

Public Board Meeting

Wed 28 September 2022, 13:40 - 15:40

Boardroom, Gyle Square, Edinburgh

Agenda

13:40 - 14:20
40 min

1. OPENING BUSINESS



1.1. Welcome and apologies

13.40 Chair

Verbal

1.2. Register of interests

Paper Chair

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

1.3. Minutes of the Board meeting held on 29 June 2022

13.45 Chair

Paper

-  Item 1.3 Draft Board Minutes June.pdf (14 pages)

1.4. Action points from the Board meeting on 29 June 2022

Paper Chair

-  Item 1.4 Action Register.pdf (1 pages)

1.5. Chair’s Report

13.50 Chair

Paper

-  Item 1.5 Chairs Report.pdf (4 pages)

1.6. Executive Report

14.00 Chief Executive

Paper

-  Item 1.6 Executive Report.pdf (17 pages)

14:20 - 14:30
10 min

2. SETTING THE DIRECTION

2.1. Workforce Plan - Update

14.20 Director of Workforce

Paper

-  Item 2.1 Workforce Plan Update.pdf (2 pages)
-

14:30 - 14:45
15 min


3. ASSESSING RISK

3.1. Risk Management: strategic risks

14.30 *Director of Finance, Planning and Governance*

Paper

 Item 3.1 Risk Management.pdf (3 pages)

 Item 3.1 Appendix 1.pdf (3 pages)

14:45 - 15:00
15 min

4. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

4.1. Organisational Performance Report

14.45

4.1.1. Quarter 1 Performance Report

Paper *Director of Finance, Planning and Governance*

 Item 4.1.1 Q1 Performance Report.pdf (5 pages)

4.1.2. Finance Report

Paper *Director of Finance, Planning and Governance*

 Item 4.1.2 Financial Performance Report.pdf (3 pages)

4.1.3. Workforce Report

Paper *Director of Workforce*

 Item 4.1.3 Workforce Report.pdf (5 pages)

15:00 - 15:15
15 min

5. ENGAGING STAKEHOLDERS

5.1. Death Certification Review Service Annual Report

15.00 *Director of Quality Assurance*

Paper

 Item 5.1 DCRS Annual Report 2021-22.pdf (2 pages)

 Item 5.1 Appendix 1.pdf (25 pages)

15:15 - 15:35
20 min


6. GOVERNANCE

6.1. Schedule of Board and Committee Meeting Dates 2023-24

15.15 *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 meetings on 5 July and 31 August 2022

15.20 *Chair*

Paper

 Item 6.2 GCC July Aug Key Points.pdf (2 pages)

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

Paper Committee Chair

 Item 6.3 ARC Key Points.pdf (1 pages)

6.4. Quality and Performance Committee: key points from the meeting on 17 August 2022 and approved minutes from the meeting on 18 May 2022

Paper Committee Chair

 Item 6.4 QPC Key Points.pdf (1 pages)

6.5. Scottish Health Council Committee: key points from the meeting on 15 September 2022 and approved minutes from the meeting on 19 May 2022

Paper Committee Chair

 Item 6.5 SHCC Key Points.pdf (2 pages)

6.6. Staff Governance Committee: key points from the meeting on 3 August 2022 and approved minutes from the meeting on 11 May 2022

Paper Committee Chair

 Item 6.6 SGC Key Points.pdf (1 pages)

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

Verbal Committee Chair

15:35 - 15:40 7. ANY OTHER BUSINESS
5 min

15:40 - 15:40 8. DATE OF NEXT MEETING
0 min

The next meeting will be held on 7 December 2022

Healthcare Improvement Scotland

| | |
|--------------------------------------|---|
| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| Title: | Register of Interests |
| Agenda item: | 1.2 |
| Responsible Executive/Non-Executive: | Angela Moodie, Director of Finance, Planning and Governance |
| Report Author: | Pauline Symaniak, Governance Manager |
| Purpose of paper: | Decision |

1. Situation

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

2. Background

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

3. Assessment

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

The categories of the interests set out in Appendix 1 have been updated to align with the new HIS Code of Conduct approved by the Board in May 2022. The Standards Commission guidance notes accompanying the new Model Code state that the Register covers those interests in place during a member's whole term of office with a note of dates when the interest was active. Therefore we will amend the HIS Register of Interests to align with this guidance.

Assessment considerations

| | |
|--|---|
| Quality/ Care | The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders. |
| Resource Implications | There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions. |
| | The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing. |
| Risk Management | There are no risks in respect of the Register recorded on the risk database. The Register is scrutinised at Board meetings and is presented within the Annual Report and Accounts. In addition, at the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions. These steps reduce the risk that the Register will be inaccurate or not fulfil its purpose. |
| Equality and Diversity, including health inequalities | There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders. |
| Communication, involvement, engagement and consultation | The Register was last considered by the Board at its meeting on 29 June 2022. As it's an internal governance tool, no other engagement is required. The Register is available on the website and is updated quarterly once it has been considered at the Board meeting. |

4 Recommendation

The Board is asked to scrutinise the Register of Interests as at 16 September 2022 and approve it for publication on the website.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Register of Interests

REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2022/23

| NAME | CATEGORY | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|--|----------|---|--|
| CHAIR | | | |
| Carole Wilkinson | 1 | *Lay Member, General Teaching Council | |
| | 1 | Board Member, Care Inspectorate | |
| | 1 | **Ad hoc advice and consultancy work for David Nicholl, On Board Training | |
| | 1 | Vice Chair of NHS Board Chairs Group | |
| Note: *Remuneration available but not claimed / ** Remuneration is a small hourly fee | | | |
| NON-EXECUTIVE BOARD MEMBERS | | | |
| Dr Abhishek Agarwal | 1 | Associate Professor, Edinburgh Napier University | 1 July 2022 |
| | 1 | External Examiner, University College London | 1 July 2022 |
| | 2 | Board Chair, Grampian Housing Association | 1 July 2022 |
| | 5 | Owner of residential properties (not relevant to role with HIS) | 1 July 2022 |
| | 8 | Member of The Educational Institute of Scotland | 1 July 2022 |
| Jackie Brock | 8 | Appointed to the National Community Lottery Scotland Committee | |
| Keith Charters | 1 | Director & Owner, Strident Publishing Limited | |
| | 1 | Self-employed as author, presenter & book event chair (trading as Keith Charters) | |
| | 9 | Wife is employed by NHS Greater Glasgow & Clyde in a non-managerial, clinical Allied Health Professional role | |
| | 8 | Trustee, East Kilbride Athletic Club SCIO | |

