regulation. Implementation against the action plan should be monitored by an appropriate governance committee.</p> <p><a href="#">Paragraph 51.</a></p>	<p>The NIS regulations audit actions are tracked and reported to the Audit &amp; Risk Committee at appropriate timescales under the resilience update. Scottish Government requested we move away from the previous risk based approach to a percentage completion approach. Therefore, we are now targeting 60% of actions</p>

Issue/risk	Recommendation	Agreed management action/timing
		<p>being cleared as opposed to red and black rated issues.</p> <p>Management agrees to add this formally to the ARC business planning schedule to ensure actions are being tracked at regular intervals.</p> <p><b>Responsible officer:</b> Director of Evidence</p> <p><b>Agreed date:</b> 30 September 2023</p>
<p><b>3. Best Value</b></p> <p>Healthcare Improvement Scotland does not undertake a periodic self-evaluation of its Best Value arrangements.</p> <p>Risk – Healthcare Improvement Scotland cannot effectively demonstrate the arrangements it has in place to secure and demonstrate Best Value.</p>	<p>Healthcare Improvement Scotland should consider how it articulates that arrangements are in place to secure and demonstrate Best Value.</p> <p><a href="#">Paragraph 54.</a></p>	<p>Best value and performance is an area where we made significant strides in 2022/23 – introducing KPIs, enhancing our performance reporting, reprioritisation for winter pressures and formalising our sharing intelligence network, and this work will continue into 2023/24 aligning to our new strategy. All of this was overseen by the Quality &amp; Performance Committee (QPC) and the Board and is demonstrated in the Performance report, our SG annual review and can be seen on our website.</p> <p>Management has agreed to consider this collectively in a formal best value report which will be presented to QPC periodically.</p> <p><b>Responsible officer:</b> Director of Finance, Planning and Governance</p> <p><b>Agreed date:</b> 31 March 2024</p>



# Healthcare Improvement Scotland

## 2022/23 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

[www.audit-scotland.gov.uk/accessibility](http://www.audit-scotland.gov.uk/accessibility)



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[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)



## Audit and Risk Committee

20 June 2023

### Healthcare Improvement Scotland Audit of 2022/23 annual report and accounts

#### Independent auditor's report

1. Our audit work on the 2022/23 annual report and accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matters referred to later in this letter and receipt of a revised set of annual report and accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 28 June 2023 (the proposed report is attached at [Appendix A](#)).

#### Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Audit and Risk Committee's consideration our draft annual report on the 2022/23 audit. The section headed "Significant findings and key audit matters" sets out the issues identified in respect of the annual report and accounts.

3. The report also sets out conclusions on the wider scope areas that frame public audit as set out in the Code of Audit Practice.

4. Our annual audit report will be issued in final form after the annual report and accounts have been certified by the appointed auditor.

#### Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit other than those of a trivial nature and request that these misstatements be corrected.

6. We have one unadjusted non-material misstatement. If corrected, this would decrease net expenditure by £0.35 million and increase the net assets in the statement of financial position by the same amount.

#### Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Audit and Risk Committee we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

## Representations from Accountable Officer

**8.** As part of the completion of our audit, we are seeking written representations from the Accountable Officer on aspects of the annual report and accounts, including the judgements and estimates made.

**9.** A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Accountable Officer with the signed annual report and accounts prior to the independent auditor's report being certified.

## Outstanding matters

**10.** Related to routine audit procedures, there are some areas where we continue to complete audit checks based on information requested and provided recently. We will continue to review the evidence so that the audit procedures are fully completed for the Board meeting on the 28 June 2023.

**11.** Audit procedures include checking the updated version of the annual report and accounts. We note also that the proposed independent auditors report is dependent on there being no significant issues related the aforementioned audit procedures.

## Appendix A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Healthcare Improvement Scotland, the Auditor General for Scotland and the Scottish Parliament

### Reporting on the audit of the financial statements

#### Opinion on financial statements

I have audited the financial statements in the annual report and accounts of Healthcare Improvement Scotland for the year ended 31 March 2023 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Government Financial Reporting Manual (the 2022/23 FReM).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of the board's affairs as at 31 March 2023 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 FReM; and
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

#### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Auditor General for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Auditor General on 5 June 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the board's current or future financial sustainability. However, I report on the board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

## **Risks of material misstatement**

I report in my Annual Audit Report the most significant assessed risk of material misstatement that I identified and my judgements thereon.

## **Responsibilities of the Accountable Officer for the financial statements**

As explained more fully in the Statement of the Accountable Officers' Responsibilities, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the board's operations.

## **Auditor's responsibilities for the audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the health sector to identify that the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers are significant in the context of the board;
- inquiring of the Accountable Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the board;
- inquiring of the Accountable Officer concerning the board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

## **Reporting on regularity of expenditure and income**

### **Opinion on regularity**

In my opinion in all material respects the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

### **Responsibilities for regularity**

The Accountable Officer is responsible for ensuring the regularity of expenditure and income. In addition to my responsibilities in respect of irregularities explained in the audit of the financial statements section of my report, I am responsible for expressing an opinion on the regularity of expenditure and income in accordance with the Public Finance and Accountability (Scotland) Act 2000.

## **Reporting on other requirements**

### **Opinion prescribed by the Auditor General for Scotland on the audited parts of the Remuneration Report and the Staff Report**

I have audited the parts of the Remuneration Report and the Staff Report described as audited. In my opinion, the audited parts of the Remuneration Report and the Staff Report have been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

### **Other information**

The Accountable Officer is responsible for the other information in the annual report and accounts. The other information comprises the Performance Report and the Accountability Report excluding the audited parts of the Remuneration Report and the Staff Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Performance Report and the Governance Statement to the extent explicitly stated in the following opinions prescribed by the Auditor General for Scotland.

## **Opinions prescribed by the Auditor General for Scotland on the Performance Report and the Governance Statement**

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers; and
- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

### **Matters on which I am required to report by exception**

I am required by the Auditor General for Scotland to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited parts of the Remuneration Report and the Staff Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

In addition to my responsibilities for the annual report and accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice are set out in my Annual Audit Report.

### **Use of my report**

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Claire Gardiner  
Audit Director  
Audit Scotland  
4th Floor  
102 West Port  
Edinburgh  
EH3 9DN

## Appendix B: Letter of Representation (ISA 580)

<Signed copy of ISA 580 letter to be provided on Healthcare Improvement Scotland headed paper with signed Annual Report and Accounts>

Claire Gardiner  
Audit Director  
Audit Scotland  
4th Floor  
102 West Port  
Edinburgh  
EH3 9DN

28 June 2023

Dear Claire

### Healthcare Improvement Scotland Annual report and accounts 2022/23

1. This representation letter is provided in connection with your audit of the annual report and accounts of Healthcare Improvement Scotland for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the regularity of income and expenditure, remuneration report, staff report, performance report and governance statement.
2. I confirm to the best of my knowledge and belief, and having made such enquiries as I considered necessary, the following representations given to you in connection with your audit of Healthcare Improvement Scotland's annual report and accounts for the year ended 31 March 2023.

#### General

3. I have fulfilled my responsibilities for the preparation of the 2022/23 annual report and accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual report and accounts have been made available to you for the purposes of your audit. All transactions undertaken by Healthcare Improvement Scotland have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

#### Regularity of Expenditure and Income

5. I confirm that, in all material respects, expenditure was incurred and income applied in accordance with applicable enactments and guidance issued by the Scottish Ministers.

#### Financial Reporting Framework

6. The annual report and accounts have been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.



7. I have ensured that the financial statements give a true and fair view of the financial position of Healthcare Improvement Scotland at 31 March 2023 and the transactions for 2022/23.

## Accounting Policies & Estimates

8. All significant accounting policies applied are as shown in the note included in the financial statements. The accounting policies are determined by the 2022/23 Government Financial Reporting Manual (FReM), where applicable. All accounting policies applied are appropriate to Healthcare Improvement Scotland's circumstances and have been consistently applied.

9. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

## Going Concern Basis of Accounting

10. I have assessed Healthcare Improvement Scotland's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Healthcare Improvement Scotland's ability to continue as a going concern.

## Assets

11. I have satisfied myself that the carrying amount of right of use assets at 31 March 2023 is in accordance with IFRS 16.

12. I have provided you with all information of which I am aware regarding any valuation exercises carried out after 31 March 2023.

13. There are no plans or intentions that are likely to affect the carrying value or classification of the assets recognised within the financial statements.

14. Owned assets are free from any lien, encumbrance or charge except as disclosed in the financial statements.

## Liabilities

15. All liabilities and contingent liabilities at 31 March 2023 of which I am aware have been reported in the financial statements.

16. Provisions have been recognised in the financial statements for all liabilities of uncertain timing or amount at 31 March 2023 of which I am aware where the conditions specified in IAS 37 have been met. The amount recognised as a provision is the best estimate of the expenditure likely to be required to settle the obligation at 31 March 2023. Where the effect of the time value of money is material, the amount of the provision has been discounted to the present value of the expected payments.

17. Provisions recognised in previous years have been reviewed and adjusted, where appropriate, to reflect the best estimate at 31 March 2023 or to reflect material changes in the assumptions underlying the calculations of the cash flows.

18. The accrual recognised in the financial statements for holiday untaken by 31 March 2023 has been estimated on a reasonable basis.

19. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.



## **Fraud**

**20.** I have provided you with all information in relation to:

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

## **Laws and Regulations**

**21.** I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

## **Related Party Transactions**

**22.** All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with IAS 24 as interpreted by the FReM. I have made available to you the identity of all Healthcare Improvement Scotland's related parties and all the related party relationships and transactions of which I am aware.

## **Remuneration Report and Staff Report**

**23.** The Remuneration Report and Staff Report has been prepared in accordance with the requirements of the FReM to the extent they apply in Scotland, and all required information of which I am aware has been provided to you.

## **Performance report**

**24.** I confirm that the Performance Report has been prepared in accordance with the requirements of the FReM to the extent they apply in Scotland and the information is consistent with the financial statements.

## **Corporate Governance**

**25.** I have fulfilled my responsibilities for Healthcare Improvement Scotland's corporate governance arrangements. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

**26.** I confirm that the Governance Statement has been prepared in accordance with the Scottish Public Finance Manual and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2023, which require to be reflected.

## **Events Subsequent to the Date of the Statement of Financial Position**

**27.** All events subsequent to 31 March 2023 for which IAS 10 as interpreted by the FReM requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Robbie Pearson

Chief Executive and Accountable Officer

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28th June 2023</b>
<b>Title:</b>	<b>Whistleblowing Annual Report 2022/23</b>
<b>Agenda item:</b>	<b>3.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Keith Charters, Non-Executive Whistleblowing Champion / Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Sybil Canavan</b>
<b>Purpose of paper:</b>	<b>Discussion</b>

## 1. Situation

This report provides Board members with the annual report regarding Whistleblowing activity across Healthcare Improvement Scotland.

## 2. Background

In a recent communication to the Cabinet Secretary for Health, our Board Whistleblowing Champion, Keith Charters, Non-Executive Director confirmed that:

‘Healthcare Improvement Scotland (HIS) is smaller than the territorial boards and, by comparison, has a flatter organisational structure than they do, with a significant proportion of people with managerial or senior professional experience and who are used to engaging – and, on the inspection side, to calling out issues – in the normal course of work. It also has well-established, trusted and connected staff/union representatives who engage regularly with the leadership team and board, enabling most matters to be resolved via business-as-usual routes. Finally, I would also observe that it has an open culture – more open than in any other organisation I have been involved in.

Since the National Whistleblowing Standards came into force, we have had just one case that we have treated as whistleblowing. It fell on the fringes of the whistleblowing definition but was a useful test case. It challenged our system, in part because it came direct to me having been around the houses first. We flexed the system to prioritise dealing with the issue, conscious that doing otherwise might have resulted in the HIS losing the concern altogether, robbing it of the opportunity to address it.

Low case volumes can be positive or negative: it can mean there are no issues, or that effective means exist for resolving them within business-as-usual; or it can mean there is a culture that inhibits issues being raised). My judgement is that the low volumes at HIS reflect that there are effective means for resolving most issues.’

## **‘In Year’ Activity**

It should be noted that during the reporting year of 2022/2023 there have been **no** whistleblowing cases within Healthcare Improvement Scotland.

It should be noted that there has been an increase in grievance and other policy activity across the organisation in the last 12 months. This is predominantly in relation to application of employment and policy arrangements and also terms and conditions issues, but this does represent employee issues being raised through the recognised policy approaches.

However, we are not complacent with regard to this and both the Board Whistleblowing Champion and all of those involved in the awareness and education processes for our staff are very aware of the need to ensure that all are able and aware of how to report any concerns.

The work of the HIS Campus Group over the last number of months has enabled a full overview and updating of our Mandatory training arrangements for the organisation, which has provided a continued focus on the requirement for all staff and line managers to complete the required training on the Whistleblowing Standards.

The Corporate induction information has also been updated in line with these arrangements, continuing to confirm the requirement to complete the relevant training within 12 weeks of taking up post.

A recent change to our Key Performance Indicator reporting in this regard will also support ongoing reporting on training completion for all of our staff.

In common with the rest of NHS Scotland, HIS has faced a challenging operating environment and continues to do so. We are now operating during a period of significant organisational change, with the resultant uncertainties for many staff. Given this, the organisation, including the Executive and Partnership Forum members are aware that these anxieties could potentially lead to situations or scenarios which may be seen as difficult or causing specific concerns for staff.

It is recognised that the organisation has been open with staff regarding the current and forthcoming organisational change process and also the challenges these will pose. There is also ongoing communication with all staff in terms of the monthly All Staff huddles that continue to be well attended and have provided a particular opportunity for discussion of the approach to ‘One Team’ and how this will support the organisation going forward.

HIS has also worked through a period during which a significant number of staff have been part of the redeployment process. This has required close working and communication across all Directorates, Partnership representatives and the wider HR function. This arrangement has worked to ensure that any issues that may have emerged as part of this work have been dealt with effectively and any available learning picked up for the future.

As Board members are aware, both the Partnership Forum and Staff Governance Committee are the key groups which provide an opportunity for staffing concerns and issues to be raised. Both groups also provide oversight and governance of employment issues for all staff and these continue to ensure reporting and the opportunity for collective matters to be raised and discussed.

All lead officers involved in the Whistleblowing Standards process for Healthcare Improvement Scotland have access to a regular newsletter from the Independent Whistleblowing Officer (INWO)/ Scottish Public Services Ombudsman office. The newsletter provides regular updates on areas of wider discussion and development. As part of this communication there is an open invitation for individuals to participate in the national Whistleblowing Practitioners Forum.

Updated training and webinar materials have recently been published and are available on an ongoing basis from the INWO website, which provides an excellent range of resources for any process or potential participant. The most recent material includes;

- A quick reference guide for managers and people raising concerns
- A checklist for managers and people raising concerns
- A guide for HR teams on the differences between the HR issues and whistleblowing concerns
- A guide to whistleblowing for anyone who wishes to raise a concern
- A suite of materials to support training for confidential contacts

### Looking Ahead

Elaine Cameron, Head of Investigations for the Independent National Whistleblowing Officer recently provided new guidance on reporting on Whistleblowing, which was published in early June 2023. This information is provided in **Appendix 1**. Given the timing of this guidance, this will be discussed in detail with the Staff Governance Committee and work undertaken going forward to ensure that the future annual report mirrors the proposed format.

Healthcare Improvement Scotland has also received a recent invitation from the INWO’s office to participate in a shared learning event in terms of the potential cross-over between HR policies and whistleblowing. Further discussion regarding this offer will take place with both Board Whistleblowing Champion and the Staff Governance Committee in due course

In October 2023, there will be a further opportunity for HIS to participate in, and publicise, ‘Speak up Week’ between the 2<sup>nd</sup> and 6<sup>th</sup> October.

## 3. Assessment

HIS Board members are asked to review the annual report detail captured in the narrative of this paper encapsulating the activity underway to date to enable discussion and comment as appropriate.

### Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	Staffing within the organisation, and how staff are deployed, has major operational and financial implications. Any behaviour or activities that jeopardise this could have major resource

	implications in terms of staff, reputation or ability to deliver work.
<b>Risk Management</b>	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
<b>Equality and Diversity, including health inequalities</b>	Whistleblowing cases are recorded and reported quarterly in line with reporting arrangements as required by the INWO. An annual report is provided to the Board that will include any case overviews as appropriate.
<b>Communication, involvement, engagement and consultation</b>	Continued updates provided to Staff Governance Committee.

#### **4 Recommendation**

Board members are asked to review and discuss the annual report detail captured in the narrative of this paper and bring forward any questions or points of clarity required.

#### **5 Appendices and links to additional information**

Appendix 1 – Reporting on Whistleblowing – New Guidance Letter

1 June 2023

Good afternoon

I am Elaine Cameron, the new Head of Investigations for the INWO at the SPSO. I am writing to introduce myself and to provide you with information about board reporting on whistleblowing.

I am looking forward to engaging with you and to continuing to ensure that the INWO service in its national leadership role provides support and guidance to NHS organisations.

As you will be aware, the National Whistleblowing Standards require that all boards produce quarterly and annual reports on the whistleblowing cases that come to them. Where there have not been any cases, a report is required to indicate this and to provide as much information as possible against the required KPI's.

I thought it would be helpful for me to clarify the INWO's expectations in receiving board's quarterly and annual reports, and let you know what we are doing with these reports.

We review quarterly and annual reports to identify patterns and trends in the national picture. The reports help us to identify good practice in raising awareness, handling concerns, and sharing learning and improvements from whistleblowing concerns. This helps us to understand how the Standards are being implemented and enables us to support boards.

I have recently reviewed boards first annual reports for 2021-22 and as a result I am pleased to let you know about new INWO publications:

- We have produced good practice guidance to support boards with annual reporting on whistleblowing, which you can find [here](#)
- We have produced a standalone KPI checklist to support boards when preparing their annual reports, which you can find [here](#)
- We have produced a findings report, which provides a snapshot of boards reports for 2021-22, which you can find [here](#)



It is a requirement that boards provide quarterly reports, submitted to us at [INWO@spsso.gov.scot](mailto:INWO@spsso.gov.scot) within 6 weeks of the end of the quarter. If boards are unable to meet this deadline, the INWO should be informed of the expected date of receipt as soon as possible.

We have not received all quarterly reports from boards. It is important that we receive quarterly reports, as they provide up to date information and allow us to analyse the national picture at key points during the year. We monitor the submission of these reports closely and will be in touch if we do not hear from your board.

In relation to the receipt of boards annual reports, we would like to receive a link to the publication on the board's website, within 3 months of the financial year end. If this is not possible, inform the INWO of when we can expect to receive the report.

