Public Board Meeting

Wed 27 September 2023, 12:45 - 15:30

8th Floor Conference Room, Delta House, Glasgow

Agenda

12:45 - 13:25
40 min

1. OPENING BUSINESS

1.1. Welcome and apologies

12.45   Chair

Verbal

1.2. Register of interests

*   Chair*

Paper

📄 Item 1.2 Register of Interests.pdf (9 pages)

1.3. Minutes of the Board meeting held on 28 June 2023

12.50   Chair

Paper

📄 Item 1.3 Draft Public Minutes.pdf (10 pages)

1.4. Action points from the Board meeting on 28 June 2023

*   Chair*

Paper

📄 Item 1.4 Action Register.pdf (1 pages)

1.5. Chair's Report

12.55   Chair

Paper

📄 Item 1.5 Chairs Report.pdf (4 pages)

1.6. Executive Report

13.05   Chief Executive

Paper

📄 Item 1.6 Executive Report.pdf (19 pages)

13:25 - 13:55
30 min

2. SETTING THE DIRECTION

2.1. Winter Planning and Resilience

13.25   Deputy Chief Executive-Nurse Director-Director of System Improvement/Medical Director-Director of Safety

Paper

 Item 2.1 Winter Planning.pdf (5 pages)

2.2. Assurance of Patient Safety in the wake of the Lucy Letby Verdict

13.40   Director of Quality Assurance and Regulation

Paper

 Item 2.2 Assurance Patient Safety Letby Verdict.pdf (9 pages)

13:55 - 14:05
10 min

3. ASSESSING RISK

3.1. Risk Management: strategic risks

13.55   Director of Finance, Planning and Governance

Paper

 Item 3.1 Risk Management.pdf (4 pages)
 Item 3.1 Appendix 1.pdf (3 pages)

14:05 - 14:40
35 min

4. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

4.1. Organisational Performance Report including:

14.05

4.1.1. Quarter 1 Performance Report

Director of Finance, Planning and Governance

Paper

 Item 4.1.1 Quarter 1 Performance Report.pdf (5 pages)
 Item 4.1.1 Appendix 1.pdf (1 pages)

4.1.2. Finance Report

Director of Finance, Planning and Governance

Paper

 Item 4.1.2 Financial Performance.pdf (2 pages)
 Item 4.1.2 Appendix 1.pdf (6 pages)

4.1.3. Workforce Report

Director of Workforce

Paper

 Item 4.1.3 Workforce Report.pdf (4 pages)

4.2. Business Case: Mental Health Standards Implementation Support

14.20   Director of Community Engagement and System Redesign

Paper

 Item 4.2 Mental Health Standards.pdf (7 pages)

14.30 – 14.40 Refreshment break

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5. ENGAGING STAKEHOLDERS

5.1. Death Certification Review Service Annual Report

14.40   Director of Quality Assurance and Regulation

Paper

📄 Item 5.1 DCRS Annual Report.pdf (2 pages)
📄 Item 5.1 Appendix 1.pdf (26 pages)

5.2. Communications Strategy Update

14.50   Head of Communications

Presentation

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6. GOVERNANCE

6.1. Schedule of Board and Committee Meeting Dates 2024-25

15.10   Director of Finance, Planning and Governance

Paper

📄 Item 6.1 Meeting Dates.pdf (2 pages)
📄 Item 6.1 Appendix 1.pdf (1 pages)

6.2. Governance Committee Chairs: key points from the meeting on 1 August 2023

15.15   Chair

Paper

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

6.3. Audit and Risk Committee: key points from the meeting held on 6 September 2023; approved minutes from the meeting on 20 June 2023

Committee Chair

Paper

📄 Item 6.3 ARC Key Points.pdf (1 pages)

6.4. Quality and Performance Committee: key points from the meeting on 23 August 2023; approved minutes from the meeting on 17 May 2023

Committee Chair

Paper

📄 Item 6.4 QPC Key Points.pdf (1 pages)

6.5. Scottish Health Council: key points from the meeting on 24 August 2023; approved minutes from the meeting on 25 May 2023

Scottish Health Council Chair

Paper

📄 Item 6.5 SHC Key Points.pdf (1 pages)

6.6. Staff Governance Committee: key points from the meeting on 9 August 2023; approved minutes from the meeting on 3 May 2023

Committee Chair

Paper

📄 Item 6.6 SGC Key Points.pdf (2 pages)

6.7. Succession Planning Committee: next meeting will be held on 10 October 2023

Committee Chair

Verbal

15:25 - **15:30**
5 min

7. ANY OTHER BUSINESS

15:30 - **15:30**
0 min

8. DATE OF NEXT MEETING

Next meeting will be held on 6 December 2023

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Register of Interests**
Agenda item:	**1.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning and Governance**
Report Author:	**Pauline Symaniak, Governance Manager**
Purpose of paper:	**Decision**

1.   Situation

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

2.   Background

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

Assessment considerations

Quality/ Care	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.

Resource Implications	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
Risk Management	There are no risks in respect of the Register recorded on the risk database. The Register is scrutinised at Board meetings and is presented within the Annual Report and Accounts. In addition, at the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions. These steps reduce the risk that the Register will be inaccurate or not fulfil its purpose.
Equality and Diversity, including health inequalities	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
Communication, involvement, engagement and consultation	The Register was last considered by the Board at its meeting on 28 June 2023. 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 14 September 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

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

Appendix 1 REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2023/24

NAME	CATEGORY	INTEREST	Date of interest
1. CHAIR			
Carole Wilkinson	1	*Lay Member, General Teaching Council	10/10/18 to present
	1	Board Member, Care Inspectorate	10/10/18 to present
	1	Member of Scottish Social Services Council	10/10/18 to present
	1	**Ad hoc advice and consultancy work for David Nicholl, On Board Training	10/10/18 to 15/08/2023
	1	Vice Chair of NHS Board Chairs Group	1/8/21 to 22/08/23
	1	Chair of NHS Board Chairs Group	23/08/23 to present
Note: *Remuneration available but not claimed / ** Remuneration is a small hourly fee			
2. NON-EXECUTIVE BOARD MEMBERS			
Abhishek Agarwal	1	Associate Professor, Edinburgh Napier University	1/7/22 to present
	1	External Examiner, University College London	1/7/22 to 10/11/22
	2	Board Chair, Grampian Housing Association	1/7/22 to present
	5	Owner of residential properties (not relevant to role with HIS)	1/7/22 to present
	8	Member of The Educational Institute of Scotland	1/7/22 to present
	1	MBA External Examiner - University of Lincoln	1/7/22 to present
	8	Fellow - Chartered Management Institute	1/7/22 to present
	8	Senior Fellow - Higher Education Academy	1/7/22 to present
Jackie Brock	8	Appointed to the National Community Lottery Scotland Committee	1/4/20 to present
	1	Chief Executive, Children in Scotland	1/4/15 to 30/4/21

NAME	CATEGORY	INTEREST	Date of interest
	1	Chief Operations Officer, The Promise Scotland	3/5/21 31/3/22
	2	Member, Scottish Food Commission	1/4/15 to 25/6/18
	2	Member, Mental Health of Children and Young People Taskforce	1/4/18 to 1/9/19
	2	Lay Member, General Teaching Council	2/4/20 to 1/8/21
	2	Chair, Independent Child Protection Advisory Group, Scottish Football Association	26/6/19 1/9/21
Keith Charters	1	Director & Owner, Strident Publishing Limited	12/10/20 to present
	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 31/3/22
Judith Kilbee	1	Self-employed – Contract, AMLo Biosciences - Healthcare Development Manager - Melanoma	19/9/22 to present
	8	Member of the Scottish Covid Bereaved group who have core participant status in both the UK and Scottish Covid inquiries	2/8/23 to present
Evelyn McPhail	8	Governor – Fife College	5/10/20 to present

NAME	CATEGORY	INTEREST	Date of interest
	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
	1	Moodie Consulting Ltd, SC247851 - Management Consulting	1/9/22 to present
	1	DJM Management Consulting ltd, SC422750 - Management and GDPR Consulting.	1/9/22 to present
	1	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 06/06/23
	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 Convertible Loan Stock plc	1/9/22 to present
	6	Careathomeservice.tech Ltd (time for you care)	1/9/22 to present
	6	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

NAME	CATEGORY	INTEREST	Date of interest
	6	Moodie Consulting Ltd	1/9/22 to present
	6	DJM Property Services & Contracts Ltd	1/9/22 to present
	6	DJM Property Lettings Ltd	1/9/22 to present
	6	DJM Management Consulting Ltd	1/9/22 to present
	6	Anastasis Biotech plc	12/06/23 to present
	6	Oyako Ltd	12/06/23 to present
	6	Regemat 3D Ltd	12/06/23 to present
	6	C-Major Ltd	12/06/23 to present
	6	Human Forest Ltd	12/06/23 to present
	6	Gibie Ltd	12/06/23 to present
	6	Luas Diagnostics Ltd	12/06/23 to present
	6	42 Genetics Ltd	12/06/23 to present
	6	Active Needle Tech Ltd	12/06/23 to present
	6	Heura Ltd	12/06/23 to present
	6	Inbentus Medical Tech (Spain)	12/06/23 to present
	6	Inspira Pharma	12/06/23 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

NAME	CATEGORY	INTEREST	Date of interest
	8	UNISON Steward	1/3/11 to present
	8	Treasurer, Guidelines International Network (G-I-N)	1/8/13 to 1/9/16 and 1/9/18 to 23/9/22
	8	Chair, Guidelines International Network (G-I-N)	1/9/16 to 1/9/18
	8	Board Member, Guidelines International Network (G-I-N)	1/8/11 to 23/9/22
	8	Co-Chair, UK Grade Network	11/3/20 to present
	8	NICE Accreditation Advisory Committee	1/1/16 to 1/6/17
Robert Tinlin	1	Non-Executive Director, Crown Office & Procurator Fiscal Service	1/7/22 to 19/12/22
	2	Non-Executive Director, Board of Governance for the Comptroller & Auditor General for Jersey	1/7/22 to present
	8	Director, Towler Tinlin Associates Limited	1/7/22 to present
	1	Interim Chief Executive for Harlow Council in Essex	10/10/22 to 19/12/22
	1	Interim Chief Executive, Southend-on-Sea City Council	24/7/23 to present

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2023/24)
3. EXECUTIVE BOARD MEMBER			
Robbie Pearson	1	Chief Executive, Healthcare Improvement Scotland	
	9	Sister-in-law is nurse at St Columba's Hospice (regulated by HIS)	
	8	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.	
4. SENIOR STAFF MEMBERS			
Sybil Canavan	1	Director of Workforce	
	8	Member of Unite (Trade Union)	
	9	Spouse is employed as a Bank Emergency Ambulance Driver with the Scottish Ambulance Service	Started 1/4/22
Lynsey Cleland	1	Director of Quality Assurance	
	8	*Lay Member, General Teaching Council for Scotland	
Note: *Remuneration available but not claimed.			
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	

NAME	CATEGORY	INTEREST	Date interest started/ ended (if in FY 2023/24)
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 a Non-executive Board Member of NHS Lothian	Started 1/4/23
	9	Spouse is CTO and VP Technology Innovation, Innovation & Technology Group, Leonardo MW Ltd	Ended 31/3/23
	8	Member (as a private individual) of the Edinburgh City Council Slavery and Colonialism Review Implementation Group	Started 10/08/23
	2	Chair of the Scottish Ballet Research Committee	Started 05/09/23
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	

MINUTES – Draft

Public Meeting of the Board of Healthcare Improvement Scotland
Date: 28 June 2023
Time: 11.00
Venue: Virtual Meeting, MS Teams

Present
Carole Wilkinson, Chair
Abhishek Agarwal, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council (up to item 3.2)
Gill Graham, Non-executive Director
Nicola Hanssen, Non-executive Director
Judith Kilbee, Non-executive Director
Evelyn McPhail, Non-executive Director
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
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ben Hall, Head of Communications
Jane Illingworth, Head of Planning and Governance
Angela Moodie, Director of Finance, Planning and Governance
Clare Morrison, Director of Community Engagement
Lynda Nicholson, Head of Corporate Development
Safia Qureshi, Director of Evidence
Belinda Robertson, Associate Director and deputy for Director of Improvement
Simon Watson, Medical Director

Anne Marie Machan, Audit Scotland (up to item 3)

Apologies
Jackie Brock, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Ruth Glassborow, Director of Improvement

Board Support
Pauline Symaniak, Governance Manager

Declaration of Interests
Declaration(s) of interests raised are recorded in the details of the minute.

Registerable Interests

All Board members and senior staff are required to review regularly and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.

1.	**OPENING BUSINESS**	<u>ACTION</u>
1.1	**Chair's welcome and apologies**	
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. The Chair asked the meeting to note that Ruth Glassborow would not be in attendance at a Board meeting ahead of the move to her new post. Thanks were extended to her for her contribution to the organisation over many years. Apologies were noted as above.	
1.2	**Register of Interests**	
	The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the Register must be provided to the Planning and Governance Office within one month of them occurring. Any interests should be declared that may arise during the course of the meeting. The Register was approved for publication on the website.	
1.3	**Minutes of the Public Board meeting held on 29 March 2023**	
	The minutes of the meeting held on 29 March 2023 were accepted as an accurate record. There were no matters arising.	
1.4	**Action points from the Public Board meeting on 29 March 2023**	
	The action point register was reviewed and the single action noted as complete.	
1.5	**Chair's Report**	
	The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following: a) The meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care was postponed. b) Thanks were extended to Non-executive Directors for attending recently a significant number of additional activities. In response to a question from the Board about the meeting with the new Chair of NHS Highland, the Chair advised that she regularly meets with newly appointed Chairs. This meeting did not throw up any unexpected issues and the discussion included service change and the need to raise awareness of it with Non-executive Directors. The Board noted the report and were assured by the activities set out.	
1.6	**Executive Report**	
	The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments. The Chief Executive highlighted the following points: a) He reiterated the recognition of the contribution by Ruth Glassborow ahead of her move to Public Health Scotland. b) Regarding One Team, progress is being made and understanding of it is improving across the organisation. However there are still	

		challenges with resourcing to ensure that One Team is balanced with delivery.	
	c)	Progress has been made with new formats of impact reporting and examples are included in the paper.	
	d)	The joint guideline on stroke is an excellent example of collaboration across the UK and effective use of scarce expertise and resources.	
	e)	Excellent work has been delivered by the team to develop the Bairns' Hoose standards which were published in May.	
	f)	Regarding service change, progress is being made on approaches to service change for proposals that are not assessed as major and which supports the requirement for NHS boards and health and social care partnerships to continuously engage with their communities.	
	g)	Future Citizens Panel activity will cover independent healthcare and will support further discussion with Scottish Government on legislative change.	
		In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:	
	h)	The failure demand noted on page 2 in relation to the public sector reform event refers to the whole health and care system. It is recognised that earlier intervention is needed in the system to reduce failure demand by appropriate early interventions and through tackling public health and poverty.	
	i)	Regarding capacity to deliver the safety key delivery area, there is a capacity challenge in executive leadership but this is cross-organisational work and the main vehicle for the safety network to share intelligence and work collaboratively. There will be improved operational support in the near future and an update will be provided in the next Executive Report.	**Medical Director**
	j)	HIS has been closely involved with the Patient Safety Commissioner developments. There are implications for HIS and opportunities for collaboration so it's important our functions are explained.	
	k)	Regarding balancing One Team progress with ongoing delivery, priorities were discussed at the most recent One Team Programme Board and there are plans to release more capacity to support change. This will be balanced with effective staff governance, financial governance and delivery.	
	l)	There is a desire to reduce the bad debt related to the regulation of independent healthcare. HIS works closely with National Services Scotland (NSS) on this but powers are limited in the legislation. The consultation on our powers has just closed and one proposal is for HIS to be able to remove a service from the register if they haven't paid the fees.	
	m)	The original Scottish Medicines Consortium business case that was submitted to Scottish Government (SG) was ambitious and created before the current financial situation. A further additional allocation has been provided by SG and there will be a need to be clear about priorities for the funding.	
	n)	The 40% response rate for the second One Team survey is a good rate for engagement and it may be that staff are feeling better informed about the programme. There will be ongoing focus groups and newsletters to maintain good awareness and a series of line manager briefings is being planned.	

	o) There are numerous resources to support staff through periods of change including the Employee Assistance Programme, the Occupational Health Service and Trade Union representation. There are also skills support and resilience support. The Board examined in detail the report from the Executive Team and the additional information provided above, and were assured by the information reported.	
2.	**SETTING THE DIRECTION**	
2.1	**Annual Delivery Plan (ADP) 2023-24 and Medium Term Plan (MTP)**	

	The Head of Planning and Governance provided a paper which set out these two plans and highlighted the following points:
	    a) The plans align to SG guidance and have already been considered by the Quality and Performance Committee.
	    b) The ADP is based on the work programme agreed by the Board but with added narrative in relation to the ten drivers of NHS recovery.
	    c) The MTP is a high level overview of priorities linked to the strategy.
	    d) The ADP is with SG and they will provide feedback by the end of July. The MTP requires to be submitted to SG by 7 July.
	
	In response to questions from the Board, the following additional information was provided:
	    e) There is a challenge for HIS as a national Board to fit within the guidance and align all programmes to the ten drivers, especially as some programmes contribute to multiple drivers. The full contribution is captured in the MTP. SG recognise the challenges for national boards to use the templates which are primarily designed for territorial boards but the guidance did allow for some flexibility. It is an ongoing discussion and the guidance applies for the next three years so plans can evolve rather than be re-written.
	    f) Regarding the aim to increase the number of patients managed by Hospital @ Home, the outcome is not fully within our control but there is high confidence that this target will be achieved in light of the expansion of the programme.
	    g) The work programmes in relation to maternal health, neonatal health, placenta health and pre-eclampsia are linked across the organisation and have an inequalities element also.
	
	The Board considered the two plans provided and were content to approve them.	

3.	**HOLDING TO ACCOUNT – including FINANCE AND RESOURCE**	
3.1	**Annual Report and Accounts 2022-23**	

	3.1.1. Draft Annual Accounts 2022-23
	The Director of Finance, Planning and Governance provided the 2022-23 draft Annual Report and Accounts and highlighted the following:
	    a) The out turn is £40.1m which is a 0.2% underspend which is within the 1% tolerance.
	    b) The spend was £5.6m higher than the previous year and the majority of this is staff costs with a 12% increase in whole time	

	equivalents (WTE). c) There is no change in these figures since they were presented to the Board at the seminar on 31 May 2023. d) The only significant changes are in relation to the treatment of leases and the addition of information on the eFinancials incident, the Information Commissioner Office audit and Network and Information Systems Regulations (NISR) audit. These have no impact on the financial position. e) The Audit and Risk Committee reviewed the Annual Report and Accounts at its meeting the previous week and was content to recommend their adoption to the Board. In response to questions from the Board, the following additional information was provided: f) The apparent discrepancy in the standards and indicators target versus the actuals, is due to the process having multiple stages and assurance is provided that the target was met. g) Regarding the accessibility of the document, it is designed to meet the legal requirements but it will be accompanied by more inclusive communications that also promote the human element of our work. h) The value for money target appears amber due to automatic rounding of the figure. 3.1.2. 2022-23 Annual Audit Report Audit Scotland provided their annual audit report and highlighted the following key messages from the report: a) They have issued an unmodified audit opinion across all areas. b) In relation to wider scope areas, they are assured that HIS has detailed financial plans for 2023-24 and subsequent years but there remains a risk which will be monitored closely. c) Significant findings related to the staff remuneration report and management have actioned the changes; the treatment of the independent healthcare income surplus which is not strictly in line with accounting practices and management have chosen not to adjust this. Audit Scotland are not concerned as it is below materiality levels so it does not affect the financial position. d) Regarding the actions in relation to journals authorisation, NISR and best value, they are content with the management response. 3.1.3. Letter of Representation Audit Scotland provided the Letter of Representation and advised it will be signed by the Chief Executive as part of the accounts signing process and returned to Audit Scotland. Having considered all of the documents under item 3 and the additional information provided, the Board were content to approve adoption of the Annual Report and Accounts for 2022-23. The Board thanked all of the teams who were involved in the preparation of the accounts.	
3.2	**Whistleblowing Champion Annual Report**	
	Keith Charters, Non-executive Whistleblowing Champion, provided his annual report and highlighted the following: a) There have been no cases of whistleblowing in HIS during 2022-	

	23. b) The organisation is in a period of significant change and having a high profile for the Whistleblowing Champion supports issues surfacing even if they are not whistleblowing. c) The whistleblowing arrangements within HIS remain effective but proportionate to the size and nature of the organisation. The Board noted the annual report.	
3.3	**Organisational Performance Report Quarter 4**	
	The Director of Finance, Planning and Governance provided the performance report and highlighted the following: a) At the end of quarter 4, eight out of the sixteen key performance indicators (KPIs) were on target. b) 86 projects were active at the end of quarter 4 and 78% were on target. Of the projects behind or repositioned, this was largely due to funding delays or challenges with delivery. c) There were 12 'high' operational risks and 7 'very high' operational risks and the new risks include one on mandatory training. d) During the quarter, 12 new commissions were received and taken forward for consideration. One was declined. This brings the total number of new commissions for the year to 26. There is concern related to the number of new commissions and balancing these with delivery. e) The full performance report was provided to the Quality and Performance Committee. In response to questions from the Board, the following information was provided: f) It is difficult to compare the volume of new commissions to previous years as the individual commissions vary in size. However, the overall sense is of an increase in these. g) Regarding the impact of funding from SG being delayed, the budget for this year took a risk based approach and it was decided to progress some areas of work on the assumption that funding would be confirmed, for example, Scottish Medicines Consortium. h) The use of more grant funding is being explored and these will always involve SG as a partner. To date they have been mostly small but the Right Decision Service is an example of a grant funded service with a cost of £2.3m. The Board scrutinised the performance report and were content with the progress set out.	
3.4	**Financial Performance Report**	
	The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of May 2023 and highlighted the following points: a) There is an underspend of £200k driven by reduced staff costs due to being 25 WTE below the budgeted position. This is due to delays in some recruitment as a result of the current organisational change. b) The budget for the year is £41.1m and the current forecast for year end is a £400k underspend which is at the upper limit of the	

	tolerance. Actions are in hand to address this including a review of areas for investment and non-recurrent spend. c) The full financial report was provided to the Audit and Risk Committee. In response to questions from the Board, it was advised that the underspend will be tracked monthly and initiatives implemented to bring it down while ensuring best value. If it is still high at the mid-year point, the possibility of returning some budget will be discussed with SG but this needs to be balanced with risks for delivery of work programmes. Consideration will also be given to non-recurring investment that mitigates key risks such as cyber security. The Board scrutinised the financial report and were content with the position reported as well as the actions to address the underspend.	
3.5	**Business Cases**	
	Two business cases were provided in relation to Rapid Review of Co-occurring Substance Use and Mental Health Conditions, and Personality Disorder Improvement Programme. They were provided to the Board as the value of each is in excess of £500k. Belinda Robertson advised the following: a) The substance use/mental health business case is an extension of work already being delivered and is a ministerial priority. It will mitigate some of the risks related to redeployment. b) The personality disorder work has completed phase 1 with a number of recommendations from the expert reference group to take into phase 2. It also has ministerial support. The Chair of the Quality and Performance Committee advised that the Committee considered the business cases and were content that they aligned with strategic priorities. In response to questions from the Board, the following additional information was provided: c) A public involvement adviser was part of phase 1 of the personality disorder work to ensure lived experience but for phase 2 this will be provided through joint work with third sector partners. There is an option to make payment for lived experience contributions. d) HIS is only responsible for delivering the aspects of the programmes set out in the commission so the reputational risk is minimised. The programme also links to our broader work in mental health treatment standards and medication assisted treatment standards. The Chief Executive drew attention to the high profile nature of the commissions and for continuous clarity about our role in supporting improvement, rather than us shifting into the direct delivery space. The Board examined both business cases and were content to approve them.	
3.6	**Workforce Report**	
	The Director of Workforce took the meeting through the summary	

	workforce report and highlighted the following points:
	   a) The full report was provided to the Staff Governance Committee.
	   b) The headcount at the end of May 2023 is 560.
	   c) There has been an increase in the turnover rate, the sickness absence rate and recruitment activity.
	   d) There is active horizon scanning through the vacancy review group to align workforce activity with balancing the budget.
	
	In response to questions from the Board, the following information was provided:
	   e) Additional allocations create variance in figures due to fixed term contracts even though more funding has become baselined.
	   f) One Team activity is looking at how to better manage redeployment and turnover, and horizon scanning will assist with this.
	   g) Regarding long term sickness absence, it is not known if this data includes those affected by long Covid. This will be checked but the main reason for absence is mental health issues.
	
	Having scrutinised the report, the Board were assured by the workforce information set out.
		Director of Workforce

4.	**ASSESSING RISK**	
4.1	**Risk Management: strategic risks and updated Risk Management Strategy**	

	Paul McCauley, Risk Manager, joined the meeting for this item.
	
	The Board received a report on the current status of risks on the strategic risk register and an updated strategy. The Risk Manager advised the following:
	   a) The strategic risks are reported under the new risk appetites and the proposal going forward is that the focus will be on risks out of appetite. Risk tolerance will be overlaid on this and it may be the case that some risks out of appetite will be tolerated, for example, if the resources to bring them into appetite would be too great.
	   b) Future developments include testing the effectiveness of controls and provision of levels of assurance on strategic risks.
	   c) The Risk Management Strategy presented has been revised in line with the new risk appetites.
	
	The Chair of the Audit and Risk Committee advised that the Committee had reviewed these documents ahead of the Board and welcomed the progress with risk management in the organisation.
	