| NAME | CATEGORY | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|----------------|----------|--|---|
| Suzanne Dawson | 8 | Director and Charity Trustee, Eastgate Theatre & Arts Centre | |
| | 9 | Brother in temporary administrative post in NHS Borders | |
| | 8 | Charity Trustee, Borders Further Education Trust | |
| | 8 | Fellow of Chartered Institute of Marketing | |
| | 8 | Member of Law Society of Scotland Admissions Sub-Committee | |
| John Gibson | 2 | Emeritus Professor of Oral Medicine, University of Aberdeen | 1 Sept 2022 |
| | 2 | Member, Lived Experience Panel, National Suicide Prevention Leadership Group | 1 Sept 2022 |
| | 2 | Chair and Trustee, The Canmore Trust (SC051511) – a suicide prevention and postvention charity | 1 Sept 2022 |
| | 8 | Fellow, Royal College of Physicians, FRCP (Glasg); Fellow in Dental Surgery, Royal College of Physicians & Surgeons of Glasgow, FDS(OM)RCPS(Glasg) | 1 Sept 2022 |
| | 8 | Fellow of the Faculty of Dentistry, Royal College of Surgeons of Ireland, FFDRCS(Irel) | 1 Sept 2022 |
| | 8 | Member, British Dental Association (BDA) | 1 Sept 2022 |
| | 8 | Member, Medical & Dental Defence Union of Scotland | 1 Sept 2022 |
| | 8 | Fellow, Royal Society of Medicine, London (RSM) | 1 Sept 2022 |
| | 9 | Wife is a General Medical Practitioner in Scotland | 1 Sept 2022 |
| Gill Graham | | No declared interests | |
| Nicola Hanssen | 1 | Director of Hensikt Consulting | |
| | 1 | Tayside NHS Volunteering Scoping Exercise funded by NHS Tayside NHS Trust to VHS who contracted Hensikt Consulting to undertake the work. | |

| NAME | CATEGORY | | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|-----------------|----------|--|--|---|
| | | | | |
| Rhona Hotchkiss | 9 | | Partner is a Non-executive Director at NHS Ayrshire & Arran and Vice Chair of the Golden Jubilee National Hospital | |
| | 8 | | Trustee and Associate Fellow of The Queen's Nursing Institute Scotland | |
| | 8 | | Board Member, North Ayrshire Women's Aid | |
| Judith Kilbee | 1 | | Self-employed – Contract, AMLo Biosciences - Healthcare Development Manager - Melanoma | 19 Sept 2022 |
| Evelyn McPhail | 8 | | Governor – Fife College | |
| | 8 | | Fellow of the Royal Pharmaceutical Society | |
| | 8 | | Registration with the General Pharmaceutical Council | |
| Douglas Moodie | 1 | | Chair of the Care Inspectorate | 1 Sept 2022 |
| | 1 | | Kidz World Nursery Ltd, SC357038 - Early Years Childrens' Nursery, OOSC, and Softplay | 1 Sept 2022 |
| | 1 | | Moodie Consulting Ltd, SC247851 - Management Consulting | 1 Sept 2022 |
| | 1 | | DJM Management Consulting Ltd, SC422750 - Management and GDPR Consulting. DJM Property Services & Contracts Ltd, SC699943 - Property Maintenance | 1 Sept 2022 |
| | 1 | | DJM Property Lettings Ltd, SC607699 - Property Lettings. | 1 Sept 2022 |
| | 2 | | DJM Kidz Play Ltd, SC386377, Holding Co | 1 Sept 2022 |
| | 6 | | Destiny Pharmpie, AIM listed | 1 Sept 2022 |
| | 6 | | Ambicare Health pie (lustrepureskin) | 1 Sept 2022 |
| | 6 | | Ipulse Ltd | 1 Sept 2022 |
| | 6 | | Calon Cardio Tech A | 1 Sept 2022 |

| NAME | CATEGORY | | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|-----------------|----------|--|---|---|
| | | | | |
| | 6 | | Calon Cardio Loan Notes | 1 Sept 2022 |
| | 6 | | Careathomeservice.tech Ltd (time for you care) Domainex pie | 1 Sept 2022 |
| | 6 | | Sky Medical tech Ltd | 1 Sept 2022 |
| | 6 | | RD Graphene Ltd | 1 Sept 2022 |
| | 6 | | Biotronics Ltd | 1 Sept 2022 |
| | 6 | | AJ Bell SIPP - Douglas J Moodie | 1 Sept 2022 |
| | 6 | | Kidz World Nursery Ltd | 1 Sept 2022 |
| | 6 | | Moodie Consulting Ltd | 1 Sept 2022 |
| | 6 | | DJM Property Services & Contracts Ltd DJM Property Lettings Ltd | 1 Sept 2022 |
| | 6 | | DJM Management Consulting Ltd | 1 Sept 2022 |
| | 6 | | DJM Kidz Play Ltd | 1 Sept 2022 |
| | 8 | | Helm Training Ltd, SC099885 - Chairman, care experienced young persons | 1 Sept 2022 |
| | 8 | | Clacks First Ltd, SC344868 - Chairman, business improvement district (BID) | 1 Sept 2022 |
| | 8 | | Home Start Clackmannanshire, SC280850 - Director/Treasurer, local families in need | 1 Sept 2022 |
| Michelle Rogers | 1 | | Contractor - Clackmannanshire Council, local authority, Community Justice Coordinator | 1 Sept 2022 |
| Duncan Service | 1 | | Evidence Manager, SIGN | |
| | 8 | | Director and Company Secretary, SHU East District Ltd | |
| | 8 | | UNISON Steward | |
| | 8 | | Treasurer, Guidelines International Network (G-I-N) | |
| | 8 | | Co-Chair, UK Grade Network | |