I am pleased to note that all boards produced and submitted an annual report for 2021-22. Some reports were received as part of board papers or in draft format. This is not suitable, as it is difficult to determine if we have received approved reports, if the reports have been published on the boards website and it is challenging to analyse the data.

I welcome any feedback on the content of this letter or more generally on how the Standards are working within your board and what further support we could provide. You can reach me on [Elaine.Cameron@spsso.gov.scot](mailto:Elaine.Cameron@spsso.gov.scot) or on 0131 240 2997.

Best wishes, Elaine

Elaine Cameron

Head of Investigations Independent National Whistleblowing Officer & Scottish Welfare Fund  
**Scottish Public Services Ombudsman**



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Performance Report, Quarter 4 2022/23</b>
<b>Agenda item:</b>	<b>3.3</b>
<b>Responsible Executive:</b>	<b>Angela Moodie, Director of Finance, Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Caroline Champion, Planning &amp; Performance Manager</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 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 4 (Q4) period, January – March 2023 was provided to the Quality and Performance Committee (QPC) at its meeting on 17<sup>th</sup> May 2023. This is in line with the Board's Terms of Reference which includes 'scrutiny and monitoring of operational performance having received recommendations from the QPC on this'.

## 3. Assessment

### Key Performance Indicators (KPIs)

KPIs (see Appendix 1) were developed under a number of headings which aligned to our draft Strategic Plan for 22/23 reporting period; these headings will be redefined for 23/24 to align to the approved Strategy. KPIs are not intended to be a measure of our impact or outputs at this stage. Work has been carried out to define mandatory training and reporting against this metric will begin from Q1 23/24.

At the end of 22/23, 8 of the 17 KPIs were on target. The KPIs behind target were:

- **Inspections.** While the target at the start of the year was 60, this was revised down in Q4 to 53, with an actual number of 52 being undertaken during the year. The slight fall in inspections was due to changes in methodology, winter pressures and training requirements.
- **Independent Healthcare inspections.** 76 inspections were carried forward from 21/22 and we end the year with only 7 to carry forward into 23/24. Although less

inspections were carried out during the year than targeted, this was mainly due to lower registrations.

- **Death Certification Review Service (DCRS)** - at the request of Scottish Government (SG), DCRS implemented reduced randomiser selection rates of between 6% and 12% from December-22 to March-23. This was in response to increased pressures with Health Boards during this time.
- **Scottish Medicines Consortium advice published** – due to the delay in approval of the business case from SG, an increasing volume of new medicines and a number of vacancies within the team, this KPI ended the year 82% of target. Corporately we are taking a risk on funding for 23/24 to progress and mitigate against future delays.
- **Standards and Indicators (S&I)** – internal and external capacity issues led to delays, SG recognised this and agreed to extensions being granted. The team is looking to develop new methodology for screening work, Scottish Screening Committee approved approach and revised timescales.
- **Complaints** - due to the small numbers of complaints received, the overall year end position is reported as amber as a result of one complaint being responded to outside of the allocated timeframe of 20 days in Q2.
- **Engagement** - during 22-23 we carried out and published 2 Citizens' Panels surveys (each covering 3 policy areas) and a further gathering views exercise on the topic of chronic pain. We also carried out engagement activity on the topic of principles for accessing GP services during Q4. Publication of the report and recommendations will not take place until Q1 of 2023-24 due to the commissioning discussions taking longer than anticipated.
- **Baseline spend.** Baseline spend outturned the year £0.1m overspend, which is within our 1% tolerance. Recurring savings of £384k, mainly in pay costs were identified and reported in Q4.

## Work Programme Status Summary Report

**86** projects were active at the end of Q4 which is a net movement of **-8** since the previous quarter. **67** projects were on target, **18** were running behind / 'repositioned'. **1** project was reported as late. **8** project were completed. Scottish Patient Safety Programme (SPSP) Dentistry was removed from the work programme as it was historically a light touch programme that has been in hibernation since April 2020 and there is no capacity to reinstate. The projects assigned to One Team have been reinstated and Q3 figures in the movement in project status table (see Appendix 1) have been adjusted to provide a more accurate movement between the two quarters.

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 will prioritise / 'reposition' 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,

## Key Achievements and Deliverables (Q4)

- **National Cancer Medicines Advisory Group** – three decisions were published during the quarter, with identified cost savings, slowing of cancer progression and less toxicity to patients. Service impacts include; 50% reduction in day-case attendance and reduction in clinic review appointments.
- **Primary Care Access Programme** – supported 22 teams from 8 Boards with 1-2-1 coaching, data collection, design of test of change and opportunities to share

learnings. Impacts include; patients asked to call back next day in a Tayside medical centre reduced from 57% to 30% and demand for urgent appointments in a Grampian medical practice reduced by 62 in the first week. [Further details can be found at \*ihub.scot\*](#).

- **Scottish Medicines Consortium (SMC)** – during the quarter SMC published a collaborative advice document for treatments for Covid-19 with NICE, adopting the abbreviated process for speeding up access to new medicines in Scotland, as well as releasing the standard monthly decisions news release.
- **Healthcare provision within police custody** – this joint work with HM Inspectorate of Constabulary in Scotland, culminated in the publication of the following report in January 2023: [National baseline review of healthcare provision within police custody centres in Scotland](#). A number of recommendations were included in the report, such as nationally agreed waiting time standards for the assessment and treatment of individuals detained and the development of up-to-date guidance on the delivery of healthcare.

## Operational Risks

At Q4, there were **12** 'high' operational risks and **7** 'very high' operational risks which is a net movement of **-3** from Q3. The 7 very high risks relate to Information & Communications Technology server resilience, shortage of Microsoft 365 licences, and hardware failure, Internal Intelligence Sharing manual system, the increasing volume of new medicine submissions for review by the SMC, and Clinical and Care Governance in relation to mandatory training (new operational risks).

## Annual Delivery Plan 2022 / 23 Q4 Update

HIS' Annual Delivery Plan (ADP) 2022 – 23 Q4 update covering the period January to March 2023 was submitted to the SG on 10<sup>th</sup> May. The update was based on the Q4 Organisational Performance Report and HIS' Work Programme 22/23 which was approved by the Board on 23<sup>rd</sup> March 2022.

## New Commissions

During Q4, 12 new commissions were received and taken forward for consideration (see Appendix 1). 1 of these will be grant funded from an organisation other than SG, and 1 is no longer being progressed. Across the quarter, 1 potential commission received and subsequently declined, primarily because it didn't align with HIS' areas of work / priorities and seemed like a better fit for NHS Education Scotland (NES).

## Forward Look to Q1 23/24

In March, the Board approved the [HIS Scrutiny Plan for 2023-24](#), which sets out the inspection, regulation and review programmes for the year ahead. This work is being delivered alongside a transformational change programme within the Quality Assurance directorate, which will shape how our work is planned and delivered going forward. The Scrutiny Plan will be monitored and subject to change throughout the year if there are any commissions for additional work from SG or if additional activity is needed to respond to any emerging concerns about the quality and safety of services.

Our strategic priorities as outlined in [Leading Quality Health and Care for Scotland: Our Strategy 2023-28](#) was launched on 17<sup>th</sup> April 2023. We will continue to develop robust monitoring and reporting processes including implementation of the Strategy and revised KPIs which we will start to reflect in our performance reporting from 2023-24.

## Quality and Performance Committee Q4

At the QPC meeting on 17<sup>th</sup> May, the following points were discussed in relation to Q4 performance report and the responses:

- Overall performance shows a static position compared with previous quarters
- Committee raised questions in relation to KPIs to better understand the year end position for some metrics, particularly those reporting as behind. Members were assured by the responses provided and in relation to the Standards and Indicators Q4 outturn an amendment was made.
- There was a query regarding OneTeam Process Mapping which was reported as behind, in particular to gain understanding of the reason given. The Committee was advised that with the wide range of skills required to support the process in particular LEAN trained staff, it hadn't always been possible to match and release available resources.
- In relation to the new Clinical and Care Governance operational risks where these had been assessed as very high risk, it was understood this was due to delays in setting up the HIS campus and ensuring all relevant staff had access to specific mandatory training appropriate to their role. It was agreed the rating of these risks should be reviewed by the risk owner.

## Assessment Considerations

<b>Quality / Care</b>	The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver
<b>Resource Implications</b>	Workforce constraints are highlighted in various programmes of work where applicable
<b>Risk Management</b>	The performance report is complied with reference to programme risks and key risks on the organisational risk register
<b>Equality and Diversity, including health inequalities</b>	There are no equality and diversity issues as a result of this paper
<b>Communication, involvement, engagement and consultation</b>	The detailed Q4 performance report was firstly considered by Executive Team and then approved by the QPC on 17 <sup>th</sup> May 2023

## 4 Recommendation

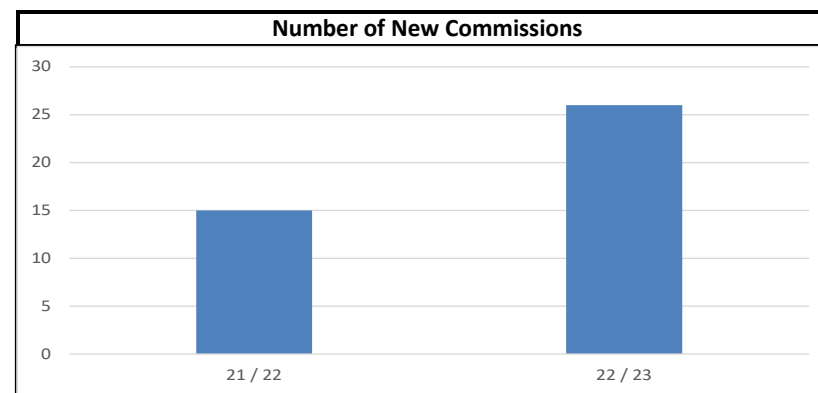
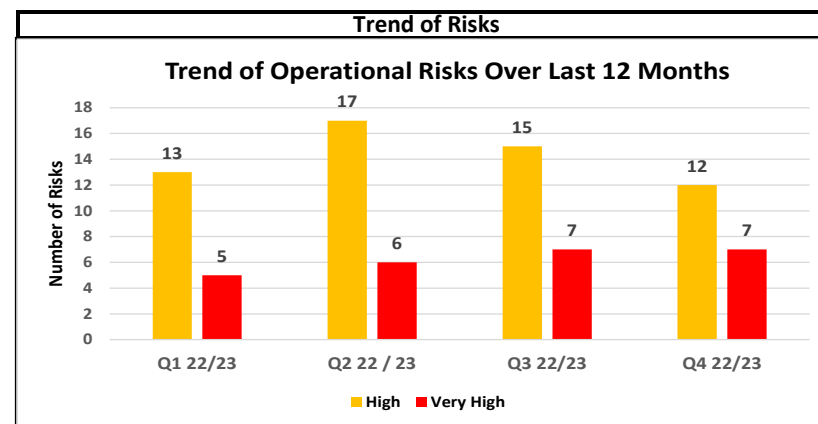
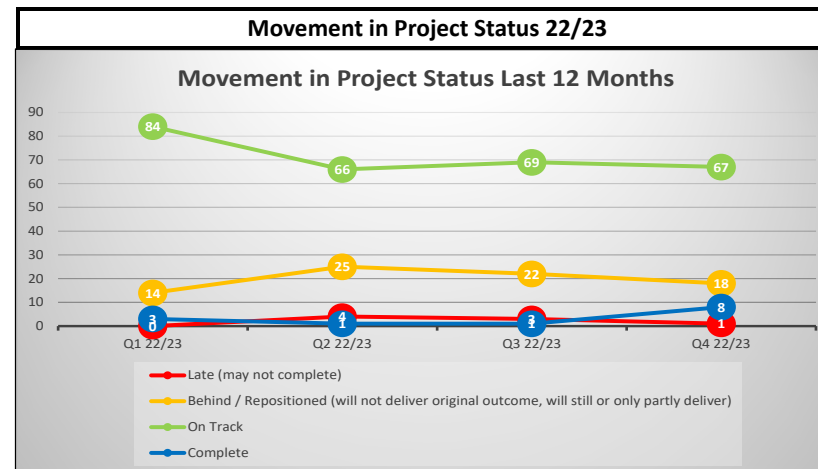
The Board is asked to gain assurance from this performance report about progress against the delivery of the HIS Operational Plan.

## 5 Appendices and links to additional information

Appendix 1: Q4 Performance Dashboard

Operational KPIs								
Strategic Area	KPI	2021 - 22	2022 - 23	2022 - 23 Outturn By Quarter				Full Year
		Actuals	Target	Q1	Q2	Q3	Q4	To Date
Safe, timely, high quality care	Inspections (no. carried out)	41	60	10	9	16	17	52
	IHC Inspections (no. carried out)	135	187	28	42	35	47	152
	Death Certification Review Service (DCRS) (% of Medical Certificate of Cause of Death randomly selected)	12%	12%	12%	12%	12%	10%	11%
Evidence & intelligence underpin care	SIGN (guidelines published)	9	6	1	5	0	1	7
	Scottish Medicines Consortium (SMC) (advice published)	81	96	19	21	23	16	79
	Research & Information Service (RIS) (no. of literature searches / appraisals / projects supported)	132	120	48	53	42	46	189
	Scottish Health Technologies Group (SHTG) (reviews)	11	10	2	6	2	6	16
	Standards & Indicators (S&I) (no. developed & published)	5	21	4	3	2	3	12
	Culture of continuous learning & quality improvement	Complaints - closed / actioned within Service Level Agreement (SLA)	100%	100%	100%	88%	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	0	54
	Engagement (no. of policy areas influenced by people's views)	6	8	1	3	2	1	7
	Equality assessment (initial screening completed)		60%	*	*	70%	76%	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%	2.5%	2.5%
	Mandatory training		*	*	*	*	*	*
Value for Money	Baseline spend (£m)	30.6	32.6	8.0	7.8	7.8	9.1	32.7
	Recurring savings (£k)	0	24.0	0	0	0	384	384

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



Commissions in Development Q4 2022 - 23	
Barnahus Standards (extension)	Cancer Policy - Single Point of Contact (SCPOC) Pilots
Hospital at Home (extension)	Cancer Policy - Digital Work on Rehabilitation
Scottish Standards on Menopause	Cancer Policy - Rehabilitation Self-Assessment Framework
Global Health Partnership	Coming Home Implementation - Peer Support Network
SAPG International Partnership with Ghana (non-SG grant funding)	Supporting Implementation from the Rapid Review of Co-Occurring Substance use and Mental Health Conditions in Scotland
Dementia in Hospitals	Personality Disorder Improvement Programme (extension)

Programmes of Work Completed Q4	
Scottish Medicines Consortium (SMC) Rapid C-19	Commission for Wider Independent Assurance
New Models for Day Support for People with Learning Disabilities	Angus Significant Case Review P19
Commissioning Community Solutions	Quality Assurance Support for Neurological Services
Rethinking Unscheduled Care	Ways of Working (WOW)

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Financial Performance Report 31 May 2023</b>
<b>Agenda item:</b>	<b>3.4</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Lovepreet Singh, Finance Manager</b>
<b>Purpose of the paper:</b>	<b>Awareness</b>

## 1. Situation

This report provides the Board with the financial position at 31 May 2023 and is a summary of the paper which was taken for awareness to Audit & Risk Committee on 20 June 2023.

### Overview of Financial Performance

At 31 May 2023 the total budgeted net revenue expenditure for 2023-24 is £41.1m. This is made up of £34.5m in baseline expenditure, £6.6m in additional allocations and a breakeven position budgeted for Independent Healthcare (IHC), which includes £0.3m Scottish Government (SG) IHC funding. The Core Capital resource limit is anticipated at £0.1m in line with the previous years.

Expenditure to 31 May was £6.7m, which was £0.2m under budget. The baseline was £0.3m underspent due to lower whole time equivalents (WTEs), whereas IHC had a £0.1m overspend due to lower income as a result of less registrations.

The high-level outturn for the year is expected to be £40.7m, representing an underspend of £0.4m (1%). This is due to lower WTEs as a result of organisational change. The forecast assumes this position can be recovered by P5, but if staff numbers continue to be lower, the underspend could be significantly higher. Back to budget plans, alongside consideration of further areas of investment is underway.

## 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

At the end of May, our total spend was £6.7m, which was a £0.2m underspend against the budget of £6.9m. This was mainly driven by lower WTE and therefore lower pay costs in the baseline.

The original baseline funding approved by the Board was £33.8m, but this was amended with a further £0.7m following confirmation of the additional SG funded pay award.

Total WTEs were 509, which was 25 WTE lower than budget (5%). Baseline staff costs of £5.1m were £0.2m (4%) under budget at P2. The pays underspend is a result of both delays/ pauses in



recruiting to vacancies while the outcome of organisation change is awaited and also delays in recruiting senior roles. It is anticipated the pays underspend will continue to grow over the next quarter until the outcome of organisation change is known.

	Year to Date			Full Year		
	Budget	Actual	Variance	Original Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Baseline Funding	6,033	5,729	304	34,547	34,145	402
Additional allocations	873	912	(39)	6,600	6,600	(0)
<b>Revenue Resource Limit</b>	<b>6,906</b>	<b>6,641</b>	<b>265</b>	<b>41,146</b>	<b>40,744</b>	<b>402</b>
IHC Income	(253)	(215)	(38)	(1,541)	(1,541)	0
IHC Expenditure	253	282	(29)	1,541	1,541	0
Other Income (including Grants)	0	(36)	36	(878)	(1,214)	336
Other Expenditure (including Grants)	0	36	(36)	878	1,214	(336)
<b>Income deficit / (surplus)</b>	<b>0</b>	<b>67</b>	<b>(67)</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Revenue Expenditure</b>	<b>6,905</b>	<b>6,708</b>	<b>197</b>	<b>41,145</b>	<b>40,744</b>	<b>402</b>
Capital Expenditure	0	0	0	79	79	0
Baseline staff count (WTE)	437	419	18	432	432	0
Non recurring allocations staff count (WTE)	75	68	7	96	95	1
IHC staff count (WTE)	22	22	0	21	22	(1)
<b>Total WTE</b>	<b>535</b>	<b>509</b>	<b>25</b>	<b>549</b>	<b>549</b>	<b>(0)</b>

### Savings

As part of the budget process £1.6m of recurring savings were identified to be delivered in 2023/24. We have banked £0.1m savings YTD which have arisen from savings from the SG funded pay award.

### Areas for Investment

As part of the budget process, areas for investment totalling £0.4m spend and £0.1m capital spend were approved (website, secondary server, ICT resilience, Associate Medical Director, HR redesign support). There is no YTD spend against any of these initiatives by the end of May due to delayed recruitment.