	In response to questions from the Board, the following points were clarified:
	   d) The safety risk, number 1922, is out of appetite but actions are in progress. The safety network will help to reduce this risk as it will create a model for better data on safety linking to the Sharing Intelligence for Health and Care Group.
	   e) The service change risk, number 1163, will be reduced by the current organisational change in the directorate and the testing of a framework for service change that is not deemed major. A short life working group has been formed to take this forward.	

	The Board considered the strategic risk register and, subject to the comments above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated.
	
	The Board approved the revised Risk Management Strategy subject to the following changes:
	    f) Table A: the definition of operational risks is too narrow.
	    g) Table B: Information and Communications Technology risks to be assigned to a Committee; Clinical and Care Governance risks to be assigned to the Quality and Performance Committee; "Committee" to be removed from Scottish Health Council Committee and "Council" to be removed from Community Engagement Council.	

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

	The Director of Finance, Planning and Governance provided these reports and advised the following:
	    a) The Code of Corporate Governance requires annual reports to be completed by each Committee. All Committees reported that they met their remits for 2022-23. The action plan set out will be updated and provided to the Board at mid-year.
	    b) At the same time as creating their annual reports, Committees reviewed their terms of reference and significant changes are summarised in the cover paper.
	
	The Board noted the annual reports and approved the changes to the terms of reference for incorporation into the Code of Corporate Governance.	

5.2	**Governance Committee Chairs: key points from the meeting on 26 April 2023**	
	The Chair advised that the meeting had considered cross-committee matters, especially any implications for governance in light of the appointment of a new Cabinet Secretary. The Board noted the key points.	
5.3	**Audit and Risk Committee: meeting held on 20 June 2023; approved minutes from the meeting on 2 March 2023**	
	The Committee Chair provided a verbal update advising that the Committee had considered the Annual Accounts which were covered earlier in this agenda, cyber security risks in light of not appointing a cyber security manager and the counter fraud action plan for 2023-24. The Board noted the key points and minutes.	
5.4	**Quality and Performance Committee: key points from the meeting on 17 May 2022; approved minutes from the meeting on 22 February 2023**	
	The Committee Chair highlighted the discussions covering assurance of progress with the strategy and the redesign of the housing work in HIS. They were assured that plans would still deliver a strong housing offer. The Board noted the key points and minutes.	
5.5	**Scottish Health Council (SHC): key points from the meeting on 25 May 2023; approved minutes from the meeting on 2 March 2023**	

	The Vice Chair of the SHC highlighted that the Committee's development day will include a review of the terms of reference. The meeting heard that funding has been confirmed for the new volunteering system and they discussed work on non-major service change. The Board noted the key points and minutes.	
5.6	**Staff Governance Committee: key points from the meeting on 3 May 2022; approved minutes from the meeting on 1 March 2023**	
	The Committee Chair highlighted that organisational change and One Team had been covered by earlier agenda topics at this meeting but that the Committee had also discussed the need for a co-ordinated approach to employability and modern apprenticeships, and national Board collaboration. The Board noted the key points and minutes.	
5.7	**Succession Planning Committee: next meeting 10 October 2023**	
	The Committee Chair noted that the next scheduled meeting will be in October.	
6.	**ANY OTHER BUSINESS**	
6.1	There were no items of any other business.	
7.	**DATE OF NEXT MEETING**	
7.1	The next meeting will be held on 27 September 2023.	
	Name of person presiding: Carole Wilkinson

Signature of person presiding:

Date: | |

Healthcare Improvement Scotland

DRAFT ACTION POINT REGISTER

Meeting: Healthcare Improvement Scotland Public Board Meeting
Date: 28 June 2023

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.6	Executive Report	Regarding capacity to deliver the safety key delivery area, there will be improved operational support in the near future and an update to be provided in the next Executive Report.	20 September 2023	Medical Director	We have secured some additional admin support temporarily but will be reviewing the wider safety work within the new Medical and Safety Directorate to integrate support for cross-organisational safety work going forward.
3.6	Workforce Report	Regarding long term sickness absence, it is not known if this data includes those affected by long covid. This to be checked.	20 September 2023	Director of Workforce	There were 4 sub categories for Covid during the pandemic to help track specific types/stages, but earlier this year we were informed that nationally they had replaced the previous sub-categories with just one (namely 'Covid-related illness') which is available to use/report on. Any absence (regardless of type, including Covid) beyond 28 days will be included in the long term figures (analysis of Covid-related illness is available only within HR due to the low numbers/easily identifiable data). Hence, we limit the reporting of specific types of absence to the top 5 reasons in the flash 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.
- approve the appointment of an interim Vice Chair for the Quality and Performance Committee.

3. Strategic Issues

a) NHS Scotland Board Chairs Group
I took over the role of Chair of the NHS Board Chairs Group on 23 August 2023. Since my report to the June Board meeting, the Chairs have met formally only once on 21 August 2023 for a Board Chairs private meeting as well as a meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care.

The private meeting for the NHS Board Chairs focused on finance and capital investment including infrastructure and sustainability. The meeting with the Cabinet Secretary covered the standing item of NHS recovery and performance including Planned Care, Unscheduled Care and Winter Planning. There was also the latest in a series of deep dives which this time covered mental health and drugs deaths.

The Board Chairs Group also held their annual, two-day development session on 14 and 15 September 2023. The theme of the event was sustainability, the first day featured sessions covering finance, population health, workforce and environment. On the second day we were joined by the Minister for Mental Health of Scotland, the Minister for Public Health and Women's Health, and the Director General of Health and Social Care/NHS Scotland Chief Executive to reflect on the discussions of the first day. The focus of the discussion with the two Ministers was patient centred care with the discussion covering mental health, palliative care and the role of hospices, primary care and access to GP services.

The fortnightly meetings for the National Board Chairs continue and in light of taking up my role as Chair of the Board Chairs Group, I have handed over chairing of this fortnightly meeting but continue to attend.

b) Winter Summit

On 22 August 2023 Gill Graham attended the Winter Summit on my behalf. This was a joint event between NHS and COSLA, aimed at assisting preparedness for the coming winter. The agenda was split into three sessions:

1. Caring for People as Close to Home as Possible
2. Working Collectively to Provide the Right Care for People in the Right Place
3. Working Together to Maximise Independence and Quality of Life

Each session consisted of around half a dozen short presentations followed by a panel discussion, taking questions from the floor.

The need for a whole system approach was emphasised, including collaboration with the third and independent sectors. The workforce crisis across both health and social care was a consistent theme. Although the importance of prevention and planning was stressed, the frustration with the lack of space to do this was obvious and mentioned by several speakers.

Flow Navigation Centres were described by several of the speakers, with various configurations and approaches evident. This variation was remarked upon in the closing remarks and the question posed whether there is a need for a reduction in variability.

c) 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. I also attended a drop-in session for host boards on 24 July 2023 and these continue to provide valuable feedback to incorporate into the programme for the participant being hosted by HIS. This programme runs through to January 2024 and comprises of regular, one-to-one mentoring sessions with me as well as a series of meetings and observer opportunities tailored to the individual's development requests. There are plans to run a second programme and discussions are taking place with Scottish Government about this taking into account the lessons learned from the first programme.

c) HIS Strategy Launch Events

I joined the two in-person strategy staff events on 16 and 22 August 2023 to speak about how the organisation can have the greatest impact across the health and social care system. The events generated numerous ideas and provided excellent demonstrations of One Team in practice.

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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 25 July 2023. Our discussions included joint inspections, finance and the Covid-19 inquiry.

b) **Future Joint Engagement**

Our meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care was postponed from 3 July to 26 September 2023. We will now be joined at this meeting by the Minister for Public Health and Women's Health.

Other Engagement

c) **Engagement with Staff**

I provided the opening remarks at the monthly all staff huddles in July and August, and spoke at the corporate induction session on 23 August 2023. I continue to share a regular email update to staff about key governance activity.

d) **General Medical Council (GMC)**

I had my latest regular catch up with the Chair of the GMC, Professor Dame Carrie MacEwen on 25 July 2023. We discussed Independent Healthcare, our shared concerns about safety in the system, and the GMC Good Medical Review, the outcome of which has been recently published.

e) **Scottish Patient Safety Programme (SPSP) National Event**

I joined the SPSP National Learning Event virtually on 20 September 2023. The event was titled "Creating the Conditions for Safe Care" and explored the organisational and system wide conditions that support the safe delivery of care. We also covered how the SPSP Essentials of Safe Care can support improvements in safety.

5. Our Governance

a) **Board Recruitment**

Interviews for the single Board vacancy were held on 28 August 2023 in Delta House and the appointment is expected to commence at the beginning of October 2023.

b) **Committee Appointments**

The Board is asked to approve the following Committee appointments:
- Gill Graham as interim Vice Chair of the Quality and Performance Committee. The extended term of appointment for Jackie Brock will end on 30 September 2023. This will leave vacant the role of Vice Chair of this

Committee until the Board vacancy is filled and induction of the new member completed.
- Judith Kilbee as a member of the Audit and Risk Committee to replace the vacancy created by a resignation earlier in the year.

c) Blueprint for Good Governance Self-assessment
HIS will be undertaking the self-assessment against the second edition of the Blueprint for Good Governance during the latter part of the year. The exercise will involve completion of a survey by the Board and Executive Team followed by a facilitated session to review the survey output reports and create an improvement plan.

d) HIS Annual Review
The HIS Annual Review is scheduled for 21 November 2023. Although non-Ministerial this year, it will be a public event held in person at our office in Delta House, Glasgow. A working group is being convened to plan the programme for the event and identify key stakeholders to attend.

e) Board Seminar
A Board seminar was held on 30 August 2023 which undertook a deep dive into the work of the Scottish Medicines Consortium and also received updates on NHS finances and best value.

Carole Wilkinson
Chair, Healthcare Improvement Scotland

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EXECUTIVE REPORT TO THE BOARD – SEPTEMBER 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 key developments, including achievements, challenges and external engagement. In line with HIS' Strategy 2023-28 and specifically the 'One Team' approach, the structure of the report has been reviewed. Moving away from a Directorate specific approach, the content of the report is as follows:

In addition to keeping the Board up to date with organisational developments, the content is intended to provide information on our stakeholder engagement and how we are working with delivery partners – key aspects of our strategic approach.

RECOMMENDATION

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

1. REPORT FROM THE CHIEF EXECUTIVE

Scottish Government Sponsorship of HIS

As of 28 August, and following the departure of Linda Pollock from her role as Interim Director of Healthcare Quality and Improvement, there has been a change in HIS' sponsorship arrangements. Within Scottish Government (SG) Health Directorates, the Planning and Quality and Leading Improvement functions have been merged with the Chief Operating Officer's Directorate. Jason Leitch, National Clinical Director, and John Burns, Chief Operating Officer, will work together to provide joint-Director leadership and as such shared responsibility for sponsorship of HIS. Our day-to-day sponsorship contacts remain the same and continue our strong working relationship.

Annual Delivery Plan 2023-24 – the Annual Delivery Plan (ADP), approved by the Board in June, has now received formal sign-off by SG in a letter on 1 September from our sponsor directors, Jason Leitch and John Burns. The ADP can now be published and there are plans to improve the visibility of the ADP amongst all staff.

Alongside the ADP, HIS is also required to produce an **Anchors Strategic Plan**, for submission to SG by 27 October. Additional guidance has been provided setting out how NHS Boards should be progressing activity as 'anchor institutions', which includes:

- To maximise local, progressive procurement of goods and services;
- To provide fair work opportunities for new employment and for existing staff; and
- The governance arrangements within the Board to progress the Strategic Plan.

The draft Plan will be shared with the relevant Committee(s) prior to submission.

Strategy staff events

Two in person events took place during August for groups of senior staff to discuss the HIS Strategy 2023-28. Feedback from an online strategy event in June indicated that staff want more opportunities to connect and share ideas and experiences, particularly in person. The August events provided staff with the opportunity to discuss their 'needs and offers' in relation to delivery of the strategy, thoughts on cultural change needed, and to hear about practical examples of strategy implementation in different parts of the organisation – in particular reflecting a 'One Team' approach. The outputs from the events are being collated and feedback gathered; consideration is being given to how some of the content can be shared more widely with all staff across the organisation.

HIS senior leadership development

In support of the organisational changes we are making to deliver our strategy, the Executive Team is aiming to more broadly utilise the skills of all of the senior leaders in the organisation. We have a cohort of Associate Directors and corporate service function leads who regularly lead and deliver key operational activities so we are starting work to give more clarification of what is expected of that cohort in relation to their corporate contribution. This will enable them to work more closely with the Executive Team collectively, and in support of that we have identified a small sum for investment in coaching and development in 2023-24 and potentially 2024-25.

Dr Lucy McCracken has joined as HIS' first Associate Medical Director. She will focus particularly on ensuring HIS makes the most of our employed or seconded medical practitioners and supporting key aspects of our Quality Assurance work.

Tony McGowan is the new Associate Director for Community Engagement (CE), the first appointment from the CE organisational change process.

The Director of Evidence has been invited by the Health Foundation to join the Evaluation Advisory Group for the Independent evaluation being undertaken by Picker Institute Europe over the next two years.

HIS Website

Two issues regarding our website have arisen since the last Board meeting. SHOW (Scottish Health on the Web), who host our website, part of Digital and Security at NSS (National Services Scotland), can no longer guarantee the resilience of the site if/when technical issues arise, and that the current platform which hosts our website will be closing in November 2023. This would mean in the event of a hardware failure SHOW will not be able to recover the website leaving HIS without a corporate web presence and unable to fulfil its statutory publishing duties to keep the public informed and publish reports on the quality of care.
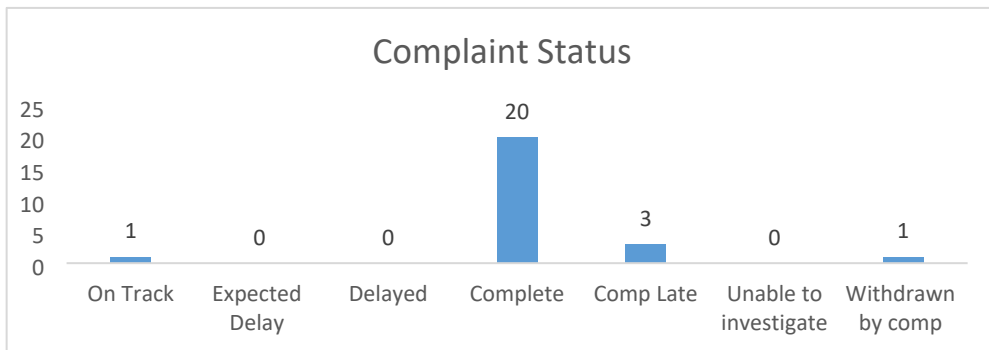
In response to this, we engaged SHOW to create a duplicate version of our website as contingency. This website has now been created and is undergoing final checks at HIS. It will only be used if there is a technical issue with our current website which cannot be resolved.

Work has also commenced with NSS on moving our corporate website to a new platform by November and options on the full redevelopment of our web estate is underway. Activity across both Digital and Comms teams have been prioritised to support the delivery of the interim website.
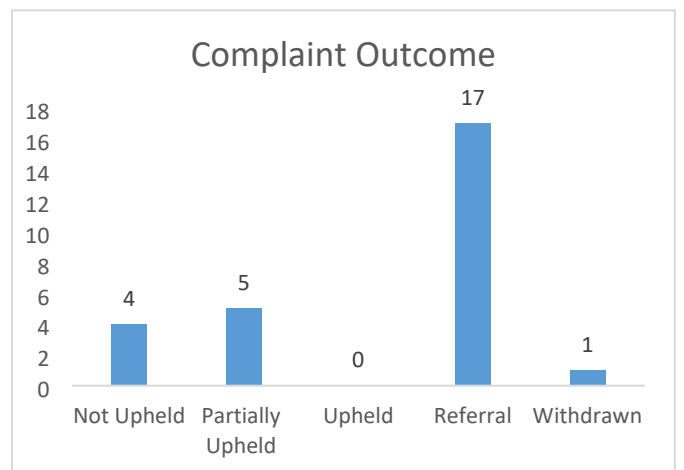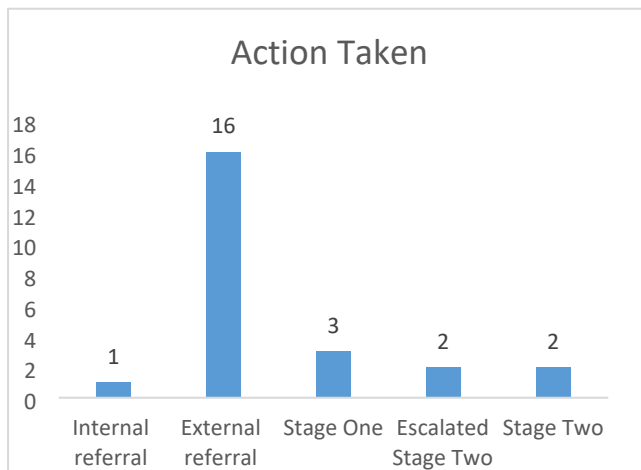
Complaints

In the period between 1 June 2023 and 30 August 2023, 13 inquiries have been received by the complaints team:

- 10 were referred to other organisations outside of HIS.
- 1 was referred to another team within HIS.
- 1 was resolved as a stage one complaint. This complaint related to the selection process for CE public involvement. This complaint was not upheld.
- 1 complaint was escalated to stage two for investigation. This related to a complaint about the inspection process for independent healthcare services. This complaint was not upheld.

Complaint Status

Category	Value
On Track	1
Expected Delay	0
Delayed	0
Complete	20
Comp Late	3
Unable to investigate	0
Withdrawn by comp	1

Data included below includes complaints received this financial year up to and including 30 August 2023.

Action Taken

Category	Value
Internal referral	1
External referral	16
Stage One	3
Escalated Stage Two	2
Stage Two	2

Complaint Outcome

Category	Value
Not Upheld	4
Partially Upheld	5
Upheld	0
Referral	17
Withdrawn	1

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A Safer NHS

The **Healthcare Staffing Programme** (HSP) has developed 6 'Quick Guides' with NHS Education in Scotland (NES) and the SG. These guides will be available on the Turas Platform to support Boards in the operationalisation of the Health and Care (Staffing) (Scotland) Act.

A refreshed **Scottish Patient Safety Programme** (SPSP) National Learning System and Resource Library has been created, bringing together learning system activity and resources from across all SPSP programmes to facilitate and accelerate learning and spread of improvements across teams. We have also delivered a fully hybrid SPSP National Learning Event. The theme of this was "creating the conditions for safe care". Breakout sessions were delivered focused on the Essentials of Safe Care and SPSP Programmes providing practical learning opportunities for delegates and the space to share improvement work.

In its August data submission the SPSP's Acute Adult collaborative demonstrated improved outcomes in a number of key areas. A revised support package for pressure ulcers was also released.

Joint inspection partners HIS, the Care Inspectorate, and His Majesty's Inspectorate of Constabulary in Scotland have now completed phase 1 of the **adult support and protection (ASP) inspection programme** and published a report of this work. 26 adult protection partnerships were inspected over a two year period. Our work has highlighted that many adults at risk of harm are safer and have enhanced wellbeing as a result of partnerships giving effect to ASP legislation. Phase 2 of the programme commenced in August 2023.

The **cervical screening review** has made a number of recommendations for the processes, systems and governance of the management of exclusions from the cervical screening programme. The review had found that there were a number of instances of incorrect application of exclusions which were identified over a number of years prior to 2020. There was a failure to recognise the risks associated with this issue and to implement solutions. The review's recommendations seek to strengthen current arrangements and support the delivery of an effective person centred cervical screening programme.

The Scottish Intercollegiate Guidelines Network (SIGN): **Deteriorating patients' guideline** was published in June and **SIGN 145 Melanoma update** was published in

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July. SIGN has committed to publishing quick reference guides in Right Decision Service rather than as a PDF to improve accessibility and Melanoma is the second following Migraine [Cutaneous melanoma (SIGN) | Right Decisions (scot.nhs.uk)](#).

More effective and appropriate care, including primary care and safe alternatives to hospital in-patient care

The **Focus on Frailty** improvement programme launched on 31 May 2023, with 93 attendees from six participating teams from HSCPs (health and social care partnerships) and NHS Boards across Scotland. The session focused on preparing teams for starting their improvement work with the aim that: People living with or at risk of frailty have improved experience of and access to person centred, co-ordinated health and social care.

We have now supported our 100th team to improve **access to primary care**. Primary care teams are supported to use data to identify the cause of access issues, prioritise impactful change ideas, and use quality improvement tools to rapidly test and embed changes.

The Scottish Health Technologies Group (SHTG) **evidence review on multidisciplinary team (MDT) working in primary care** was published in July and was well received by the SG's National General Medical Council Oversight Group.

The **Hospital at Home (H@H) programme** is currently working with 27 HSCPs across 13 NHS Boards and with nearly 450 members. Key recent achievements include:

- Launching and promoting the H@H Knowledge, Skills and Development Framework in collaboration with NES.
- Facilitating the funding process which allocated £380,337 of SG funding to H@H teams. This funding will enable teams to recruit project and admin staff which will release the capacity of clinical staff to treat more patients.
- We are currently supporting H@H teams to understand what change ideas will have the biggest impact on expanding their service. £3 million of SG funding will be allocated to services in September to enable them to test these changes.
- Published the H@H programme evaluation report, which shows the value and benefits the H@H programme has had on individual practitioners and the health and social care system.

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NHS Recovery and Supporting a Sustainable System

We published a Gathering Views report on proposed updates to the SG's national **Waiting Times Guidance**. It makes six recommendations on improving processes and communication to ensure a person centred approach.

The Quality Management System Portfolio have been working with the NES Quality Improvement Team over the last six months to create and test **"Managing Quality in Complex Systems" learning programme**. The first cohort of operational managers has commenced with 29 participants from across territorial NHS Boards with ongoing evaluation to inform future recruitment, content and delivery models.

We are supporting North Lanarkshire Health and Social Care Partnership to develop an innovative learning model for sustainable quality improvement and service delivery.

We published our **Volunteering in NHS Scotland** 2022-23 Annual Report and submitted an outline business case for a new Volunteering Management System to SG.

We published and held a learning session on **Rethinking Unscheduled Care**, to broaden what we view as components of the urgent and unscheduled care system. We are engaging with Grampian to prototype this work.

The Director of Evidence, Innovation and Digital has been invited to chair the **Scottish Strategic Network for Diagnostics** Steering Group. The group will drive forward the vision to ensure the sustainability and redesign of diagnostic services in Scotland as set by the Oversight Board and provide oversight and coherence between the four diagnostics disciplines that are part of the network.

SHTG continues to deliver evidence support to NHS Scotland's Accelerated National Innovation Adoption pathway. In August, our evidence review of **diabetes remission programmes** informed decision making on a potential national rollout.

The Standards and Indicators team have completed the scoping engagement phases for standards for both **Gender Identity Services** and **Cataract surgery** (the final scoping reports available from HIS website).

The **Barnahaus standards** were published in May and Pathfinders will now test the standards in a range of different contexts to support the development of a national model. We are also working with improvement and analytical colleagues in SG to

develop a self-assessment and readiness tool for the standards and to deliver a Ministerial-led event.

Safe and effective use of medicines

The Area Drugs & Therapeutics Committee Collaborative hosted the second **Sodium Valproate Learning System** session that has been established to accelerate knowledge into action via shared learning across NHS Scotland. Attendees including Medicines and Healthcare Products Regulatory Agency (MHRA), SG and multidisciplinary representation from 13 Health Boards. Areas of success and challenge were shared and discussed between the Boards. A future meeting is planned for early 2024.

The Health & Justice team successfully lead the national implementation of a new contract for the **provision of pharmaceutical goods and services to people in prison**. The new contract was introduced at pace following the previous contractor withdrawing from service provision at short notice. This was successfully achieved across 17 prison sites located in nine NHS Boards to maintain continuity of care for patients.

The Annual review of the **Controlled Drugs** Accountable Officer register has been completed along with ongoing improvement of internal processes to support the governance of Controlled Drugs.

The **Systemic Anticancer Therapy Governance** (SACT) audit programme for both NHS and Independent Healthcare is well progressed with all NHS adult and children's SACT services audit returns received by HIS and the SACT Governance report drafted to progress through internal review prior to publication. The Systemic Anticancer Therapy Governance team is commencing a review of the SACT governance framework and audit programme following an update to the SACT Governance Framework in June.

The Scottish Health Council provided its view to NHS Ayrshire and Arran that its public consultation for its major service change of **Systemic Anticancer Treatment** Services had satisfactorily met the national Planning with People guidance. We will publish a report in September.

Scottish Medicines Consortium (SMC) has announced a new **collaboration with National Institute for Clinical Excellence** on the multiple technology appraisal of ivacaftor-tezacaftor-elexacaftor (Kaftrio), tezacaftor-ivacaftor (Symkevi) and lumacaftor-ivacaftor (Orkambi) for treating cystic fibrosis. Currently there are similar

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circumstances regarding access arrangements and data collection which come to an end in 2024. The collaboration will ensure alignment of guidance of these therapies across England and Scotland. Existing arrangements for access will continue until the final advice is issued.

Mental Health and Substance Use

We received funding and grant letters from SG for two mental health portfolio programmes: **Personality Disorder Improvement** and **Early Intervention in Psychosis**.

We achieved a 62% completion rate for all Scottish Alcohol and Drug Partnerships undertaking a facilitated self-assessment of local pathways to residential rehabilitation in our **Pathways to Recovery** programme.