| NAME | CATEGORY | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|---|----------|--|--|
| Robert Tinlin | 1 | Non-Executive Director, Crown Office & Procurator Fiscal Service | 1 July 2022 |
| | 2 | Non-Executive Director, Board of Governance for the Comptroller & Auditor General for Jersey | 1 July 2022 |
| | 8 | Director, Towler Tinlin Associates Limited | 1 July 2022 |
| EXECUTIVE BOARD MEMBER | | | |
| Robbie Pearson | 1 | Chief Executive, Healthcare Improvement Scotland | |
| | 9 | Sister-in-law is nurse at St Columba's Hospice (regulated by HIS) | |
| | 8 | Vice Chair, NHS Board Chief Executives Group | |
| | 8 | Chair, NHS Scotland Planning Board | |
| | 8 | National Boards Implementation Lead | |
| | 9 | Nephew's wife is a paediatrician working in NHS Greater Glasgow and Clyde. | |
| 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 | April 2022 |
| Lynsey Cleland | 1 | Director of Quality Assurance | |
| | 8 | *Lay Member, General Teaching Council for Scotland | |
| Note: *Remuneration available but not claimed. | | | |
| Ruth Glassborow | 1 | Director of Improvement | |
| | 8 | GenerationQ Fellow with Health Foundation | |
| | 8 | Member of Managers in Partnership (MiP) Union | |
| | 8 | *Sciana Network Alumni | |

| NAME | CATEGORY | INTEREST | Date interest commenced/ appointment start date (if in FY 2022/23) |
|---|----------|---|---|
| | 8 | Member of The Promise Oversight Board | |
| Note: *Participation is funded by the Health Foundation. | | | |
| Ann Gow | 1 | Director, Nursing, Midwifery and Allied Health Professionals | |
| | 8 | Member of Royal College of Nursing (RCN) | |
| | 8 | Fellowship of the Queen's Nursing Institute | |
| | 8 | Chair of Scottish Executive Nurse Directors group | |
| | 8 | Professional advisor to the RCN Foundation grants committee | |
| Lindsey McNeill | 1 | Interim Director of Community Engagement | 12 Sept 2022 |
| | 1 | Supernumerary Director of Governance & Assurance, on secondment to HIS, Scottish Police Authority | 12 Sept 2022 |
| | 1 | Director of company, BWR Ltd (SC614873) | 12 Sept 2022 |
| | 1 | *Unremunerated founder and fundraiser, Borders Wellness Retreat SCIO (SC049169) | 12 Sept 2022 |
| Note: *Remuneration is expenses only | | | |
| Angela Moodie | 1 | Director of Finance, Planning and Governance | |
| | 8 | Trustee and Treasurer of Edinburgh Napier Students' Association | |
| | 6 | Director and 50% shareholder in Moodie Properties Ltd | |
| Safia Qureshi | 1 | Director of Evidence | |
| | 9 | Spouse is CTO and VP Technology Innovation, Innovation & Technology Group, Leonardo MW Ltd | |
| Simon Watson | 1 | Medical Director | |
| | 8 | Honorary Consultant Physician, NHS Lothian Health Board | |
| | 8 | Recently Director NHS Lothian Health Board, attending Board Meetings (April 2016-April 2020) | |

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

Explanation of Categories

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

MINUTES – Draft**Public Meeting of the Board of Healthcare Improvement Scotland**

Date: 29 June 2022

Time: 10.30 – 14.50

Venue: MS Teams Videoconference

Present

Carole Wilkinson, Chair

Jackie Brock, Non-executive Director

Keith Charters, Non-executive Director

Suzanne Dawson, Non-executive Director

Paul Edie, Non-executive Director

Gill Graham, Non-executive Director

Nicola Hanssen, Non-executive Director

Rhona Hotchkiss, Non-executive Director

Christine Lester, Non-executive Director

Evelyn McPhail, Non-executive Director

Robbie Pearson, Chief Executive

Duncan Service, Non-executive Director

In Attendance

Sybil Canavan, Director of Workforce

Lynsey Cleland, Director of Community Engagement

Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)

Ben Hall, Head of Communications

Ruth Jays, Interim Director of Community Engagement

Angela Moodie, Director of Finance, Planning and Governance

Lynda Nicholson, Head of Corporate Development

Safia Qureshi, Director of Evidence

Belinda Robertson, Deputy for Director of Improvement

Simon Watson, Medical Director

Apologies

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.

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| 1. | OPENING BUSINESS | <u>ACTION</u> |
| 1.1 | Chair's welcome and apologies | |
| | <p>The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance, including those in the public gallery.</p> <p>The Chair asked the meeting to note that this is the last formal Board meeting for two Board members whose appointments will soon end: Paul Edie and Christine Lester. The Chair extended her thanks for their contribution during the years of their appointments.</p> <p>Apologies were noted as above.</p> | |
| 1.2 | Register of Interests | |
| | <p>The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the Register must be provided to the Planning and Governance Office within one month of them occurring. Any interests should be declared that may arise during the course of the meeting.</p> <p>The register was approved for publication on the website.</p> | |
| 1.3 | Minutes of the Public Board meeting held on 23 March 2022 | |
| | The minutes of the meeting held on 23 March 2022 were accepted as an accurate record. | |
| 1.4 | Action points from the Public Board meeting on 23 March 2022 | |
| | The action point register was reviewed and the updates against each action accepted. | |
| 1.5 | Chair's Report | |
| | <p>The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following points:</p> <ul style="list-style-type: none"> a) The new Code of Conduct was approved by email as the timeline fell outwith the meetings schedule. b) She attended the NHS Scotland event in Aberdeen the previous week. The HIS Communications Team ran a stall which was very well supported with over 200 attendees. In the poster competition the HIS poster about the homelessness project received a rosette. Hospital at Home was mentioned in the Cabinet Secretary's opening remarks. As well as these highlights, the event afforded an excellent opportunity to engage with stakeholders on a face to face basis. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> c) Regarding the Centre for Sustainable Delivery, a mapping exercise of our areas of work has been completed to ensure there is no overlap or duplication. HIS' expertise in the innovation pipeline and use of evidence has been recognised. The use of evidence is now embedded in processes and making a difference to decisions being made. The Community Engagement Directorate are also working with the Centre to ensure that community engagement is embedded in its functions. | |