### Additional Allocations Non-Recurring Spend

Total additional allocations either received or requested from SG for this financial year was originally £6.6m with 70 WTEs. Since approval of the budget, there have been a number of changes, but the budget has remained the same at £6.6m. There are 15 new allocations under consideration currently, which if approved could increase the value of allocations by up to £2m. This could pose a risk to delivery of the current agreed work programme.

Written confirmation has been received for 15 out of the 26 allocations approved (£4.6m out of £6.6m), but we have yet to receive any funding, with the formal allocation letter and payment not expected until July at the earliest. SG are also still reviewing the bundling of some allocations with SG Directorates, which may lead to some cost efficiencies being applied.

On grant funding, the budget assumed spend for the year of £0.9m but three new applications have been approved since the end of May, resulting in total grant income expected in 2023/24 of £1.2m.

### Outturn Prediction for 31 March 2024

HIS is expected to deliver a financially balanced position each year, within a +/-1% tolerance, which for 2023/24 is anticipated to be £0.4m.

At a high level, we are currently forecasting an outturn position of £40.7m which is £0.4m underspend (1%). This outturn leaves no contingency and is based on the following assumptions:

- Baseline WTE returns to budget position from P4 onwards.
- SG fully fund the 2023/24 pay award with no material over or underspends.
- Additional allocations fully funded to our forecast position.
- E-rostering costs of £200k incurred during the year.

In addition to this, a number of opportunities and risks remain, which have been identified in a range of +/- £1.5m.

### Assessment considerations

<b>Quality/ Care</b>	The recruitment delays and uncertainty in the funding may impact on the initiatives we can deliver with the aim of improving quality of care in Scotland.
<b>Resource Implications</b>	We have lower resource than budgeted at present so our plans to ensure we remain in budget is likely to impact/ increase resource levels.
<b>Risk Management</b>	The management of the organisation's finances is covered on the strategic risk register.
<b>Equality and Diversity, including health inequalities</b>	No impact on equality and diversity.
<b>The Finance Team has prepared this report</b>	The Finance Team has prepared this report and it was considered by the Audit & Risk Committee on 20 June 2023.

## 4 Recommendation

The Board are asked to consider this report for awareness, recognising the underspend position and endorsing the creation of back to budget plans, alongside consideration of further areas of investment.



# Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	28 June 2023
Title:	Rapid Review of Co-Occurring Substance Use and Mental Health Conditions Business Case
Agenda item:	3.5.1
Responsible Executive/Non-Executive:	Ruth Glassborow, Director of Improvement
Report Author:	Diana Hekerem, Associate Director, Transformational Redesign
Purpose of paper:	Decision

## 1. Situation

Scotland continues to face significant challenges relating to harms caused by drugs and alcohol, including high numbers of drug-related deaths. In 2022 the Minister for Drugs Policy and the Minister for Mental Wellbeing and Social Care commissioned a rapid review of mental health and substance use services which identified seven recommendations.

In support of recommendation one, on 21 March 2023 it was announced by the Minister for Drugs Policy that every local area in Scotland would be required to develop a protocol setting out how mental health and substance use services would work together, as informed by a 'gold standard' protocol set to be developed by HIS. This commission will build on the success of the Substance Use Transformation Programme which includes an existing programme to Improve Our Response to People with Mental Health and Substance Use Needs.

As the business case is for funding in excess of £500k, there is a requirement for Board approval in line with our Standing Financial Instructions. **At its meeting on 17<sup>th</sup> May 2023, the Quality and Performance Committee endorsed this new commission and recommended its approval to the Board.**

## 2. Background

### 2.1. What are co-occurring mental health conditions and substance use disorders?

The literature review underpinning the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland states that "the terms "dual diagnosis", "co-existence", "co-occurrence", and "comorbidity" are all used to describe people who

experience both problem substance use and mental health concerns. In this report co-occurrence is used to describe people who experience problem substance use and some form of mental health concern, which may be either diagnosed or undiagnosed”.

## **2.2. Why is it a strategic priority for HIS to support improvements to services in this area?**

The Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland highlights the following:

- Scotland continues to face significant challenges relating to harms caused by drugs and alcohol, including high numbers of drug-related deaths. In addition, data shows an increase in drug-related admissions to general hospitals with “mental and behavioural disorders” (Public Health Scotland, 2021).
- How to best help people with “co-occurring mental health conditions and substance use disorders in Scotland ... is a problematic area of practice that requires urgent attention”. In addition, it is noted that while progress has been made there has been insufficient impact on clinical practice and “mental health services and substance use services still need to find better ways of working together for the benefit of their patients”.
- There is an ambition to “ensure a shift in culture in this area and to bring about better integrated care within mental health and substance use services for the benefit of all patients with co-occurring disorders”.
- The Review is complementary to the Mental Welfare Commission for Scotland report [Ending the Exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland](#) which captures views from people delivering services and people with lived and living experience whose voices show that we need to strive harder to improve services for those with co-occurring disorders.
- A particular concern that needs to be addressed is “how to respond to people with co-occurring disorders presenting in crisis if they are not admitted to inpatient care”.
- The links between population alcohol consumption, depressive illness, and suicide rate – over the past six decades “patients with alcohol use disorders were increasingly presenting in psychiatric clinics and in medical and psychiatric wards with alcohol-induced mood disorders and suicidal crises”.
- The literature review undertaken as part of the Rapid Review suggests that “building formal and informal service integration and networks around co-occurring disorders will be of benefit”.

## **3. Assessment**

### **3.1. Alignment with HIS Strategic Priorities**

This commission provides an opportunity to improve outcomes across Scotland in line with HIS’s strategic priorities to:

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

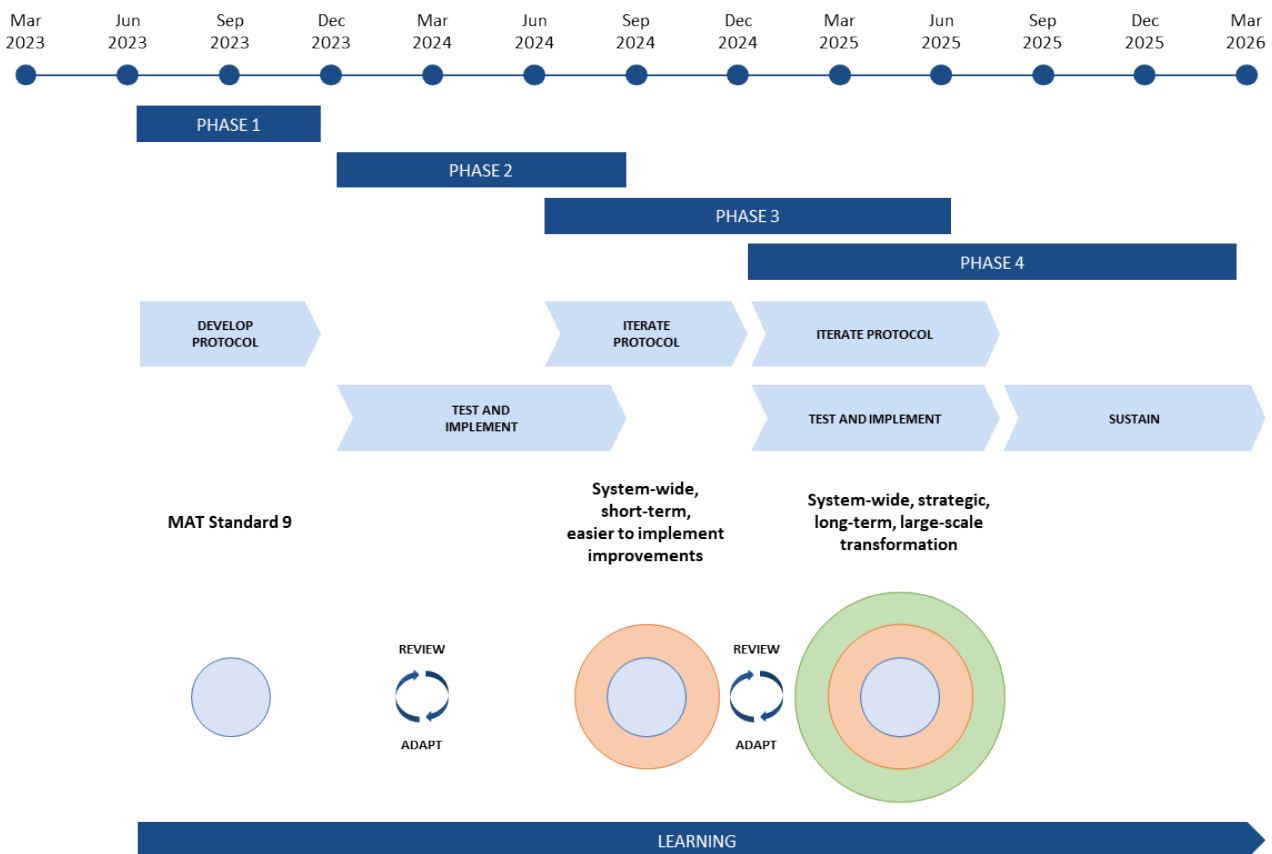
- Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care service.
- Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.
- Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.

### 3.2. Business Case Development

The business case has been through the HIS new commission two-stage process:

- Stage One – approval in principle by Executive Team (ET) was given to the New Commissions SBAR on 4 April 2023.
- Stage Two – full business case presented for approval by ET on 16 May 2023. The full business case includes consideration of how each of the seven principles of clinical and care governance would be addressed along with short, medium and longer-term outcomes that will form the basis of the logic model and associated measurement strategy to enable effective analysis of impact.

### 3.3. Proposed Deliverables



- The core deliverable for this commission is a good practice protocol. This will be iterated over the duration of the programme as follows:
  - Phase 1 and 2 develop, test and implement a good practice protocol focused on supporting the delivery of Medication Assisted Treatment (MAT) Standard

9: “All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery”.

- Phase 3 iterate the good practice protocol to make it applicable on a system-wide basis, focused on improvements that can be made quickly and easily.
- Phase 4 iterate the good practice protocol to focus on sustaining improvement through longer-term, large-scale, system-wide changes.
- This will be underpinned by:
  - A strategic gap analysis between current practices and identified good practice (using evidence, national and local system data, and experience data from people delivering service and people with lived and living experience).
  - Providing coaching support to specific areas to test and implement local processes.
  - Identifying, sharing and spreading good practice, innovation and learning about “what works” to drive improvement and change.
  - Hosting a series of learning events to support local areas to test, adapt, implement, and embed improvements.

### 3.4. Risk Management

The following risks and mitigations have been identified:

RISKS	MITIGATIONS
<p><b>Timescales for delivery</b> – there is a risk that the delivery of required outputs and outcomes is not achievable within timescales (taking into account programme set-up and initiation times, etc)</p>	<ul style="list-style-type: none"> <li>● Issue of formal award letter as soon as possible by Scottish Government to maximise delivery time.</li> <li>● Ongoing engagement with Scottish Government re: delivery progress.</li> <li>● A robust project plan in place to clearly identify activities and milestones that can be delivered within timescales.</li> </ul>
<p><b>Programme delivery</b> – it is the intention that some members of the project delivery team will transition from the exiting current Improving Our Response to People with Mental Health and Substance Use Needs Programme. There is a risk that deliverables across the two programmes are compromised due to insufficient capacity during the transition period.</p>	<ul style="list-style-type: none"> <li>● Regular meetings with Scottish Government to identify priorities across the two programmes and to identify where slippage is acceptable.</li> <li>● Scottish Government to support raising visibility of this work to help drive progress eg with Mental Health Leads.</li> </ul>
<p><b>System capacity</b> – there is a risk that there is insufficient capacity in the system to meaningfully contribute to co-design and implement the protocol resulting in an impact on achievement of desired outcomes.</p>	<ul style="list-style-type: none"> <li>● Co-design of engagement sessions to ensure timings take account of competing priorities.</li> <li>● Close communication with key stakeholders to adapt the project plan as required.</li> </ul>
<p><b>High degree of contention</b> – there is a risk that there is a high degree of contention/disagreement regarding the nature, content and implementation of the protocol.</p>	<ul style="list-style-type: none"> <li>● Development of an involvement plan to ensure engagement with, and involvement of, relevant stakeholders.</li> <li>● Co-design of national and local protocols with relevant stakeholders.</li> </ul>

<p><b>Sustainability</b> – there is a risk that the improvements made will not be self-sustaining, resulting in a lack of longer-term impact.</p>	<ul style="list-style-type: none"> <li>• A robust exit plan in place to clearly identify activities to support sustainability in the case of exit from this programme.</li> </ul>
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### 3.5. Resource Implications

The business case asks for an additional allocation to fund this time limited work. An indicative budget and staff resource requirement is within the table below. The resource requirement has been developed using the following assumptions:

- 2023/24 costs calculated with staff in post from August (excludes one off payment).
- 2024/25 costs calculated using 2% uplift.
- 2025/26 costs calculated using further 2% uplift.

Post	WTE	Band	Annual cost £ 2023-24 per WTE (including on-costs at top of band)	Annual cost £ 2024-25 per WTE (including on-costs at top of band and inflation increase of 2%)	Annual cost £ 2025-26 per WTE (including on-costs at top of band and inflation increase of 2%)
Senior Improvement Advisor	1.0	8a	0	83,247	84,912
Improvement Advisor	2.0	7	0	145,244	148,149
Strategic Planning Advisor	1.0	7	0	72,622	74,074
Data and Measurement Advisor	0.5	7	23,733	36,311	37,037
Social Researcher	1.0	7	0	72,622	74,074
Senior Project Officer	1.0	6	40,561	62,058	63,299
Knowledge and Information Skills Specialist	1.0	6	0	62,058	63,299
Public Involvement Advisor	1.0	6	40,561	62,058	63,299
Project Officer	1.0	5	0	50,467	51,477
Administration Officer	1.0	4	0	39,963	40,763
Clinical Lead	0.2	9	0	31,737	32,372
Professional Lead	0.2	8b	12,760	19,523	19,913
<b>TOTAL</b>	<b>10.9</b>		<b>117,614</b>	<b>737,908</b>	<b>752,667</b>

Non Pay	2023-24 cost £	2024-25 cost £	2025-26 cost £
IT/home working costs	10,301	3,775	3,851
Third sector commissioned partners	30,000	30,600	31,212
Travel	5,000	5,100	5,202
Events	3,000	6,120	9,364
NES - workforce training	0	20,000	40,800
<b>TOTAL</b>	<b>48,301</b>	<b>65,595</b>	<b>90,428</b>

TOTAL COSTS	2022-23 cost £	2023-24 cost £	2024-25 cost £
Pay	117,614	737,908	752,667
Non-pay	48,301	65,595	90,428
	<b>165,915</b>	<b>803,504</b>	<b>843,095</b>

### 3.6. Equality and Diversity including health inequalities

This commission will support an improvement in outcomes in relation to inequalities. People with co-occurring mental health and substance use support needs face multiple inequalities. These inequalities impact ability to access the most appropriate services and support, and to retain engagement with them. In addition, these people are also affected and impacted by stigma, which adds to the inequalities they face.

The development of the protocol will contribute to the reduction of inequalities for those with co-occurring mental health and substance use support needs in a number of ways, including:

- Creating the conditions by which people with co-occurring mental health and substance use support needs are able to access timely and responsive support across Scotland.

- Engaging with people who have protected characteristics as part of the Reference Group in designing the protocol.
- Focusing on those with co-occurring mental health and substance use support needs, who face additional inequalities in terms of health outcomes compared to the general population. It is known that these people have poorer physical health, lower mortality age, and face stigma and discrimination which contributes to poorer overall wellbeing.
- Focusing on improved support and coordination of services which will create opportunities for people to continue/develop in education, occupation and other opportunities which impact on socioeconomic status in the longer term.
- Engaging with, and involving, lived experience organisations, which will enable a whole system perspective that includes the voices of service users, families and carers.

In addition, the programme will embed equality and ethics in the following ways, helping HIS to deliver its current equality outcomes:

- We will ensure that the views of people with lived and living experience are at the heart of this work.
- Our involvement of people with lived and living experience will be underpinned by an involvement plan.
- A full Equality Impact Assessment (EQIA) will be completed and regularly reviewed to ensure that we are addressing actions and learning from new and emerging evidence.
- A Data Protection Impact Assessment will be completed to ensure our data processing is legal and ethical (including types of processing that may result in a risk to the rights and freedoms of individuals).
- Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is legal, ethical and inclusive.
- All staff members working on the programme will undertake, at a minimum, level one training around trauma-informed practice.
- The programme will be conducted in line with the principles set out in the HIS Clinical and Care Governance Framework.

The full EQIA is under development by the Improve Our Response to People with Mental Health and Substance Use Needs programme team. A verbal update will be provided.

### **3.7. Communication, Involvement, Engagement and Consultation**

Internal engagement has been undertaken with:

- Executive Team, New Commission SBAR went to meeting on 4 April 2023.
- Evidence Directorate, meeting on 27 April 2023.
- Engagement with other Directorates has been undertaken via email due to tight time constraints for the development of the business case.
- Executive Team, final business case went to meeting on 16<sup>th</sup> May 2023.
- HIS Quality and Performance Committee on 17<sup>th</sup> May 2023. The need to ensure, as the programme is delivered, a strong focus on impact and progress was noted, as it will come under political scrutiny. The need for a strong script to demonstrate the practical difference being made on the ground was emphasised.

External engagement has been undertaken with:

- Scottish Government, meetings on 30 March 2023 and 10 May 2023.

#### **4. Recommendation**

The Board is asked to approve this new commission.

#### **5. Appendices and links to additional information**

The following appendices are included with this report:

- N/a



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Personality Disorder Improvement Programme</b>
<b>Agenda item:</b>	<b>3.5.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Ruth Glassborow, Director of Improvement</b>
<b>Report Author:</b>	<b>Ruth Glassborow</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

Programme for Government (2020) identified the need to “**improve the service response for people with personality disorders**”. As a result, Scottish Government commissioned Healthcare Improvement Scotland (HIS) to deliver phase one of a Personality Disorder Improvement Programme (PDIP) from October 2021 to March 2023. This was essentially a national assessment of the key opportunities for improvement. In response to the phase one findings, Scottish Government have asked HIS to submit a business case for a phase two focused on supporting the design and implementation of improved processes and services for people with a diagnosis of personality disorder.

As the new commission is for funding in excess of £500k, there is a requirement for Board approval in line with our Standing Financial Instructions. **At its meeting on 17<sup>th</sup> May 2023, the Quality and Performance Committee endorsed this new commission and recommended its approval to the Board.**

## 2. Background

### 2.1 What is a Personality Disorder?

Personality disorder is defined as a deeply ingrained and enduring pattern of behaviour and inner experience. This affects:

- thinking
- feeling
- interpersonal relationships
- impulse control, and
- significant functional impairment and distress.