Organising Ourselves to Deliver

Organisational Change

Support continues through the ongoing diagnostic work with both the CE and Quality Assurance (QAD) Directorates to establish a comprehensive support package for staff and managers. The first component of this is the commissioning of Recruitment and Interview Workshops for managers and Interview Skills Workshops for staff. Further work is being carried out in recognition of change taking place and the new arrangements within other Directorates.

iMatter

Following a 92% response rate and employer engagement index score of 80, the iMatter action planning process has now concluded. As of 29 August, action plan completion rates sat at 77%. Findings from the iMatter Board report were discussed at the recent Partnership Forum with agreement to gain clearer understanding of lower responses across performance management, involved in decisions and health and wellbeing. The Directorate level detail regarding the 'raising concerns' responses has been shared across the organisation and will be a focus of further discussion at the September Partnership Forum.

Living Wage Accreditation

In July, we received confirmation of our accreditation as a Living Wage Employer and as well as being listed as a Living Wage Employer on the Living Wage Scotland website, we can now display the Living Wage Employer logo when advertising.

Organisational Development and Learning

As at 31 August, 88.4% of HIS Agenda for Change staff have recorded activity on Turas Appraisal since April; 80% have agreed objectives for 2023-24 and 73.3% of staff have agreed a personal development plan for the coming year.

The amnesty on mandatory training will conclude in November, at which point compliance reporting will begin. To aid the process of supporting staff to complete the range of mandatory training required and enable compliance reporting, we introduced software which enabled staff to link their LearnPro account with their Turas Learn account to show all completed / outstanding Mandatory for All eLearning at a glance. Positively, 85% of staff have linked their accounts, with a small number (including those on long-term leave) still to complete this process.

Clinicians Media Masterclass

Our Media Team ran a Media Masterclass for our clinical advisers, including modern media, what they are looking for and how to engage effectively. It was an opportunity for clinicians to talk about their own experiences of working with the media. The masterclass provided clinicians with some basic skills, but also build confidence about the level of support the team can provide.

'One Team' redesign and improvement

The Community Engagement and System Redesign Directorate hosted a short-life working group exploring ways to enhance and develop our 'one team' approach to multidisciplinary redesign and improvement teams. We developed a set of principles, and key processes for its development and management, and began work on a best practice guide.

We have short-term support for critical skills now in place which includes: funding for additional staffing in HR, Organisational Development & Learning (OD&L) and the One Team Programme; training and development needs in the two Directorates which have undergone significant formal transformation and; external consultancy support for the Organisational Development Pool and Line Management work packages (helping us to benchmark our position and bring in learning from other organisations).

We are mitigating resourcing challenges in the team through a) robust prioritisation decisions reflected in the programme plan, b) communicating clearly on these decisions, c) seeking short-term support for critical skills and d) working with other organisations to share skills and experience.

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Delta House

The 4th floor was occupied by NSS in August as a sub-lease agreement between the two Boards. Although early days, no material issues have been raised to date and staff have been very welcoming towards our new tenants. Options regarding the 6th floor are being considered and will be shared with the Board in due course.

With the HIS new Ways of Working now embedded, as well as testing the equipment within our offices, for the first time it will be necessary to set up portable appliance testing (PAT) on equipment we have in our home to comply with our legal requirement to ensure that all equipment we provide is electrically safe and maintained in good order. Following a tender exercise we have contracted with White Testing Limited to plan and carry out the PAT testing for all staff in their homes to ensure that all HIS electrical equipment used by them is fully tested. The programme of testing is scheduled to be complete by the end of March 2024.

3.   CHALLENGES AND ISSUES

Finance

Financial position – staff turnover and pausing of vacancies while organisational change takes place across a number of Directorates, has created an underspend to date, with whole time equivalent down 5% to budget. A financial plan to re-invest the forecasted underspend has now been agreed and enacted, which moves us closer towards a financially balanced position by year-end.

Options on supporting the financial challenge – following the request from SG to the national Boards to make in year savings of between 5%-10%, HIS committed to delivering 5% (£0.4m) this financial year. Given the challenging financial position nationally, there is a risk that some of the £4m of funding yet to be received may be cut. This is being managed closely with SG as a priority.

Workforce

Changes to Directorate structures have led to some unplanned disruption to business as usual but teams are adjusting to the new arrangements. Some work to ensure alignment of systems and processes, and governance arrangements, has been required.

Capacity for the delivery of programmes across a number of Directorates remains impacted by vacancies and absences and we continue to pivot to match resource to continued delivery requirements.

The CE and QAD Directorates are progressing with their organisational change programmes and impacts on resources, programme delivery and staff wellbeing are being monitored. Further work also continues with partnership colleagues to agree the matching process for implementing the new structures across QAD and CE and work continues to progress the banding process for some of the new or significantly changed jobs within the organisational change.

Some uncertainty in funding from SG is leading to increased delivery risks and anxiety for staff on fixed-term contracts due to end in March 2024.

In SMC capacity continues to exceed demand with 16 deferred submissions, provisionally scheduled for the New Drugs Committee up until February 2024. Work is ongoing in collaboration with SG Medicines Policy Team, to address these challenges.

The rate of progress with the HIS Campus development has been impacted by capacity and resource challenges affecting the OD&L and Digital Teams. This is particularly the case in relation to the sourcing and development of options for a digital space for the Campus.

External delivery/engagement

Several Directorates are finding that quality **improvement capacity and capability** within NHS Boards continues to be a challenge in the context of a changing workforce profile and ongoing pressures on Boards.

In relation to implementation of the **Health and Care (Staffing) (Scotland) Act**, there are challenges in developing contemporary staffing tools due to the scope and complexity of the digital landscape and service delivery models, leading to a lack of clarity for Boards.

The **Electronic Medical Certificate of Cause of Death** (eMCCD) has been available in primary care since 2015, however the IT solution for secondary care has not yet been fully implemented and around 60% of all MCCDs continue to be completed manually. This means selection for Death Certification Review Service (DCRS) review does not happen until the local authority registrar enters the MCCD on their registration system. This can be up to nine days after the death and has resulted in an increase in the number of our MCCD reviews breaching Service Level Agreements timescales (3.8% in 2022/23 compared to 3% prior to the pandemic). DCRS are in ongoing dialogue with NSS and NHS Lothian on this matter and will keep the Executive Team advised on the potential implications of any potential ongoing delays with the eMCCD rollout to secondary care.

4. EXTERNAL DEVELOPMENTS including STAKEHOLDER ENGAGEMENT

Scottish Government

Programme for Government 2023-24 has been published by SG. The Ministerial priorities for health and social care are detailed and include specific reference to Medication Assisted Treatment (MAT) standards, residential rehabilitation and co-occurring mental health conditions and substance use, delivery of all of which is supported by HIS.

HIS colleagues met Elena Whitham MSP, Minister for Drug & Alcohol Policy, on 14 September to discuss our work in support of the National Mission to reduce drug deaths in Scotland. She was supportive of our approach of working with people with lived experience, and particularly highlighted the importance of our work on mental health and substance use.

The Medical & Safety Director has joined the newly created **Chief Medical Officers Advisory Forum**. This has been established to ensure that advice to ministers through the Chief Medical Officers comes from a range of senior medical leaders in Scotland.

The Director of Community Engagement and Service Redesign has been asked by SG to take on **a Director Lead role for the Co-design & Service Improvement Enabler in its Care & Wellbeing Portfolio**. This will involve a partnership between HIS and SG to co-own how co-design, improvement and engagement are brought together.

The **HSP** has been working with the Scottish Government/Chief Nursing Officer Directorate to support eight Health Boards through Quarter 1 testing of the Health and Care (Staffing) (Scotland) Act 2019 guidance chapters in preparation for enactment in April 2024 and has now embarked on Quarter 2 testing with 10 Health Boards. Key to the testing is identifying and sharing learning.

SG continues to progress the design of the **National Care Service** and the development of a national improvement framework for adult social care. HIS is represented on the national steering group.

We are working with SG and other partners to agree a communications and handling plan for the **Right Decision Service** transferring to HIS.

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NHSScotland Workforce Policies: Supporting Worklife Balance – The Scottish Workforce and Staff Governance Committee formally approved 11 refreshed policies within the supporting working balance suite. A soft launch of the policies will take place until 11 October which is a preparatory period for HR and staff side to ensure Board readiness for launch on 1 November 2023. We are currently undertaking an assessment of current practice within HIS against the refreshed policies ahead of the implementation date. This work is being undertaken in partnership with some local working groups being set up to explore some of the particular policy detail further. Joint briefings will be planned for managers and trade union representatives as part of the implementation.

Stakeholder Engagement

Webinars	Workshops	Seeking stakeholder views and feedback	Conferences
Jointly with the Care Inspectorate to deliver a series of webinars to increase knowledge and awareness of the **Health and Care (Staffing) (Scotland) Act** 2019 before enactment in April 2024.	**Pathways to Recovery** workshops to bring Alcohol and Drug Partnership leads, social work, and those who use drug and alcohol services to identify key areas for improvement and blockages in the system.	Patients who have an implanted medical device for a Gathering Views report to inform Scotland's first **Implanted Medical Devices** Policy Framework.	We presented at an international conference at Northumbria University in June 2023. We shared our developing **People-Led Systems** Transformation programme of work to support innovative, people-led approaches to redesign based on learning from frontline practice.
Volunteering in NHS Scotland showcase webinar.	**SPSP** workshop covering a range of work connected to acute adult, maternity, perinatal and paediatric safety.	**National Care Service's Charter of patient rights**, gathering insight from the trans community, people from minority religious backgrounds, people from minority ethnic communities, and pregnant people and mothers.	The **Responding to Concerns** team were invited to present at the Scottish Speak Up Conference on 5 September. The event brought together staff from NHSScotland and national organisations to explore raising concerns, speaking up, whistleblowing and how our

			responses affect our services and workforce.
Unleashing the potential of **co-production** in Argyll & Bute webinar.	Workshop on delivering strategic communications support to partners for the **Healthcare Staffing Programme.**	SIGN held a meeting with people with lived experience of various conditions and members of the public to provide feedback on the plain language summary for **Deteriorating Patients**.	The Scottish Antimicrobial Prescribing Group is involved in online meetings and a one day conference in Ghana of the **Commonwealth Partnerships for Antimicrobial Stewardship.**
Engaging Patients for Patient Safety webinar to support **World Patient Safety Day** 2023	Joint workshop with SG on **Design Community of Practice.**	SIGN met with people with dementia, third sector representatives and carers to discuss the first draft of the public version of the **dementia guideline.**	SIGN@30 event at the Royal College of Physicians of Edinburgh, focused on the future of guidelines as part of celebrating 30 years of SIGN.
Achieving Diagnostic Excellence in Primary Care webinar which takes place as part of the wider SPSP National Learning Event: Creating the conditions for safe care.	**SMC** has run the first of two education sessions for Patient Group Partners.	**National Hub for Reviewing and Learning from the Deaths of Children and Young People** consulted its expert advisory group, implementation leads, third sector partners and bereaved family members to create new information for families and carers that explains the review process and the role of the 'key	

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		contact' in keeping families informed and supported.	
Primary Care Resilience Webinar on mental health.	**Excellence in Care** held an in person event on Once for Scotland, person centred electronic patient records.	A development session for the Engagement Practitioners' Network in September on engaging with people on the **future of community hospitals.**	
Acute Prescribing Quick Guide webinar for healthcare professionals.		The **Community Treatment and Care** Network, working together to share learning that improves the implementation and development of Community Treatment and Care services.	
		The **GP Cluster** Improvement Network now has 193 members working to share learning that improves the implementation and development of GP clusters.	
		We met with **Police Scotland** to explore emerging intelligence on synthetic opiate use and demands from those using alcohol and stimulants and being admitted to acute	

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		service, to help explore how this data can be used to drive improvements through our MAT and Residential rehab work.	
		Engaged **pharmacy systems** for strategic gap analysis regarding MAT Standards.	

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Quality of Care in the System: Winter Planning and Resilience**
Agenda item:	**2.1**
Responsible Executive/Non-Executive:	**Simon Watson, Medical Director and Director of Safety and Ann Gow Director of Nursing and Systems Improvement/Deputy Chief Executive**
Report Author:	**Jane Illingworth, Head of Planning & Governance**
Purpose of paper:	**Discussion**

1.   Situation

The Cabinet Secretary has briefed all NHS organisations on the significant pressures on the health and care system during the coming winter. All organisations have been asked to consider how they can best support the wider system during this challenging period.

The Board is asked to discuss the situation outlined above in relation to winter planning and resilience and HIS' response in the context of its role in support of quality of care in the system.

2.   Background

Winter has for many years increased activity in the health and social care system with a resulting impact on prevalence of disease, exacerbation of long term conditions, increase in infectious disease and accidents associated with winter weather conditions. In many systems staff are also affected and may have increased absence rates due either to the direct impact on their health or caring responsibilities for family members. For the last three to five years the additional effect of covid-19 aligned with an increase in workforce vacancies has further exacerbated pressures for the whole system.

While Healthcare Improvement Scotland (HIS) does not provide frontline services, the increase in pressures in the system has a number of effects on our work including:

- The need to design or alter programmes of work to mitigate pressures in the system
- The need to provide public scrutiny of the impact of pressures on the system on the care and safety of those who receive care and the workforce - balanced with calls to minimise disruption to services engaged in scrutiny and assurance work
- Reduced engagement with those working in the system, for example clinical experts and leaders who cannot be released
- Calls for members of HIS staff to be redeployed to directly support frontline services (particularly during the covid-19 pandemic)
- The need to continue to deliver medium to longer-term work programmes in a pressured environment
- Supporting HIS staff who are affected by caring and health issues associated with winter.

Winter planning is increasingly a focus of discussions at national level in NHS Scotland, including NHS Board Chief Executives and Chairs, and Directors of Planning and with Scottish Government (SG). A Winter Plan is currently in development by SG and it is anticipated that all boards including HIS will be asked to complete a winter checklist during September.

The Scottish Parliament's Health and Sport Committee is undertaking a short inquiry into winter preparedness and planning within health and social care, in order to review the effectiveness of last year's Winter Resilience Overview and to make recommendations for the forthcoming 2023-24 winter plan. Healthcare Improvement Scotland's response to the current Health and Sport Committee inquiry details HIS' activity in previous winter periods, particularly 2022-23, and observations which may inform its considerations for the coming winter. This includes findings from Safe Delivery of Care inspections and Community Engagement activities.

At its June meeting, the Directors of Planning Group received a presentation from SG on winter planning which included reference to the Winter Resilience Overview 2022-23 and its resilience priorities, which remain key to the current winter approach, with a particular focus on people and prevention:

- Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
- Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period.
- Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination

programme for Covid-19 and Flu.

- Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
- Protect planned care with a focus on continuing to reduce long waits.
- Prioritise care for the most vulnerable in our communities.
- Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
- Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

The Winter Resilience Overview 2022-23 also referred to the following areas of HIS' work: 1) continuing to deliver the Scottish Patient Safety Programme (SPSP), working with teams across the NHS in Scotland and in social care to apply quality improvement (QI) methodology to improve the quality and safety of care and reduce harm, 2) the national programme to support volunteering in the NHS in Scotland, and 3) expansion of Hospital at Home.

3. Assessment

HIS' winter response in 2022-23 included the following activity, all of which continues in 2023-24:

- **Hospital at Home (H@H)**: We are inviting NHS boards/Health and Social Care Partnerships to work with us to access the SG funding to drive a 50% increase in the number of patients managed by Hospital at Home older people/adult acute by March 2024. We are also providing support to the SG H@H national expansion business case for all virtual capacity looking at new specialities for H@H inpatient services as well as working with Centre for Sustainable Delivery (CfSD) to look at opportunities for connecting services more generally.
- **Primary Care**: including Primary Care Access Programme, enabling and supporting implementation of Community Treatment and Care (CTAC) services, providing improvement support and capacity building in prescribing in pharmacotherapy, care navigation, workflow optimisation, access and appointments and administration and leading Primary Care Resilience Webinar sessions over winter (on Mental Health multidisciplinary team in primary care, respiratory and resilience).
- **Access QI**: will continue to deliver the current Quality Improvement collaborative supporting service innovations in Ear, Nose and Throat, gynaecology and urology services using a mix of improvement methodologies to reduce waiting times to access care.
- **Outpatient Parenteral Antimicrobial Therapy (OPAT)**: Scottish Health Technology Group will be publishing an OPAT cost calculator to enable boards to calculate their own expected cost savings as part of local planning decisions.
- **National Cancer Medicines Advisory Group** 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.

It is important to note that there is a broader range of HIS' work which supports system resilience beyond winter planning. In particular, discussions are taking place with SG in relation to scope for HIS to further support improvement work in primary care (specifically CTAC services and pharmacotherapy services) which would contribute to longer-term sustainability.

Current work includes:

- **Rethinking Unscheduled Care**: publication of findings from user research and the strategic planning implications; supported by a learning webinar (with CfSD)
- **Improving Carer Involvement in Hospital Discharge Learning Network**: We are developing a learning network on improving carer involvement in hospital discharge.
- Work with SG and the Royal College of GPs on **guidance for electronic key information summaries** for appropriately prioritised patients ahead of winter. This will be tested with a small number of practices.
- **Focus on Frailty**: integrated frailty pathway support to six teams with two learning sessions over the winter period.
- **Post Diagnostic Support for Dementia**: support for three boards as part of implementation of the soon to be published Dementia Scottish Intercollegiate Guidelines Network guideline.
- **Essentials of Safe Care (EoSC)** is a practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care. It forms the building blocks for each SPSP programme of work. In 2023-24, SPSP will collaborate with the Care Inspectorate to continue to promote awareness of the SPSP EoSC and alignment to the SG Healthcare Framework for Adults Living in Care Homes.
- 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 HSP continues to work with SG and NHS Education for Scotland 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.

It is essential to recognise that in addition to programmes of work supporting system improvements, HIS' inspection and assurance activity is a key aspect of ensuring the quality and safety of services in a system under pressure. Safe delivery of care inspections in acute hospitals were a key aspect of our winter response in 2022-23,

focusing on infection prevention and control, care of patients, staffing within clinical areas, and the systems and processes that NHS boards have in place to mitigate risks in relation to the delivery of safe care. This will continue during 2023-24, remaining sensitive to the operating context for NHS boards.

The paper has undergone discussion at HIS Executive Team and subsequently Quality and Performance Committee in August 2023.

4 Recommendation

The Board is asked to discuss the situation outlined above in relation to winter planning and resilience and HIS' response, in the context of its role in support of quality of care in the system.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Assurance of Patient Safety in the wake of the Lucy Letby Verdict**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement** **Lynsey Cleland, Director of Quality Assurance and Regulation**
Report Author:	**Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement** **Lynsey Cleland, Director of Quality Assurance and Regulation**
Purpose of paper:	**Discussion**

1.   Situation

This paper details the work underway to review systems and process across Healthcare Improvement Scotland in light of the information known to date about the Lucy Letby case to ensure a high quality and robust approach to the delivery of our statutory duties in relation to the safety and quality of health and care services.

2.   Background

The findings of the criminal trial of Lucy Letby have shocked and saddened us all. While it will be for the forthcoming public inquiry to establish the full facts of this horrific case and make recommendations for the future, it is important that Healthcare Improvement Scotland uses the information that has been reported to date to review our statutory functions and existing governance arrangements for assuring safety and quality of care.

Previous high profile failures in care have involved failures in both first and second lines of defence for patient safety in terms of those at the 'front line' raising concerns and not being listened to, and corporate governance systems failing to effectively identify and respond to risk indicators and signals of potential failures in safety and quality of care. From the information reported to date it would appear that these are also relevant considerations for the Lucy Letby case.

As a national organisation providing a third line of defence in terms of our statutory duty to support, ensure, and monitor the quality of healthcare in Scotland, we need to do everything we can to assess the implications from this case for our work and for our own internal governance arrangements.

The Cabinet Secretary for NHS Recovery, Health and Social Care has written to all NHS Boards to seek assurance that the existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland are fully effective. We have responded to this request setting out the work we already undertake to support our statutory duties in relation to the quality of health and care, as well as detailing the work we have underway to review the robustness and effectiveness of our current approach. These letters can be found in the additional reading folder on Admincontrol. We will keep our current systems and processes under continual review as more information and learning becomes available.

3. Assessment

There are many ways in which concerns about safety and quality of care are brought to our attention, such as through the Sharing Intelligence for Health and Care Network, the Responding to Concerns Team, inspections and from other pieces of data and intelligence.

As part of our immediate response, we are undertaking a review across Healthcare Improvement Scotland to ensure our current systems are sufficiently robust and sensitive to the detection of matters of serious concern. This work includes benchmarking our national assurance, improvement and evidence functions against the information we have so far regarding the Lucy Letby case, and a table top simulation exercise to identify any potential gaps we may have in effectively identifying and responding to potential signals of failures in safety and quality of care.

Appendix A describes the work HIS currently undertakes in support of our statutory duty to support, ensure, and monitor the quality of healthcare provided or secured by the health service with specific reference to patient safety. These responsibilities sit alongside NHS Boards' legal 'duty of quality' with regard to monitoring and improving the quality of health care which it provides to individuals.

We are also considering existing governance measures in place within Healthcare Improvement Scotland, with a specific focus on:

- supporting a culture of openness and learning
- ensuring a high quality and robust approach to the delivery of our statutory duties in relation to the quality of health and care provided by the system

Raising concerns, speaking up and whistleblowing
There have been no whistleblowing cases within Healthcare Improvement Scotland during the reporting year 2022/23. 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. We have undertaken 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, with mandatory training compliance being supported by a Key Performance Indicator.

We also have a network of Confidential Contacts. These are colleagues who have been trained to listen to HIS staff and point them to sources of support and advice. Staff can talk to them about any worries they may have whether it is personal or work related.

Our iMatter survey for 2023 had a response rate of 92% with 98% of respondents answering the questions in relation to raising concerns about issues in the workplace as follows:

- I am confident that I can safely raise concerns about issues in my workplace – average score 81
- I am confident that my concerns will be followed up and responded to – average score 75

A further discussion has taken place with our Partnership Forum with an agreement to work with staff to understand what the issues are and how they feel they could be addressed. The responses have been shared with Directorates to facilitate further discussion with management teams and local partnership representatives.

Our cultural aspirations and values are well established and detailed in our Strategy 2023-28 and aligned to the NHS 2020 Vision, with particular reference to openness, honesty and responsibility. As part of the implementation of our Strategy, we are taking the opportunity to engage with our staff to understand where we might need to do more to create the conditions for the culture we want to see in HIS.

Clinical care governance arrangements
We have a range of measures in place to ensure that Clinical and Care Governance (CCG) considerations are embedded across our work and the Quality and Performance Committee assures the Board that the organisation is delivering to the highest quality, including the appropriate provision of clinical and care expertise. This Committee receives quarterly reports from the Clinical and Care Staff Forum and the CCG Group, and seeks assurance of the integration of CCG across the organisation through reporting against quarterly improvement plans and formal annual CCG reviews. The Committee also receives and reviews CCG risks, and approves new work commissions which are required to consider CCG in the development process.

Our CCG framework seeks to ensure clear lines of leadership and accountability and that all clinical and care risks and areas for improvement across Healthcare Improvement Scotland are identified, managed and acted upon.

 The CCG group provides oversight of organisational learning from complaints, feedback and adverse events. The group also identify clinical and care risks and mitigating actions and raise with the responsible director to ensure clinical and care risks are managed and escalated appropriately.

Registered Clinical and Care Professional Leads
There is professional responsibility for all clinical and care staff employed by Healthcare Improvement Scotland and this ensures that standards for performance and proficiency set out by the regulatory professional bodies are met. All practitioners within HIS should have access to a professional lead/manager for issues relating to scope of practice and role, continuous professional development (CPD), professional and ethical issues.

Clinical Supervision
Clinical Supervision is an approach to enable Nurses, Midwives and Allied Health Professionals (NMAHP) to reflect on aspects or events within their practice; to examine what happened, what was good or bad about the experience, what else could have been done and what could be changed or improved in practice because of this learning. Clinical

supervision is now well embedded across Healthcare Improvement Scotland and there is ongoing overview to support engagement in the process and ensure participants gain maximum benefit from it.

Public Protection

HIS employees have a duty to take appropriate action when we are concerned that a child (including an unborn child), young person or an adult is at risk of harm, abuse or neglect. NHS Education for Scotland (NES) Child Protection Practice Level one training on Turas Learn is mandatory for all HIS staff and should be undertaken every two years.

The learning includes an overview on promoting the well-being and protection of children including what to do should you be concerned a child is being, or at risk of harm.

There is a six monthly Public Protection Report submitted to the Quality and Performance Committee, which includes any public protection risks or challenges and our Public Protection and Child Health Lead is available to advise staff who have any public protection concerns.

Assessment considerations

Quality/ Care	This paper highlights the initial learning from the Lucy Letby case which will contribute to HIS internal learning and quality management and externally to any identified improvements in oversight of the health and care system.
Resource Implications	No financial impact at present, any costs associated with implementing learning will be taken through HIS financial governance processes.
	Potential for staff to learn from the case. There is a risk that staff are distressed by the details of this case and staff support is available.
Risk Management	Any new risks will be articulated as part of the review process.
Equality and Diversity, including health inequalities	This process will ensure that in reviewing HIS response to findings there is decreased risk of harm to very vulnerable groups who may be at risk either due to deliberate intent to harm or error.
Communication, involvement, engagement and consultation	There has been extensive press coverage of the case. The intent to review our processes was shared by the Chief Executive in an all staff communication on 8/9/23. A letter of assurance detailing the work we already undertake to support our statutory duties in relation to the quality of health and care, as well as detailing the work we have underway to review the robustness and effectiveness of our current approach, was submitted to Scottish Government on 15/9/23.