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| | The Board noted the report. | |
| 1.6.1 | Executive Report | |
| | <p>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</p> <p>The Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> a) He reiterated the Chair's comments about Hospital at Home featuring at the NHS Scotland event and commended Belinda Robertson and her team for its successful delivery. b) The Key Delivery Areas (KDAs) have been reviewed to align with the organisational strategy and enable connected work across programmes. Key outcomes will be developed for each over the coming months. c) An excellent development session on complaints handling was held on 6 June 2022 for the Executive Team and some of the Non-executives Directors. d) Infection prevention and control standards have been published and are an excellent demonstration of our leading role in the development of standards. There is currently a significant challenge in securing clinical expertise for our work given the frontline pressures. e) The Career Ready programme sees five students join HIS for four weeks to gain learning in the work environment. It is also a good demonstration of HIS being an attractive employer to work for. <p>In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:</p> <ul style="list-style-type: none"> f) Measurement of outcomes in the access to GP services work will use data from Public Health Scotland and also our own data with the assistance of the Data Measurement and Business Intelligence Team. It will also use data from the gathering views exercise. Patient involvement will commence once the GP clusters start and we will work with groups in the area who are already linked with patients. g) The timeline for the Healthcare within Justice programme is at the initial scoping phase to develop methodology. As it's a new programme, there is a need to identify a baseline before inspection activity commences in 2023. Links are being made with all of the key partners. h) The new KDAs do not include a KDA for older people but this does not mean that the priority of work related to older people has reduced. However, work related to older people is found throughout a lot of our programmes. i) Complaint number 1 related to the Scottish Medicines Consortium (SMC) was a technical issue with a particular programme. It was an unusual event but changes have subsequently been made. Three of the complaints on the report relate to SMC but this increase is due to now treating feedback from companies that SMC work with as complaints. This gives the feedback more visibility. All previous feedback has been dealt with appropriately despite not being logged as a complaint. Overall, more contacts with HIS are now treated as complaints that weren't treated in this way before and this has also caused a rise in numbers. | |

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| | <p>j) Regarding ensuring the safety of new innovations, these are underpinned by robust methodology.</p> <p>k) Regarding office use since the start of the test of change period, the data being collected does show some trends such as Monday and Friday being the days with least attendance in the office. The numbers may be affected by the start of the summer holidays and higher Covid-19 prevalence. Most Boards have reported that they expect to wait one or two years before having a settled picture of office attendance. HIS will review its data at the end of the test of change period.</p> <p>l) The iMatter survey has launched and is showing good staff engagement so far. It has returned to using larger teams following concerns expressed last year about anonymity of small teams. The survey may provide additional data in relation to the test of change period.</p> <p>m) Hybrid ways of working can assist with gaining clinical input to our work along with different approaches to securing this.</p> <p>The Board examined in detail the report from the Executive Team and the additional information provided above, and were content with the information reported.</p> | |
| 1.6.2 | COVID-19 Inquiry | |
| | <p>The Head of Corporate Development provided an update on the early stages of the inquiry and highlighted the following points:</p> <ul style="list-style-type: none"> a) HIS is preparing a proportionate response but the period that the inquiry covers extends to December 2022 so the HIS response will be based on what is known at this time. b) A small group of staff is looking at evidence sources and is being assisted by the Central Legal Office. The group is developing a timeline and a narrative that shows the contribution that HIS has made. c) Priorities in the short term are gaining more clarification, reviewing academic scoping reports and focusing on the health portfolio. <p>In response to questions from the Board, the following additional information was provided</p> <ul style="list-style-type: none"> d) There is unlikely to be a risk related to finding documentation but work will be done to collate it into one location. e) Although HIS is participating in the inquiry, other organisations will have a larger role. However, HIS will have some key learning to share. f) The UK Covid-19 inquiry will aim not to duplicate requests but there may be some overlap. However, it is likely that the same HIS response can be used for both. <p>The Board noted the update and that future progress will be reported as the inquiry develops.</p> | |
| 2. | SETTING THE DIRECTION | |
| 2.1 | HIS Future Strategy Consultation Feedback | |
| | <p>The Chief Executive provided a summary of the consultation feedback received to date on the future organisational strategy and highlighted the following points:</p> <ul style="list-style-type: none"> a) He extended his thanks to Charis Miller in the Evidence | |

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| | <p>Directorate who assisted with the collation.</p> <p>b) There will be ongoing engagement with members of the Scottish Health Council Committee about the consultation response.</p> <p>c) The wider system in which HIS operates is in a very dynamic state in relation to pressures, the Resource Spending Review (RSR) and the National Care Service (NCS). Therefore it is proposed that further time is taken to refine the strategy in light of this.</p> <p>The Head of Corporate Development added that there has been wide engagement using a variety of approaches, including internal engagement, Scottish Government and public engagement with the assistance of the Community Engagement Directorate.</p> <p>The Head of Planning and Governance advised that a small staff group including communications colleagues is examining the feedback in more depth and in August a strategy session will be held for the Chair and Executive Team to discuss the next draft.</p> <p>The Board considered the feedback presented and the comments above. It was agreed not to approve the strategy at the September Board meeting but to undertake further work then present it to the December meeting which will also allow the five new Board Members to engage with it. However, the Board were keen that although the final strategy will be agreed, there remains scope for flexibility in the future.</p> | |
| 2.2 | COVID-19 Latest Operational Update | |
| | <p>The Director of Finance, Planning and Governance who is lead for the Covid-19 response, provided a verbal update on the latest developments in the pandemic response and highlighted the following:</p> <p>a) The Covid Emergency Response Team (ERT) continue to meet but will transition to functioning as a resilience group.</p> <p>b) In discussion with ERT, the Health & Safety Committee and Partnership Forum it has been agreed to lift restrictions in offices from early July. This will align with Scottish Government guidance but colleagues will be asked to remain respectful of those who prefer to maintain distancing.</p> <p>c) The national temporary Covid-19 policies are ending and from 31 August 2022 special leave will no longer be awarded for Covid-19 related absence. This will now be assigned as sick leave.</p> <p>d) There were some positive cases of Covid-19 following a staff face to face event but not an outbreak scenario.</p> <p>e) It is proposed that this Covid-19 update will in future be covered within the Executive Report.</p> <p>The Board considered the latest position and were assured by the actions in place to continue to work within the context of Covid-19. The Board agreed that future updates should be set out within the Executive Report.</p> | |
| 2.3 | Workforce Plan 2022-25 Overview | |
| | <p>The Director of Workforce provided a paper setting out the latest position with Workforce Plan development and associated guidance. She highlighted the following points:</p> <p>a) The Workforce Plan supports the strategy and operational delivery but as discussed earlier in the meeting, there are many</p> | |