### 2.2 Why is it a strategic priority for HIS to support improvements to services in this area?

- Personality disorder is a common condition, with a prevalence of 6-10% of the general population - with up to 50% of that group in contact with specialist mental health services. There is also evidence that it is **significantly under diagnosed in mental health settings**, with only 8-10% recorded prevalence in UK inpatient mental health settings. The reasons for this are complex, including a traditional reluctance to diagnose based on pessimism about treatment options and the perceived stigma associated with this condition.
- Personality disorder is associated with a higher rate of diagnosis of co-occurring mental disorders, and **high rates of mortality from cardiovascular and respiratory disease.**

**Life expectancy** for those with a diagnosis of personality disorder is **18-19 years shorter** than for the general population.

- Evidence indicates that those with a diagnosis of personality disorder are **more likely to:**
  - **present in crisis** than those with other serious mental health problems<sup>1</sup>
  - **be repeat attenders** at these services<sup>2</sup>, and
  - **present with suicidal ideation and self-injury**<sup>3</sup>.
- Those with a diagnosis are also **more likely to be admitted** and to **spend longer in hospital** than those without diagnosis and are **more likely be escorted to hospital by either ambulance or police**<sup>4</sup>.
- There is a **high risk of self-harm and suicide** with this diagnosis, with 75% of those with a borderline personality disorder diagnosis engaging in regular deliberate self-harm. Lifetime suicide risk is also estimated at between 5-10%.
- Both the Royal College of Psychiatrists in Scotland and the Mental Welfare Commission have highlighted **patchy and inconsistent service responses for people with personality disorder in Scotland**.

### 3. Assessment

#### 3.1 Alignment with HIS Strategic Priorities

Healthcare Improvement Scotland is proposing to take forward a Phase 2 focused on supporting delivery of improvements in line with HIS strategic priorities:

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

#### 3.2 Business Case Development

The business case has been through the HIS new commission two-stage process:

- Stage One – approval in principle by Executive Team (ET). This initial discussion highlighted the opportunities for “One Team” working through effective interfaces with Community Engagement and Evidence directorates.
- Stage Two – full business case approved by ET. This had been developed with relevant input from Community Engagement Directorate and Evidence Directorate. The full business case also considered how each of the seven principles of clinical and care governance would be addressed along with short, medium and longer term outcomes that will form the basis of the logic model and associated measurement strategy to enable effective analysis of impact.

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<sup>1</sup> Slankamenac et al., 2020; Tran et al., 2020.

<sup>2</sup> Slankamenac et al., 2020; Broadbear et al., 2022; Penfold et al., 2016; Casey et al., 2016.

<sup>3</sup> Collins et al., 2020; Slankamenac et al., 2020; Broadbear et al 2022; Samele et al., 2021.

<sup>4</sup> Slankamenac et al., 2020; Broadbear et al., 2022; Penfold, et al., 2016.

### 3.3 Proposed Deliverables

Deliverable	Context
Producing national good practice guidance.	Provide clarity on the key features of effective personality disorder pathways for care and support.
Delivering practical support to close the implementation gap.	This will include working with three NHS boards as pathfinder sites, focused on designing and implementing practical changes which will improve pathways for people with a diagnosis of personality disorders. We will then synthesise the learning from this into implementation guidance and tools that support spread across Scotland.
Developing a national personality disorder measurement plan.	This will include quantitative and qualitative data (for example staff surveys and links with service users and people with lived experience). We will also deliver support to NHS boards in data measurement, analysis and utilisation via webinars and quality improvement workshops.
Commissioning NES to work in partnership with HIS, people with lived experience, clinicians and other stakeholders, producing online learning modules to provide a specialist educational resource in relation to personality disorders.	Aligned with the NES trauma-informed approach, this module will offer an important resource for both pre- and post-registration professionals and a broad range of other related groups.
Amplifying the Voice of Lived experience.	Ensuring individuals with lived experience are partners in the design and delivery of education resources, stigma reduction and staff training.
Amplifying the Voice of Lived experience.	Contributing to locality NHS board service evaluation and development.
Ensuring effective engagement with the National Learning System and continuing to deliver and develop webinar and workshops.	<p>Providing not only a national but regional focus on knowledge and information sharing regarding the area of personality disorder.</p> <p>Phase two will broaden the thematic range of event topics. This will include consideration of areas such as Child and Adolescent Mental Health Services (CAMHS), forensics, learning disability, and prisoner pathways and linking with complex needs, housing, and substance use – other complex areas that are identified as Scottish Government priorities.</p>
Develop a toolkit which includes case studies highlighting best practice.	Through work with the three pilot boards and also from the Learning System events and other stakeholder engagement the PDIP team will continue to identify areas of good practice, synthesise this knowledge and produce resources to support wider implementation and spread.

### 3.4 Risk Management

The following risks and mitigations have been identified:

RISK	MITIGATION
<p><b>Project Outcomes</b> – there is a risk that the ability of key stakeholders/clinicians to engage in the project is limited due to a range of workload and workforce pressures.</p>	<ul style="list-style-type: none"> <li>• Co-design engagement sessions to ensure timings take account of competing priorities.</li> <li>• Close communication with key stakeholders to adapt the project plan as required.</li> <li>• Digital communication mechanisms to connect in a Covid-19 context.</li> <li>• Highlight potential impact of this work on reducing failure demand.</li> </ul>
<p><b>Approach</b> – there is a risk, when working with vulnerable population groups, that engagement may cause harm to wellbeing.</p>	<ul style="list-style-type: none"> <li>• Engagement with people with lived experience will be undertaken by a third sector organisation with experience of working with people with a personality disorder. PDIP phase one recommendation is that this work should be directly commissioned by Scottish Government.</li> <li>• Retention of national clinical lead(s) to ensure clinical and care risks are identified, managed and acted upon and professional ethics and values are upheld.</li> <li>• Any user research will be conducted in line with HIS’ thinking and guidance in relation to conducting user research in a way that is ethical and inclusive.</li> </ul>
<p><b>Recruitment and retention of workforce</b> – there is a risk that recruitment and retention of staff will take longer than anticipated leading to delays in delivery and underspend against external funding. Absence of job security due to length of contract time.</p>	<ul style="list-style-type: none"> <li>• Issue of formal award letter as soon as possible by Scottish Government.</li> <li>• A robust project plan (including identification of interview dates) is in place to support initiation of recruitment immediately following approval of the Business Case.</li> </ul>
<p><b>Workforce</b> – there is a risk that due to fixed-term contracts post holders may leave before the end of the project which will impact on the quality of the deliverables.</p>	<ul style="list-style-type: none"> <li>• A process will be put in place to support prioritisation of the work plan against available resources (including core staff if required).</li> <li>• Staff on fixed-term contracts will be supported through the personal development process to identify other opportunities within HIS.</li> </ul>
<p><b>Change in priorities</b> – there is a risk Scottish Government priorities may change within the timescale of this project. As a result, funding may be reduced or discontinued.</p>	<ul style="list-style-type: none"> <li>• Ongoing engagement with Scottish Government policy leads regarding funding and timescales.</li> <li>• A clear exit strategy, including:               <ul style="list-style-type: none"> <li>○ Understanding of what could be delivered by the core HIS team if funding were to cease.</li> <li>○ Understanding of what will be delivered by key milestones.</li> </ul> </li> <li>• Understanding of how scope could be managed (for example reduced) if funding were to cease.</li> </ul>

### 3.5 Resource Implications

The business case asks for an additional allocation to fund this time-limited work. An indicative budget and staff resource requirement is within the table below. The resource requirement has been developed using the following assumptions:

- 2023/24 costs calculated with staff in post from September (excludes one off payment).
- 2024/25 costs calculated using 2% uplift.
- 2025/26 costs calculated using further 2% uplift.

Pays Post	WTE	Band	2023/24	2024/25	2025/26	Role
Portfolio Lead	0.2	8B	From existing resource			Sponsor/Overall responsibility for delivery
Senior Strategic Planning Advisor	0.4	8A	From existing resource			Strategic planning expertise and advice Input to programme of work with pathfinder sites
Clinical Lead/Leads	0.4		£33,833	£59,160	£60,343	Clinical expertise and advice (including supporting effective clinical and care governance) National clinical leadership including ensuring effective clinical engagement
Senior Improvement Advisor	1.0	8A	£47,608	£83,247	£84,912	Operational lead Provides quality improvement advice and expertise Lead for the learning systems
Improvement Advisor	1.0	7	£41,532	£72,622	£74,074	Quality improvement advice and expertise Data and evaluation with boards Support for learning system
Service designer	0.5	7	£20,766	£36,311	Not required	Service design expertise and support for the programme of work with pathfinder sites.
Information Analyst	0.5	7	£20,766	£36,311	Not required	Technical support surrounding data measurement plan work
Social researcher	1.0	7	£41,532	£72,622	Not required	Evidence and evaluation input to learning system Project evaluation support
Knowledge and Information Skills Specialist	1.0	6	£35,490	£62,058	£63,299	Knowledge capture, development and production of accessible spread/implementation resources alongside impact reporting. Support to develop learning system
Senior Project Officer	1.0	6	£35,490	£62,058	£63,299	Coordination and management of the project
Project Officer	1.0	5	£28,862	£50,467	£51,477	Project management support
Administrative Officer	1.0	4	£22,855	£39,963	£40,763	Administrative support
<b>Total</b>			<b>£328,734</b>	<b>£574,819</b>	<b>£438,166</b>	

<b>Non pays</b>				
Travel, events and communication support	£2,500	£5,000	£5,000	
NES - development and delivery of educational and training elements		£40,000	£40,000	
<b>Total</b>	<b>£2,500</b>	<b>£45,000</b>	<b>£45,000</b>	
<b>Total costs</b>				
<b>Pays</b>	£328,734	£574,819	£438,166	
<b>Non pays</b>	£2,500	£45,000	£45,000	
<b>Total</b>	<b>£331,234</b>	<b>£619,819</b>	<b>£483,166</b>	

### 3.6 Equality and Diversity

<p><b>Equality and Diversity, including health inequalities</b></p>	<p>The Phase 2 PDIP work contributes to the reduction of inequalities, the visibility of and action around socioeconomic disadvantage for those with a diagnosis of personality disorder, and HIS's Equalities Outcomes in a number of ways.</p> <p>These are-</p> <ul style="list-style-type: none"> <li>• Through active engagement with people who have protected characteristics as co-designers and contributors to the Programme (from local areas that the team will be working with, as well as at a national level with an Expert Reference Group)</li> <li>• Through the very focus on those with a diagnosis of personality disorder, who face additional inequalities in terms of health outcomes than the general population. It is known that people with this diagnosis have poorer physical health, lower mortality age, and face stigma and discrimination which contributes to poorer overall wellbeing. This programme is focused on creating visibility around those issues, and working with localities to create change to supports and services for people with a diagnosis and their families.</li> <li>• The stigma and discrimination faced by people from minority ethnic communities is even greater than others with a diagnosis of personality disorder. We will draw on evidence around this, and work with localities to ensure involvement and representation from diverse communities</li> <li>• The focus on improved/ redesigned support and services will create opportunities for people to continue/ develop in education, occupation and other opportunities which impact on socioeconomic status in the long term.</li> <li>• Through engagement and active involvement of lived experience organisations. This will mean that the experiences of those with a diagnosis of personality disorder is central to the improvements and redesign within this programme.</li> </ul>
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### 3.7 Communication, involvement, engagement and consultation

<b>Communication, involvement, engagement and consultation</b>	<ul style="list-style-type: none"><li>• PDIP Expert Reference Group (ERG), 1 March 2023 Phase one of PDIP created an ERG of key stakeholders including a range of professional backgrounds, NHS boards and Health and Social Care Partnerships, Mental Welfare Commission, NHS Education Scotland, Scottish Government, carers and advocacy organisations and people with lived experience. The co-chairs of this group came from the Scottish Personality Disorder Network (SPDN) and included people with lived experience. This group met quarterly and provided informed assurance and advice around the direction of PDIP work. The proposals for Phase 2 were shared and discussed with the ERG at the end of Phase 1. The group were supportive of the proposals. As part of Phase 1 of PDIP engagement with staff groups was undertaken by the team’s Social Researcher and 3<sup>rd</sup> sector groups commissioned to undertake engagement work with people with lived experience. Both of these contributed to the development of recommendations for Phase 2 work and are described in the Phase 1 Summary Report in the appendices.</li><li>• HIS Community Engagement, 26 April 2023 Discussion with Community Engagement Directorate on proposed Phase 2 work. Community Engagement assured by approach described by PDIP.</li><li>• HIS ET – 2nd May 2023 Final business case discussed and agreed.</li><li>• HIS Quality and Performance Committee – 17<sup>th</sup> May 2023 The committee received the proposal and following a discussion, it agreed to recommend its approval to the Board subject to one minor amendment to the description of risk around stakeholder engagement to widen it from COVID-19 context to broader capacity challenges. This has been actioned in this paper.</li></ul>
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#### 4. Recommendation

- The Board is asked to approve this new commission.

#### 5. Appendices and links to additional information

The following appendices are included with this report and provided in the additional reading folder on Admincontrol:

- Appendix 1: Phase One Summary Report
- Appendix 2: Phase Two Driver Diagram



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Workforce Report</b>
<b>Agenda item:</b>	<b>3.6</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Purpose of paper:</b>	<b>Discussion</b>

## 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 560 as at the end of **May 2023**. 530 are on our payroll as directly employed staff, a whole time equivalent of 498.4 (w.t.e.) and 30 (headcount) secondees into the organisation, a whole time equivalent of 14.1 people.

During the current financial year (23/24) 13 people (5.8 w.t.e) have left the organisation, and 5 individuals have joined Healthcare Improvement Scotland representing an overall turnover rate of 2.2% to date.

Current absence levels are 3.0%, as compared to 2.6% for the same period last year, which does represent a slight increase and, as a comparator, are getting closer to pre Covid-19 rates (3.2%) at this point in the 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 35 new recruitment campaigns.

At the time of writing this report, there is currently one person active on the redeployment register and being considered for alternative roles prior to posts being advertised.



## Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	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.
<b>Risk Management</b>	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
<b>Equality and Diversity, including health inequalities</b>	<p>The report is intended to inform how the workforce is developing in relation to previous periods and track our skill mix across the organisation.</p> <p>An impact assessment has not been completed because this information is from one of a series of regular monthly management information.</p>
<b>Communication, involvement, engagement and consultation</b>	N/A

#### 4 Recommendation

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

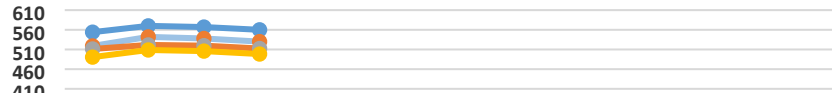
#### 5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

Appendix 1 – Workforce Report

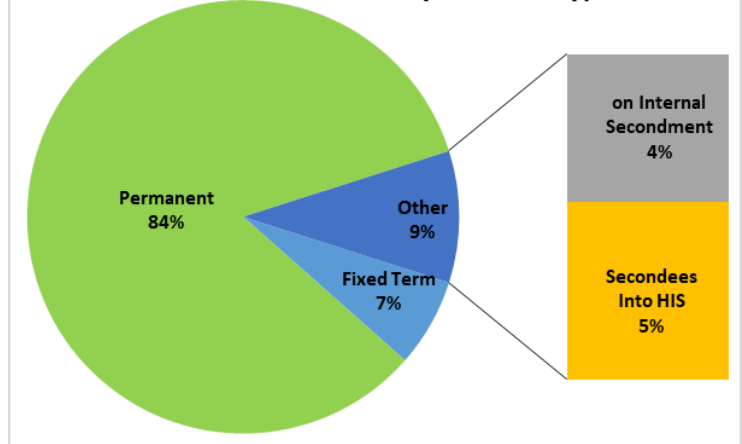
Workforce YTD v Previous Years



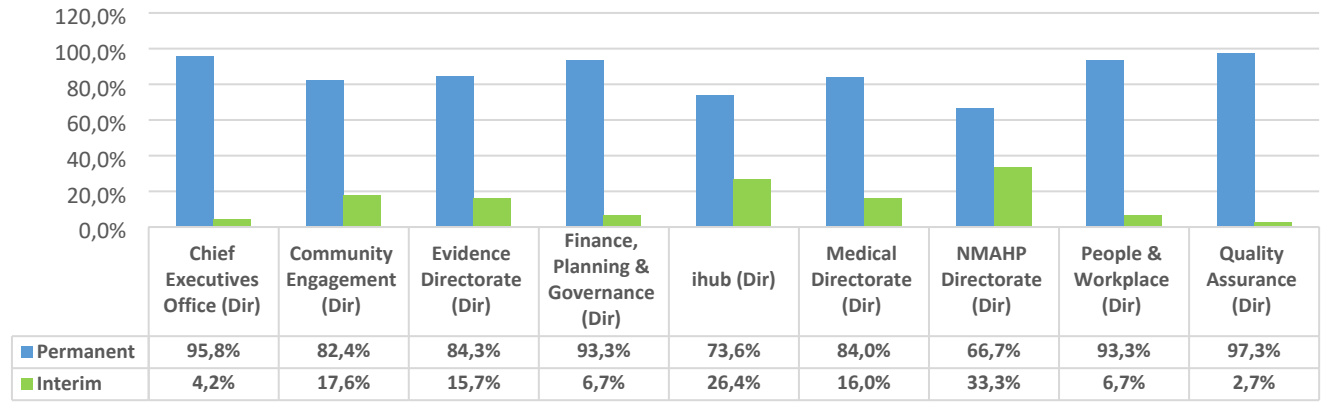
	Year Start 2022	Year Start 2023	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Headcount (payroll & non-payroll)	554	570	567	560	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Headcount (payroll only)	519	542	538	530	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll & non-payroll)	511,3	521,6	519,7	512,5	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll only)	490,6	508,7	505,9	498,4	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