4   Recommendation

The Board is asked to discuss the work underway to review existing systems and processes across Healthcare Improvement Scotland in light of the Lucy Letby verdict.

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1: Healthcare Improvement Scotland Work Programmes

Appendix 1: Healthcare Improvement Scotland Work Programmes

Below are the existing areas of activity and specific systems and processes in place within HIS in relation to patient safety relevant to the Lucy Letby case.

1. Promoting learning and improvement

Reviewing and learning from adverse events
A revision of the current Learning from Adverse Events (AE) Framework, published in 2019, is underway and is being revised in sections under a number of themes which include: patients, families and carers being central to the review process; psychological safety for staff involved in AE; and systems for Learning from AE.

We have also engaged with NES over the last 5 years, through the Joint Commission for Openness & Learning, to support the spread and sustainability of good practice across organisations through a consistent national approach supported by person centred, patient safety learning resources.

All territorial and patient facing national Boards are active members of the AE network, which provides peer support to NHS Board colleagues for the managing and learning from adverse events across Scotland.

In August 2022, a national programme of standardisation of all levels of AE reporting commenced via a national steering group, and a national agreement is being sought through the AE network regarding which events under each speciality should lead to the commissioning of a Serious Adverse Event Review (SAER). This will ensure consistency of approach across NHS Scotland.

Boards are required to notify us of the SAERs that they commission, and we collate and analyse this data for discussion by the Network. The effective use of this data will be enhanced by the major piece of work underway on standardisation.

We are undertaking a programme of liaison awareness visits to all Boards, which help the AE team to understand the operational aspects of adverse events management in practice. To date in 2023 visits have taken place with NHS Grampian, NHS Forth Valley and NHS Tayside.

Neonatal mortality review
On 17 August 2022, the Minister for Public Health, Women's Health and Sport commissioned HIS to take forward a review in relation to the significant increase in neonatal mortality across Scotland in the year 2021-2022. The scope of this review covers reported neonatal deaths across Scotland between 1 April 2021 and 31 March 2022.

The review will assess and determine whether there are any themes, underlying causes or safety factors, from both a clinical and system perspective and, if there are, will identify key learning points and make recommendations for improvements in the quality of care.

We would anticipate a first draft of the review report in November 2023, which would then go through the usual HIS channels for internal assurance before finalising.

National hub for reviewing and learning from the deaths of children and young people
HIS co-hosts the National Hub for Reviewing and Learning from the Deaths of Children and Young People in collaboration with the Care Inspectorate. The National Hub launched on 1 October 2021, and now gathers information nationally on the deaths of all children in Scotland to age 18, or 26 if receiving continuing care or aftercare. We will use this data and evidence to drive

change and improve outcomes by seeking to identify trends that could alert professionals of possible areas of risk, and to establish a minimum standard for carrying out reviews.

Colleagues in HIS' Data Measurement and Business Intelligence (DMBI) unit support the National Hub in analysis of data and examination of themes and trends and are formalising a data handling protocol within HIS. We are in discussion with Public Heath Scotland and Scottish Government colleagues to look more closely at what data on child death is collected by relevant organisations and to consider how we work together to examine data for themes and trends and develop processes for addressing any potential concerns.

Excellence in Care data
Our DMBI unit supports the monitoring and analysis of other data used within HIS, for example the Excellence in Care programme, which ensures that all NHS Boards have consistent, robust processes and systems for measuring, assuring and reporting on the quality of care and practice. Data is reviewed on a quarterly basis with a written report provided to Boards along with coaching calls highlighting any anomalies or concerns.

Professional Governance
HIS has in place a system of governance for all healthcare professionals in our organisation which oversees and supports them in maintaining professional registration and assures the HIS Board that their learning is contemporaneous. HIS offers professional restorative supervision to staff, encouraging reflection on practice with a focus on professional codes and in particular the safety and quality of care.

2. Ensuring Safety

Safe delivery of care inspections
Our Safe Delivery of Care inspections provide assurance of the safe delivery of care within acute hospitals across NHS Scotland. Within the inspection we consider the factors that contribute to the safe delivery of care. To achieve this we carry out inspections of ward and clinical areas through observation. We observe staff practice and interactions with patients and carers. Where possible we access patient health records applicable to the remit of the inspection. We request data and evidence from the NHS Boards relating policies, procedures, patient safety related incident reporting, and governance procedures relating to these.

We seek to understand the oversight and governance arrangements and leadership and culture within the NHS Board, through engagement with staff, patients, senior managers and leaders and the review of the inspection findings and evidence provided.

Escalation Framework with Scottish Government
As set out in our Operating Framework between HIS and Scottish Government, we have a clear, consistent, and transparent process for escalation of issues to Scottish Government, and where required, direct to Scottish Ministers via the Sponsor Function.

This process allows for HIS to publicly escalate concerns where a lack of progress/response has been made by the service provider, as a result of the usual HIS processes aimed at ensuring improvement, or where HIS has become aware of serious safety concerns through its activity, which require immediate action by the service provider. Should HIS use its statutory powers to close a ward to further admissions, then the escalation process would immediately trigger.

Responding to concerns and whistleblowing

HIS has a legal obligation to respond to concerns raised by NHSScotland staff or referred to us by another organisation (such as NES, Nursing & Midwifery Council, General Medical Council) about the safety and quality of patient care.

We always encourage NHSScotland staff to try to resolve any concerns they have through accessing their local NHS Board whistleblowing policy and procedures, and we direct them to the Independent Whistleblowing Officer (INWO) for support with this. However if they do not feel able to raise their concerns through these routes, they can raise in confidence with HIS under the Public Interest Disclosure Act (PIDA). This legislation protects whistleblowers from detrimental treatment by their employer and gives statutory protection against victimisation and dismissal to workers who speak out.

All concerns made to us are subject to an assessment process and this informs our decision about if/how we carry out further action. We consider the concerns raised within the context of the systems/processes within which they sit, and the potential impact on patient safety/quality of care in the delivery of that service. We gather any relevant intelligence/contextual information to inform our assessment process including (where available) iMatter results and Care Opinion stories. Where the concerns span the remit of more than one national organisation (for example HIS and Mental Welfare Commission), we will work together to gather all relevant intelligence/understand any relevant activity being undertaken and ensure the most appropriate and proportionate response to avoid duplication of effort. Intelligence also feeds into our contribution to the Sharing Health and Care Intelligence Network.

If, at the end of our assessment process we are not assured about the arrangements in place, or the safety and quality of care more generally, we will recommend further steps for HIS to take (this can include an ad-hoc review, an inspection, or improvement support).

Regulation of Independent Healthcare

HIS is the regulator of the independent healthcare (IHC) sector in Scotland. Our regulation provides assurance about the quality of care within IHC services across NHS Scotland. Once registered with us, IHC services are subject to regular risk-based inspection, and both patients and staff can make complaints to HIS if there are concerns about the quality of services. In respect of both inspections and complaints, we engage with senior managers and leaders within IHC services, to seek assurance on actions from the areas of improvement identified as a result of our regulatory activity.

Our inspections are based on the HIS Quality Assurance Framework and in particular we consider factors that contribute to improved outcomes for patients, safe and high quality care and improvement focused leadership. In addition, we seek to understand the oversight and governance arrangements and leadership and culture within IHC services, through engagement with staff, patients, and service management. Inspection findings, complaint investigation findings and improvement action plans are published on our website.

Death Certification Review Service (DCRS)

DCRS currently undertakes a proportionate, random review of 12% of Medical Certificates of Cause of Death (MCCD) per year. Of these, 3.9% are identified that should have been reported to the Procurator Fiscal. The Crown Office and Procurator Fiscal Service (COPFS) guidance on reporting deaths of children does allow for cases where there are concerns from relatives or medical staff that the medical treatment may have contributed to the death of a patient, or where circumstances might indicate fault or neglect on the part of medical staff.

There is also an advice line where 2,500 calls a year are received, including from neonatologists seeking advice on death certification because of the complexity of these cases and a desire to be as accurate as possible due to the particular tragedy of the loss of a baby.

3.   Sharing Health and Care Intelligence Network

The national Sharing Health and Care Intelligence Network (SHCIN) is a bi-monthly forum for NHSScotland system regulators, professional regulators and improvement/training bodies to come together and share intelligence, analysis and collective discussion regarding potential emerging issues relating to safety and quality of care. Information and intelligence shared between SHCIN members is directed at a systems level and any issues or concerns regarding an individual practitioner will be dealt with through the established communication and escalation processes that are in place between the employer and professional regulators.

At the most recent meeting of the network discussions were initiated on how the network might respond to the early findings emerging from Lucy Letby case. Consideration is being given to using the SHCIN Analytical Framework as a mechanism for gathering information from each network member in relation to intelligence they hold about maternity/neonatal services, in relation to the early findings, with the potential to highlight any gaps at a national level.

4.   Looking ahead: the Scottish Patient Safety Programme (SPSP) – Perinatal and Paediatric Programmes

We are developing new SPSP Perinatal and SPSP Paediatric programmes which focus on supporting improved outcomes for women, birthing people, babies, children and families. The team works collaboratively with all maternity, neonatal and paediatric units in Scotland to support the delivery of safe care through the use of quality improvement methodology.

A learning system will support sharing of good practice and networking, and The Essentials of Safe Care (EoSC) are embedded in all of the SPSP programmes.

The EoSC provides evidence based guidance and practical support for the safe delivery of care, which can be applied in any health or social care setting. The work was developed with representation from stakeholders across the system including NHS Boards, Royal Colleges, Care Inspectorate, Scottish Care, Scottish Social Services Council, Coalition of Care and Providers (CCPS) and Carers Scotland. These groups focused on identifying and prioritising the essential elements required to deliver safe care and brought together evidence based resources that could support these across four primary drivers:

1. Person centred systems and behaviours that are embedded and support safety for everyone.

2. Safe communications within and between teams.

3. Leadership to promote a culture of safety at all levels.

4. Safe consistent clinical and care processes across health and social care settings.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Risk Management**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning and Governance**
Report Author:	**Paul McCauley, Risk Manager**
Purpose of paper:	**Approval**

1. Situation

The Board is asked to review all of the strategic risks currently held on Compass (Appendix 1) as at 14 September 2023. However, under the new approach to risk appetite the Board is asked to afford particular focus on those risks which are currently out of appetite.

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 14 strategic risks with two of the risks rated very high, seven high and five medium. Seven risks are within appetite and seven are out of appetite.

Strategic Risks - 6 month trend
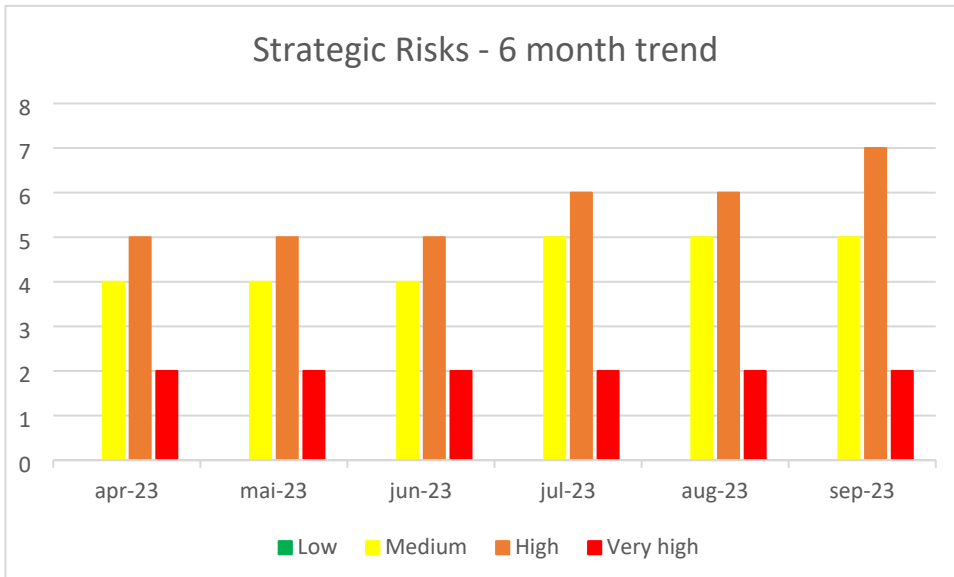
There are three new risks since the last Board meeting; 1266-organisational change, 1258- compliance with the Covid Inquiries and 1270-website.

The full Strategic Risk Register can be found at Appendix 1.

Out of Appetite Risks

The risks out of current appetite are summarised below:

Out of appetite risks	Residual score	Maximum 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
Website	9	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 are noted below.

Cyber Security: Two contractors have been recruited 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 & 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 & 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.

Service Change: We are currently developing a new assurance process for all service change. This will enhance our current assurance process for major service change and is in response to the publication of the updated Planning with People guidance. We have had a positive response from stakeholders on our proposal to develop this new process and its aim to provide assurance that meaningful engagement has taken place, not just for us but crucially for the public, boards and politicians. Ten NHS boards and Health & Social Care Partnerships are participating in its development and testing. It is anticipated that this risk will show some reduction by December of this year.

Workforce Skills: Work is continuing on succession planning and the cross-organisational skills map in line with the workforce plan. In addition, repositioning of the ihub and improvement from August will help to focus on delivering our strategic priorities. It is anticipated that these actions will reduce this risk to within appetite by the end of 2023/24.

Safety of Patient Care: Work is continuing to mature this risk and a revised description has been provided in the register to reflect the fact we have moved the focus away from system pressures beyond our control to concentrate on what is within our circle of concern and control. A Safety Network has been established and will share updates on safety focussed work and evaluate new intelligence about safety care in the system. This risk is now a standing item on the Safety Network agenda and as a key stakeholder the Network will play a significant role in bringing it under control. As this risk is still being developed it is too early to say if or when there will be a reduction in the score.

Website: The impact of the risk of the website being unavailable has reduced as the emergency website is nearing readiness. This is the contingency website which will be stood up if our current website goes down. Although this risk is not yet in appetite as the risk of the platform being closed in November still remains. We are working with National

Services Scotland (NSS) to ensure a move to the new platform is undertaken within these timescales. It is anticipated by November this risk will be within appetite.

Assessment considerations

Quality/ Care	The risk register underpins delivery of the organisation's strategy and effective risk management ensures the best outcomes from our work programmes. Discussion of the risk register and its impact on delivery of the organisation's plan is a key part of the assurance arrangements of the organisation and in identifying opportunities.
Resource Implications	There is no financial impact as a result if this paper. Relevant financial risks are recorded on Compass and presented to the Audit and Risk Committee.
Risk Management	Risks and their mitigations are set out in the report for review by the Committee.
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper. An impact assessment has not been completed because this is an internal governance paper.
Communication, involvement, engagement and consultation	The risk register is an internal management tool and therefore no external consultation has been undertaken in preparing this paper. Route to this meeting: The Audit and Risk Committee considered all of the strategic risks at its meeting on 6 September 2023.

4   Recommendation

The paper is presented for discussion.

The Board is also asked to review the attached paper 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.

5   Appendices

The following appendices are included with this report:

- Appendix 1, Strategic Risk Register

Strategic Risk Register September 2023   Item 3.1, Appendix 1   Strategic risk register September 2023

Category	Project/ Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Current	aug-23	jul-23	jun-23	mai-23	apr-22	mar-22	Appetite Level In/Out
										Residual Risk Level							
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	We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections. The wider changes in HIS will seek to provide a platform for us building a more flexible and cohesive response to the challenges facing the system. The annual delivery plan 2023-24 has been developed with project leads/budget holders and progress on it will be reported to the Quality and Performance Committee, Board and Scottish Government (SG).The process for managing new work commissions in HIS has been redesigned to ensure a stronger collective response to the requests from SG. Our financial position is regularly monitored to ensure flexibility and affordability regarding inflation. Horizon scanning, risk management and ongoing stakeholder engagement.	The economic impact and wider pressures are having a serious and growing impact on public finances. This is resulting in a detrimental impact on aspects of health and social care provision, particularly safety of care. We are ensuring our response, in a rapidly changing set of circumstances, is tailored to alleviating such pressures. Our new strategy 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 we are meeting the needs of the health and social care system.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	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	Monthly rolling forecasting remains a key control to ensure financial balance in 23/24. The underspend a Q1 has been repurposed with detailed spending plans for the remainder of the year to help deliver a balanced position. 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. Our financial position is regularly monitored to ensure flexibility and affordability regarding inflation.	The wider NHS position is a significant deficit, and on the request from SG, we have increased our savings target for 23/24 by an additional £360k (5% on outstanding allocations). Communications and escalations with SG regarding lack of funding certainty on allocations for 23/24 remains a top priority, with a number of allocations still outstanding at Aug-23.	3	3	M 9	M 9	M 9	M 9	M 9	M 9	M 9	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	Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates. HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly. Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.	Given that a core IT supplier to the public sector in Scotland was subject to a cyber attack recently the score must remain 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. 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.	4	4	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	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	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 One Trust governance module; adverse event report training;	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 One Trust 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.	3	2	M 6	M 6	M 6	M 6	M 6	M 9	M 9	Minimalist In Appetite
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	The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Quality Assurance System (QAS) and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate. Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns.	A key driver for our strategic review and transformational change process within Quality Assurance Directorate (QAD) is to ensure that our systems and processes are fit for purpose to enable us to deliver robust quality assurance programmes. This includes strengthening business planning processes and programme delivery. A range of improvement activity has already taken place, including updated clinical and care governance arrangements. It is anticipated that the change process will bring further benefits, including a reshaped programme management function.	4	3	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	There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers. There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.	VH 16	We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement. We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts". We also continue to work with a range of partner organisations in designing the future priorities for improvement support in integrated health and social care services.	The draft Bill regarding the establishment of the NCS 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. Ministers have though signalled an intention to review the scope and timescale for the introduction of the NCS. HIS will continue to contribute not only to debate and discussion of the draft Bill but also via broader engagement over the next few years. We are also contributing our perspective in relation to the independent review of the regulation of social care.	5	2	M 10	M 10	M 10	M 10	M 10	M 10	M 10	Cautious In Appetite

Category	Project/ Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Current	aug-23	jul-23	jun-23	mai-23	apr-22	mar-22	Appetite Level In/Out
Reputational / Credibility	NHS Scotland Climate Emergency & Sustainability Strategy	1165	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	VH 16	National Sustainability Assessment Tool (NSAT) annual assessment Development of an organisational Net-Zero Route map action plan. Active Travel Adaptation Policy. Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government. Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans, including Biodiversity reporting.	HIS are 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.	3	4	M 9	M 9	M 9	M 9	H 12	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	IHC Team are now at full staffing in terms of the current model, however the directorate staffing model is now under review as per the organisational change processes. 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. 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 annual baseline funding of £260K from SG (yet to be received for 23/24). Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales & HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare. IHC Clinical & Care Governance Group in place to consider clinical care governance and ensure appropriate clinical input. HIS/SG Independent Healthcare Short life working group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future.	The HIS / SG IHC short life working group is well established and the IHC team are working on wider regulatory reform proposals to close known loop holes, informed by wider discussions 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.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite
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	Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG. Development of Quality Framework for Engagement to support implementation of national guidance. Revised Planning with People published on 21 April 2023 with significant HIS-Community Engagement (HIS-CED) involvement. 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 with the 3 Regional Planning Directors. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED. Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning.	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. This work includes the development of a new assurance process for all service change activity. Work to develop this is underway with 10 statutory health & care bodies (mostly NHS boards) involved and testing has begun with 1 partner. Meetings with other partners are scheduled for 18 & 24 August 2023.	4	4	VH 16	VH 16	VH 16	VH 16	VH 16	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	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum. Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	The final draft of the Workforce Plan has been approved by the Board and will be published shortly. The plan for 2022-25 is accompanied by a detailed action plan for this risk, including actions on workforce planning, succession planning and any identified areas of skills shortage or wider workforce market challenges. The plan also describes opportunities for improved cross-organisational working and capacity planning around generic posts. The first actions against the plan are being taken to the Staff Governance Committee in March. HIS continues to deliver on required commissions and our organisational priorities.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Cautious Out of Appetite

Category	Project/ Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Current	aug-23	jul-23	jun-23	mai-23	apr-22	mar-22	Appetite Level In/Out
Workforce	Workforce Strategy	1266	Sybil Canavan	There is a risk that the current and potential future organisational change activity within Healthcare Improvement Scotland will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 16	Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within Healthcare Improvement Scotland ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity.	The 90 day consultation process for the organisational change proposals for the Community Engagement Directorate and Quality Assurance Directorate have now concluded, following individual and collective communication with those directly affected along with Partnership and Trade Union engagement. There has been some impact on the health and wellbeing of those affected and additional support is being provided. The Governance Chairs examined the response to the consultation on the 1st August, including the proposed response to all comments received and proposed next steps on the implementation of the final structures.	4	3	H 12	H 12	H 12					Cautious In Appetite
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1922	Simon Watson	Work is continuing on maturing this risk and this is the current revised description: In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public. Previously: There is a risk that increasing financial and workforce pressures across NHS boards leads to a reduction in the quality and safety of patient care resulting in further demands on our planned work programmes and on our ability to deliver to a high standard across our work.	VH 20	We are developing an approach to safety which is more co-ordinated across the whole organisation. Under the Safety Network we will focus on two key areas. 1. What we currently do in this area. 2. How we seek and share intelligence on emerging safety issues. This will all feed into how we are managing this risk. We continue to be present and influential at system wide stakeholder 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.	The Safety Network is taking a One Team approach to ensuring that we fulfil our various strategic and other commitments to safety. This risk is now a standing item on the Safety Network agenda going forward. Work is underway to address immediate issues, with attendance at relevant stakeholder meetings, sharing intelligence work and papers on the winter response and safety concerns written and circulated. We are also supporting Boards with bespoke work in Ayrshire & Arran and Forth Valley.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Minimalist Out of Appetite
Operational	Information Governance Strategy	1258	Robbie Pearson	There is a risk that we fail to provide the required documentation or evidence to the UK and Scottish Covid19 Inquiries due to inadvertent destruction and an inability to locate and retrieve files due to non-compliant, person dependent document naming conventions and folder structures resulting in potential legal action against and reputational damage set in the context of HIS being in receipt of a 'Do Not Destroy' notice (by the Scottish Inquiry).	H 12	Clear guidance that the 'Do Not Destroy' notice means we must retain all pandemic related material from March 2020 to December 2022. This is monitored by the Information Governance steering group. We have established a central repository for all documentation that has been located so far in response to the initial informal requests from the Scottish Inquiry. We have a cross-directorate group in place to help co-ordinate the responses to inquiry requests. We have an emphasis on those programme areas most likely to be impacted by the inquiries investigations.	The two public inquiries are only getting underway and conclusion will be some years away, therefore we may be asked for this information at any time from this point forward and for an as yet undefined period into the future. This is about future-proofing the organisation given that personnel and work programmes have been changing, and are likely to continue to change into the future.	4	2	M 8	M 8	M 8					Minimalist In Appetite
Reputational / Credibility	ICT Strategy	1270	Ben Hall	There is a risk that our website is not available and 'goes down' due to the resilience of the site no longer being guaranteed because of technical issues and outdated technology, resulting in HIS being without a corporate web presence and unable to fulfil its statutory publishing duties.	VH 20	An emergency website has been set up, which is a basic clone of our current website focusing on our statutory content obligations. This is part of our business continuity arrangements to maintain a corporate web presence and to fulfil our statutory duties. Work has commenced with NSS on moving our corporate website to a new platform by November and options on the full redevelopment of our web estate is underway. Activity across both Digital Services Group and Comms teams have been prioritised to support the delivery of the interim website.	Emergency site has been created by NSS and is undergoing final checks internally at HIS. This has allowed the impact score of the risk to be reduced. NSS are considering our requirements for moving our website to their Standard Web Offering by November, when the current hosting platform will be closed. They are confident our current website can be replicated on the new platform by November. While NSS undertake this, we will focus on requirements on upgrading our content and web estate, likely to move to a phase of enhancements and improvements post November 2023.	3	3	H 9							Minimalist Out of Appetite

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Performance Report, Quarter 1 23/24**
Agenda item:	**4.1.1**
Responsible Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
Report Author:	**Caroline Champion, Planning & Performance Manager**
Purpose of paper:	**Assurance**

1. Introduction

This report provides the Board with a high level progress summary against Healthcare Improvement Scotland's (HIS) Strategy 2023-28, Annual Delivery Plan (ADP) 2023-24 and Key Performance Indicators (KPIs) covering the quarter 1 period, April - June 2023.

The detailed performance report presented at Quality & Performance Committee (QPC) consisted of four key sections; Strategic Overview, Performance Measures, Key Achievements & Challenges and Forward Look and introduces value for money analysis as part of our Best Value assessment.

2. Strategic Overview

In the first quarter of deliverying against our new strategy, good progress has been made. The Progress Against Key Strategic Priorities Q1 23/24 table (Appendix 1) provides a summary of the status and progress of these projects which have been aligned to the four priorities as set out in the strategy. There are some gaps and areas of work yet to commence, which is expected in the first quarter of a five year plan.

We are continuing to develop our reporting of and analysis against delivery of our strategy. As a first step we are looking in more detail at the current state, including strengths and gaps, in relation to each of the strategic priorities, and will report on this in more detail to QPC.

3. Performance Measures

3.1. Key Performance Indicators (KPIs)

KPIs have been developed under a number of headings aligned to our strategy and reflecting our organisational priorities (see Appendix 1). In Q1, the KPIs behind target were:

- **Research and Information Service** – activity levels in Q1 were impacted by staff vacancies and although staff have been recruited, it is likely to be Q3 before we see any improvement in outcome with the risk that the annual target will not be met.