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| | <p>dynamic factors influencing this.</p> <ul style="list-style-type: none"> b) The timeline requires a draft to be provided to Scottish Government by the end of July but the Staff Governance Committee will review it first at their meeting on 3 August 2022. Scottish Government will provide feedback about any gaps in the first draft. c) The plan needs to take account of many factors including new commissions, workforce risks, the RSR and our ambitions to be the best public sector employer. The RSR and subsequent budget implications will play a role in shaping the future workforce, as will hybrid working and shared services. d) The organisation's headcount will be reviewed to ensure future years are affordable. This will be discussed with the Executive Team and Partnership Forum. <p>In the discussion that followed, the Board raised points about the impact of current pay negotiations and the cost of living crisis which could raise the risk of industrial action. They also noted how original plans for the coming years had shown a growth in workforce but the RSR will require a reduction in staffing to pre-Covid levels.</p> <p>The Board noted the update and were content with the direction of travel given the number of current variables.</p> | |
| 3. | ASSESSING RISK | |
| 3.1 | Risk Management: strategic risks | |
| | <p>The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised the following:</p> <ul style="list-style-type: none"> a) There are 11 risks on the register which is a reduction of one since the March report. This is due to closure of a workforce risk following review by the Staff Governance Committee. b) Risk ratings have changed due to the application of the new appetite in the Risk Management Strategy approved by the Board in March. The highest rated risks relate to the impact of Covid-19, cyber security and service change. c) The new Risk Manager will be undertaking a review of the strategic risks register to ensure consistency. d) The Audit and Risk Committee reviewed the strategic risk register at its meeting the previous week and were content with the information presented. <p>It was agreed to review the wording and mitigations for risk 1131 in relation to the NCS as the bill has now been published.</p> <p>The Board considered the strategic risk register and, subject to the comment above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated.</p> | |

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| 4. | HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES | |
| 4.1 | Annual Accounts 2021-22 | |
| | <p><i>Rebecca McConnochie, Deloitte, joined the meeting for this agenda item.</i></p> <p><u>Draft Annual Accounts 2021-22</u></p> <p>The Director of Finance, Planning and Governance provided the draft accounts and advised the following:</p> <ul style="list-style-type: none"> a) There was a net expenditure of £34.5m with an underspend of £0.2m which is within the 1% tolerance. b) 86% of spend was on staff costs and that had increased by 9% during the year as a result of staff numbers increasing. At year end the whole time equivalent was 494. c) £1.6m was spent on the Delta House refurbishment bringing the total spend on that to £1.9m. It is expected to cost £2.2m in total which is line with the Scottish Government budget. d) Dilapidation decreased during the year from £0.5m to £0.4m. e) The Accounts have been produced in line with the relevant standards. f) The movement schedule details changes since the Annual Accounts workshop. g) The Accounts have already received detailed scrutiny by the Board offline and at the Annual Accounts workshop. They were considered by the Audit and Risk Committee at its meeting on 23 June 2022 and they were content to recommend to the Board that the Annual Accounts for 2021-22 are adopted. <p>The Chair of the Audit and Risk Committee confirmed that the Committee recommended adoption. She advised that the process of preparation of the Annual Accounts which allows the Board to have early sight of them is welcome.</p> <p>Thanks were extended to the Finance Team and to Deloitte for their collaborative working.</p> <p>The Board approved the Annual Accounts for 2021-22.</p> <p><u>External Audit: Report to those charged with governance (ISA 260)</u></p> <p>Deloitte presented the ISA260 reported and highlighted the following points:</p> <ul style="list-style-type: none"> h) The report was provided to the Audit and Risk Committee who requested some wording changes in relation to HIS' financial sustainability. i) No significant financial adjustments were required in the accounts. j) Some adjustments were needed regarding disclosures but that's common across Boards. k) There will be a transition to a new External Auditor in October 2022. Deloitte will provide a handover and assist with this year's after action review. <p>The Board noted the ISA260 report.</p> <p><u>Audit Assurance Letters</u></p> <p>The Director of Finance, Planning and Governance presented the two</p> | |

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| | <p>assurance letters and advised the following:</p> <ul style="list-style-type: none"> l) The letter of significant issues is a letter from the Chair of the Audit and Risk Committee to Scottish Government stating that they are not aware of any significant issues of fraud. m) The letter of representation is a letter from the HIS Chief Executive to Deloitte confirming the accuracy of the financial statements. It follows standardised wording. n) The Audit and Risk Committee received both letters at its meeting on 23 June 2022 and were content to recommend to the Board that they are signed. <p>Having considered the letters, the Board approved their signing.</p> | |
| 4.2 | Whistleblowing Champion Annual Report | |
| | <p>The Non-Executive Whistleblowing Champion provided their annual report and highlighted the following points:</p> <ul style="list-style-type: none"> a) There have been no cases of whistleblowing in HIS but vigilance is being maintained to ensure nothing is missed. b) The Champion is assured that the system in place in HIS is working well and everything is being captured that needs to be. c) There are still improvements to be found in learning from the rest of the system. d) The Independent National Whistleblowing Officer is giving a firmer steer about where whistleblowing might sit within Boards. Some Boards have moved it to sit within the remit of their Audit and Risk Committee or Clinical Governance Committee but there is a variety of arrangements. However, it is proposed that in HIS it remains within the remit of the Staff Governance Committee but still reports to the full Board via this annual report. <p>In response to a question from the Board, the Non-Executive Whistleblowing Champion advised that across all Boards the new process and increased visibility is causing more whistleblowing cases to arise, some of these are Covid related.</p> <p>Having discussed the paper, the Board accepted the annual report on whistleblowing in HIS.</p> | |
| 4.3 | Organisational Performance Report Quarter 4 | |
| | <p>The Director of Finance, Planning and Governance provided a summary report of quarter 4 performance and highlighted the following information from within the report:</p> <ul style="list-style-type: none"> a) The report is a new style of report which summaries the key points from the full report that was provided to the Quality and Performance Committee. b) 96 projects were active including IIOB (Internal Improvement Oversight Board) activities at the end of Q4, which is one less than the previous quarter. 74 projects were on target and 22 were running behind plan. Four projects were completed and there are three new projects. c) The Quality and Performance Committee discussed the projects running behind target which are mostly due to Covid-19 and associated system pressures. The Committee also noted that the backlog with the Independent Healthcare inspections has reduced and they received the high/very high operational plan risks which had increased from one to four. | |