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

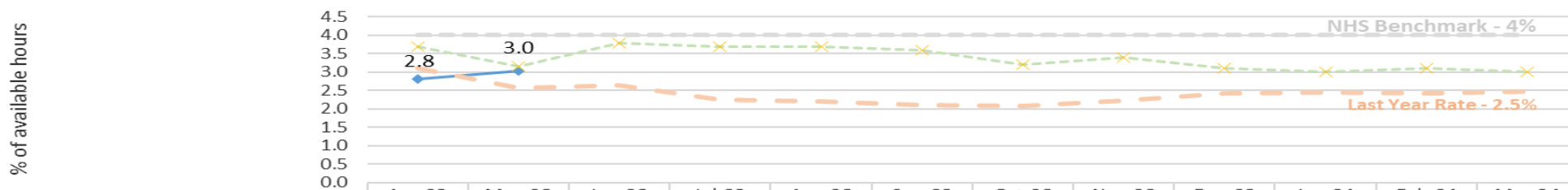
Total Workforce Mix by Contract Type



Permanent v Interim postholders ratio per directorate

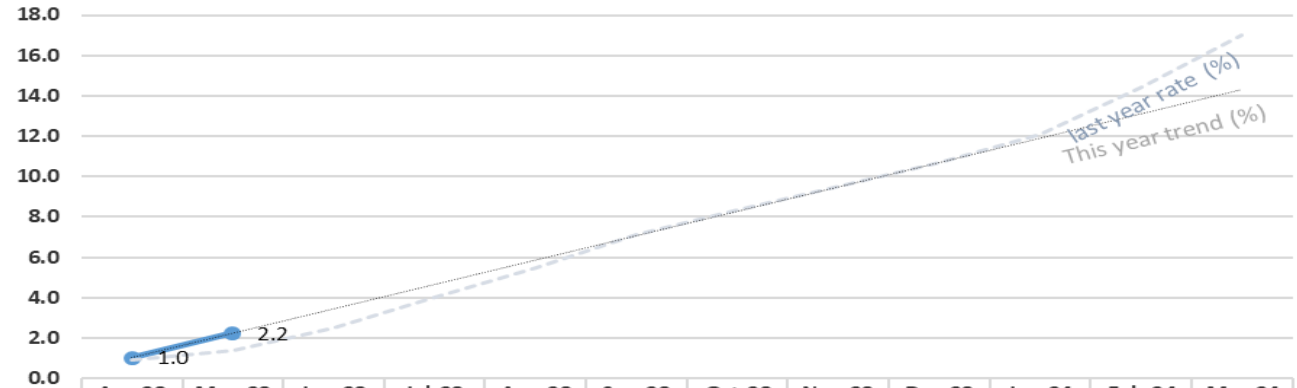


### Sickness Absence Rate (%) YTD by Month



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
YTD Sickness Absence (%)	2.8	3.0										
Last Year Sickness Absence (%)	3.1	2.6	2.6	2.3	2.2	2.1	2.1	2.2	2.4	2.4	2.4	2.5
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

**Cumulative Staff Turnover Rate (%) YTD by Month v Last Year**



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
—●— YTD Staff Turnover ratio (%)	1.0	2.2										
- - - Last Year Staff Turnover ratio (%)	0.9	1.4	2.5	4.0	5.5	7.1	8.3	9.5	10.7	12.1	14.5	17.0

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Risk Management</b>
<b>Agenda item:</b>	<b>4.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Paul McCauley, Risk Manager</b>
<b>Purpose of paper:</b>	<b>Approval</b>

## 1. Situation

The Board is asked to review all of the strategic risks currently held on Compass (Appendix 1) as at 31 May 2023. The Board is also asked to ratify a new approach to the application of risk appetite, which was agreed at the Board Seminar in May. The changes are summarised below but are shown in detail in the Risk Management Strategy, which has been updated accordingly. (Appendix 2).

## 2. Background

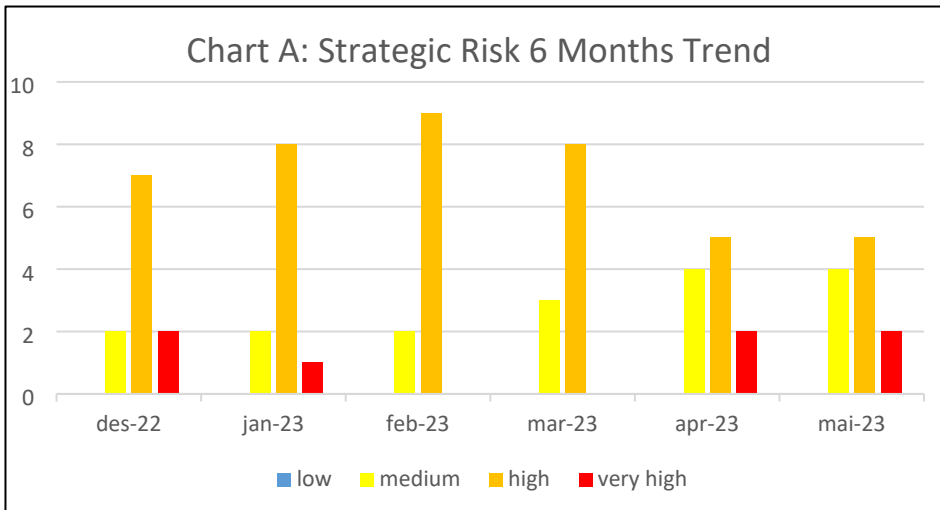
The Board's role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance as follows:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future corporate, clinical, legislative, financial and reputational risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

## 3. Assessment

### Strategic Risks

There are currently 11 strategic risks, two very high, five high and four medium rated. Under the new approach to risk appetite six risks are out of appetite and five are within appetite.



There are no new risks since the last Board meeting and none that have been removed, but two new risks are in development regarding organisational change and compliance with the Covid Inquiry.

Two risks have been raised from high to very high, Information and Communications Technology Strategy 923 and Service Change 1163; and two risks have been reduced from high to medium, Finance Strategy 635 and Sustainability 1165. The full Strategic Risk Register can be found at Appendix 1.

### Out of Appetite Risks

The six risks out of current appetite are summarised below:

Out of appetite risks	Residual score	Minimum in appetite score
Cybersecurity	16	8
Inspections & assurance activities	12	8
Independent Healthcare	12	8
Service Change	16	12
Workforce skills & availability	15	12
Safety of patient care	15	8

The respective risk Directors are now working on actions which will bring their risks into appetite or further towards appetite and these will be reported to the relevant Governance Committees going forward. Updates received to date are noted below.

**Cyber Security:** We are recruiting to a post to complete the recommendations of the Network and Information Systems Regulations audit with submissions required by January 2024. We are aiming to increase our compliance status from 49% in 22/23 to 60% in 23/24 at which the likelihood and impact of this risk will be reviewed. In addition, following the

recent recommendation from Audit Scotland, progress will be formally reported and monitored at Audit and Risk Committee going forward under the resilience update.

**Inspections and Assurance Activities:** A number of actions are underway to reduce the likelihood of this risk by the end of this year, thus bringing this risk within appetite. These include:

- a new directorate structure and ways of working to be in place by October-23;
- Quality Assurance System implemented on all work programmes underway;
- transformational change by November-23 (dependent on resourcing);
- further progress on our Clinical and Care Governance framework.

Detailed updates on these actions will be considered at Quality and Performance Committee going forward.

**Independent Healthcare:** Much of the mitigation for this risk lies out with HIS and requires legislative reform which will not be achieved in the short term. We are engaging with the Scottish Government on this, with proposals for enabling us to effectively deliver our statutory duties in this area being drafted. We are also working on ways to engage the diverse range of clinical experts needed in this area.

**Risk Appetite update**

At the end of May the Board endorsed a new approach to the application of risk appetite as follows:

- Five levels of risk appetite ranging from averse to eager.
- Overall risk appetite statements applied to our five categories of risk with separate appetite statements applied to different types of risk within the categories where appropriate.
- To review all risks as usual but to focus particularly on those risks which are out of appetite.
- To consider our risk tolerance when reviewing the risks out of appetite (the acceptable deviation from our stated risk appetite).

The Risk Management Strategy has been updated to reflect these changes, which can be found at Appendix 2. Following Board approval of the Risk Management Strategy, training and communications will commence to roll out the changes across the organisation.

**Assessment considerations**

<b>Quality/ Care</b>	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 plan is a key part of the assurance arrangements of the organisation and in identifying opportunities.
<b>Resource Implications</b>	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.

<b>Risk Management</b>	Risks and their mitigations are set out in the report for review by the Committee.
<b>Equality and Diversity, including health inequalities</b>	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.
<b>Communication, involvement, engagement and consultation</b>	The risk register is an internal management tool and therefore no external consultation has been undertaken in preparing this paper. Route to this meeting: The Board considered all of the strategic risks at its meeting on 29 March 2023 and agreed the new approach to risk appetite at the Board Seminar on 31 May 2023. Audit and Risk Committee considered a version of this paper on 20 June 2023.

## 4 Recommendation

The paper is presented for discussion and approval of the risk appetite approach.

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

- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.
- To ratify the new approach to the application of risk appetite as approved by the Board.

## 5 Appendices

The following appendices are included with this report:

- Appendix 1, Strategic Risk Register
- Appendix 2, Updated Risk Management Strategy



Strategic Risk Register End May 2023

Strategic Risk Register end May 2023

Item 4.1 Appendix 1

Strategic risk register end May 2023

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level								Appetite Level In/Out
										may-23	apr-23	mar-23	feb-23	jan-23	des-22	nov-22		
Reputational / Credibility	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Our financial position is regularly monitored to ensure flexibility and affordability regarding inflation. Horizon scanning, risk management and ongoing stakeholder engagement.</p>	<p>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.</p> <p>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.</p>	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Cautious In Appetite
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	<p>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.</p> <p>A balanced 23/24 budget has been approved by Audit &amp; 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.</p> <p>Other income initiatives such as rental income and grants are being explored to reduce the reliance on SG funding.</p>	<p>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.</p> <p>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.</p>	3	3	M 9	M 9	M 9	H 12	H 12	H 12	H 12	Cautious In Appetite	
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	<p>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.</p> <p>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.</p> <p>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.</p>	<p>A major supplier to the NHS across the UK was subject to a cyber attack recently so the score is very high. 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.</p> <p>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.</p>	4	4	VH 16	VH 16	VH 16	H 12	H 12	H 12	H 12	Minimalist Out of Appetite	
Reputational / Credibility	Information Governance Strategy	759	Safia Qureshi	There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner).	VH 16	<p>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 the information asset register for compliance gaps on quarterly basis; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework on annual basis; Implementation of OneTrust governance module; adverse event report training;</p>	<p>Strategic Risk 759 has been revised based on the outcome from the ICO audit. New mitigations have been identified for development and implementation including standard operating procedure regarding distribution lists and adverse event reporting training and the implementation of OneTrust to manage Data Protection Impact Assessments (DPIAs) and SSPs online making the known risks of data processing more accessible in terms of updating and monitoring.</p>	3	2	M 6	M 6	M 6	M 9	M 9	M 9	M 9	Minimalist In Appetite	

Strategic Risk Register End May 2023

Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	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	<p>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.</p> <p>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.</p>	Improving our systems and processes for delivering robust quality assurance programmes is a priority for our strategic review and transformational change process. This includes business planning processes and programme delivery. A range of improvement activity has already taken place, including the establishment of updated clinical and care governance arrangements. The change process is expected to bring further benefits. The Quality Assurance System (QAS) will continue to evolve and be implemented to ensure a robust and consistent approach.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite
Operational	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1131	Robbie Pearson	<p>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.</p> <p>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.</p>	VH 16	<p>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.</p> <p>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".</p> <p>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.</p>	<p>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.</p> <p>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.</p>	5	2	M 10	M 10	M 10	M 10	M 10	M 10	M 10	M 10	Cautious In Appetite
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	<p>National Sustainability Assessment Tool (NSAT) annual assessment</p> <p>Development of an organisational Net-Zero Route map action plan.</p> <p>Active Travel Adaptation Policy.</p> <p>Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government.</p> <p>Collaboration with other NHS boards contributing to Climate Change Risk Assessment &amp; Adaptation Plans, including Biodiversity reporting.</p>	<p>HIS are working nationally with Scottish Government and NHS Assure to change the environmental reporting landscape for all 22 NHS boards. HIS Chair the National Boards sustainability group and are collaborating with the other boards on Active Travel, biodiversity and bids for available external sustainability funding. While limited resources leads to constrained reporting, we are still expecting to reduced our carbon footprint as an organisation.</p>	3	4	M 9	M 9	H 12	H 12	VH 16	VH 16	H 12	H 12	Cautious In Appetite
Clinical and Care Governance	Regulation of Independent Healthcare (IHC)	1159	Lynsey Cleland	There is a risk that HIS cannot effectively regulate the independent healthcare sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 25	<p>IHC Team are now at full staffing in terms of the current model, however the directate staffing model is now under review as per the organisational change processes.</p> <p>A new approach to accessing the required clinical expertise and updating staff knowledge has developed in partnership with the medical directorate and the Quality Assurance Directorate Clinical and Care Governance Group. It is currently being adopted into the QAS.</p> <p>Work continues with the finance team to monitor the financial picture and maintain accurate forecasts. IHC now has dedicated management accountant working on forecasting, budgeting, fee setting and monthly management accounts and agreed annual baseline funding of £260K from SG.</p> <p>Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales &amp; HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare.</p> <p>IHC Clinical &amp; Care Governance Group in place to consider clinical care governance and ensure appropriate clinical input.</p>	<p>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 which 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.</p>	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite

Strategic Risk Register End May 2023

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	<p>"Planning with People", Scottish Government and COSLA 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.</p> <p>Development of Quality Framework for Engagement to support implementation of national guidance.</p> <p>Revised Planning with People published on 21 April 2023 with significant HIS-Community Engagement involvement in the publication.</p> <p>The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue (last discussed in March). An action plan has been developed and this has led to quarterly meetings the 3 Regional Planning Directors.</p> <p>Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED.</p> <p>Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning.</p>	<p>The current 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 36 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.</p>	4	4	VH 16	VH 16	H 12	H 12	H 12	H 12	H 12	H 12	Cautious Out of Appetite
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	<p>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.</p> <p>Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum.</p> <p>Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.</p>	<p>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.</p>	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Cautious Out of Appetite	
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1922	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	<p>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.</p>	<p>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 &amp; Arran and Forth Valley. <b>Please note that Simon is further refining this risk.</b></p>	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Minimalist Out of Appetite	

# **Risk Management Strategy**

June 2023

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# Section 1 - Risk Management Overview

## 1. Introduction

Organisations of all types and sizes face internal and external factors and influences that make it uncertain about how they will achieve their objectives. The effect this uncertainty has on an organisation achieving its objectives is known as risk.

Healthcare Improvement Scotland's approach to the management of risk is based on *British Standards BS ISO 31000:2018 – risk management guidelines*, which states that managing risk is:

- Iterative and assists organisations in setting strategy, achieving objectives and making informed decisions.
- Part of governance and leadership, and is fundamental to how the organisation is managed at all levels. It contributes to the improvement of management systems.
- Part of all activities associated with an organisation and includes interaction with stakeholders.
- Considers the external and internal context of the organisation, including human behaviour and cultural factors.

Assessing risk is a subjective exercise with some people being naturally cautious whilst others are risk takers meaning that there are likely to be differing opinions about risks and their ratings. The exercise is designed to provoke a thorough discussion of risks, their mitigations, impact and any potential opportunities that might arise and a difference of opinion should support these discussions.

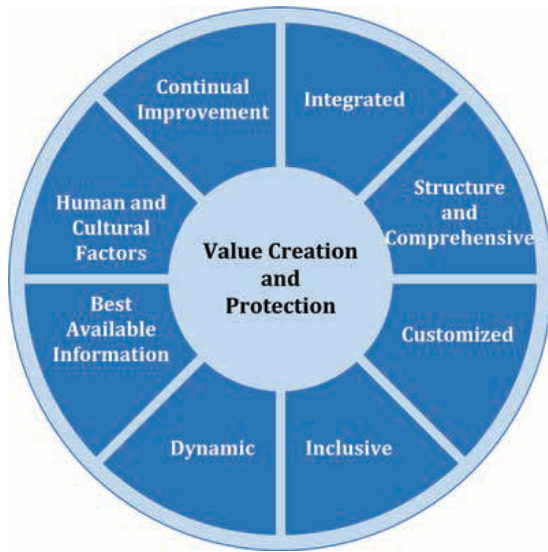
Healthcare Improvement Scotland's approach to risk management aims to be efficient, effective and consistent and is built on a review process with specific controls that are in place. This approach supports the Board to deliver its function in respect of risk management, as set out in the NHS Scotland Blueprint for Good Governance (Second edition).

The Risk Management Strategy also recognises the diversity of work undertaken by Healthcare Improvement Scotland and the need to adjust the risk appetite accordingly.

## 2. Principles

The purpose of risk management is the creation and protection of value. It should improve performance, encourage innovation and support the achievement of objectives. The principles outlined in *BS ISO 31000:2018* have been adopted by Healthcare Improvement Scotland. They provide guidance on the characteristics of effective and efficient risk management, communicate its value and explain its intention and purpose. They are set out as follows:





- a) Integrated into the organisation’s activities.
- b) Structured and comprehensive for consistent and comparable results.
- c) Customized to the organisation’s external and internal context.
- d) Inclusive involvement of stakeholders.
- e) Dynamic, anticipating and responding to changes and events in an appropriate and timely manner.
- f) Best available information which is timely, clear and available to relevant stakeholders.
- g) Human behaviour and culture influences all aspects of risk management.
- h) Continual improvement, using the Quality Management Approach.

### 3. Framework

The effectiveness of risk management will depend on its integration into the governance of the organisation which includes decision-making. Healthcare Improvement Scotland uses a framework based on the British Standard to assist with integrating risk management into its significant activities and functions and is shown below. This requires support from the leadership team, staff and Board Members.



- a) Leadership and commitment – ensure risk management is integrated into all activities to assist with the achievement of objectives.
- b) Integration - dynamic and iterative process; customized to the organisation’s needs and culture via the Compass Risk Management system.
- c) Design – using the external and internal context; assigning and communicating roles, responsibilities and resources.
- d) Implementation – developing an appropriate plan; ensuring it is clearly understood and practised.
- e) Evaluation - periodically measure the performance of the risk management strategy.
- f) Improvement - continually improve and embed the process across the organisation using the Quality Management Approach

A Risk Management Advisory Group has been set up with representatives from each directorate. They have a key role in embedding this framework and in spreading the learning from risk by agreeing and sharing best practice and by providing advice.

The role of the Board and the Governance Committees is set out fully in the NHS Scotland Blueprint for Good Governance and in the terms of reference for their operation in the HIS Code of Corporate Governance. The Board is responsible for providing leadership and commitment to the organisation around the management of risk. The Blueprint states that the role of the Board in assessing risk is to:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future financial/value for money, Operational, Reputational/Credibility, Workforce, Clinical & Care Governance 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.

The UK Corporate Governance Code states that the Board is responsible for determining the nature and extent of the significant risks that it is willing to take in achieving its strategic objectives. The Board should maintain sound risk management and internal control systems.

Within HIS, the escalation process for risk is routed through the Governance Committees to the Board.