- **Scottish Health Technologies Group** – low number of publications in Q1 due to timings of projects. 8 reviews ongoing and as such expect to be back on target for Q2.

- **Published Improvement Resources** – aiming to publish 82 resources during 23/24 but this is not evenly spread across the year. 14 published Q1 with the remaining 68 expected to be delivered by the end of the year.

- **iMatter** – Employee Engagement Index Score shows a slight reduction on the 2022 result of 82 but the overall response rate increased from 91% last year to 92%.

- **Mandatory Training** – data gathered for Q1 is incomplete and excludes Turas training. Also due to current organisational change activity we are expecting a lower completion rate. The training amnesty is in place until November 2023 with an improvement anticipated in Q2 and Q3.

- **Baseline spend -** £0.3m savings delivered against a Q1 target of £0.4m. This is due to lower efficiencies savings seen to date from redesign and process mapping.

3.2. Work Programme Status Report

64 projects were active at the end of Q1 which is a net movement of **-22** since Q4 22/23. **51** (80%) projects were on target, **13** (20%) running behind / 'repositioned'. No projects reported as late. The project status trend analysis over the last 15 months is provided in Appendix 1. Following Board approval, the 23/24 work programme has been reconfigured to enable alignment of individual projects to portfolio level which has resulted in an overall decrease in the number of projects reported.

For projects reporting as behind in Q1, action is being taken to bring these back on track through the recruitment of additional capacity or realignment of objectives to match remaining timeframe and resources. For two of our quality assurance projects, work has paused at the request of Scottish Government (SG).

The overall position at Q1 is favourable however slippage is anticipated over the forthcoming months resulting in the likelihood of more projects reporting as running behind.

3.3. Value for Money

In quarter 1, QPC received best value reports in relation to the Scottish Intercollegiate Guidelines Network (SIGN) and the National Cancer Medicines Advisory Group (NCMAG). The Committee welcomed this development and noted the useful information provided in relation to SIGN resourcing within HIS and the wider impact on the healthcare system's resource use, while acknowledging that more work is needed on impact and outcomes. Similarly with NCMAG it is difficult to deep dive into impact on patient outcomes, however there was a clear indication of good value for money in this work with a high return on investment. The Committee agreed it would be useful to expand on both the benefits and areas for improvement and provide assurance that these are being taken forward.

A subsequent discussion on best value at the Board seminar on 30 August also highlighted the importance of defining what is meant for HIS by best value. We are considering how this might be informed by the SG's Delivering value-based health and care: A vision for

Scotland, which discusses equitable, sustainable, appropriate and transparent use of available resources, and the reduction of waste, harm and unwarranted variation. This will be developed further for the Q2 performance report.

4. Key Achievements and Challenges

4.1. Key Achievements

Some of the key highlights considered by QPC included:

- Quality Framework for Community Engagement and Participation – launched in May.
- **Adverse Events** – during portfolio questions NHS Recovery, Health and Social Care, HIS was commended on the adverse events framework developed.
- **Hospital at Home (H@H)** – over 63,000 bed days provided during 22/23 for older adults.
- **Bairn's Hoose** – standards were published in May with Ministerial launch in June.
- **Scottish Medicines Consortium (SMC)** - 15 pieces of advice were published in Q1, including 8 medicines for various forms of cancer as well as medicines for migraine and heart failure; 10 of the 15 pieces of advice resulted in a medicine being accepted for use in NHSScotland.
- **Stroke Guideline** – for the first time all UK nations and Ireland came together to publish a joint guideline, National Clinical Guideline for Stroke for the UK and Ireland.
- Our 11th **Citizen's Panel** report was published in May.
- During Q1, two **unannounced safe delivery of care** hospital inspections took place. One of the inspections was at Ninewells Hospital, NHS Tayside with the report for the other inspection yet to be published.
- Our **Dementia Improvement** work has been highlighted in the new Dementia Strategy published in May 2023 by SG, in particular recommending HIS' Quality Improvement Framework.

4.2. Annual Delivery Plan 23/24 Q1 Update

HIS' draft ADP 23/24 was submitted to SG in June having been approved by the HIS Board and is subject to SG approval. A Q1 update is not required so reporting will commence from Q2 onwards.

Feedback from the sponsor team in relation to the ADP Q4 update was received with no action required. We continue to work with the sponsors to develop our reporting against the ADP to maximise the value of this and the feedback process for both HIS & SG.

4.3. Operational Risks

At Q1, there were **10** 'high' operational risks and **4** 'very high' operational risks which is a net movement of **-5** from Q4 22/23 (see Appendix 1). The 4 very high risks reported relate to Information and Communications Technology shortage of Microsoft 365 licences, Internal Intelligence Sharing manual system and lack of understanding on what can be shared, and the sustained increase in the volume of new medicine submissions for review by the SMC.

5. Forward Look

5.1. New Commissions

During Q1, **8** new commissions were under discussion taking the total to **13** new commissions under consideration (see Appendix 1). There are concerns about the impact these commissions could have on HIS's ability to deliver its current work programme and therefore it was necessary to prioritise them. It was agreed that **6** commissions would proceed, **4** would be put on hold, and **3** would require further discussion with SG before progressing.

Across the quarter, two potential commissions were declined, primarily because the work would fit better within the remit of other organisations and two commissions previously under consideration would no longer be progressed due to lack of available funding in SG.

5.2. Q2 23/24 And Beyond

As referenced earlier, organisational change is causing a degree of disruption to our work including increased staff turnover. HIS staffing is currently down by 25 (5%) whole time equivalent at 30 June, risking not only a financial underspend but failure to deliver against our work programme, strategy and ADP priority areas.

Winter planning will be a priority for Q2 and beyond, with a focus on existing programmes of work which will support system resilience throughout the winter period such as Hospital at Home, Access QI, the Primary Care Access Programme, NCMAG advice, and further work on Outpatient Parenteral Antimicrobial Therapy.

6. Quality and Performance Committee Q1

At the QPC meeting on 23rd August, the following points were discussed in relation to the Q1 performance report and the responses:

- The Committee approved the report and agreed good progress has been made in terms of the structure, valuing the strategic approach to reporting performance.
- Value for Money was seen as a welcome addition and the approach to assessment good but would like to see more included around positive outcomes, areas for improvement and actions. Consideration should be given to how these can be revisited to provide progress updates.
- The Committee would like to see more on qualitative impact of our work included in the report although appreciated this at times can be difficult to achieve. It was noted a future Board masterclass will consider measurement which helps us to define impact.
- KPIs were discussed, in particular the Research and Information Service annual target may not be met. It would be good to understand the risks associated with failing to achieve targets and impact of not doing so. The Committee agreed this will continue to evolve over time.

7. Assessment Considerations

| Quality / Care	The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver
Resource Implications	Workforce constraints are highlighted in various programmes of work where applicable
Risk Management	The performance report is complied with reference to programme risks and key risks on the organisational risk register
Equality and Diversity	There are no equality and diversity implications as a result of this paper
Communication, involvement, engagement and consultation	The detailed Q1 performance report was considered by the Executive Team and then approved by QPC on 23rd August 2023

8. Recommendation

The Board is asked to gain assurance from this performance report about progress against the delivery of HIS' Strategy 2023-28, Annual Delivery Plan 2023-24, and Key Performance Indicators covering the quarter 1 period.
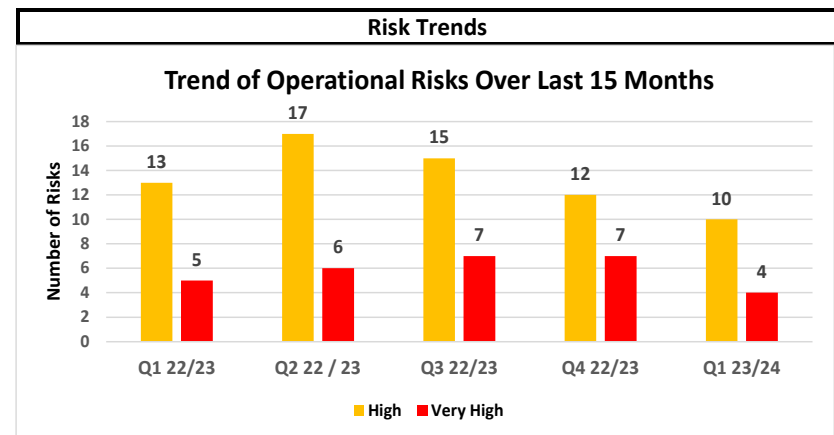
9. Appendices

Appendix 1 : Q1 23/24 Performance Dashboard

Q1 2023 - 24 PERFORMANCE DASHBOARD

Operational KPIs

Strategic Area	KPI	2022-23 Actuals	2023-24 Target	2023-24 Q1
Safety & Quality of Health & Care Services	Inspections *(no. carried out)*	52	50	14
	Independent Healthcare Inspections *(no. carried out)*	152	190	48
	Death Certification Review Service *(% of Medical Certificate of Cause of Death randomly selected)*	11.5%	12%	12%
	Healthcare Staffing Programme *(no. of new tools)*	-	6	0
Assess & Share Intelligence & Evidence	SIGN *(guidelines published)*	7	7	2
	Scottish Medicines Consortium *(time from submission to issuing advice)*	79	60%	18%
	Research & Information Service *(no. of literature searches / appraisals / projects supported)*	189	580	100
	Scottish Health Technologies Group *(reviews)*	16	12	1
	Standards & Indicators *(no. developed & published)*	12	15	7
Practical Support for Sustainable Improvement	Improvement support programmes with Logic Model (ihub only)	-	90%	84%
	Learning events delivered *(no. of)*	-	120	30
	Published improvement resources *(no. of)*	-	82	14
Voices & Right of People & Communities	Service change *(no. of health & care services monitored & / or advised on)*	54	50	57
	Engagement *(no. of policy areas influenced by people's views)*	7	10	3
	Equality assessment *(initial screening completed)*	70%	60%	85%
Organising Ourselves to Deliver				
Staff Experience	iMatter *(employee engagement index score)*	82	82	80
	Sickness absence *(national target rate 4% or less)*	2.5%	4.0%	2.9%
	Mandatory training	-	95%	23%
Value for Money	Recurring savings *(£k)*	384	1,606	333
Communications	Communications *(no. of media releases)*	52	40	17
Digital	ICT Service Desk *(calls resolved within agreed Service Level Agreement compliance thresholds)*	-	80%	82%
OneTeam	Staff feel well / very well informed *(% of respondents)*	26%	65%	38%

Number of New Commissions under consideration
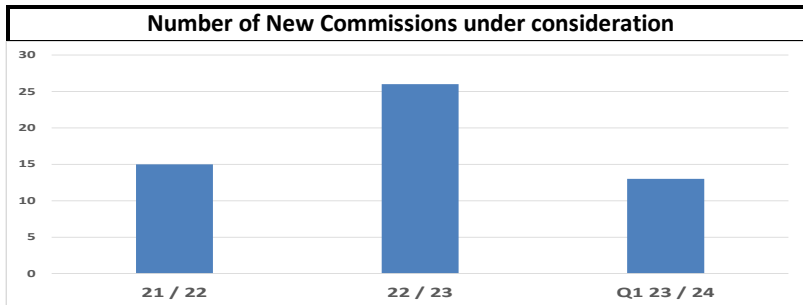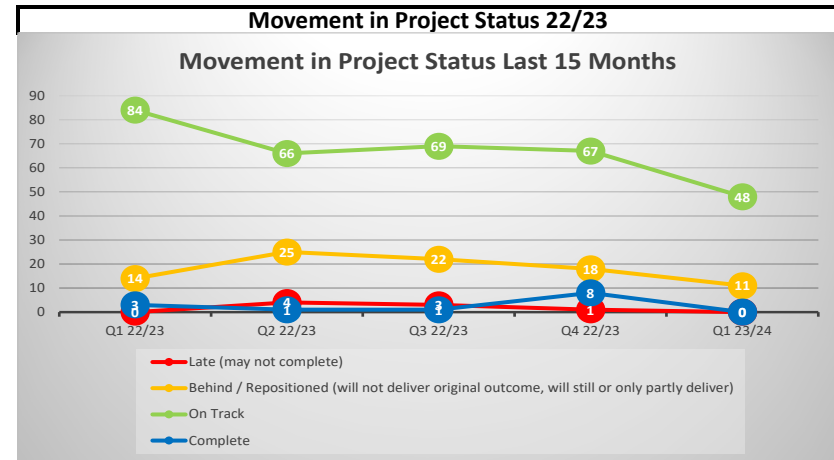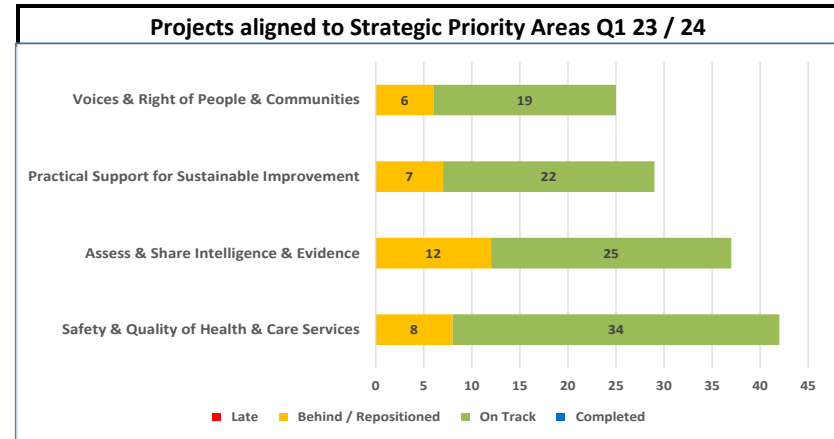
Commissions in Development Q1 2023 - 24

SMC Additional Allocation	Sustaining Access to Elective Care During Winter Pressures
Adult Support & Protection (ASP) Inspections Phase 2	Cancer Policy - Single Point of Contact (SPOC) Pilots
Gender Identity Standards - Extension	Recovery - Orientated System of Care Standards
Coming Home Implementation - Peer Support Network	GP Out of Hours Services - Seven Week Sprint
Personality Disorder Improvement Programme - Extension	Improving Outcomes for Adults Who Live in Care Homes
Co-Occurring Substance Use & Mental Health Conditions in Scotland	Cancer Policy - Rehabilitation Self - Assessment Framework
Mental Health Standards - Self Assessment & Implementation Support	

Projects aligned to Strategic Priority Areas Q1 23 / 24

Movement in Project Status 22/23

Movement in Project Status Last 15 Months

Risk Trends

Trend of Operational Risks Over Last 15 Months

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Financial Performance Report**
Agenda item:	**4.1.2**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
Report Author:	**Karlin Rodgers, Head of Finance & Procurement**
Purpose of the paper:	**Awareness**

1. Situation

This report provides the Board with the financial position at 31 August 2023. A detailed version of the Financial Performance Report (FPR) at 31 July was presented at the Audit and Risk Committee on 6 September 2023.

2. Background

The FPR details the financial position against baseline and other sources of funding. The report measures the financial performance against the Board approved budget and includes a prediction of full year outturn.

3. Assessment

Financial Performance Report

The FPR for 31 August 2023 is available in **Appendix 1**. The format of the FPR has been updated to focus on the key financial position and challenges of the organisation.

At 31 August 2023, total expenditure was £16.9m against a budget of £17.7m, driving a £0.8m (5%) underspend. Income was also down, due to phasing delays in allocation income and a reduction from Scottish Government (SG) but savings were ahead of budget, resulting in a year to date (YTD) underspend of £0.4m. The majority of the underspend was driven by lower pay costs, with whole time equivalents (WTEs) 23 lower than budget (4%) for the YTD.

The high-level outturn for the year is expected to be an underspend of £0.5m (1.2%). This includes spend on further areas for investment identified in addition to the budget; E-rostering (£0.2m), One Team investment (£0.4m), additional Cyber Security (£0.2m) and a £0.4m commitment to SG as a 5% non-recurring contribution to a balanced position nationally.

Savings delivered to date were £1.0m and at this current run rate could be higher than the £2.0m budgeted savings expected for the full year. Recurring savings have been seen in pay, redesign work and income generation from the sub-let of Delta House and are expected to continue into next year.

Reallocation of 23/24 Budget

Following the repositioning of the ihub directorate there is a requirement to reallocate the budget to the directorates who have received the additional resourcing.

The 23/24 budget for ihub was £12.5m, split by £8.8m baseline and £3.7m allocations. This budget has been redistributed, effective from 1 August 2023, across the three directorates as follows:

- Community Engagement and System Redesign - £5.2m
- Medical and Safety - £3.6m
- Nursing and Systems Improvement - £3.6m

In line with our Standing Financial Instructions, "approval of the transfer of funds between budget heads, including transfers from reserves and balances where the value in any one instance exceeds £500,000" we are seeking approval from the Board for these budget reallocations.

Assessment considerations

Quality/ Care	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.
Resource Implications	We have lower resource than budgeted at present so our plans to ensure we remain in budget is likely to impact/ increase resource levels.
Risk Management	The management of the organisation's finances is covered on the strategic risk register.
Equality and Diversity, including health inequalities	No impact on equality and diversity.
The Finance Team has prepared this report	The Finance Team has prepared this report and a detailed version of the 31 July FPR was considered by the Audit & Risk Committee on 6 September 2023.

4. Recommendation

The Board are asked to consider the Financial Performance Report for awareness and approve the ihub budget moves.

5. Appendix

Appendix 1: Financial Performance Report 31 August 2023.

Financial Performance
31 August 2023

Report owner: Karlin Rodgers, Head of Finance & Procurement
Report author: David Johnston, Finance Manager

Supporting better quality health and social care for everyone in Scotland

Year to Date - Performance Summary – P5

At 31 August 2023, total expenditure was £16.9m against a budget of £17.7m, driving a £0.8m (5%) underspend. Income was also down, due to phasing delays in allocation income and a reduction from Scottish Government (SG) but savings were ahead of budget, resulting in a Year To Date (YTD) underspend of £0.4m.

The high-level outturn for the year is expected to be an underspend of £0.5m (1.2%). This includes spend on further areas for investment identified in addition to the budget; E-rostering (£0.2m), One Team investment (£0.4m), additional Cyber Security (£0.2m) and a £0.4m commitment to Scottish Government as a 5% non-recurring contribution to a balanced position nationally.

	Annual Forecast (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£44.8	£17.3	£17.8	(£0.5)
Pay	£37.6	£15.0	£15.5	£0.5
Non Pay	£6.7	£1.9	£2.2	£0.3
Under/(over) spend	£0.5	£0.4	£0.1	£0.3

	Annual Budgeted WTE	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	435	413	437	24
Allocation WTE	79	74	73	(1)
Grant WTE	6	6	6	0
IHC WTE	22	22	22	-
Total	542	516	539	23

Total WTEs at the end of August were 516 which was 23 lower than budget (4%). This was mainly driven by baseline WTEs at 413 which was 24 WTEs lower than budget (5%).

There are 22 roles in various stages of the recruitment pipeline. The August 2023 average days to hire was 78 (up from 67 days in July).

Year to date, there have been 28 leavers (4.9% turnover rate) and 27 new starts, representing a net decrease of -1 to overall workforce headcount since 1st April 2023.
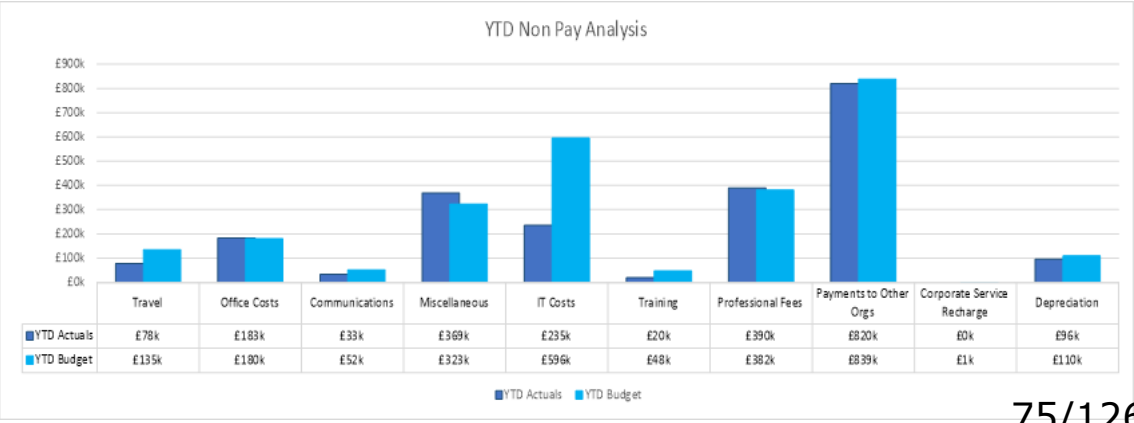
Year to Date – Cost Analysis

YTD Pay Analysis

	Agency Costs	Band 3 Staff	Band 4 Staff	Band 5 Staff	Band 6 Staff	Band 7 Staff	Band 8a Staff	Band 8b Staff	Band 8c Staff	Band 8d Staff	Board Members	One Off Payments	Other	Secondees	Senior Management
YTD Budget	£24k	£30k	£1,168k	£1,776k	£1,456k	£4,180k	£2,691k	£1,318k	£549k	£306k	£67k	£327k	£215k	£771k	£601k
YTD Actual	£125k	£31k	£1,110k	£1,643k	£1,428k	£3,890k	£2,609k	£1,352k	£446k	£438k	£60k	£0k	£650k	£659k	£551k

YTD Budget ■ YTD Actual

PAY

- Total 23/24 pays budget of £37.1m
- YTD actual pay costs are £15.0m against a budget of £15.5m due to staff vacancies across multiple pay categories. The impact of this is currently generating a c. £0.1m underspend per month.
- Full year forecast on pays is £37.6m, which is £0.6m higher than budget due to additional recruitment related to post budget allocations (0.3m), Cyber Security positions (£0.2m) and investment in One Team (£0.3m).

NON PAY

- Total 23/24 non pay budget £6.7m

- YTD non pay costs are £1.9m, which is £0.3m lower than budget due to phasing on IT equipment expenditure.

- Full year forecast on non pays is £6.7m, which is in line with budget.

YTD Non Pay Analysis

	Travel	Office Costs	Communications	Miscellaneous	IT Costs	Training	Professional Fees	Payments to Other Orgs	Corporate Service Recharge	Depreciation
YTD Actuals	£78k	£183k	£33k	£369k	£235k	£20k	£390k	£820k	£0k	£96k
YTD Budget	£135k	£180k	£52k	£323k	£596k	£48k	£382k	£839k	£1k	£110k

■ YTD Actuals ■ YTD Budget

Forecasted Year End Position

HIS is forecasting an £0.5m underspend this year, which is 1.2% (our tolerance with SG is 1%). We are forecasting an outturn expenditure position of £44.3m, including the £2m savings commitment, against income of £44.8m.

The key assumptions in this forecast position are:

- WTEs return to budget position from P9 onwards
- E-rostering costs of £0.2m incurred during the year
- Additional One Team costs of £0.4m incurred during the year
- Additional Cyber Security costs of £0.2m incurred during the year
- IT equipment spend is line with budget by year end

Forecasted Year End Position (£m)

Allocations and Grants

Description	Value (£)
Initial Baseline Allocation	33,604,000
Pay Award 2023-24	900,000
23/24 One Off Agenda for Change Payments	394,000
Citizens Panel	21,121
Maternity and Quality Improvement Collaborative (MCQIC) C-Section Work	54,504
NHS Gender Identity Service	67,260
Management of Scottish Palliative Care Guidelines	159,892
Adult Support and Protection Inspection Programme	282,757
Systemic Anti-Cancer Therapy Improvement	96,814
National Review Panel	63,797
Scottish Medicines Consortium	450,000
Excellence in Care	308,700
Health and Care Staffing Act	850,000
Joint Inspection of Police Custody Suites	173,817
Regulation of Independent Healthcare	265,200
Volunteer Info System & What Matters To You	35,120
Primary Care Improvement Portfolio	161,652
Sexual Assault Response Coordination Services	90,787
Early Intervention in Psychosis Improvement work	408,587
Personality Disorder	327,086
Healthcare Environment Inspectorate (HEI) Mental Health	570,765
Maternity and Quality Improvement Collaborative (MCQIC) Maternity Lead Post	46,499
5% Reduction for Savings Challenge	(363,000)
Allocations Received Per August Allocation Letter	**38,969,358**
Mental Health and Substance Use	937,522
Designing / Improving Residential Rehab Pathways	659,390
Medication Assisted Treatment / Residential Rehabilitation / National Mission Improvement and Implementation	466,197
Additional Depreciation for Delta House	225,000
Support for Unpaid Carers	255,116
Sudden Unexpected Death in Infancy Review Process	62,639
Systemic Anti-Cancer Therapy Improvement	230,078
Hospital at Home	290,000
Right Decision Service	1,063,749
Total Additional Allocations to be Received	**4,189,691**
Expected Allocation Funding (excl. Prospective) as at 31 August 2023	43,159,049

Description	Value (£)
Commonwealth Paternships for Antimicrobial Stewardship (CwPAMS)	33,150
Global Health Partnership	12,818
Grants Received as at August 31st	**45,968**
Scottish Intercollegiate Guidelines Network (SIGN) Polypharmacy	36,152
Accelerated National Innovation Adoption Pathway	168,000
Commonwealth Paternships for Antimicrobial Stewardship (CwPAMS)	31,220
Bairns' Hoose	64,596
Global Health Partnership	12,818
Total Grants to be Received	**312,786**
Total Grant Income	**358,754**

Description	Value (£)
Coming Home	165,000
Rapid Review of Substance Use	151,213
Cancer Policy - Single Point Of Contact (SPOC)	59,000
Access to Elective Care During Winter Pressures	92,000
National Primary Care Collaborative and Demonstrator Sites	452,000
Total Prospective Allocations	**919,213**

Allocations and Grants

- £0.9m
- £0.1m
- £4.2m
- £0.3m
- £4.5m
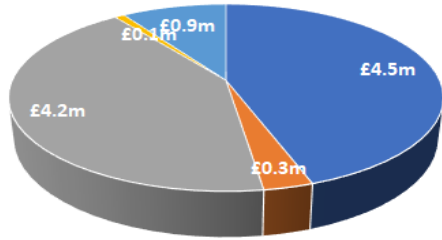
- Allocations and Grant Income Received
- Grant Income Expected
- Allocations Expected
- Allocations Cut by SG
- Prospective Allocations

- Total grants and allocations expected for 23/24 is £9.0m, up from £8.3m in July (excluding prospective allocations).