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| | <p>d) An update on the Remobilisation Plan was also provided to the Committee and they discussed five new commissions.</p> <p>In response to a question from the Board, it was advised that it was not an onerous task to create the summary report from the full performance report.</p> <p>The Board examined the performance report. They welcomed the new style of report and gained assurance from the progress reported.</p> | |
| 4.4 | Financial Performance Report | |
| | <p>The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of May 2022 and highlighted the following points:</p> <ul style="list-style-type: none"> a) The full financial performance report was provided to the Audit and Risk Committee at its meeting the previous week. b) Spend to date is £6.2m which represents a £0.2m overspend. This has been driven by spend on laptops which was brought forward and by lower than anticipated staff turnover. This is expected to correct itself but will be closely monitored. c) The full year financial forecast is £0.4m over budget but the RSR supersedes budget assumptions. d) The RSR is not a budget but is an outline of spending plans for the rest of parliament up to 2026/27. The health and social care budget has a 3% increase but in reality this is a reduction due to higher than predicted inflation. e) The significant points in the RSR are the proposal to hold total public sector pay bills at 2022-23 levels and to return the workforce to pre-covid levels. Boards are asked to self-fund any pay increases above 2%. This could equate to approximately £1m for HIS this year. Achieving pre-covid staffing levels in HIS equates to a 13% reduction in staff numbers. f) More detail will be available after all Boards have submitted their quarter 1 financial results. The Executive Team is already examining actions to ensure there is flexibility in our financial position. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> g) The full year forecast assumes that we will return to the original budget assumptions over the next 10 months. If staff turnover remains low then there is some risk associated with this but it is too early to quantify. h) For HIS to return to pre-covid staffing levels this means 55 less staff but alongside this there will be a need to examine the operational plan to decide what work will not be delivered in light of reduced staff numbers. Territorial Boards have a bigger challenge because they need to protect frontline services, therefore there will be higher losses in back office functions. HIS can assist Boards with this challenge through our work programmes. i) It is the baseline that is affected by the RSR and additional allocations continue to grow as there is a lot of investment in programmes to address pressures. j) The balance in our budget will shift between baseline funding and additional allocations if it is only baseline that is affected by the | |

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| | <p>RSR. Future financial reporting will capture this.</p> <p>k) In terms of setting out scenarios, not knowing the pay award yet is the biggest challenge. If HIS has to fund 3% then this equates to 15 whole time equivalent (WTE) staff. This model could be managed through attrition and the Internal Improvement Oversight Board's process mapping activity. There is also the possibility of sharing roles with other Boards. However, the biggest challenge at the moment is the lack of certainty as the RSR sets out intentions rather than detailed budgets.</p> <p>l) Discussions will be held with our Scottish Government sponsor division about the workforce challenges and the risks related to the infrastructure that supports additional allocations.</p> <p>Having scrutinised the report, and subject to the uncertainties related to the RSR, the Board were assured by the financial performance set out.</p> | |
| 4.5 | Workforce Report | |
| | <p>The Director of Workforce took the meeting through the workforce report and highlighted the following points:</p> <p>a) Work is underway to turn the report into a summary version as the full report is provided to the Staff Governance Committee.</p> <p>b) There has been an increase in headcount of 33 and the attrition rate is slightly improved.</p> <p>c) The current sickness absence rate is 2.6%.</p> <p>In response to questions from the Board, the following additional points were provided:</p> <p>d) The average days to start figure is skewed by senior roles which tend to have a longer lead in time. It is not known what the longest time is to reach offer stage but this information will be checked.</p> <p>e) The change in national policy such that covid related illness will be recorded as sick leave from 1 September 2022 is likely to lead to a rise in sickness absence rates.</p> <p>f) There is a risk that Boards could recall secondees to tackle pressures or headcount challenges.</p> <p>Having scrutinised the report, the Board were assured by the workforce information set out.</p> | Director of Workforce |
| 5. | ENGAGING STAKEHOLDERS | |
| 5.1 | Communications Strategy | |
| | <p>The Head of Communications provided a new communications strategy and highlighted the following points to the Board:</p> <p>a) The new strategy has arisen from a thorough review of HIS' communications function and includes activities to ensure the organisation gets recognition for the work that it delivers.</p> <p>b) A dedicated press office will be set up to source success stories from within the organisation and ensure they are placed with media outlets.</p> <p>c) Work will be done to ensure that HIS is integral to any media stories as often HIS is cut out of these stories.</p> <p>d) There is now an excellent range of skills within the Communications Team including research and podcast production.</p> <p>e) The costs of the strategy are in the headcount of the team.</p> | |