## Section 2 – Risk Management Process

This section sets out how the approach of *BS ISO 31000:2018* is translated into the practical steps of managing risk within Healthcare Improvement Scotland where two risk registers are in place:

- Strategic Risk Register – risks which impact on the delivery of the strategic objectives of the organisation
- Operational Plan Risk Register – risks which impact on delivery of the operational plan

Project teams and business groups maintain their own risks to reflect those risks associated with work programmes. These should follow the standardised template to ensure best practise is followed and added to the Compass risk database. These should be continually reviewed and monitored as part of the programme management process to consider if they should be escalated to either the Operational Plan Risk Register (if the risk is sufficient to impede delivery of the Operational Plan) or the Strategic Risk Register (if the risk is significant or contributes to other risks that could impact on achieving the organisation's strategic objectives).

There are three aspects to the risk management process: communication and consultation; scope, context and criteria; and the formal process of risk assessment.

### 1. Communication and Consultation

Communication and consultation with stakeholders should be held at every stage of the process in order to improve understanding of the risk and associated decision-making. Stakeholders are other people or organisations who may be affected by the risk or decisions made eg they may be external or internal, such as team members or other cross organisational staff.

### 2. Scope, Context and Criteria

When a risk is identified, consideration should be given to how it aligns to the organisation's objectives which are set out in the Strategy and the Operational Plan. This enables a plan or mitigation to be agreed in order to manage the risk. The context of the risk must also be considered eg external factors could be national policy or stakeholder relationships and internal factors could be organisational structures and cultures.

*NB. Underpinning any consideration of risk is the requirement that Healthcare Improvement Scotland will not knowingly breach any legal, clinical or regulatory requirements or duties. This includes adherence to health and safety standards.*

Risk criteria relate to the amount of risk that the organisation has decided it will take in relation to strategic and operational plan risks. This is called risk appetite and will be explained as part of the risk assessment process at stage 4b. The Board will decide the level of the organisation's risk appetite and this will be reviewed regularly and updated on the Compass Risk Management System.

### 3. Risk Assessment

Risk assessment is the overall process for identifying, analysing, evaluating and controlling the risk. The process is outlined below and support is available from the Risk Management Advisory Group to anyone who is uncertain about how to use the process.

All strategic, operational plan and project risks are recorded on the Compass Risk Management System which provides regular prompts to ensure that risks are properly recorded and reviewed.

Risk management roles and responsibilities are shown in Section 3 and a risk management process flowchart is available at Appendix 1. This should assist staff to apply risk assessment and review using the Compass Risk Management system.

The process of risk assessment within Healthcare Improvement Scotland incorporates the following stages:

	Stage in Process	Description	Further Information
1	Risk Identification	The process of finding and describing a risk. This can be from a variety of sources eg discussions at meetings, horizon scanning, internal/external stakeholders, incidents etc.	The Compass Risk System has been developed by Healthcare Improvement Scotland to support delivery of the Risk Management Strategy and to assist staff to record and manage risk.
2	Risk Description	A clear description is required which also identifies the potential impact on the organisation should it materialise.  The adopted protocol in HIS for describing a risk states the possible risk, the possible cause and the potential impact.	Example: <i>'there is a risk that (event) because of (cause) resulting in (consequence)'</i>  <i>ie. there is a risk that (the project will stall) because of (a skills shortage) resulting in (a failure to deliver the project).</i>
3	Risk Analysis	This stage enables a better understanding of the nature of the risk and there are a number of actions (3a to 3d below) that support the analysis.	
3a	Assign a Risk Category	This requires a choice between 5 categories: Financial/Value for Money; Operational; Reputational/Credibility; Workforce; Clinical & Care Governance.	See Table A below for a description of each category to assist with assigning the risk
3b	Describe any <b>controls</b> that are in place	Controls are any operational process, policy, system or procedure that will be used when considering actions to <b>reduce the probability</b> of the risk occurring.	
3c	Describe the <b>mitigations</b> that will be put in place	Mitigations are the actions to be taken to manage or treat the risk and <b>reduce the impact</b> . These could include: the actions to be taken; the timescale for implementation and any resource/budget requirements.	

3d	Assign the risk to a Governance Committee	An integral part of the role of each Governance Committee is to review the risks within its remit at each of its meetings.	Table B below provides some guidelines to apply when choosing the appropriate committee
3e	Score the inherent risk	<p>Inherent risk represents the amount of risk that exists in the absence of controls.</p> <p>An estimate of the impact of inherent risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The <b>impact score</b> is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The <b>likelihood score</b> is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4	Evaluate the Risk	This stage incorporates a number of steps (4a to 4e below) to evaluate the risk which will support decisions to be made about treating the risk.	
4a	Define as Risk or Issue	<p>A risk is something that might happen in the future, whereas an issue is something happening currently.</p> <p>When a risk is reclassified as an issue, the risk identification, description and analysis is likely to remain unchanged, but the controls, mitigations and risk appetite may be revised to reflect the likelihood and impact.</p>	The Compass system will produce both risk register and issue log.
4b	Score the Residual Risk	<p>Residual risk is the amount of risk that remains after controls are accounted for. An estimate of the impact of residual risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The <b>impact score</b> is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The <b>likelihood score</b> is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4c	Apply Risk Appetite	The risk appetite of the organisation is set by the Board and is the amount of risk that we are prepared to take, tolerate or be exposed to at any point in time. There are five levels of appetite; averse, minimalist, cautious, open and eager and	<p>Tables D and E show the risk appetite levels, definitions, statements and scores.</p> <p><i>Across all categories of risk it is understood that there is no appetite to</i></p>

		these are applied to our risk categories and to our individual risks within the categories.	<i>knowingly breach any legal or regulatory requirements or duties.</i>
4d	Treatment	If the risk is outwith the appetite and tolerances set by the Board the process of selecting and implementing measures to modify the risk takes place. Risk treatment can include the following: <ul style="list-style-type: none"> <li>• Avoid the risk</li> <li>• Accept or increase the risk to pursue an opportunity</li> <li>• Remove the risk source</li> <li>• Change the likelihood of the risk occurring</li> <li>• Change the impact of the risk</li> <li>• Share the risk</li> <li>• Retain the risk by informed decision</li> </ul>	
4e	Escalation	Significant risks are escalated to the appropriate person, group or Committee to review the decisions and actions that are being implemented to mitigate the risk. Reasons for escalation are varied and may be that a risk score has increased or a new risk has been identified that is very high.	All high and very high risks associated with the Operational Plan are considered by Executive Team, Governance Committees and the Board. All strategic risks are considered by Executive Team, the Audit & Risk Committee and the Board. Other Committees also consider the strategic risks assigned to them.
5	Monitor and Review	The monitoring and review process assures and improves the quality and effectiveness of risk management.  Specifically the classification of 'risk' or 'issue' should be assigned. A risk is something that might happen in the future, whereas an issue is something happening currently.	This is an ongoing process that is embedded within the organisation and involves the review of risk at all levels ie team, directorate, Executive Team, Governance Committee and Board.

**Table A - Risk categories (Step 3a in process)**

<b>Risk category</b>	<b>Description (can include but not limited to)</b>
Financial/value for money	<ul style="list-style-type: none"> <li>• risks which impact on financial and operational performance (including damage / loss / fraud, insurance, litigation).</li> </ul>
Operational	<ul style="list-style-type: none"> <li>• Risks which could disrupt our corporate functions' ability to support our work in a variety of ways including, but not limited to, financial, workforce, political, legal, technological and business resilience. Many of these risks are appropriately covered in our other risk categories.</li> </ul>
Reputational/ Credibility	<ul style="list-style-type: none"> <li>• risks which have an impact on the reputation/credibility of the organisation.</li> <li>• could also include uncertainties caused by changes in health policy and government priorities.</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• risks which impact on the implementation of staff governance</li> <li>• employee relations issues</li> </ul>

	<ul style="list-style-type: none"> <li>risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills</li> <li>risks which lead to accidents/incidents or adverse events that could cause death or serious injury.</li> </ul>
Clinical and Care Governance	<ul style="list-style-type: none"> <li>risks which impact on the clinical and care structure, system and processes through which HIS are corporately accountable for providing assurance.</li> <li>risks that programmes we deliver do not have the right clinical and care inputs and impacts.</li> <li>risks which impact patient safety.</li> </ul>

**Table B – Assigning Risk to Governance Committees (Step 3d in process)**

The following guidelines apply when assigning risks to a governance committee:

Audit and Risk Committee	Risks and issues related to corporate governance, internal controls, audit and finance
Quality and Performance Committee	Risks and issues related to strategic objectives and corporate strategies covering the whole organisation
Staff Governance Committee	Risks and issues related to workforce, capacity and human resources
Scottish Health Council Committee	Risks and issues related to the work programmes and resources of Healthcare Improvement Scotland - Community Engagement Council
Executive Remuneration Committee (ERC)	Risks and issues related to senior level posts in the organisation (these risks most likely to be raised by Chair of the Board, Chair of the ERC or the Chief Executive only)
Succession Planning Committee	Risks related to non-executive member appointments (these risks most likely to be raised by Chair of the Board)
Board	Strategic risks and issues that are captured in the Strategic Risk Register and high/very high risks and issues identified from the Operational Plan Risk register

**Table C – Score the Risk - Likelihood descriptions (step 4a in process)**

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

There are five levels of appetite and the maximum score to be within appetite is taken from the 5x5 standard heatmap. Risks are scored in the usual way before appetite is applied.

Appetite Level	Definition and maximum score to be within appetite
Averse	Avoidance of risk and uncertainty is the key objective. We are prepared to accept no risk or only the very lowest levels of necessary risk. Activities undertaken will only be those which are considered to carry virtually no risk. To be within appetite the residual score will be no higher than <b>5</b> .
Minimalist	Preference is for safe delivery options. Activities undertaken will only be those considered to carry a low degree of risk. To be within appetite the residual score will be no higher than <b>8</b> .
Cautious	Willing to accept a degree of risk in selecting activities to achieve key deliverables which have the potential to achieve significant benefit. Activities undertaken may carry a medium degree of risk that is deemed to be controllable to a large extent. To be within appetite the residual score will be no higher than <b>12</b> .
Open	We are willing to accept a high degree of risk in selecting activities which have the potential to provide a significant level of benefit. The activities may carry a high level of residual

	risk. To be within appetite the residual score will be no higher than <b>16</b> .
Eager	We are eager to be innovative where there's potential to maximise opportunities even if those activities carry a very high degree of residual risk. To be within appetite the residual score will be no higher than <b>20</b> .

Table E: Risk Appetite Statements

An overall risk appetite is applied to each of the five categories of risk and where appropriate appetite levels are further applied to different types of risk within the categories.

Category and Definition	Risk appetite level and definition
<p><b>Financial/Value for Money</b>  <b>Definition:</b> Risks which impact on financial and operational performance, including damage, loss, fraud, and litigation.</p>	<p>Overall we take a <b>cautious</b> approach to financial risks relating to value for money, seeking safe delivery. However, we take a <b>minimalist</b> approach to serious fraud, financial propriety and regulatory risks. We take an <b>open</b> approach in relation to our budget spend with the intention that we maximise the use of resources each year and in transformation activities where there is <i>potential for significant reward</i>.</p>
<p><b>Operational</b>  <b>Definition:</b> Risks which could disrupt our corporate functions' ability to support our work in a variety of ways including, but not limited to, financial, workforce, political, legal technological and business resilience. Many of these risks are appropriately covered in our other risk categories.</p>	<p>Overall we take a <b>cautious</b> approach to operational risks where we believe that we are taking a <i>reasonable and affordable</i> view on the risks and that they are <i>controllable to a large extent</i>. However, we take a <b>minimalist</b> approach to significant technology/IT failure/cyber attack that would result in us being unable to function as an organisation for a <i>substantial period of time</i> but are <b>open</b> to taking risk on the introduction of new technologies and systems where there is <i>clear potential for improving our effectiveness and efficiency as an organisation</i>.</p>
<p><b>Reputational</b>  <b>Definition:</b> Risks which could have an impact on the reputation/credibility of the organisation and could also include uncertainties caused by changes in health policy and Government priorities.</p>	<p>Overall we take a <b>cautious</b> approach to reputational risks on the basis that we work with a range of partners and stakeholders and need to satisfy a range of needs and expectations, whilst often making unpopular decisions and findings. However, we take a <b>minimalist</b> approach to our legal/regulatory and compliance</p>

	obligations to ensure that there are no <i>deliberate or significant failures which would lead to major reputational damage.</i>
<p><b>Clinical and Care Governance</b></p> <p><b>Definition:</b> Risks which impact on the clinical and care structure, system and processes through which HIS are corporately accountable for providing assurance. Risks that programmes we deliver do not have the right clinical and care inputs and impacts. Risks which impact patient safety.</p>	Overall we take a <b>minimalist</b> approach to Clinical and Care Governance risks as we do not want to put patient safety and care at risk. The same approach applies to risks that our inputs and impacts are not at optimal levels.
<p><b>Workforce</b></p> <p><b>Definition:</b> Risks which impact on the implementation of staff governance and employee relations issues. Risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills. Risks which lead to accidents/incidents or adverse events that could cause serious death or injury.</p>	Overall we take a <b>cautious</b> approach to workforce risks as we accept that there are global workforce challenges which mean that having the right people, in the right place, at the right time is difficult to achieve. However, we adopt a <b>minimalist</b> approach to all forms of inappropriate behaviour and to risks around not having a workforce which fairly represents all sections of the communities in which we serve. We also have an <b>open</b> approach to risks around new ways of working and staff development where there is <i>clear potential for significant benefits.</i>

NB: Across all categories of risk it is understood there is no appetite to knowingly breach any legal or regulatory requirement or duties. This includes adherence to health and safety standards.

#### Risk Tolerance

Once we apply risk appetite to the residual scores we will know whether we are in or out of appetite. At this stage we then consider our risk tolerance: the amount of acceptable deviation from our stated risk appetite. This will determine whether we prepared to tolerate that account of risk or whether we will act to bring the risk to within or closer to the stated appetite.



## Section 3 – Risk Management Roles and Responsibilities

Risk management is everyone’s responsibility. It is importance everyone works together to reduce and mitigate the risks faced across the organisation.

### Risk Manager

Definition: Team Leads/Line Managers – Programme/Projects/Operational. Managers will identify and be assigned to manage risk within their area of responsibility. The role includes:

- Responsibility to oversee all aspects of the risk(s) within their area of responsibility and identifying risk collaborators and reviewers
- Determining and/or authorising the actions needed to mitigate risk
- Ensuring that risks assigned to them are kept up to date
- Regular liaison and communication through the risk reporting process as required

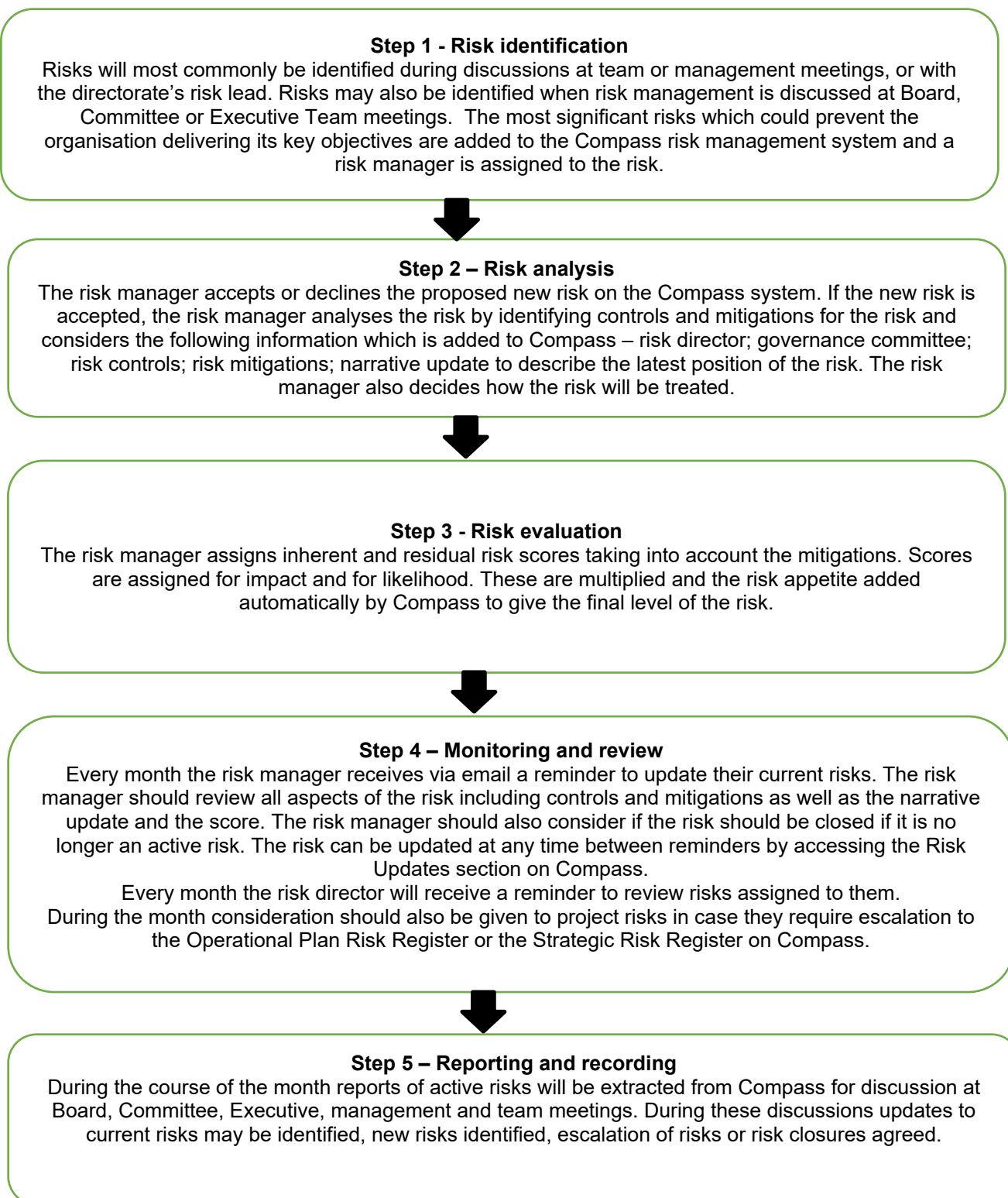
### Risk Director

Definition: Risk director is the accountable officer within their area of responsibility. They also have a responsibility for organisational wide risk and so provide assurance to the Board and the Accountable Officer of the effectiveness of the risk control measures.