- We are forecasting lower full year expenditure of £8.5m driven by recruitment slippage and delays across a number of allocations. This underspend will be monitored and potentially returned to Scottish Government.

- To date we have received £4.5m (50%) of the additional allocations. There is a risk to receiving the remaining £4.5m due to the national financial challenge.

- YTD spend on allocations and grants is £2.2m which is £0.5m lower than budget.

5/6

Savings Targets

Savings Target
In the budget process we identified £1.6m of recurring savings to be delivered in 23/24. A further £0.4m has been identified following an ask from SG. This is on a non-recurring basis. The total savings target is now £2.0m for 23/24.

Progress Against Targets
We have achieved;
38% of our recurring savings target & 100% of our non recurring savings target to date and are on track to achieve £2.0m by the end of the year.

Although process mapping and income generation is forecasting lower savings, this is offset by higher savings expected for redesign and pay.

Savings Target (£m)

£0.4m
£0.6m
£1.0m

- Savings achieved
- Savings to deliver
- Non recurring 5% financial challenge
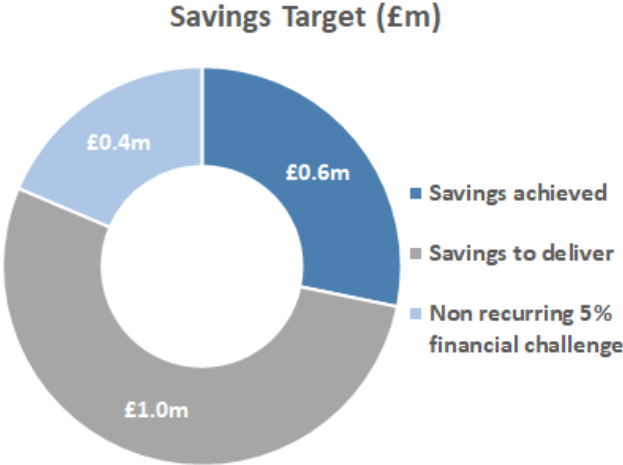
	Non-recurring (£)	Recurring (£)
Savings Target	**363,000**	**1,601,000**
Achieved		
Process mapping		-
Income Generation		16,256
Redesign		89,085
Pay Savings		361,962
Other		154,030
5% Additional Savings	363,000	-
Total Achieved	**363,000**	**621,333**
In Progress		
Process mapping		81,360
Income Generation		194,411
Redesign		198,095
Pay Savings		505,801
Other		-
Total in Progress	**-**	**979,667**
(Under)/Over Savings	**-**	**-**

Initiative at risk
Initiative on track and/or ahead

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Workforce Report**
Agenda item:	**4.1.3**
Responsible Executive/Non-Executive:	**Sybil Canavan, Director of Workforce**
Report Author:	**Sybil Canavan, Director of Workforce**
Purpose of paper:	**Discussion**

1. Situation

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

2. Background

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

3. Assessment

Our current workforce comprises of a headcount of 560 as at the end of **August 2023**. 535 are on our payroll as directly employed staff, a whole time equivalent of 504.8 (w.t.e.) and 32 (headcount) secondees into the organisation, a whole time equivalent of 14.1 people.

During the current financial year to the end of August 2023, 28 people have left the organisation, and 27 individuals have joined Healthcare Improvement Scotland. For this period our overall turnover rate is sitting at 4.9%, as opposed to 5.5% for the same period last year.

Current absence levels are 3.4%, as compared to 2.2% for the same period last year. The majority of long term absence continues to be attributed to anxiety, stress or depression. 68% of our absence is attributed to long term conditions. This is within the 4% target for NHS Scotland.

Since April there have been 71 new recruitment campaigns.

Assessment considerations

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

4   Recommendation

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

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

Appendix 1 – Workforce Report

Specific ihub/internal workforce changes (Aug 23)

ihub workforce shift Directorates (prior to move)	Aug-23 Headcount	WTE	ihub moves	Aug-23 Headcount	WTE	Revised Directorates (post move)	Aug-23 Headcount	WTE
Community Engagement (Dir)	48	45.9	Trans. Redesign Support	57	54.6	Comm Eng & Sys Redesign (Dir)	105	100.5
Medical Directorate (Dir)	23	21.5	Improv Support B	29	26.8	Medical & Safety (Dir)	52	48.3
NMAHP Directorate (Dir)	35	34.1	Improv Support A & Ops team	61	58.8	Nursing and Sys Improv. (Dir)	96	92.9

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office (Dir)	0	0	0.0%
Community Engagement and System Redesign (Dir)	4	7	6.6%
Evidence and Digital (Dir)	9	5	3.9%
Finance, Planning & Governance (Dir)	2	3	10.2%
Medical and Safety (Dir)	1	2	3.4%
Nursing and System Improvement (Dir)	8	4	4.2%
People & Workplace (Dir)	2	1	6.9%
Quality Assurance and Regulation (Dir)	1	6	5.5%
Total	**27**	**28**	**4.9%**

Total Workforce Mix by Contract Type

- Permanent 82%
- Other 10%
- Fixed Term 8%
- on Internal Secondment 4%
- Secondees Into HIS 6%

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	3.0	3.1	3.4							
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

NHS Benchmark - 4%

Last Year Rate - 2.5%

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

last year rate (%)

This year trend (%)

	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	3.5	4.2	4.9							
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

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Mental Health Service Standards Implementation Support Business Case**
Agenda item:	**4.2**
Responsible Executive/Non-Executive:	**Clare Morrison (Director of Community Engagement and System Redesign) and Safia Qureshi (Director of Evidence and Digital)**
Report Author:	**Diana Hekerem (Associate Director: Transformational Redesign), Rachel King (Portfolio Lead: Mental Health Improvement) and Fiona Wardell (Standards and Indicators Lead)**
Purpose of paper:	**Decision**

1. Situation

Demand for mental health services in Scotland had been growing gradually before the coronavirus pandemic in 2020. The pandemic has made the situation worse. The Mental Health Transition and Recovery Plan addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health and wellbeing. It has a key aim of ensuring safe, effective treatment and care of people living with mental ill health. It also committed to the development, implementation and assessment of quality standards for adult mental health services.

The core mental health standards and a psychological therapies and interventions specification are being developed by Scottish Government (SG) and are due for publication in September 2023. This is in the context of the new Mental Health and Wellbeing Strategy for Scotland which highlights priorities in relation to prevention, early intervention and development of quality standards across mental health services.

Healthcare Improvement Scotland (HIS) has been asked to provide support to the implementation phase of the core mental health standards (with the focus initially in relation to adult secondary mental health services) and the psychological therapies and interventions specification.

It has been confirmed by the SG Director of Mental Health and HIS Chief Executive that implementation of the mental health standards are a key strategic priority for SG and align with HIS's key delivery area of mental health.

As the business case is for funding in excess of £500k, there is a requirement for Board sign-off of this new commission. **Therefore the Board is asked to approve this new commission.**

2. Background

2.1. Secondary mental health services

Secondary mental health services has been identified as a high priority by Ministers. Secondary mental health care services are there to meet the needs of individuals who have longer term or complex psychological or mental health conditions (e.g. complex trauma, or severe depression) that cannot be met by their GP or other primary care services.

Currently, there are no national standards for adult secondary mental health services in Scotland. Both people with lived experience of using secondary mental health services and people who work in services have identified this as a barrier in the delivery provision of quality care and support. The development of standards aims to address this gap.

2.2. Psychological therapies and interventions

Psychological therapies and interventions are evidence-based approaches that can improve mental health by helping people to make changes to thinking, behaviour, and relationships to reduce distress, treat mental health difficulties, help manage emotions, and improve wellbeing. Psychological therapies and interventions do not just sit within secondary mental health services but are delivered in a broad range of settings such as physical health, digital, justice, prison, and social care for a wide range of needs.

There has been a national standard to meet waiting times since 2014 but no national specification for how psychological therapies and interventions in Scotland should be delivered. People with lived experience of accessing psychological therapies and interventions and people who work in services, have identified this as a barrier in the delivery of quality care and support. The development of the specification aims to address this gap.

2.3. How will HIS to support improvements in this area?

This request from SG recognises that HIS is the leading improvement organisation for health and care in Scotland. HIS has significant expertise in developing standards to support health and social care organisations to improve the quality of care and support they deliver. In particular, HIS has expertise to inform the detail of this work, using our experience in leading the transvaginal mesh self-assessment.

HIS' also has expertise in leading improvement, including specialists in quality improvement, strategic planning, service design, evidence and evaluation, and programme management. In addition, we have strong connections externally to other national bodies, people with lived and living experience, and clinical/professional bodies.

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 the Executive Team (ET) was given to the New Commissions SBAR (situation-background-assessment-recommendation) on 16 May 2023.
- Stage Two – full business case presented for approval by ET on 5 September 2023. The full business case includes consideration of how each of the seven principles of clinical and care governance will 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
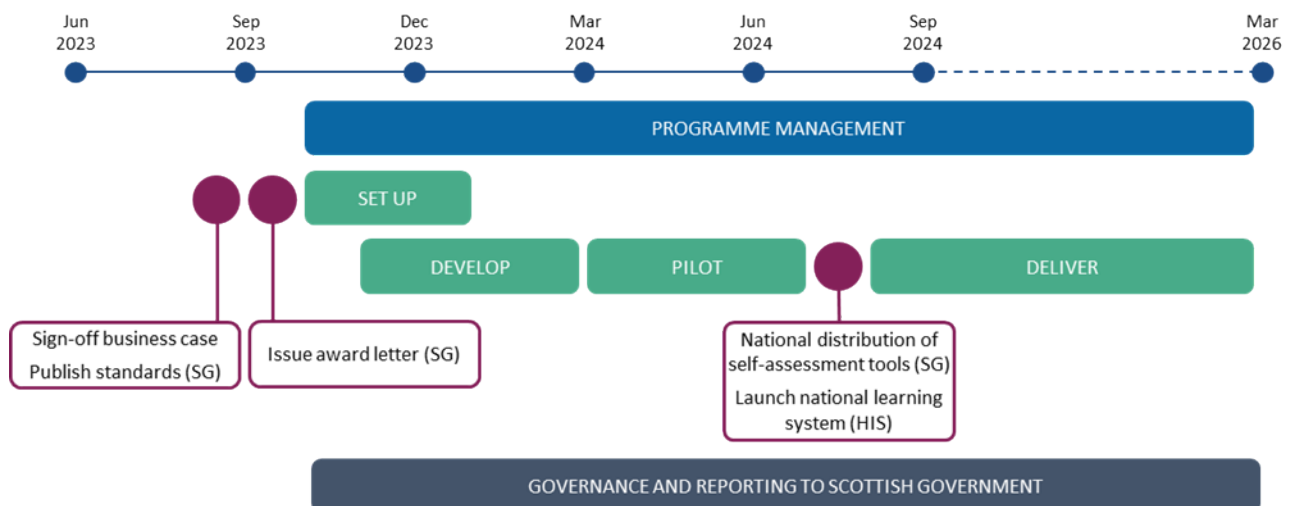
The core deliverables for this commission are as follows:

- Developing and piloting self-assessment tools to ensure that services have good processes in place to support delivery of the standards/specification, including:
  - Developing and refining self-assessment tools and guidance documents.
  - Piloting the self-assessment tools in three local areas (urban, rural and island), including gathering feedback to enable subsequent amendments.
  - Gathering feedback from pilot areas about the core mental health standards themselves.

- A national learning system to support local areas to implement the standards (adult secondary mental health services only), including:
  - o Gathering, analysing and synthesising self-assessment results from local areas, including identification of good practice and areas for improvement.
  - o Hosting a series of national learning events to support local areas to complete the self-assessment, address challenges, identify areas for improvement, develop change ideas, and share and spread good practice.
  - o Making recommendations for an improvement programme to support the implementation gap should significant implementation challenges be identified.

NOTE: the national learning system does not include direct improvement support to local areas.

3.4. Risk management

The following risks and mitigations have been identified:

KEY RISKS	MITIGATIONS
Timescales for delivery – 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.)	- Issue of formal award letter as soon as possible by SG to maximise delivery time. - The programme set-up phase has allowed for slippage in timescales in relation to recruitment of staff and pilot sites should there be a delay in confirmation of funding. It will be possible to begin work on the development of self-assessments before the full team has been recruited to by prioritising key roles and drawing on identified core funded capacity. - Ongoing engagement with SG re: delivery progress. - A robust programme plan in place to clearly identify activities and milestones that can be delivered within timescales.
System capacity – there is a risk that there is insufficient capacity in the system to meaningfully contribute to self-assessment activities and local implementation of improvements to meet the standards/specification resulting in an impact on achievement of desired outcomes**.**	- Utilise our insights and connections across the system to support identification of potential pilot sites for the core standards self-assessment, including presenting at the Mental Health Leads Group which includes representation from all NHS boards and areas. - Work with Heads of Psychology Scotland to encourage engagement from the local system re: psychological therapies and interventions self-assessment, and to gain insights as to potential pilot sites.

	• Co-design of engagement sessions to ensure timings take account of competing priorities. • Close communication with key stakeholders to adapt the programme plan as required.
High degree of contention – there is a risk that there is a high degree of contention/disagreement regarding the implementation of the standards.	• Development of an involvement plan to ensure engagement with, and involvement of, relevant stakeholders.
Reputational risk – there is a risk that if we develop tools to implement standards developed by other organisations, that are not of the same quality of a HIS standard, that it will impact the reputation of HIS standards by association.	• Ensure a clear process with Standards and Indicators in relation to the sign-off of implementation tools and communications around these tools. • NB: similar may be required with Quality Assurance and Regulation Directorate in relation to assurance against standards.

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.

TOTAL COSTS	FTE	2023-24 cost £	2024-25 cost £	2025-26 cost £
Pay	5.6	159,920	391,484	399,314
Non-pay		1,667	11,220	11,444
		161,587	**402,704**	**410,758**

The resource requirement has been developed using the following assumptions:

• Pay costs are costed at top of the band based on the 2023-24 agenda for change pay scale.
• For year 1 it has been assumed that staff will be in post from 1 November 2023.
• An inflationary increase of 2% has been applied to years 2 and 3. It is noted that advice from Finance is now that this should be 5%; this will be updated in the business case submitted to government.

NOTE: the resources outlined above will also be supported by core funded posts across HIS, including strategic planning and programme management input and expertise.

3.6. Equality and diversity, including health inequalities

This commission will also support an improvement in outcomes in relation to inequalities. People with mental health 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. This programme will aim to address the harms that inequalities cause by ensuring that all people have access to consistent and high quality care.

The implementation of the mental health standards will contribute to the reduction of inequalities for those with mental health support needs in a number of ways, including:

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

- Engaging with people who have protected characteristics.

- Focusing on those with mental health 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 enable people to have better access to support regardless of other barriers e.g. living in an area of deprivation, poor health literacy, etc.

- Engaging with, and involving, lived experience organisations, to 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 will be completed and regularly reviewed to ensure 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.

- 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.

3.7. Communication, involvement, engagement and consultation

Internal engagement has been undertaken with:

- ET, New Commission SBAR went to meeting on 16 May 2023 and Full Business Case went to meeting on 5 September 2023.

- Evidence Directorate, the New Commission SBAR and Full Business Case have been developed in partnership with the Evidence Directorate.

- Engagement with other Directorates has been undertaken as appropriate for the development of the business case.

External engagement has been undertaken with:

- SG, meetings on 4 July 2023, 1 August 2023, and 28 August 2023.

4. Recommendation

The Board is asked to approve this new commission.

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Death Certification Review Service Annual Report**
Agenda item:	**5.1**
Responsible Executive/Non-Executive:	**Lynsey Cleland, Director of Quality Assurance and Regulation**
Report Author:	**George Fernie/Angela Hay/Keir Robertson**
Purpose of paper:	**Decision**

1. Situation

The Death Certification Review Service (DCRS) reviews medical certificates of cause of death (MCCD) which is set out in the Certification of Death (Scotland) Act 2011 and the Senior Medical Reviewer is legally required to prepare a report each year on the service activities.

2. Background

The report attached provides details of the reviews carried out and information on service performance against agreed service level agreements as well as updates on developments and projects during 2022/23.

3. Assessment

The report is scheduled to be published on 10 October following consideration by HIS Board. Scottish Government have given clearance for the report and there are no risks identified with this report.

Assessment considerations

Quality/ Care	The report demonstrates how DCRS continue to support improvement to the quality and accuracy of MCCDs through review of certificates and educational discussions with doctors.
Resource Implications	None - The report provides a positive reflection of the work of the Death Certification Review Service, its staff and its stakeholders.
Risk Management	No risks identified
Equality and Diversity, including health inequalities	The service offers 'Interested Person' reviews and any person who falls within the criteria stipulated in the legislation can request the service carry out an independent review of an MCCD.

Communication, involvement, engagement and consultation	The service has carried out stakeholder feedback with certifying doctors and funeral directors. An overview of the findings are detailed within the report.

4. Recommendation

Decision – Consider report as ready for publication on 10 October 2023.

5. Appendices and links to additional information

Appendix 1 – DCRS Annual Report 2022-23

Death Certification Review Service

Annual Report 2022 - 2023

Contents

Senior Medical Reviewer Overview 2022/23

On writing the overview to last year's annual report, it was with cautious optimism as we were starting to exit the pandemic and moving gently to what would be the 'new normal'. I reported that the Death Certification Review Service returned successfully to business as usual on 7 March 2022.

Dr George Fernie
Senior Medical Reviewer

However, we had learned a number of lessons from dealing with COVID-19 disease and by the autumn of 2022 it became apparent that pressures were building. There were continuing cases of coronavirus in the community in conjunction with the predicted upsurge of Influenza A and at the same time there were a number of norovirus cases in care homes. Taking into account the experience from the past two years, we recommended that it would be appropriate to modify the random sampling rate of medical certificates of cause of death (MCCDs[1]) to take pressure off general practice and secondary care. We did this successfully, re-adopting hybrid reviews and varying the percentage of reviews selected between January and March 2023 in response to these exceptional circumstances across Scotland. An important factor was the need for public reassurance with the period for reduction being as short as possible and the rate increasing as quickly as practicable. Business as usual reviews were re-introduced on 20th March 2023.

The service has been progressing direct access to NHS clinical portals (patient medical notes) across Scotland to facilitate the more detailed level 2 review. This year we successfully connected to clinical viewer in the East of Scotland. This reduces the administrative burden within boards and improves the focus of reviews. At the time of writing, connection to the remainder of Scottish boards had been achieved.

Looking ahead, the service will continue to work closely with NHS boards to reduce the number of clinical and administrative errors on MCCDs and continue to educate on appropriate reporting of deaths to the Procurator Fiscal.

We will continue to collaborate with National Services Scotland (NSS), which provides services and advice to the NHS and wider public sector, and the Scottish Government to roll out eMCCD into secondary care. The first phase of the NHS Lothian Pilot was successful and we await some IT system change to support the second component of testing.

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[1] MCCD is a paper certificate. eMCCD is an electronic certificate.

As indicated last year, we participate in the MCCD educational advisory group hosted by NHS Education Scotland to support accurate completion of MCCDs across Scotland. Part of this work consisted of reviewing the DCRS website and updating training materials to ensure consistency with the revised Chief Medical Officer (CMO) guidance.

We will again work with this group to develop new materials including our 'be kind' poster which highlights some of the most common errors made when completing an MCCD and getting it 'right' at the 'right' time, which seems a good note upon which to end this foreword.

Dr George Fernie
Senior Medical Reviewer

Improving the Quality and Accuracy of Medical Certificates of Cause of Death (MCCD)

Death Certification Review Service

The Certification of Death (Scotland) Act 2011[2] is the legislative framework within which the Death Certification Review Service operates. The role of the service[3] is to improve:

- o quality and accuracy of MCCDs, giving the public assurance in the death registration process in Scotland.

- o public health information about causes of death in Scotland, supporting consistency in recording that will help resources to be directed to the best areas in a more timely way.

- o clinical governance[4], helping to improve standards in Scottish healthcare.

The service's approach to improvement is education and partnership working. This has proved to be a successful combination resulting in more MCCDs over time, being 'in order'[5].

MCCDs are randomly selected for either a Level 1 or Level 2 review by National Records of Scotland (NRS) Forward Electronic Registration (FER) system.

During the Covid-19 pandemic the service worked closely with key stakeholders and introduced a 'Hybrid' review process that continued to provide the assurance the public expected, whilst adjusting the review selection rates to allow front line services to focus on delivery of care and death registrations to continue without delay.

During the winter 2022/23, the service re-introduced Hybrid reviews in response to increasing demands within health boards.

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[2] https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf
[3] http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/review_service_information.aspx
[4] The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high quality of care.
[5] The Certification of Death (Scotland) Act 2011, s8 (4) explains 'in order' as "where a medical reviewer is satisfied, on the basis of the evidence available to the medical reviewer, that:
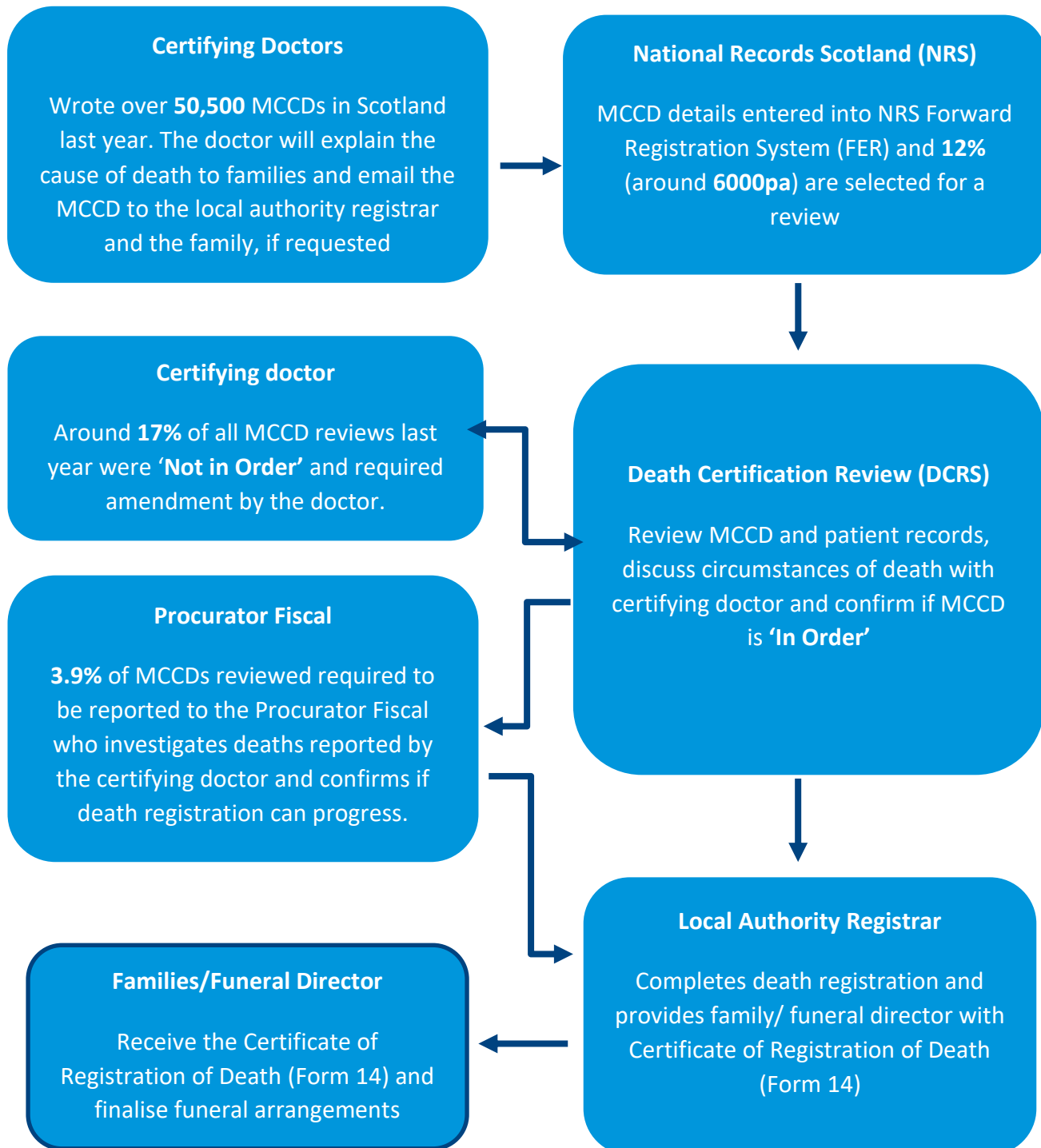a) the cause (causes) of death mentioned represents a reasonable conclusion as to the likely cause (causes) of death, and
b) the other information contained in the certificate is correct."
'Not in order' is when section s8 (4) of the Act is not satisfied.