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| | <p>f) Vacancies have been filled but a renewed structure will bring better results.</p> <p>In response to questions from the Board, the following answers were provided:</p> <ul style="list-style-type: none"> g) The on call arrangements will not be onerous as it involves having one person available at weekends and public holidays, and an informal arrangement is already in place for this. h) There is a need to get right the corporate narrative so that the contribution of HIS is explained well, especially in the current challenging circumstances. i) The use of awards ceremonies will be reviewed to ensure they provide worthwhile outcomes and a HIS awards ceremony may be considered in due course. j) The work includes identifying our key audiences which includes staff. This will enable better targeting of communications. k) There is a communications forum for national Boards and a communications leads group, both of which promote the work of the national Boards. l) Training options will be explored to ensure that the Executive Team, Non-Executive Directors and any specialists who will be doing media interviews have the skills needed. m) Opportunities will be sought with both local and national media outlets. <p>The Board welcomed the Communications Strategy and the plans set out within it.</p> | |
| 6. | GOVERNANCE | |
| 6.1 | Governance Committee Annual Reports 2021-22 | |
| | <p>The Director of Finance, Planning and Governance provided a summary of the Governance Committee annual reports for 2021-22 and highlighted the following points:</p> <ul style="list-style-type: none"> a) All Committees reported that they met their remit and all reviewed their terms of reference. b) The success of the risk deep dives was highlighted throughout the reports. c) The actions that each Committee identified for the next year are captured in the appendix and an update will be provided to the Board midway through the year. <p>The Board considered the annual reports presented and were assured that the Governance Committees had met their remits.</p> | |
| 6.2 | Code of Corporate Governance | |
| | <p>The Director of Finance, Planning and Governance presented an updated Code of Corporate Governance and outlined the key changes:</p> <ul style="list-style-type: none"> a) There are updates to the terms of reference for the Board and Committees following review during the annual reporting cycle and changes within the Standing Financial Instructions. There are no changes in the Standing Orders section. b) Regarding spend or business cases, the wording has been clarified about what comes to the Board for approval. c) The procurement thresholds have changed to bring HIS into alignment with other Boards and to meet Internal Audit | |

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| | <p>recommendations. This means that amounts up to £5k no longer need three quotes and a decision can be made by the individual. For context, the total spend that would have been affected last year by this is £500k.</p> <p>d) Non-competitive tenders for clinical advisers now need to be approved by the Medical Director or the Director of Nursing, Midwifery and Allied Health Professionals.</p> <p>e) The Audit and Risk Committee received the updated Code at its meeting on 23 June 2022 and were content to recommend to the Board that it is approved.</p> <p>In response to comments from the Board about opportunities for informal meetings for Non-Executive Directors, it was agreed that the Chair and Governance Manager will review this but that no changes were needed to the Code presented.</p> <p>The Board considered the detail of the updated Code and were content to approve it.</p> | Governance Manager |
| 6.3 | Governance Committee Chairs: key points from the meeting on 13 April 2022 | |
| | <p>The Chair advised that the Chairs discussed risk deep dives and how useful these are proving to be, new ways of working for the Board and its Committees, and the implications of the organisation's future strategy on our legislative powers.</p> <p>The Board noted the key points.</p> | |
| 6.4 | Audit and Risk Committee: key points from the meeting on 23 June 2022; approved minutes from the meeting on 16 March 2022 | |
| | <p>The Committee Chair highlighted three areas of the Committee's work:</p> <p>a) Business resilience is more prominent on the Committee's agenda and includes sustainability, business continuity and IT infrastructure.</p> <p>b) The Internal Audit annual plan for 2022-23 was approved by the Committee and will be shared with the other Committee Chairs to note areas of audit that fall within their remits.</p> <p>c) The Committee examined in detail the financial performance report.</p> <p>The Board noted the key points and minutes.</p> | |
| 6.5 | Quality and Performance Committee: key points from the meeting on 18 May 2022 and approved minutes from the meeting on 23 February 2022 | |
| | <p>The Committee Chair highlighted the following points:</p> <p>a) The Committee received the Quality Assurance framework and were assured with the progress reported in this area.</p> <p>b) A paper was provided about the transfer to HIS of the decision support programme but the Committee sought more information on the finances and exit plan. Therefore it will come back to the next meeting.</p> <p>c) Responding to Concerns case numbers are increasing and work is being done to understand the cause.</p> <p>In response to a question from the Board, the Director of Quality</p> | |

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| | <p>Assurance advised that the reason for the increase in Responding to Concerns cases is multifactorial. Publicity about the process has prompted more cases and the increased pressures in the system currently is also increasing numbers. If the high level continues, the resources to deliver the work will be reviewed. Common themes across complaints and concerns are also being examined.</p> <p>The Board noted the key points and minutes.</p> | |
| 6.6 | Scottish Health Council Committee: key points from the meeting on 19 May 2022 and approved minutes from the meeting on 17 February 2022 | |
| | <p>The Committee Chair highlighted the following points:</p> <ul style="list-style-type: none"> a) The Governance for Engagement sub-committee seeks assurance that all directorates are including engagement in their work. It is coming to the end of the first cycle of this work and the next cycle will focus on reviewing this information but will be more light touch. The third cycle will align to the framework for quality engagement. b) The Committee will hold a face to face development session the following day which will be the first opportunity since the start of the pandemic to meet this way. <p>The Board noted the key points and minutes.</p> | |
| 6.7 | Staff Governance Committee: key points from the meeting on 11 May 2022 and approved minutes from the meeting on 9 March 2022 | |
| | <p>The Committee Chair advised that the Committee discussed equality networks which are now all in place within HIS. Next steps are to ensure that the input of the networks is maximised within our work programmes.</p> <p>The Board noted the key points and minutes.</p> | |
| 6.8 | Succession Planning Committee: key points from the meeting on 15 June 2022 and approved minutes from the meeting on 25 January 2022 | |
| | <p>The Committee Chair advised that five new Board Members are being appointed and therefore there will not be a need for Board recruitment in the near future. Accordingly the Committee will refocus its work and have oversight of Board development.</p> <p>The Board noted the key points and minutes.</p> | |
| 7. | ANY OTHER BUSINESS | |
| | There were no items of any other business. | |
| 8. | DATE OF NEXT MEETING | |
| 8.1 | <p>The next meeting will be held on 28 September 2022.</p> <p>Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.</p> | |
| | Name of person presiding: Carole Wilkinson | |

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| | Signature of person presiding: | |
| | Date: | |

Meeting: Healthcare Improvement Scotland Public Board Meeting
Date: 29 June 2022

| Minute ref | Heading | Action point | Timeline | Lead officer | Status |
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| 4.5 | Workforce Report | Regarding recruitment, it is not known what the longest time is to reach offer stage but this information will be checked. | Immediate | Director of Workforce | Longest time to reach offer stage for a particular job this year: 69 days Shortest time for a job to reach offer stage: 16 days |
| 6.2 | Code of Corporate Governance | Regarding opportunities for informal meetings for Non-Executive Directors, the Chair and Governance Manager will review this. | Immediate | Governance Manager | Complete – non-executive informal meetings arranged |

SUBJECT: Chair's Report

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 revised committee membership set out in section 5.