<b>Board</b>	The Board will comply with the requirements of the Blueprint for Good Governance (page 5). They will assure and monitor risk management having received recommendations from the detailed scrutiny by the Audit and Risk Committee. Review all strategic and very high operational plan risks at every meeting.
<b>Audit &amp; Risk Committee</b>	Assure and monitor the effective development and operation of risk management. Review all Strategic and high/very high operational plan risks that are assigned to the committee at every meeting.
<b>Other Governance Committees</b>	Review strategic and high/very high operational plan risks within their remit.
<b>Executive Team</b>	Reviews strategic and operational plan risks monthly. Ensure risk management operates effectively.
<b>Team Managers</b>	Makes review of risk a standing item at Directorate Management Team meetings and unit meetings.
<b>All Staff</b>	Consider and report all risks and incidents that could impact on their particular area of work. Ensure action is taken to manage risks.

The terms of reference for the Risk Management Advisory Group are attached at Appendix 3.

## Appendix 1: Risk Management Process Flowchart for using Compass



## Appendix 2: Impact definitions v category of risk for guidance

Impact Descriptor v Category of Risk	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
<b>Financial/value for money</b>	Negligible organisational/personal financial loss.	Minor organisational/personal financial loss.	Significant organisational/personal financial loss.	Major organisational/personal financial loss.	Severe organisational/personal financial loss.
<b>Operational (examples)</b>	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
	Interruption in a service which does not impact on day to day business activities.	Short term disruption with minor impact on business activities.	Some disruption in service with unacceptable impact on business activities.	Sustained loss of business services which has serious impact on day-to-day activities.	Permanent loss of core business services or facilities. Disruption to facility leading to significant “knock on” effect.
	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
<b>Reputational/credibility (examples)</b>	Rumours, no negative media coverage.  Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/international media/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Inquiry/ FAI.
<b>Workforce (examples)</b>	Short term low staffing level temporarily reduces quality (< 1 day).  Short term low staffing level (>1 day), where there is no disruption to business services.	Ongoing low staffing level reduces quality.  Minor error due to ineffective training/implementation of training.	Late delivery of key objective / business activities due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective/ activity due to lack of staff.  Major error due to ineffective training/ implementation of training.	Non-delivery of key objective/activity due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training.
<b>Clinical and Care Governance</b>	Programme with direct or indirect public impact which has no impact on outcomes  Negligible impact on quality of care.	Programme with direct public impact based on poor or non-existent evidence which uses resources and has little impact on outcomes.  Minor impact on the quality of care, with recoverable actions.	Programme with direct public impact based on poor or non-existent evidence which uses resources and may have a negative outcome.  Significant impact on the quality of care, which	Programme with direct public impact either fails to recognise harm or actively promotes work based on poor or inadequate evidence which could negatively affect health and wellbeing of people receiving care or staff.	Programme with direct public impact either fails to recognise harm or actively promotes work based on poor or inadequate evidence which could loss of life or harm to people.  Severe impact on the quality of care.

			cannot be wholly recoverable.	Major impact on the quality of care, which cannot be wholly recoverable.	
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## Appendix 3: Risk Management Advisory Group Terms of Reference

### Aims

The aims of the Risk Management Advisory Group are:

- to support staff to understand the management of risk
- to assist staff with recording risks
- to implement, embed and improve risk management across their units/directorates
- to provide assistance with the review of risks at senior team meetings
- to lead regular reviews of the risk registers across their directorates
- to support the culture change required to communicate the benefit and impact of managing risk
- to promote how the intelligence from the management of risk can be used to support and improve governance and business priorities
- to provide a forum for sharing ideas, learning and best practice

### Membership

The Advisory Group Membership is as follows:

- Director of Finance, Planning & Governance(Chair)
- Head of Finance and Procurement, Operational Risk Lead
- Corporate Governance Manager
- Partnership Forum representative
- Representative(s) from each of the Directorates
- Health and Safety representation

### Administration

Appropriate administrative support will be provided by the Planning and Governance Office to take notes of the meetings, collate and circulate papers and ensure follow up actions are delivered. Agendas will be circulated 3 days prior to the meeting and an action point register will be circulated within 7 days after the meeting.

### Frequency

The Advisory Group will meet quarterly but will also convene between meetings where necessary.

### Reporting arrangements

The Advisory Group will report, through the Chair, to the Executive Team.

**DOCUMENT CONTROL SHEET**

<b>Title:</b>	<i>Risk Management Strategy</i>
<b>Date of Issue:</b>	
<b>Date Effective From:</b>	
<b>Version/Issue Number:</b>	<i>V9.4</i>
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<b>Owner:</b>	<i>Angela Moodie, Director of Finance, Planning and Governance</i>
<b>Approver:</b>	<i>Audit and Risk Committee/Board</i>
<b>Approved by and Date:</b>	
<b>Contact:</b>	<i>pauline.symaniak@nhs.scot</i>
<b>File Location:</b>	<i>Corporate Governance/Risk/Strategy</i>

<b>Revision History</b>				
<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>	<b>Name</b>	<b>Changes Marked</b>
7.0	25/9/19	Full revision	P Symaniak	N
9.3	16/3/22	Update	P Symaniak	N
<b>9.4</b>	<b>08/06/2023</b>	<b>Update</b>	<b>P McCauley</b>	<b>Y</b>

<b>Approvals:</b> This document requires the following signed approvals:				
<b>Name:</b>	<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>	<b>Version:</b>
<b>Executive Team</b>		<b>Executive Team</b>		
<b>Audit and Risk Committee</b>		<b>Audit and Risk Committee</b>		
<b>Board</b>		<b>Board</b>		

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<b>Name</b>	<b>Title/Division</b>	<b>Date of Issue</b>	<b>Version</b>

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>28 June 2023</b>
<b>Title:</b>	<b>Committee Annual Reports 2022-23/Updates to Terms of Reference</b>
<b>Agenda item:</b>	<b>5.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Pauline Symaniak, Governance Manager</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

Every year end the Governance Committees of the Board create an annual report of their activities over the year and review their terms of reference. This paper provides a summary of the actions that have arisen from the annual reports and sets out the revised terms of reference. Revisions to the terms of reference for the Board and the Governance Committee Chairs meeting are also presented at this time to ensure all terms of reference are up to date going forward.

## 2. Background

The HIS [Code of Corporate Governance](#) sets out the requirement for Committees to provide an annual report to the Board and contains the terms of reference for the Board and Committees which explain their remit, purpose and membership. This ensures there is clarity in the roles that the Board delegates to its Committees and that they operate within their delegated role. It is good practice to review these alongside the annual reports to ensure that they remain relevant and accurate.

## 3. Assessment

### Annual Reports

All six of the Governance Committees of the Board have completed an annual report setting out how they have delivered their remit, the key risks they have considered during the year and the actions they have agreed to take forward in 2023-24. The summary of these actions can be found at Appendix 1. An update on these actions will be provided to the quarter 3 Board meeting. All Committees have reported that they delivered their remit during 2022-23.

## Terms of Reference

Changes to the HIS Code of Corporate Governance are usually considered by the Audit & Risk Committee ahead of the Board. In consultation with the Committee Chair, it has been agreed to provide these changes directly to the Board on this occasion only. This is because the Committee's agenda is already fully committed and the only changes proposed to the Code are to terms of reference which require approval by the full Board.

Minor adjustments and points of accuracy have been updated in the terms of reference but the more significant changes are summarised below.

- a) The membership descriptions for the Audit & Risk, Quality & Performance, Staff Governance and Succession Planning Committees have been revised to reflect that only Board Members (non-executive and executive) can be members of Committees. This point is confirmed in the Blueprint for Good Governance second edition: "*Membership of the standing committees can include non-executive and executive Board Members but the committee must be chaired by a non-executive and have a majority of non-executive members*". However, the Chair and Chief Executive are excluded as members of the Audit and Risk Committee. The updated descriptions provide greater clarity and set out a consistent approach to the description of membership and attendance.
- b) The Chair of the HIS Clinical and Care Staff Forum has been added as an attendee for the Quality & Performance Committee to ensure that matters being considered by the Committee are discussed within the Forum and that the views of the wider body of clinical and care staff are directly represented at the Committee by their elected Chair. This arrangement harmonises HIS with arrangements within the wider NHS and will mean that the Technology Group Chairs are no longer required to attend Committee meetings or provide quarterly reports.
- c) For the Executive Remuneration Committee, it is proposed that two additional areas are added to their remit: support leadership succession planning arrangements and ensure a resilient and competitive approach to recruitment and retention of the Senior Manager and Executive cohort.
- d) For the Board terms of reference, the remit and information requirements have been updated to include the workforce data that the Board receives; the operational risk register has been removed from the information requirements as it is no longer provided to the Board; and a number of reports have been added to the information requirements in the final bullet point to reflect that the Board has been receiving these in recent years.
- e) For the Governance Committee Chairs, the requirement to submit a key points report to the next Board meeting has been included and a quarterly overview of upcoming substantive items for the Board and Committees has been added to the information requirements. The number of meetings has been updated to four per year.

The Scottish Health Council has not made any changes to its terms of reference.

## **Assessment considerations**

<b>Quality/ Care</b>	The Code of Corporate sets out the governance and financial framework of the organisation and supports the delivery of good corporate governance and achievement of value for money. This in turns supports the best outcomes for our work programmes.
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<b>Resource Implications</b>	The Standing Financial Instructions form part of the Code and ensure good stewardship of the organisation's financial resources. No changes are proposed at this time.
	There are no direct impacts on staff but the Code includes terms of reference for the Staff Governance Committee which has oversight of staff governance matters.
<b>Risk Management</b>	There are no risks on the risk register related to this paper.
<b>Equality and Diversity, including health inequalities</b>	The Code of Corporate Governance is a key component in achieving good corporate governance which ensures the best outcomes for our stakeholders.
<b>Communication, involvement, engagement and consultation</b>	The Committee Chairs, Members and Lead Directors have been consulted on the revisions to the Committee terms of reference and on the content of the annual reports. The Governance Committee Chairs reviewed their terms of reference and those for the Board to ensure alignment at their meeting on 26 April 2023.

#### 4 Recommendation

The Board is asked to

- Review the Committee annual reports action plan to gain assurance that the Committees continue to deliver the remits assigned to them by the Board.
- Approve the revised terms of reference presented for inclusion in the HIS Code of Corporate Governance.

#### 5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1, Committee Annual Reports 2022-23 Action Plan. The annual reports themselves can be found in the optional reading folder on Admincontrol.
- Appendix No 2, Revised Terms of Reference

**Appendix 1: Summary of key actions for 2023-24 from the Governance Committee Annual Reports 2022-23**

Committee	Action	Lead Director	Status (to be updated during 2023-24)
<b>Audit and Risk</b>	1. Continue to provide valuable assurance on the financial stability of the organisation as we continue in a time of economic uncertainty. The focus on delivery and realisation of recurring savings will be a key action as an enabler to financial stability.	Director of Finance, Planning and Governance	
	2. Continued oversight of the journey on risk maturity of the organisation as we look to set our risk appetite and implement a new risk system.		
	3. Continue to lead on risk deep dives across the Committees throughout the year.		
	4. Continue to monitor and respond to Information and Communications Technology risks, alongside monitoring the website implementation.		
<b>Executive Remuneration</b>	1. Maintaining oversight of Executive appointments to the organisation.	Director of Workforce	
	2. Review of objectives and performance against objectives throughout the annual cycle.		
	3. Continued overview of senior leadership structures and any planned or potential arrangements to these arrangements.		
	4. Ensure continued oversight of our leadership capacity and resilience as an organisation.		
	5. Work with/ support internal audit who will be carrying out an audit of the functioning of the Committee in 2023-24.		
	6. Ensure due consideration of any appropriate circulars and other information from Scottish Government regarding matters of Executive and Senior manager pay and grading.		
<b>Quality and Performance</b>	1. Provide assurance on relevant elements of the new HIS organisational strategy for 2023-2028.	Medical Director	
	2. Continue to provide oversight on the development of clinical and care governance within HIS.		
	3. Provide continuing oversight of the operational performance of HIS, including the ongoing development of appropriate Key Performance Indicators.		
	4. Monitor and provide assurance on relevant aspects of One Team.		
	5. Consider its own learning and development needs.		

<b>Scottish Health Council</b>	1. Consider further action and guidance on the strategic direction of HIS-Community Engagement and work with the directorate to support the implementation of a final structure, allowing staff to effectively assure and support meaningful engagement across Scotland's healthcare system.	Director of Community Engagement	
	2. Increase its profile, setting out its role in supporting the revised Planning with People guidance which provides the direction for health and care bodies to take in engaging with their local communities.		
	3. Recruitment exercise to appoint new Scottish Health Council members.		
<b>Staff Governance</b>	1. Ongoing oversight of the Workforce Plan.	Director of Workforce	
	2. Ongoing assurance of the workforce aspects of One Team.		
	3. Ongoing oversight of initiatives to ensure staff well-being and sustainability.		
	4. Oversight and reporting on the number of grievances.		
	5. Ongoing assurance of the workforce aspects of Organisational Change.		
<b>Succession Planning</b>	1. Completion of the Succession Plan via the sub group.	Head of Corporate Development	
	2. Oversight of board development plan.		
	3. Keep a focus on the skill mix of the board including the diversity of board members.		
	4. Recruitment for the board vacancy to the same standards of good practice that were established in 2022-23, and continually learn from and improve our approach.		
	5. Support the Aspiring Chairs programme and provide oversight.		

## Appendix 2 – Revised terms of reference

### Terms of Reference: Board

#### 1.0 Purpose

The purpose of the Board is set out in the Operating Framework<sup>1</sup> between Healthcare Improvement Scotland and Scottish Government:

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

#### 2.0 Remit

The remit of the Board shall be in line with the Audit Scotland Role of Boards and the NHS Scotland Blueprint for Good Governance 2<sup>nd</sup> Edition<sup>2</sup>.

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

##### Setting the Direction

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

##### Holding to account

- Scrutiny and monitoring of operational performance having received recommendations from detailed scrutiny by the Quality and Performance Committee.
- Scrutiny and monitoring of financial performance having received recommendations from the detailed scrutiny by the Audit and Risk Committee.
- Scrutiny and monitoring of workforce data having received recommendations from the detailed scrutiny by the Staff Governance Committee.

##### Assessing Risk

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

1. The [Operating Framework](#) was published on 22 November 2022.

2. The [NHS Scotland Blueprint for Good Governance 2<sup>nd</sup> Edition](#) was published on 23 December 2022.

### Engaging Stakeholders

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

### Influencing Culture

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

### Finance and resource

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

### Governance

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

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

## **3.0 Membership**

Membership of the Board is as follows:

- Chair (non-executive)
- Chair of the Care Inspectorate (non-executive)
- Up to 13 additional non-executive members, including the Employee Director (non-executive), the Chair of the Scottish Health Council (non-executive) and the Whistleblowing Champion (non-executive)
- Chief Executive (executive member).

The following officers of HIS will be in attendance:

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

## **4.0 Quorum**

A minimum of 50% of non-executive members shall constitute a quorum and no business shall be transacted unless this minimum number of members is present. For the purposes of

determining whether a meeting is quorate, members attending by either virtual means such as MS Teams, video or teleconference link will be determined to be present.

## 5.0 Meetings

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

Meeting	Purpose
Public Board Meeting	To undertake formal governance requirements as listed above in <i>Decisions reserved for the Board</i> .
Reserved Board Meeting	To undertake formal governance requirements as listed above in <i>Decisions reserved for the Board</i> , but where those matters are of a sensitive nature. Meetings will be reserved in exceptional circumstances and justified by the inclusion of the reserved paper cover sheet. This can be due to staffing or commercial in confidence information or where the matter is otherwise prejudice to public interest, for example, where draft information is presented prior to publication.
Board Seminar	To receive papers and presentations in respect of specific topics related to key items of strategic business but which are not at that time presented as part of the formal governance requirements or for a decision reserved by the Board. These will be: <ul style="list-style-type: none"> <li>• Emerging issues that will influence the organisation's future strategic planning and operation, for example, national initiatives, new legislation, significant organisational change.</li> <li>• Briefing on new / developing areas of work that will be provided to the Board in future for their decision but which require early input or comment from Board members.</li> <li>• Information and presentations on the organisation's work, impact and stakeholder engagement which support the Board's assurance role.</li> </ul>
Board Development Session	To undertake activities related to the development of the skills, knowledge and effectiveness of the Board as individuals, as a collective Non-executive cohort and with the Executive Team. This will include regular joint sessions with the Board and senior team of the Care Inspectorate to expand members' knowledge of joint areas of working. Joint sessions with other organisations will be held as appropriate.

Where decisions reserved for the Board arise between Board meetings and require urgent approval or where other matters of significance arise that require the Board's attention, they will be dealt with by email correspondence or by convening a virtual meeting. The outcomes will be shared in the Matters Arising section of the next Board meeting to ensure they are placed on public record.

## 6.0 Information requirements

For each meeting the Board will be provided with:

- risk management report including all of the risks on the Strategic Risk Register and operational performance report.
- the financial performance report and forecast to financial year-end.

- a report covering key workforce data.
- a report from the Chair providing an update on key strategic and governance issues
- a report from the Chief Executive and Directors on key areas of work not covered by the operational performance report.
- register of interests for Board members and senior staff.
- approved minutes and key points reports from the Governance Committees except the Executive Remuneration Committee which will provide abridged minutes to Non-executive Directors only.

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

- changes to the Code of Corporate Governance.
- the organisation's corporate, operational, financial and workforce plans.
- the Annual Accounts and Governance Statement.
- proposals for setting the annual fees for regulation of Independent Clinics.
- Board Members Code of Conduct.
- annual schedule of meeting dates for Board and Governance Committees.
- Governance Committee Annual Reports or Annual Reports action plan.
- Annual Review Self-assessment Submission.
- Annual report from the Non-Executive Whistleblowing Champion.
- Reports covering the annual Scrutiny and Assurance Plan; Death Certification Service Annual Review; Corporate Parenting and Children's Rights; Equality Mainstreaming.

## Terms of Reference - Governance Committee Chairs

### 1.0 Purpose

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

### 2.0 Remit

The Governance Committee Chairs will:

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

### 3.0 Membership

The Governance Committee Chairs meeting will comprise:

- HIS Chair
- HIS Vice Chair
- Chairs of all Governance Committees – Audit and Risk, Quality and Performance, Staff Governance, Scottish Health Council, Succession Planning and Executive

- Remuneration
- Officers of HIS will be invited to attend as appropriate

#### **4.0 Meetings**

The Governance Committee Chairs shall hold four meetings in each financial year. They will report to the full Board on a regular basis on their activity via a key points report.

#### **5.0 Information requirements**

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

- Business planning schedules for the Board and Governance Committees and a quarterly overview of upcoming substantive items for the Board and Committees.
- Any relevant updates to the delivery of the governance function within HIS.