4

Journey of a Medical Certificate of Cause of Death (MCCD)

Depending on the cause and circumstances of a death an MCCD can travel in a number of directions and can stop at a number of places on the way, each stop adding delays to families being able to complete funeral arrangements.

The flowchart below shows the journey of the MCCD.

Certifying Doctors

Wrote over **50,500** MCCDs in Scotland last year. The doctor will explain the cause of death to families and email the MCCD to the local authority registrar and the family, if requested

National Records Scotland (NRS)

MCCD details entered into NRS Forward Registration System (FER) and **12%** (around **6000pa**) are selected for a review

Certifying doctor

Around **17%** of all MCCD reviews last year were '**Not in Order**' and required amendment by the doctor.

Death Certification Review (DCRS)

Review MCCD and patient records, discuss circumstances of death with certifying doctor and confirm if MCCD is '**In Order**'

Procurator Fiscal

3.9% of MCCDs reviewed required to be reported to the Procurator Fiscal who investigates deaths reported by the certifying doctor and confirms if death registration can progress.

Local Authority Registrar

Completes death registration and provides family/ funeral director with Certificate of Registration of Death (Form 14)

Families/Funeral Director

Receive the Certificate of Registration of Death (Form 14) and finalise funeral arrangements

5

Highlights

Public Assurance

6,071 MCCDs reviews completed

6,071

Clinical Support

98% of doctors surveyed found the enquiry line to be very helpful

98%

Continuous Improvement

78.7% of MCCD's reviewed were 'in order'

78.7%

Stakeholder feedback

"I have used this service many times and have had a positive experience on every occasion. It's a very good and helpful service and has definitely improved the quality of the death certificates I complete."

Certifying doctor

Impact for families

Average review time

Level 1 - less than **4 hours**
Level 2 - just over **8 hours**

L1 <4 hours
L2 >8 hours

Case Overview

The service reviewed a total of **6,071** cases in 2022/23, of which 5876 were standard reviews[6] and 195 non-standard[7] reviews. The diagram [8] below shows a breakdown by case type and the outcome for cases reviewed.

Sankey diagram of number of cases and breakdown of case type and outcome in 2022/23[9]
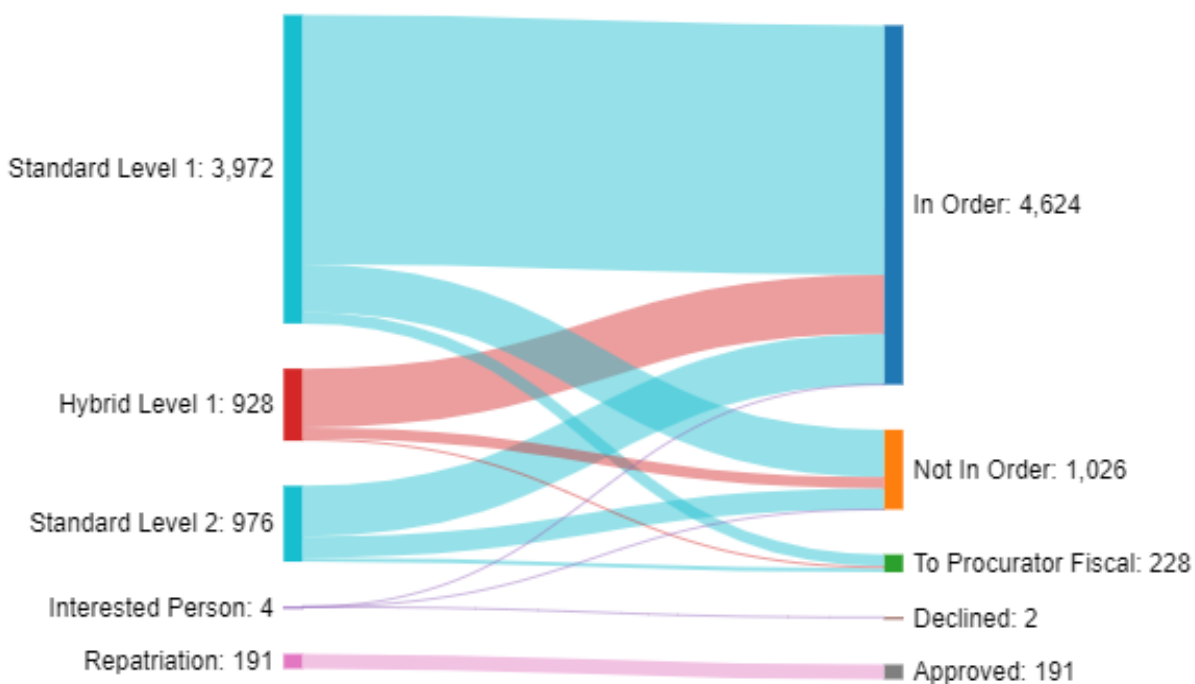
Enquiry Line

The service dealt with 2,546 enquiries last year. A return to around 200 per month following a sharp increase during the height of the Covid-19 pandemic.

The majority of calls (83.9%), were from doctors seeking clinical advice on how to best represent a death on a MCCD.

- o GP clinical advice 1,716 (67.4%)
- o Hospital clinical advice 384 (15.1%)
- o Hospice clinical advice 36 (1.4%)

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[6] Standard Reviews (Level 1, Level 2, Hybrid). Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records. Hybrid reviews are Level 1 reviews, used in conjunction with reduced MCCD selection rates and allows the medical reviewers to amend minor errors, allowing certifying doctors to focus on patient care and allow bereaved families to register the death.

[7] Non Standard Reviews (Interested Person, Repatriations and For Cause)

[8] The Sankey diagram should be read from left to right. It shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.

[9] See Appendix 1 for full breakdown of cases and enquiries over last 3 years

Review outcomes

Standard Reviews

The monthly percentage of MCCDs found to be 'not in order' has seen a sustained improvement to a current median of 21.4%, an **improvement of 51.5%** from the baseline level of 44.0%. There are signs of a further decrease below the current median, however run chart analysis was paused between January and March 2023 due to a return to Hybrid reviews and varied levels of case selection rates in response to pressures highlighted within Health Boards over the winter.

Run chart of monthly percentage MCCDs 'not in order' for Scotland
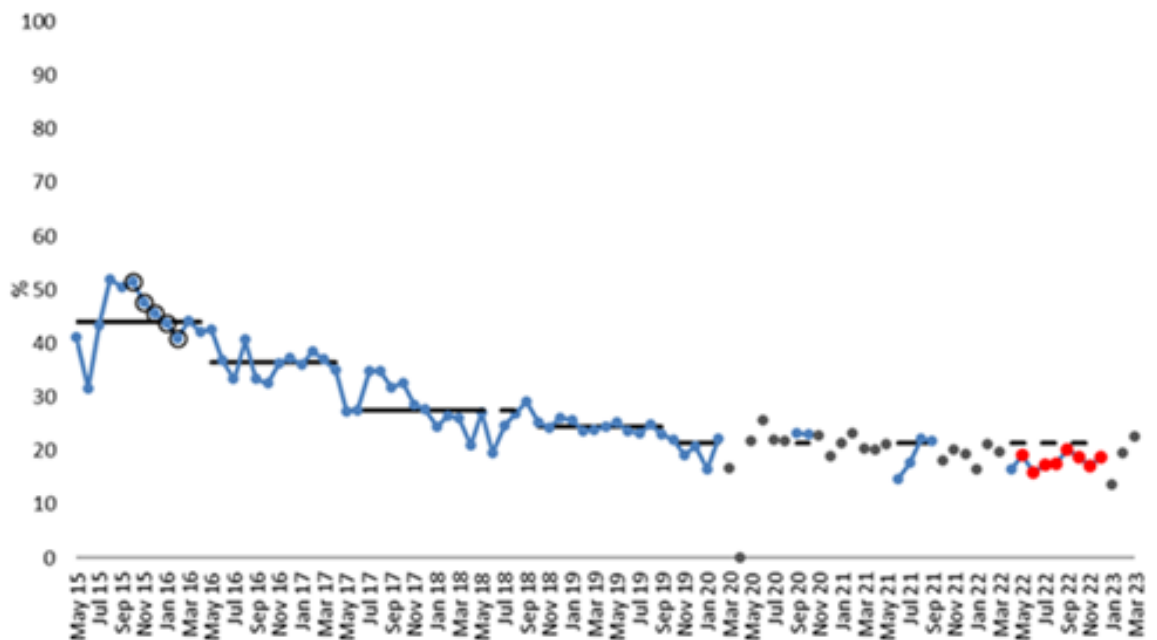
Note: *Run chart analysis includes periods when the service is operating as 'business as usual' (blue dots), hybrid reviews (grey dots), signal of improvement (red dots)*

Clinical Improvements

In 2022/23,

- o **1,025 (17.4%)** of MCCDs reviewed were found to be **'not in order'**
- o **748 (73%)** of those 'not in order' recorded at least **one clinical closure category**[10]
- o **37%** of the clinical closure category was classified as 'Cause of Death too Vague'.

MCCDs can be closed with more than one closure category and the graph below shows the most common errors and omissions on MCCDs reviewed.

Breakdown of closure category as a percentage of clinical categories
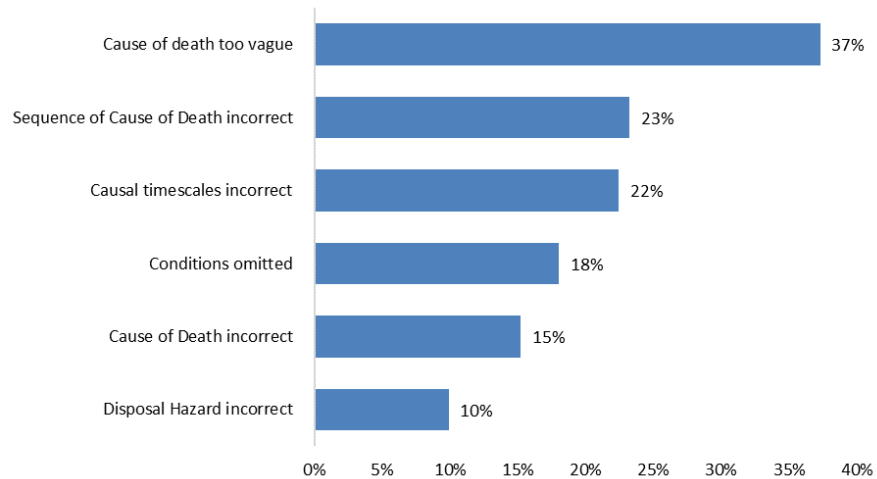
Analysis of reviews deemed to have 'Cause of Death too Vague' shows **49%** are due to Histology and **29%** due to primary site or metastatic site(s) missing[11].

Breakdown of 'Cause of death too vague' closure as a percentage of total number

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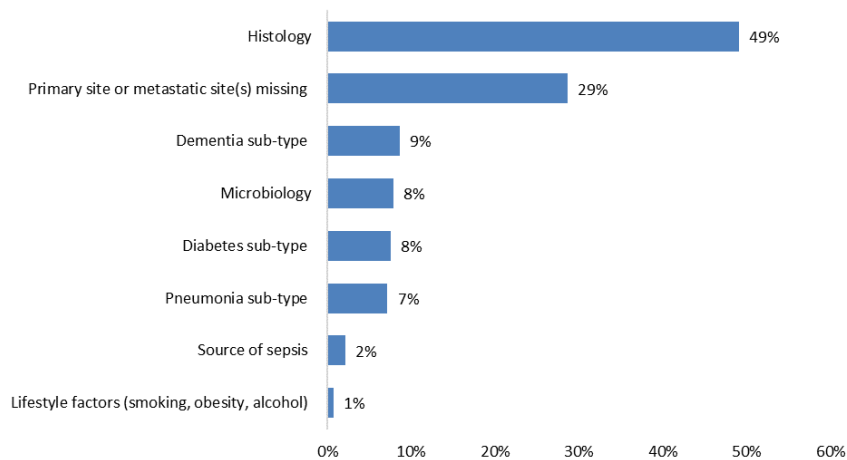
[10]The cause(s) of death detailed on the MCCD must represent a reasonable conclusion as to the likely cause(s) of death, and the other information contained in the certificate is correct. Where changes are required to the cause of death, these are categorised by clinical category, for changes to the information on the certificate this is categorised as administrative errors.
[11] See Appendix 1 for full breakdown of reasons for 'not in order'

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MCCD Review Educational learning
Level 1 review: Underlying cause of death was a 'malignant neoplasm of duodenum'.
A more accurate cause of death would be 'adenocarcinoma of the duodenum'.
This provides better public health information around underlying causes of death.

Administrative Improvements

Administrative errors are spelling mistakes, use of abbreviations and failing to sign the certificate. Last year, 41% of MCCDs 'not in order' had an administrative closure category recorded. Certifying doctor spelling error was recorded against 172 (41%) of MCCDs reviewed.

Breakdown of 'Administrative errors' category as a percentage of total number[12]
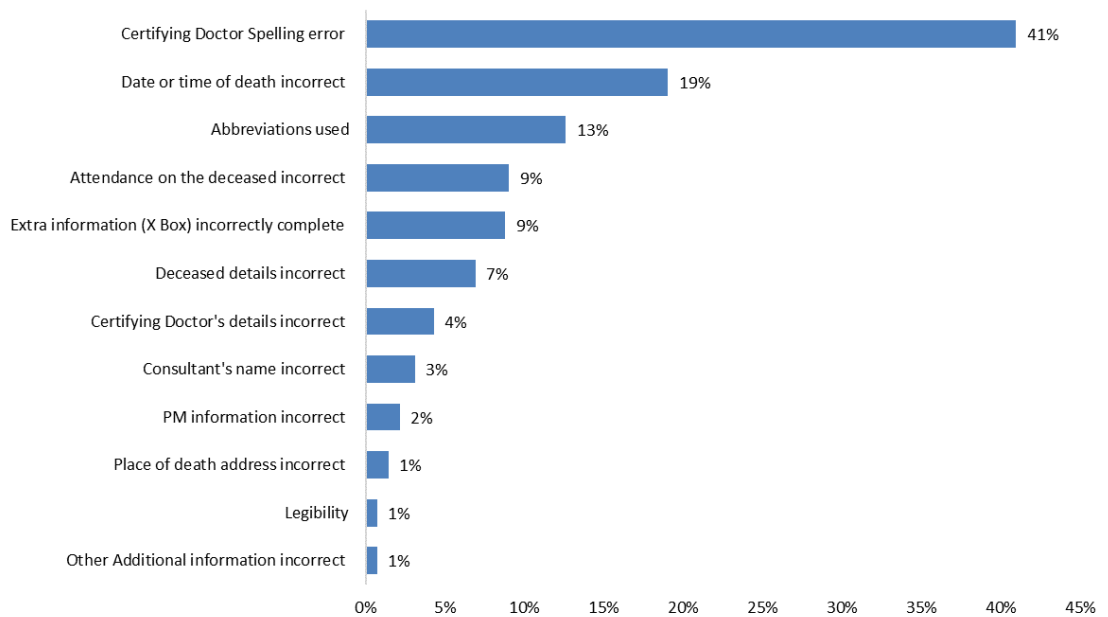
MCCD Review Educational learning
In conjunction with NHS Greater Glasgow & Clyde, the service developed a one page MCCD poster detailing what information should be included on an MCCD. The resource aims to 'Be kind to families', is a great A4 tool that can be displayed on walls to help doctors reduce administrative errors and 'Get it right first time'.
A copy of the 'Be kind to families' poster can be viewed at Appendix 2 or you can download your own copy and access our other educational resources on how to accurately complete an MCCD.

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[12] Table 3 and 4 within Appendix 1 provides full details of clinical and administrative errors recorded over the last 3 years.

Reports to the Procurator Fiscal

Sudden, suspicious, accidental and unexplained deaths including deaths which may give rise to public anxiety, are required to be reported to the Procurator Fiscal.

Our medical review team found 228 (3.9%) of all certificates reviewed by the service during the past year should actually have been reported to the Procurator Fiscal.

The most common reasons for failing to report to Procurator Fiscal were for fracture or trauma (42%) and Industrial disease (34%). Other common categories include infectious disease (18%), concerns over care (2%) and choking (2%)[13]

Reasons for reporting to the Procurator Fiscal
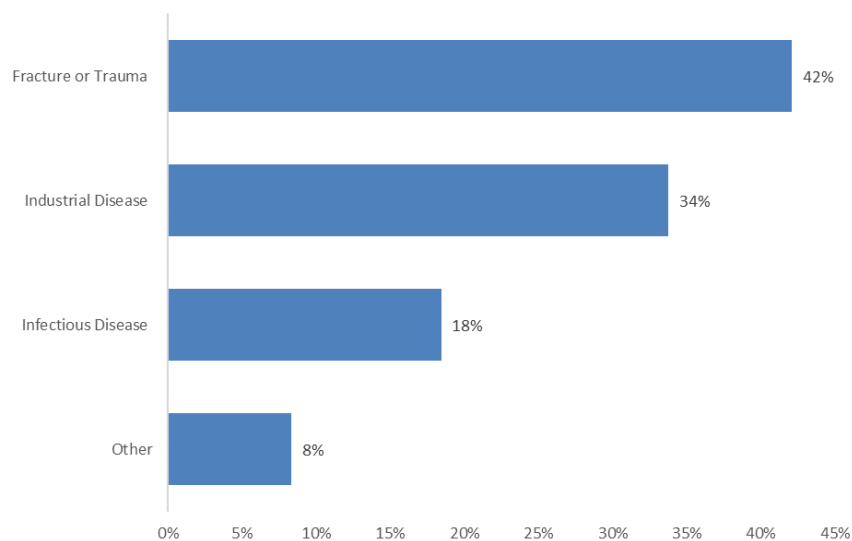
Note: Reports can be made for more than one reason

MCCD review educational learning
Death of 89-year-old man. Certifying doctor confirmed cause of death as Subdural Haematoma. It was noted during the review discussion this had followed a fall. The deceased also had a pacemaker present which had not been noted in the hazards box. A replacement MCCD was required following consideration of the death by the Procurator Fiscal under Para 3 Unnatural Accidental deaths (including those resulting from falls).

Below is an overview of deaths that require to be reported to the Procurator Fiscal. For full details please refer to the current COPFS guidance[14].

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[13] See Appendix 1 for full breakdown of main reasons for reporting to the Procurator Fiscal
[14] Details of cases required to be reported to the Procurator Fiscal can be found on the Crown Office and Procurator Fiscal office website: Reporting deaths | COPFS

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Unnatural cause of death	Natural cause of death
Suspicious deaths – i.e. where homicide cannot be ruled out	Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief
Drug related deaths - including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA) (Yellow Card Scheme)	Deaths as a result of neglect/fault
Accidental deaths (including those resulting from falls)	Deaths of children which are sudden or unexpected and unexplained perinatal deaths Any death of a child or young person under the age of eighteen years who is 'looked after' by a local authority
Deaths resulting from an accident in the course of employment	Deaths from notifiable industrial/ infectious diseases
Deaths of children from overlaying or suffocation	Deaths under medical or dental care where there has been a concern raised about the treatment or suggestion that there has been fault or negligence on the part of the medical/paramedical staff (See section 9 of COPFS guidance)
Deaths where the circumstances indicate the possibility of suicide	Deaths while subject to compulsory treatment under mental health legislation or whilst subject to legal custody
	Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety.

In January 2023, the service consulted with the Chief Medical Officer for Scotland and the Crown Office to agree a derogation [15]of reporting of seasonal influenza.

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[15] Relaxing of the legal requirement to report Influenza deaths to COPFS

Non randomised reviews

Interested person, registrar referrals and 'for cause' reviews

The service can carry out reviews requested by members of the public (Interested Person review)[16] and Local Authority registrars (Registrar Referral)[17] if they feel the certificate is not accurate.

These type of requests remain low. Last year, 4 interested persons' requests were received, of which two were declined as the death had been previously considered by the procurator fiscal. One MCCD was found to be 'Not in Order'.

Deaths outwith Scotland (repatriations)

The service is responsible for approving burial or cremation in Scotland, of people who have died abroad and are to be repatriated to Scotland.

In 2022/23, the service received **191** repatriation requests, of which,

- **130** (68.1%) were males, 61 females
- **120** (62.8%) were individuals 60 years or older
- **55** people (28.8%) died in Spain.

The table below provides some additional demographics including age and the top 5 countries people have been repatriated from.

Age	No of deaths
0 - 19	7
20 - 39	19
40 - 59	45
60 - 79	97
80+	23

Repatriated from	No of deaths
Spain	55
Turkey	20
USA/Canada	15
Greece	11
Cyprus	10

Male	Female
130	61

All repatriation applications were approved, with 132 (69.1%) approved for cremation, and 59 (30.9%) for burial. Two post mortem applications were approved.

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[16]http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/review_service_information/interested_person_review.aspx
[17] Death certification in Scotland: The Death Certfication Review Service (healthcareimprovementscotland.org)

Service Performance

Service Level Agreements

The service operates under agreed service level agreements set by the Scottish Government. The table below explains the timescales and how we performed.

Type	Service Level Agreement timescale	Average Review time
Level 1	1 working day	Less than 4 hours
Level 2	3 working days	Just over one day
Advance registration	2 hours	Under 30 minutes
Senior medical review	1 working day	No cases
Interested person	3 to 14 days	Just over 3 days
Repatriation	5 working days	Under 2 days

It has been a challenging year for the National Health Service. However, despite this reviews continue to be completed 96% of the time well within the agreed timescales.

Of the 232(3.8%) of cases that breached[18] the timescales, 196 (84.5%) were due to the certifying doctor being unavailable. Of these, 154 (79%) were in secondary care. One reason for this could be the use of paper MCCDs in secondary care resulting in a delay between the death occurring and death registration taking place.

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[18] See Appendix for full breakdown of breached cases

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Advance Registration

Families who have suffered a bereavement may need the funeral to go ahead promptly and the service aims to support this through our advance registration process.

The number of advance registration applications remains low with 73 (1.2%) in 2022/23. Of these requests,

- o **63** (86.3%) were approved
- o **10** (13.7%) were not approved, of which **60%** were declined as the review was already complete or nearing completion.
- o all received a decision on their application **within 2 hours**.

Of the 63 advance registrations that were approved, 11 (17.5%) were subsequently found to be 'not in order' and one (1.59%) was reported to PF when additional information became available.

Feedback and Complaints

The service is very mindful of the impact our work can have on families and therefore consistency with our processes and accuracy of information in a timely manner are two service priorities.

Last year we carried out a review with funeral directors across Scotland on our management of repatriations. We also conducted a smart survey with doctors who had contacted our enquiry line for advice on how best to represent a cause of death on an MCCD, or whether there was a requirement to report the death to the Procurator Fiscal.

Certifying doctors

The service carried out a smart survey in March 2023 seeking feedback from doctors on their experience of the service. Below are what **58 respondents** told us;

- o 96% agreeing it was easy to get through to the service
- o 98% agreeing the advice received was helpful
- o 79% confirming they had used the enquiry line before

I have used this service many times and have had a positive experience on every occasion. It's a very good and helpful service and has definitely improved the quality of the death certificates I complete.

Certifying doctor

Funeral directors

During the pandemic DCRS relocated and upgraded their ICT systems and introduced a number of changes on how we process repatriations to Scotland. The aim of the review was to make the experience of repatriation for funeral directors and families easy and supportive. We,

- reviewed and updated our standard operating procedures, letter templates and information on our website
- carried out an internal review of our initial telephone conversations between our medical review assistants and funeral directors for consistency and to ensure we provided the 'right' information at the 'right' time
- created a step by step 'how to guide' for funeral directors
- asked **27** funeral directors from across Scotland how we were doing

We asked …	You told us…	
How was your contact with DCRS?	Helpful, informative and efficient	96%
How would you rate the accuracy of information provided by DCRS staff?	Extremely accurate/accurate	100%
How helpful would you rate the documentation provided by DCRS?	Extremely/very helpful	100%
DCRS timescales for progressing repatriations is 5 days. How did we do?	Better than/as expected	100%
How satisfied were you with the service provided by DCRS?	Very satisfied	100%

At a time where there seems to be cut backs in every sector that we work with to try and support the bereaved it is reassuring to know that you continue to provide a prompt and efficient service which puts the bereaved at the heart of all you do.
Thank you.

Funeral Director

Complaints

In 2022/23, we dealt with two complaints, both from doctors who felt they had undergone a high number of reviews. DCRS do not select MCCDs for review, this process is carried out randomly by NRS Forward Electronic Register (FER). Both complaints were 'not upheld'.[19]
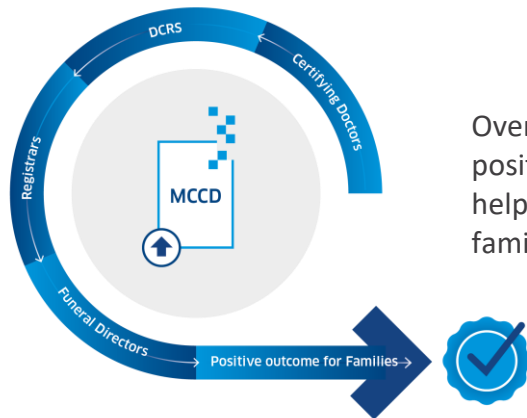
Overall feedback on our service remains very positive and we thank all our stakeholders for helping us to achieve positive outcomes for families.

Clinical Governance

As part of the MCCD review process, medical reviewers will discuss clinical governance issues or concerns raised by families with the certifying doctor. In 2022/23, no significant clinical governance concerns were identified.