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

- Internal Audit Annual Plan
- Action plan from Governance Committee Annual Reports

### **Terms of Reference: Audit and Risk Committee**

#### **1.0 Purpose**

The purpose of the Audit and Risk Committee is to assist the Board to deliver its responsibilities for the issues of risk, control and governance and associated assurance through a process of constructive challenge.

#### **2.0 Remit**

The remit of the Committee shall be in line with the [Scottish Government Audit and Assurance Committee Handbook](#). The Audit and Risk Committee will advise the Board and Accountable Officer on:

#### **3.0 Governance, risk and control**

to review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account Internal Audit's opinion on the overall adequacy and effectiveness of the framework of governance, risk management and control

- to consider arrangements to secure value for money
- to monitor the effective development and operation of risk management and to monitor progress in addressing risk-related issues reported to the committee
- to consider the effectiveness of internal controls and monitor the implementation of agreed improvements
- to monitor anti-fraud policies, whistleblowing processes, and arrangements for special investigations.
- to monitor the resilience, adequacy and effectiveness of ICT systems.



#### **4.0 Internal and external audit**

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

#### **5.0 Financial reporting**

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

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

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

#### **6.0 Membership**

The Committee membership will comprise of a minimum of four Non-executive Directors. The HIS Chair and Chief Executive cannot be members of the Committee but may attend meetings.

The following officers of HIS will be in attendance:

- Director of Finance, Planning and Governance (Lead Director)
- Representation from the Executive Team (ET)
- other officers of HIS will be invited to attend as required

Internal Audit representative and an External Audit representative will be in attendance.

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

The Audit and Risk Committee Chair shall not be a Chair of another committee. At least one member of the Audit and Risk Committee should have recent and relevant financial and/or risk management experience.

The Board Chairman and Executive Directors of the Board are explicitly excluded from being members of the Audit and Risk Committee.

## **7.0 Quorum**

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

## **8.0 Meetings**

The committee shall hold four business meetings in each financial year and an additional meeting specifically to consider the requirements to meet the Governance Statement and Annual Accounts. Meetings will be held at a place and time as determined by the Committee. The external auditors may request a meeting if they consider that one is necessary.

It is anticipated that Internal Audit representative(s) will attend each meeting of the committee and External Audit representative(s) will attend at least two meetings per financial year.

The committee should meet individually with the Internal Auditors and with the external auditors, at least once per year, without any Executive Directors present.

The committee should meet with the Director of Finance, Planning and Governance once per year without any other Directors or Auditors present.

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

## **9.0 Information requirements**

For each meeting the Audit Committee will be provided with:

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

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

- proposals for the Terms of Reference of Internal Audit
- the Internal Audit Strategy
- the Head of Internal Audit's Annual Opinion and Report
- Internal Audit reports / quality assurance reports on the Internal Audit function
- the draft accounts of the organisation
- changes to the Code of Corporate Governance
- the organisation's financial plans (in draft form)
- the draft Governance Statement
- a report on any changes to accounting policies
- External Audit's plan and annual report
- a report on any proposals to tender for audit functions

- a report on co-operation between Internal and External Audit
- annual progress reports on key strategies / changes to the strategies

## Terms of Reference: Executive Remuneration Committee

### 1.0 Purpose

The Executive Remuneration Committee ('the Committee') is appointed by the Board to provide assurance that systems and procedures are in place regarding the application of national guidance, performance and remuneration arrangements for those employed on Executive Pay arrangements and the Medical Director ('Executive Cohort') and to maintain the highest possible standards of corporate governance in this area. The Committee is also required to ensure that any associated risks assigned to the Committee are managed.

For the purposes of these Terms of Reference the Executive Cohort refers to staff covered by pay arrangements set out in HDL(2006) 59 and includes the Medical Director.

### 2.0 Remit

- To ensure compliance with Scottish Government guidance in relation to the recruitment to the Executive Cohort roles.
- Agree all terms & conditions of employment for all staff in the Executive Cohort and the Medical Director, including job description, job evaluation, terms of employment, basic pay, performance pay and benefits (including pension or superannuation arrangements and motor cars). Review and agree the objectives for all staff in the Executive Cohort.
- To consider appropriate revisions to such objectives during the course of an assessment year. Review the performance of all staff in the Executive Cohort against their objectives.
- To support leadership succession planning arrangements for Healthcare Improvement Scotland in line with the Workforce plan and organisational requirements.
- Ensure a resilient and competitive approach to recruitment and retention of the Senior Manager and Executive cohort within Healthcare Improvement Scotland.
- To consider and approve submissions of posts within the Executive Cohort for evaluation to the National Evaluation Committee.
- To act as the appeals body for those in the Executive Cohort who have a grievance concerning their Terms and Conditions of Service and in relation to disciplinary matters.
- To approve any individual voluntary redundancy and/or premature retirement arrangements for staff in the Executive Cohort.
- Ensure all staff in the Executive Cohort are treated appropriately, fairly and consistently.

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

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

### 3.0 Membership

The Committee shall be appointed by the Board from amongst the non-executive members of the Board and shall comprise a minimum of four members (including the Chair of the

Board and the Employee Director). The Chief Executive and Director of Workforce shall normally attend meetings other than when their own performance and remuneration (if applicable) are being considered.

#### **4.0 Quorum**

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

#### **5.0 Meetings**

Meetings shall be held not less than twice per year.

#### **6.0 Record of business**

The Director of Workforce will:

- have oversight of the preparation and quality assurance of documentation for annual and mid-year appraisals and annual objectives.
- prepare papers for the Executive Remuneration Committee including the annual report.
- co-ordinate communications between the Executive Remuneration Committee, the National Performance Management Committee and Scottish Government in relation to executive and senior management pay arrangements.
- provide end of year appraisal documentation as requested by the Scottish Government and the National Performance Management Committee
- arrange for a committee secretary to collate and issue papers and prepare a record of the business from the meeting.
- hold the record of business in the Planning and Governance team confidential files which will be available for review as permitted.

#### **7.0 Information requirements**

For each meeting the Executive Remuneration Committee will be provided with:

- the Committee risk register
- the business planning schedule
- performance summaries for the Chief Executive and Executive Team at every mid year meeting of the Committee
- end of year performance reports and next year performance objectives for the Chief Executive and Executive Team at every year-end meeting

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

- Scottish Government circulars related to executive level pay and conditions

### **Terms of Reference: Quality and Performance Committee**

#### **1.0 Purpose**

The Committee shall be responsible for providing assurance to the Board in relation to progress against achieving delivery of the objectives / outcomes of the organisational

strategy. The Committee will assure the Board that the organisation is delivering to the highest quality and within agreed timescales, including the appropriate integration of clinical and care governance throughout the organisation.

## **2.0 Remit**

The Committee is responsible for considering, on the Board's behalf, progress being made by the organisation to deliver the Strategy, exploring any issues of performance, which may present a risk to achieving the organisation's objectives/outcomes and managing any associated risks assigned to it<sup>1</sup>. The Board can commission the Committee to scrutinise work where further assurance is required.

The Committee will be outcomes focused and will provide appropriate clinical and care assurance underpinned by HIS' Clinical and Care Governance Framework.

In particular, the Committee will:

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

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

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

## **3.0 Membership**

The Committee membership will comprise of a minimum of six Non-executive Board members, one of whom will be the Chair of the Scottish Health Council. The HIS Chair and Chief Executive are ex officio members of the Committee.

The Chair of the HIS Clinical and Care Staff Forum will be in attendance to:

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

- Ensure that the committee is appropriately hearing views from the wider community of clinical and care professionals
- Highlight specific feedback from the Forum on matters discussed by the Committee
- Recommend (to the Committee Chair) clinical and care professionals to attend Committee meetings on specific items (this is in addition to/alongside those clinical and care professionals invited to attend through their directors/other officers of HIS)

The following officers of HIS will be in attendance:

- Medical Director (Lead Director)
- Representation from the Executive Team (ET)
- Two Public Partners
- other officers of HIS, National Leads and other key staff members will be invited to attend as required

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

#### **4.0 Quorum**

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

#### **5.0 Meetings**

The committee shall hold at least four business meetings in each financial year to fulfil its remit. Meetings will be held at a place and time as determined by the Committee.

#### **6.0 Information requirements**

For each meeting the Committee will be provided with:

- the performance report against the operational plan
- the Committee risk register
- reports from the Clinical and Care Governance Group
- Directors will bring updates

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

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

## Terms of Reference: Staff Governance Committee

### 1.0 Purpose

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

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

### 2.0 Remit

The duties of the Committee are as follows:

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

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

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

### 3.0 Membership

The Committee membership will comprise of a minimum of four Non-executive Board members, one of whom will be the Employee Director. The HIS Chair and Chief Executive are ex officio members of the Committee.

Two staff representatives from trade unions/professional organisations nominated by the HIS Partnership Forum will attend to provide a reporting link with the Forum.

The following officers of HIS will be in attendance:

- Director of Workforce (Lead Director)
- Representation from the Executive Team

- other officers of HIS including appropriate representation from People and Workplace will be invited to attend as required

Other NHS Officers are invited to attend as required. All Board members, Executive and Non-Executive, have access to papers and where appropriate may be invited to attend specific meetings of the Committee.

#### **4.0 Quorum**

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

#### **5.0 Meetings**

The Committee shall hold four business meetings a year.

#### **6.0 Information requirements**

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

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

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

- the Workforce Plan
- reports on Whistleblowing
- reports on Health and Safety activity
- reports on Organisational Development and learning activity
- reports on adverse events or serious concerns raised relating to staffing issues
- Equalities Mainstreaming Report
- Medical, Nursing and Pharmacy Revalidation Report

## **Terms of Reference - Succession Planning Committee**

### **1.0 Purpose**

The role of the Succession Planning Committee is to:

- Improve the diversity of the membership of the HIS Board by:
  - Leading the process for non-Executive Board appointments<sup>2</sup> to ensure it captures a more diverse applicant pool and providing advice and recommendations to the Board.
  - Leading the review and evaluation of the skills, knowledge, diversity and expertise of current non-Executive Directors on an annual basis in line with the Blueprint for Good Governance.
- To work with and influence the Scottish Government approach to Public Appointments.

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<sup>2</sup> To note that the Executive Remuneration Committee is responsible for staff employed on Executive and senior management terms and conditions.



## 2.0 Remit

The duties of the committee are as follows:

- To lead a regular process with the full Board to review and evaluate the skills, knowledge, diversity and experience of non-Executive Directors, in order to identify gaps and recommend action to address these through future Board appointment processes or through a Board development plan.
- To advise on and influence the development of current non-Executive Directors in support of short-term succession planning i.e. to enable them to take on other non-Executive leadership roles, such as Committee Chairs.
- To develop and agree a longer-term succession plan in response to the expertise required by the Board in the future and the needs of the organisation, for appending to the Workforce Plan.
- To consider and recommend different approaches to recruitment with the aim of (i) widening the applicant pool and (ii) achieving a diverse Board and (iii) addressing skills gaps.  
This should include consideration of the role of stakeholders in the recruitment process and nurturing of a talent pool which allows those with no previous Board experience to develop the skills required to become a Board member.
- To keep the Board informed of the Committee's work via an annual report and via the regular submission of committee meeting minutes.
- To ensure adherence at all times to the Code of Practice for Ministerial Appointments and policy and advice of the Public Appointments Commissioner's Office.

## 3.0 Membership

The membership of the Committee will comprise of the HIS Chair and two Non-executive Directors. The Committee will be chaired by the HIS Chair except when the Committee is considering the HIS Chair's replacement in which case the Committee Vice Chair will preside.

The following officers of HIS will be in attendance

- Head of Corporate Development (Lead Officer)
- Staff from the following teams: Planning and Governance, Workforce, Organisational Development & Learning, Communications and the Community Engagement Directorate including the Equality & Diversity Advisor to bring additional expertise in relation to areas such as stakeholder engagement, equality and diversity and hard-to-reach groups.

The following may attend as required to bring additional expertise:

- Up to two representatives from our stakeholders/public partners
- Additional co-opted members including from the Scottish Government Public Appointments Unit and/or Sponsor Unit
- Other Board Members and Executives to provide advice or as part of their personal development

The Committee will seek the advice of the Commissioner's Office, the Public Appointments Team and draw on their initiatives and expertise in developing and creating diversity on Boards.

## 4.0 Quorum

A quorum shall be at least two Non-Executive members.

## **5.0 Meetings**

The Committee shall hold a minimum of two meetings a year.

## **6.0 Information requirements**

When available / required, the following information will be provided to the Committee:

- updates from the Scottish Government Public Appointments Unit
- updates from the Standards Commissioner
- information summaries from public appointments rounds
- strategic risk register
- committee issues log

**SUBJECT: Governance Committee Chairs' 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 26 April 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) Mandatory Training for Non-Executive Directors**

The Committee Chairs shared feedback from discussions about committee development needs that were held at the quarter 4 committee meetings. They also noted the recent review of mandatory training for staff and discussed if it would be appropriate to identify any mandatory training for Non-Executive Directors. I agreed to discuss this with the Head of Organisational Development and Learning then report back to the Board.

**b) Board and Committee Business Planning Schedules**

Our agenda has a standing item to review the board and committee business planning schedules to ensure alignment and to enable us to highlight and discuss any matters that affect more than committee. On this occasion we discussed clinical and care governance and that an organisational response had been submitted to the consultation about legislative changes in relation to the regulation of independent healthcare.

**c) Cross-Committee Matters**

In reviewing the business planning schedules as above, the Chairs discussed the need for our future business to be alert and responsive to any changes in practice and policy given the appointment of a new Cabinet Secretary for NHS Recovery, Health and Social Care.

**Carole Wilkinson**  
**HIS Chair/Chair of the Governance Committee Chairs**

**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 17 May 2023. The approved minutes of the Quality and Performance Committee meeting on 22 February 2023 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) HIS Strategy Implementation and Assurance**

The Committee considered a paper on early proposals for review and measurement of the organisation's new strategy. These set out the principle that reporting will align to existing performance reporting and governance, in particular the Annual Delivery Plan and the Key Performance Indicators, both of which were being drafted for 2023-24. Alongside this, we noted that existing systems and processes are also being aligned to the new strategy. The Committee were content with the direction of travel although we highlighted the challenges of demonstrating impact given that HIS is largely an intermediary organisation.

**b) Redesign of Housing and Healthcare Support**

An update was provided to the Committee on plans to implement an alternative delivery model for the HIS housing offer. This would both deliver positive outcomes for the health and social care system and support delivery of a balanced budget for the ihub through a reduction of core-funded headcount by two posts. The Committee recognised the ongoing positive impact of this area of work and were keen that HIS continues to support it. We were assured by the proposals that the Housing and Homelessness in Healthcare Portfolio Lead will continue to provide specialist housing input to improvement programmes and act as organisational lead for housing.

**c) SIGN 30 Years Update/Future Plan**

The Committee welcomed to the meeting the Chair and Programme Lead of SIGN (Scottish Intercollegiate Guidelines Network). They provided an update on plans to firstly recognise the 30 year anniversary of SIGN with a brand refresh and secondly to collaboratively develop a comprehensive guideline programme in for the next five years. The Committee recognised the important work SIGN has done over many years and supported both of the proposals set out.

**Evelyn McPhail**  
**Committee Chair, Quality and Performance Committee**

**SUBJECT: Scottish Health Council: Key points**

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**1. Purpose of the report**

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Scottish Health Council (SHC) meeting on 25 May 2023. The approved minutes of the SHC meeting on 02 March 2023 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 SHC to the Board.

**a) Review and rethink the four priorities in line with both HIS and Community Engagement's strategic visions**

The SHC previously identified in 2022 four priorities that should be covered at all meetings in order to maintain oversight and assure the work of the Community Engagement Directorate. With the development this year of the new vision and structure for the directorate (aligned to the HIS strategy), the SHC felt that it was time to reflect on these priorities with a view to updating them. It was also suggested that the priorities needed to be more strategic. The priorities will be refreshed at the SHC development day on 16 November.

**b) Volunteering**

The SHC welcomed the news that at the end of March 2023, after extensive discussions, the Scottish Government confirmed it would fund a new Volunteer Management System in light of the current system being out of date and no longer fit for purpose. The new system will enable NHS boards to improve their internal planning and management of volunteers and make it easier for members of the public to apply for volunteering opportunities. An outline business case for the new system is in development.

**c) Service Change**

The SHC noted that service change continues to be a major focus of the Community Engagement directorate, as a result of factors including the NHS transformation agenda, service sustainability issues (particularly workforce pressures) and increased political scrutiny. Following discussions with Scottish Government, it has been agreed that the directorate can proceed with developing a new assurance process for any service change which does not meet the "major" service change threshold, but which still has the potential for significant impact on communities. In addition, the directorate is working to revise its template for decision making on major service change to make it less subjective and is developing a plan to promote the need for engagement on service change more widely.

**Name****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 3 May 2023. The approved minutes of the Staff Governance Committee meeting on 1 March 2023 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) Organisational Change and One Team Messaging**

During the Staff Governance Committee meeting in May, members received a detailed update regarding the organisational change processes that had commenced for both the Community Engagement Directorate and the Quality Assurance Directorate. The full consultation documents were provided to the Committee for their information. It was confirmed that a joint Partnership Forum process had been put in place to enable a consistent approach as far as possible to process and terms and conditions issues under consideration

The Committee were also advised of work underway to increase clarity in relation to the intention and communication in relation to the 'One Team' approach across Healthcare Improvement Scotland. The ongoing organisational change processes detailed above are also working to reflect the ethos of a 'One Team' approach where there is an opportunity to do this in terms of reflecting the vision and ambition of the organisation.

**b) Employability and Modern Apprenticeships**

The Committee had the opportunity to consider the update provided regarding progress around the Workforce action plan commitments. Following discussion it was noted that, given continued operating pressures within People and Workplace and emerging detail and requirements around both the Corporate Parenting approach and also the wider NHS Scotland Employability agenda that further work would be undertaken to reflect these areas in the future Modern Apprentice offering for the organisation. This work will be taken forward to ensure participation for the organisation in next years' cycle.

In the meantime it was noted that HIS was now a member of the Anchor Employability Group and also awaiting the outcome of applications to support new NHS Scotland National Management Trainees following the placement of a Finance trainee from the previous scheme.

**c) National Boards Collaborative**

Robbie Pearson confirmed to the Committee that he had stepped back from chairing this group and that role was now being taken forward by Jim Miller, NHS 24 Chief Executive.

It was noted that there continued to be the opportunity for collaboration across the National boards on a number of initiatives and there is a need to ensure alignment. However, there was also discussion regarding the current discussion and approach being taken by Scottish Government colleagues in relation to consolidation of estate and an opportunity for this intent to be clearer/clarified further going forward.

**Duncan Service, Committee Chair**