Service Developments

Clinical portals

The service has established direct access to NHS Health Board clinical portals (patient medical notes) across most of Scotland to support Level 2 reviews. The benefits are

- o reduced administration within boards as DCRS can directly review the information required to complete the review

- o reduced administration for DCRS as staff do not need to rely on hospital medical record departments emailing the information

- o quicker review times for families allowing them to progress funeral arrangements

In the West of Scotland, where direct access to clinical portals has been in place for 12 months, the average time to completion of a Level 2 review has reduced by around two hours.

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[19]https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/complaints_and_feedback.aspx

eMCCD

Roll out of electronic MCCDs to secondary care is progressing with NHS Lothian successfully completing phase 1 testing. Phase 2 testing will progress in 2023.

MCCD educational advisory group

The service continues to work with NHS Education for Scotland (NES) and the MCCD educational advisory group to develop a suite of educational resources to support accurate completion of MCCDs[20].

Deaths abroad working group

Victim Support Scotland have received Scottish Government funding to establish a specialist service offering financial and emotional support to families resident in Scotland affected by an overseas murder or culpable homicide. DCRS continues to work in partnership with other stakeholders to ensure families receive the 'right' support and information at the 'right' time.

What we will do in 2023–2024

We will…

- o work with health boards to roll out eMCCD into secondary care
- o continue to work with NHS boards to reduce the number of clinical and administrative errors on MCCDs and educate on appropriate reporting of deaths to the Procurator Fiscal
- o finalise direct access to Health Board clinical portals to reduce administrative resource requirements within boards

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[20] After Death | At Death | Support Around Death (scot.nhs.uk)

Death Certification Review Service Management Board

The service is funded by the Scottish Government and supported by the DCRS Management Board. We hope you have enjoyed reading about our work. If you have any comments please get in touch at his.dcrsadmin@nhs.scot.

Name	Designation	Organisation
Maggie Buettner Young	IT Programme Manager & Engagement Lead	National Services Scotland (Digital and Security)
Louise Budge	Acting Head of Registration	National Records of Scotland
Cathy Dunlop	Registration Services Manager, East Ayrshire	Association of Registrars of Scotland
Dr George Fernie	Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Angela Hay	Operations Team Manager	Healthcare Improvement Scotland (DCRS)
Alexandra Jones	Public Partner	Healthcare Improvement Scotland
Lynsey Cleland	Director of Quality Assurance	Healthcare Improvement Scotland
Ann Gray	Principal Procurator Fiscal Depute	Scottish Fatalities Investigation Unit
Katrina McNeill	Senior Policy Manager	Scottish Government Burial, Cremation, Anatomy and Death Certification team
Lucy Aitken	Data & Measurement Advisor	Healthcare Improvement Scotland
Dr Ruth Stephenson	Deputy Senior Medical Reviewer	Healthcare Improvement Scotland (DCRS)
Maria Stirling	Specialty Trainee	Scottish Academy of Trainee Doctors
Andrea Telford	Service Manager	Healthcare Improvement Scotland (DCRS)
Janice Nicholson	Principal Educator, Medical Education	NHS Education for Scotland

Acknowledgements

Thank you to colleagues at Healthcare Improvement Scotland, National Services Scotland, National Records of Scotland and our own team. Your excellent collaborations have helped us to assure accurate death certification over the last year. Special thanks to Clare Dunn, HIS Public Partner who has retired from the DCRS management board. Also our data analysts Tim Norwood, Keir Robertson and Lucy Aitken, thank you for your support in developing our data reports.

Appendix 1: Service data

The tables below provide a more detailed breakdown of the service data over the last 3 years[21].

Table 1: Cases reviewed by type

Case type	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Standard Level 1 and Level 2	4364 (98.6%)	5444 (98.2%)	5876 (96.8%)
Repatriation	55 (1.2%)	84 (1.5%)	191 (3.1%)
Interested Person	6 (0.1%)	11 (0.2%)	4 (0.1%)
Registrar Referral	2 (0%)	2 (0%)	0 (0%)
MR For Cause Referral	0 (0%)	0 (0%)	0 (0%)
Total	*4427*	*5541*	*6071*

Note: case numbers in the 3 years above reflect variation in review selection rates in response to the pandemic and post pandemic pressures on the NHS.

Table 2: Number and percentage of 'not in order' cases by outcome

Outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Email amendments	810 (89.6%)	892 (88.4%)	869 (84.8%)
Replacement MCCD	94 (10.4%)	117 (11.6%)	156 (15.2%)
Total	*904*	*1009*	*1025*

Table 3: Number and percentage of clinical closure categories for MCCDs with errors

Closure Category	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Cause of Death too vague	347 (55.1%)	351 (48.2%)	279 (37.3%)
Cause of Death incorrect	75 (11.9%)	92 (12.6%)	114 (15.2%)
Sequence of Cause of Death incorrect	135 (21.4%)	167 (22.9%)	174 (23.3%)
Causal timescales incorrect	122 (19.4%)	167 (22.9%)	168 (22.5%)
Conditions omitted	98 (15.6%)	129 (17.7%)	135 (18%)
Disposal Hazard incorrect	38 (6%)	45 (6.2%)	74 (9.9%)
Total	*815*	*951*	*944*

Note: there can be more than one closure category error in each case

Table 4: Number and percentage of cases with closure category 'administrative error'

Administraive Error	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Attendance on the deceased incorrect	0 (0%)	49 (11.8%)	38 (9%)
Abbreviations used	59 (15.6%)	65 (15.7%)	53 (12.6%)
Certifying Doctor's details incorrect	39 (10.3%)	44 (10.6%)	18 (4.3%)
Certifying Doctor Spelling error	112 (29.6%)	133 (32.1%)	172 (41%)
Consultant's name incorrect	0 (0%)	6 (1.4%)	13 (3.1%)
Date or time of death incorrect	0 (0%)	67 (16.2%)	80 (19%)
Deceased details incorrect	126 (33.3%)	34 (8.2%)	29 (6.9%)
Extra information (X Box) incorrectly complete	45 (11.9%)	46 (11.1%)	37 (8.8%)
Legibility	2 (0.5%)	4 (1%)	3 (0.7%)
PM information incorrect	0 (0%)	7 (1.7%)	9 (2.1%)
Place of death address incorrect	0 (0%)	11 (2.7%)	6 (1.4%)
Other Additional information incorrect	26 (6.9%)	4 (1%)	3 (0.7%)
Total	*409*	*470*	*461*

Note: there can be more than one administrative error in each case

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Table 5: Cases reported to procurator fiscal by type

Case type	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Standard Level 1 and Level 2	250 (99.6%)	255 (98.8%)	228 (100%)
Interested Person	0 (0%)	3 (1.2%)	0 (0%)
MR For Cause Referral	0 (0%)	0 (0%)	0 (0%)
Registrar Referral	1 (0.4%)	0 (0%)	0 (0%)
Total	*251*	*258*	*228*
% cases reported to PF	5.7%	4.7%	3.9%

Table 6: Reasons Cases reported to procurator fiscal

Reason for reporting to PF	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Choking	6 (2.3%)	5 (2.1%)
Concerns Over Care	12 (4.7%)	5 (2.1%)
Drug Related	3 (1.2%)	2 (0.9%)
Flagged in Error	0 (0%)	0 (0%)
Fracture or Trauma	86 (33.5%)	96 (41%)
Industrial Disease	54 (21%)	77 (32.9%)
Infectious Disease	85 (33.1%)	42 (17.9%)
Legal Order	4 (1.6%)	3 (1.3%)
Neglect or Exposure	3 (1.2%)	3 (1.3%)
Stroke	0 (0%)	0 (0%)
Other Report to PF	4 (1.6%)	1 (0.4%)
Total	*257*	*234*

Note: there can be more than one reason in each case

Table 7: Hybrid case data

Review Outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
In order	2188 (75.4%)	1999 (77.6%)	759 (81.8%)
Not in order	542 (18.7%)	449 (17.4%)	143 (15.4%)
CD report to PF	173 (6%)	128 (5%)	26 (2.8%)
Total	*2903*	*2576*	*928*

Table 8: Number of calls received by the enquiry line

	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
eMCCD issue	13 (0.5%)	0 (0%)	0 (0%)
Funeral Director	16 (0.6%)	11 (0.5%)	16 (0.6%)
GP Clinical Advice	1802 (67.3%)	1511 (66.3%)	1716 (67.4%)
GP Process Advice	161 (6%)	154 (6.8%)	157 (6.2%)
Hospice Clinical Advice	78 (2.9%)	40 (1.8%)	36 (1.4%)
Hospice Process Advice	10 (0.4%)	6 (0.3%)	10 (0.4%)
Hospital Clinical Advice	362 (13.5%)	346 (15.2%)	384 (15.1%)
Hospital Process Advice	30 (1.1%)	44 (1.9%)	48 (1.9%)
Informant/family	28 (1%)	52 (2.3%)	34 (1.3%)
Interested Person	0 (0%)	6 (0.3%)	3 (0.1%)
Other	52 (1.9%)	27 (1.2%)	42 (1.6%)
Procurator Fiscal	14 (0.5%)	6 (0.3%)	8 (0.3%)
Registrar	0 (0%)	23 (1%)	45 (1.8%)
Registrar Case Not Selected for Review	42 (1.6%)	0 (0%)	0 (0%)
Registrar Case Selected for Review	14 (0.5%)	0 (0%)	0 (0%)
Repatriation	2 (0.1%)	1 (0%)	3 (0.1%)
Signposted	53 (2%)	40 (1.8%)	44 (1.7%)
DCRS Protocol issue	0 (0%)	0 (0%)	0 (0%)
No advice type recorded	0 (0%)	12 (0.5%)	0 (0%)
Total	*2677*	*2279*	*2546*

Table 9: Advance registration requests with outcomes

Request outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Approved	29 (69%)	45 (73.8%)	63 (86.3%)
Not approved	13 (31%)	16 (26.2%)	10 (13.7%)
Review outcome			
In order	35 (83.3%)	52 (85.2%)	56 (76.7%)
not in order	5 (11.9%)	8 (13.1%)	13 (17.8%)
PF	2 (4.8%)	1 (1.6%)	4 (5.5%)
Total	*42*	*61*	*73*

Table 10: Number (and percentage) of Breached Cases

Breached Cases

Reason for breach	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Certifying doctor unavailable	135 (86.5%)	193 (88.9%)	196 (84.5%)
DCRS delay	0 (0%)	0 (0%)	10 (4.3%)
Delay in obtaining/receiving required information*	0 (0%)	0 (0%)	26 (11.2%)
Other	21 (13.5%)	24 (11.1%)	0 (0%)
Total	*156*	*217*	*232*

*Includes delay in obtaining additional information, receiving medical notes, or receiving email amendment/replacement

Note: In 2022, the service reviewed and updated the closure categories for breached reasons to support better reporting. Historical data around reasons for breached SLA times can be found in previous DCRS annual reports previous DCRS Annual Reports

Table 11: Number and percentage of interested person reviews

Request outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Not Approved	2 (33.3%)	1 (9.1%)	2 (50%)
Approved	4 (66.7%)	10 (90.9%)	2 (50%)
Total Requests	*6*	*11*	*4*
Review outcome approved			
In order	3 (75%)	3 (30%)	1 (50%)
Not in order	1 (25%)	4 (40%)	1 (50%)
Reported to PF	0 (0%)	3 (30%)	0 (0%)

Table 12: Number and percentage of registrar referral reviews

Review outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
In order	1 (50%)	0 (0%)	0 (0%)
Not in order	0 (0%)	2 (100%)	0 (0%)
Escalated to PF	1 (50%)	0 (0%)	0 (0%)
Total	*2*	*2*	*0*

Table 13: Number and percentage of repatriation reviews

Request outcome	Year 6 01 Apr 2020 - 31 Mar 2021	Year 7 01 Apr 2021 - 31 Mar 2022	Year 8 01 Apr 2022 - 31 Mar 2023
Approved	55 (100%)	84 (100%)	191 (100%)
Not approved	0 (0%)	0 (0%)	0 (0%)
Total	*55*	*84*	*191*

Appendix 2: Be kind to families poster

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

The Death Certification Review Service is part of Healthcare Improvement Scotland, an organisation with one purpose – better quality health and social care for everyone in Scotland.

For more information visit
http://www.healthcareimprovementscotland.org/

Death Certification Review Service
Healthcare Improvement Scotland
Gyle Square
1 South Gyle
Edinburgh
EH12 9EB

0300 123 1898
his.dcrs@nhs.scot
www.healthcareimprovementscotland.org

Healthcare Improvement Scotland

Meeting:	**Board Meeting - Public**
Meeting date:	**27 September 2023**
Title:	**Schedule of Board and Committee Meeting Dates 2024-25**
Agenda item:	**6.1**
Responsible Executive/Non-Executive:	**Angela Moodie, Director of Finance, Planning & Governance**
Report Author:	**Pauline Symaniak, Governance Manager**
Purpose of paper:	**Decision**

1.   Situation

This paper sets out a proposed schedule of meeting dates for the Board and its Governance Committees for 2024-25.

2.   Background

The terms of reference for the Board contained within the Code of Corporate Governance state that the Board will approve the schedule of meeting dates for the Board and its Committees.

3.   Assessment

The schedule of meeting dates presented at Appendix 1 follows a similar pattern to 2023-24 and is based on a quarterly reporting cycle such that every Committee holds a meeting each quarter which reports into the Board meeting at the end of that quarter. There are then additional seminar and development events between the formal Board meetings. The proposed schedule has been shared with the HIS Chair, Committee Chairs and Lead Directors to ensure the dates fit within the timelines for the regular items of assurance that are presented to the Board and its Committees.

Assessment considerations

Quality/ Care	The schedule of meeting dates provides the opportunities for the Board and its Committees to deliver their functions as set out in the Governance Blueprint, including scrutiny of the quality of services delivered.

Resource Implications	There are no financial or workforce impacts as a result of this paper.
Risk Management	There are no risks related to the matter presented.
Equality and Diversity, including health inequalities	The dates set out in the draft schedule provide the opportunity for the Board and Committees to receive reports in respect of equality and diversity, including those routine reports that are provided to the Staff Governance Committee and Scottish Heath Council.
Communication, involvement, engagement and consultation	The draft schedule has been provided to the HIS Chair, Lead Directors and Governance Chairs.

4   Recommendation

The Board is asked to approve the schedule of meeting dates for 2024-25.

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1, Draft schedule of board and committee meeting dates 2024-25.

Item 6.1, Appendix 1 Draft Board and Committee Meeting Dates 2024-25

<div align="center">**Quarter 1**</div>

DATE	MEETING
17 April 2024	Board Development
17 April 2024	Governance Chairs
24 April 2024	Succession Planning Committee
01 May 2024	Staff Governance Committee
22 May 2024	Quality and Performance Committee
23 May 2024	Scottish Health Council
29 May 2024	Board Seminar
04 June 2024	Executive Remuneration Committee
(Tues) 18 June 2024	Audit and Risk Committee
26 June 2024	BOARD MEETING

<div align="center">**Quarter 2**</div>

07 August 2024	Staff Governance Committee
14 August 2024	Quality and Performance Committee
28 August 2024	Board Seminar
28 August 2024	Governance Chairs
04 September 2024	Audit and Risk Committee
12 September 2024	Scottish Health Council
18 September 2024	Executive Remuneration Committee
25 September 2024	BOARD MEETING

<div align="center">**Quarter 3**</div>

9 October 2024	Succession Planning Committee
23 October 2024	Staff Governance Committee
6 November 2024	Quality and Performance Committee
14 November 2024	Scottish Health Council
20 November 2024	Board Development
20 November 2024	Governance Chairs
27 November 2024	Audit and Risk Committee
3 December 2024	Executive Remuneration Committee
4 December 2024	BOARD MEETING

<div align="center">**Quarter 4 (provisional dates pending national meetings being set)**</div>

22 January 2025	Board Seminar
5 February 2025	Staff Governance Committee
6 February 2025	Scottish Health Council
19 February 2025	Quality and Performance Committee
26 February 2025	Board Seminar
26 February 2025	Governance Chairs
5 March 2025	Audit and Risk Committee
12 March 2025	Executive Remuneration Committee
26 March 2025	BOARD MEETING

Healthcare Improvement Scotland

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 1 August 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) **Organisational Change**
   The Chief Executive and Director of Quality Assurance attended to introduce the summary reports arising from the consultations on organisational change in the Community Engagement and Quality Assurance Directorates. The reports fell within the Governance Chairs' remit as set out in the Code of Corporate Governance, in particular:

   - 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; and
   - 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.

   The Chairs gained assurance from the processes that were followed within the management responses, and endorsed the proposals which will allow subsequent implementation. They commended the quality of the consultation processes and the summary reports, and agreed that the reports should be shared with the rest of the Board which was subsequently actioned.

   As part of this item, the Chairs also received an update from Laura Liddle, Associate Director of Workforce, who advised that a programme of development activity for managers and leaders was being delivered by the Organisational Development and Learning Team. This programme will also support staff impacted by organisational change.

   b) **Attendance at Governance Meetings**
   The Chairs approved a draft guide setting out key principles for staff attending Board and Committee meetings as observers or presenters. The intention is to better manage attendance of observers at meetings and ensure that it is appropriate while continuing to provide these opportunities as part of personal development.

Carole Wilkinson
HIS Chair/Chair of the Governance Committee Chairs

SUBJECT: Audit and Risk Committee*: key points*

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1. **Purpose of the report**

   This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Audit and Risk Committee meeting on 6 September 2023. The approved minutes of the Audit and Risk Committee meeting on 20 June 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) Digital update and the website

The Committee received both a business resilience and IT infrastructure update, which included an Network & Information Systems Regulations update. Here progress has been made, with 10 out of 168 red actions moving to yellow/green taking our progress from 48% to 51%. The target is 60% by year end, with substantial progress expected over the coming weeks as the evidence from the two new Cyber security managers is assigned and scored against the category controls.

On the website, the Committee were updated on both the emergency response site and the development of the longer term website. The current website is no longer supported and the hosting platform will close in November-23 which leaves a risk regarding HIS' corporate web presence and ability to fulfil its statutory publishing duties. A business case is being developed, with considerations on balancing ambition and affordability. The Committee requested that the Executive Team examine the business case carefully and to set out a timeline for the Committee. The risk of relying on subset websites if the main one faces extended downtime was emphasised by the Committee, urging urgent attention to the issue given the importance of web communication in the era of social media.

b) Outstanding funding

In the Financial Performance update, the Committee were informed of the 5% reduction (£0.4m) to funding in 23/24, agreed by HIS in response to a request from Scottish Government (SG). The Director of Finance, Planning & Governance also highlighted the risk and likelihood of further reductions to the £4m of outstanding funding. The e-health allocation has been cut and SG state no decision has being taken yet on further reductions at this point. The Committee acknowledge this risk and also identified the impact on both delivery and staff. It was asked that the financial strategic risk to be updated to reflect the position.

c) eRostering

The Committee received an update on One Team, specifically on the context of organisational change and the strategic aim for HIS to become more responsive, agile and flexible over the next five years. It was noted the recent strategic development sessions demonstrated how the organisation is becoming more flexible and connected. Further investment was discussed, to aid organisational development to support One Team and the wider NHS transformation. The Committee also acknowledged the staff communications ensuring staff were well informed on One Team progress.

Gill Graham
Committee Chair

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SUBJECT: Quality and Performance Committee*: key points

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 23 August 2023. The approved minutes of the Quality and Performance Committee meeting on 17 May 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) Adverse Events and Responding to Concerns

    The Committee received papers providing updates on these two areas of quality assurance work and considered the papers together on the agenda given common themes between them. The Adverse Events update included information about the work that has been done to date to standardise reporting of events across Boards. The Responding to Concerns update noted that staffing levels remain the most common cause of concern. The Committee also discussed the recent court case concerning the Countess of Chester Hospital and we noted that a review of HIS work programmes will be undertaken in light of the key considerations of the case to ensure that any gaps are identified. This will be reported to a future Committee meeting.

    b) Healthcare in Justice

    An update was provided to the Committee on the organisation's joint work with His Majesty's Inspectorate of Prisons for Scotland and His Majesty's Inspectorate of Constabulary in Scotland to provide assurance in respect of prisons and police custody suites. The Committee was assured by the progress made and the commitment to improve the health inequalities experienced by those within the justice services. We also noted that the transformation underway in the Quality Assurance Directorate will enable alignment of the work with other NHS settings.

    c) Organisational Performance

    The Committee considered two papers in relation to organisational performance. We approved the new Performance Management Framework which enables the organisation to demonstrate how performance is planned, measured and monitored at operational, governance and accountability levels. The Performance Management Framework will be provided to the Board for information with the papers for the September Board meeting in the additional reading folder on Admincontrol.

    We also received the quarterly organisational performance report. This report has continued to evolve and now includes a strategic overview section which sets out key information in relation to reporting progress with the organisational strategy. Data on value for money has also been added and the Committee noted that an annual report on value for money will be provided to its quarter 1 meeting going forward. The Committee approved the performance report.

Evelyn McPhail
Committee Chair, Quality and Performance Committee

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Page: 1 of 1

Date: 17/5/23
Review Date:

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SUBJECT: Scottish Health Council key points

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1. **Purpose of the report**
    This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council (SHC) meeting on 24 August 2023. The approved minutes of the SHC meeting on 25 May 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) Governance for Engagement
SHC discussed and approved the Governance for Engagement cycle 2 (2022-23) report. The report is the output of the Governance for Engagement sub-committee. It seeks to identify and improve on good engagement practice from all parts of HIS, with the purpose of gaining assurance that HIS meets legislative and other duties on engagement and equalities practice. General themes from the report included: five directorates improved use of Equality Impact Assessments; five directorates highlighted the value of using HIS Public Partners in their work; and a need to integrate and streamline the different HIS governance processes was identified. It was agreed that the report should be shared with the Quality & Performance Committee. The next cycle of the Governance for Engagement process will test the use of the new [Quality Framework for Community Engagement & Participation](#) to enable directorates to self-assess their engagement. This will begin in Q4 2023/24.

b) Volunteering
The new structure of SHC meetings enables a deep dive into specific areas of Community Engagement work, with volunteering in the spotlight at this meeting. SHC reflected on the recently published NHS Scotland Volunteering Programme's [Annual Report](#) 2022-23, an evaluation of volunteer induction training and a report into the Discharge Support volunteer pilot in NHS Tayside. The meeting also heard about ongoing work to develop a Best Practice Guide for Volunteer Management in NHS Scotland which will provide a benchmark for quality across volunteer management, and be a tool to support and improve processes. The volunteering programme manager had also just submitted an outline business case to Scottish Government for a replacement digital platform for the Volunteering Information System. Confirmation has been received from Scottish Government that funding will be provided and the programme should plan on that basis.

c) Organisational Change
A report of the Community Engagement organisational change consultation was reviewed. Council members welcomed the positive staff response to the proposed new structure, the level of engagement undertaken by management with staff throughout the consultation, and the changes made in response to staff feedback. They discussed in detail the main area of concern for staff which was how local relationships would be maintained in future and the adjustments made to the structure to address this. Council members sought further assurance on next steps, culture, potential for income generation, and the Agenda for Change banding process. They also sought an assurance that HIS would learn from the organisational change experience and make improvements to processes where necessary.

Suzanne Dawson
Committee Chair

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SUBJECT: **Staff Governance Committee***: key points*

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 9th August 2023. The approved minutes of the Staff Governance Committee meeting on 3 May 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

A presentation provided by the Director of Workforce provided Committee members with an update on activity regarding both the Community Engagement and Quality Assurance redesign activity. This included detail of the presentation of the management responses to the consultation outputs which had been taken to a meeting of Governance Chairs on the 1st August.

It was confirmed that further work was underway to complete the Agenda for Change grading processes and to finalise the implementation process for both structures. It was recognised that this continued to have an impact on all staff involved in this process.

b) One Team

The Committee were provided with an update in terms of the overarching work of One Team to enhance organisational flexibility and agility and alignment with the strategy for Healthcare Improvement Scotland. It was recognised in the discussions of the need for ongoing staff support, wider development and recognition of the impact of this work on organisational culture. The Committee were also advised of the organisational investment in this work and the importance of this investment to support and engage with line managers and the wider Associate Director cohort whilst also seeking opportunities for collaborative working.

c) eRostering

An update on activity regarding eRostering implementation was provided by the Director of Workforce, providing detail on the key activity to date. Detail regarding the initial project support was confirmed along with the establishment of the Programme Board. It was confirmed that the project was in the initiation phases and further updates would be brought to confirm the progress of implementation as the work developed over the coming months.

d) Modern Slavery Statement

The Director of Community Engagement provided the Committee with the detail of the commitment by Healthcare Improvement Scotland to publish a Modern Slavery statement. This ensures that the commitment of the organisation aligns with the appropriate legislation and policy frameworks and also enables wider awareness of the detail and considerations of this work whilst supporting our procurement, planning and commissioning arrangements. There is also a commitment to offer training to support staff in identifying and addressing potential cases of modern slavery or human trafficking that might emerge in their areas of work. The Committee were happy to support the detail provided and assured by the publication of this statement for Healthcare Improvement Scotland. The statement can be found in the additional reading folder on Admincontrol.

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e) Once for Scotland Policies – Work Life Balance Suite

Committee members were updated regarding the recent 'soft launch' across NHS Scotland of the revised suite of Work Life Balance Policies and the planned formal launch date of the 1st November. A working group is being established to enable the implementation arrangements to be developed and delivered in partnership, with particular consideration of the implications of the Flexible Work Location Policy. Early work is underway to complete a 'compare and contrast' piece of work with our current policies in this area to support discussions with the working group going forward. The Committee will be updated regarding progress of this work.

Duncan Service, Employee Director
Committee Chair