3. Strategic issues**a) NHS Scotland Board Chairs Group**

Since my previous report there have been meetings of the Chairs' Group on 27 June and 22 August 2022. The agendas have included the Cabinet Secretary priorities, revision of the Blueprint for Good Governance, Leadership Development and Succession Planning, the Covid Inquiry and updates on the development of the National Care Service. Regarding succession planning, I have also joined a group instigated by Scottish Government and NHS Education for Scotland which is examining a development programme for aspiring Chairs.

The Board Chairs also held their annual two-day development session on 15 and 16 September 2022. There was a broad agenda which included review of a framework for the contribution of the NHS Board Chairs group as well as discussion of culture and workforce matters. Running through all the discussions was the theme of safety and its importance for the wellbeing of staff and for safe clinical practice.

The Board Chairs had meetings with the Cabinet Secretary for Health and Sport on 27 June and 5 September 2022. Suzanne Dawson, Chair of the Scottish Health Council, deputised for me at the second of these meetings. Discussions focussed on the National Care Service and the Resource Spending Review.

I continue to hold fortnightly meetings with the National Board Chairs and have joined two Board Chairs action learning sets on 4 July and 1 August 2022. The action learning sets provide Chairs with valuable opportunities for peer learning.

b) Succession Planning for NHS Chairs

Scottish Government has established a piece of work to look at succession planning for NHS Chairs. The intention is to identify and support potential Chairs, offering development and mentoring opportunities. I have been asked to Chair the Advisory Group and we will commence work in early October.

c) HIS Future Strategy

I joined a meeting with the Executive Team on 10 August 2022 to consider the draft HIS strategy in light of consultation feedback and the evolving delivery context over recent months. The session also enabled some early planning for the Board Development event in November 2022 which will include further discussion of the strategy.

d) Scottish and UK Covid Inquiries

Following the Board's decision in correspondence, agreement was reached that HIS would proceed with an application for Core Participant (CP) status in the Scottish Inquiry, but that we would not apply for CP Status in the UK Inquiry Module 2 / 2A. These decisions were communicated to Central Legal Office on 13 September. The application was submitted on time and we await the outcome.

The Board's ongoing concerns about the financial and human resource implications are noted and we will monitor the impact closely. In the meantime we have received our first request for information from the Inquiry with a three-week timeline for completion. This is an informal scoping request which seeks to identify the extent and type of evidence we may hold in relation to the Terms of Reference, and we are due to submit a response to that no later than 30 September. Preparatory work has been taking place for such requests and we don't anticipate any difficulty in meeting the deadline. We have also received the 'do not destroy' letter which has been issued to all bodies with whom the Scottish Inquiry expects to engage. This reminds us of the legal responsibility to preserve all documentation, in all formats, relevant to the Inquiry's potential investigations.

4. Stakeholder engagement

Joint Engagement with the Chief Executive

a) NHS Scotland Event

The Chief Executive and I attended the NHS Scotland event on 21 and 22 June 2022 in Aberdeen and took the opportunity while there to meet with the Deputy Chief Executive and Chair of NHS Grampian. We discussed the Sharing Intelligence for Health & Care Group and HIS' role in the assurance of safety in the system. The conference itself provided an excellent opportunity for informal networking with stakeholders.

b) Quarterly Sponsor Meeting

The latest quarterly meeting with our sponsor team in Scottish Government was held on 13 Sept 2022. The Chief Executive and I were joined at the meeting by members of the Executive Team. Our agenda included the financial position, HIS operations and Scottish Government priorities.

Other Engagement

c) Chair of the Care Inspectorate

I met with Doug Moodie, new Chair of the Care Inspectorate, on 13 September 2022. This provided an early opportunity for us to discuss our organisations' areas of joint working. Going forward, we will reinstate the regular meetings that include the Chief Executives once the new Chief Executive of the Care Inspectorate has been appointed. We also intend to hold a joint Board meeting early in 2023.

d) Engagement with Staff

There have been numerous opportunities for me to engage with staff over the last quarter and with our offices having re-opened, it was possible to have some of these events in person. Engagement has included:

- The Career Ready celebration on 14 July 2022 recognised the work of the young people who joined HIS via the Career Ready programme. It provides support for the transition from school to the workplace.
- Clinical and Care Staff Forum on 9 August 2022.
- Corporate induction along with the Chief Executive on 30 August 2022.
- ihub directorate development days on 1 and 9 September 2022.
- Monthly All Staff Huddles in July and August 2022 which were also attended by Non-Executive Directors.
- Meeting with a St Andrews University student who was shadowing the Chief Executive.
- Two Non-Executive Directors and I held individual meetings with the website redevelopment team to share our perspectives on the website.

e) Resilience Exercise

With the assistance of colleagues, I took part in a resilience exercise run by Scottish Government on 30 August 2022. The exercise provided a fictional scenario and tested how the organisation might react and respond to the challenges within it. This was a pilot exercise which will in future be rolled out across all Boards.

f) Future Engagement Activities

The Chief Executive and I will attend the Scottish Patient Safety Programme national event on 27 September 2022 at Murrayfield in Edinburgh. The session will explore the safe delivery of care amidst increasing system pressures and how the Essentials of Safe Care are supporting improvements in safety. The programme includes a ministerial address from Maree Todd, Member of the Scottish Parliament & Minister for Public Health, Women's Health and Sport.

5. Our governance

a) Board Appointments and Committee Membership

The recruitment round to appoint five new Non-Executive Directors to the Board is complete and all appointments have now commenced. In light of this, the Committee membership has been revised and the Board is asked to approve the proposals below.

| Committee | Members |
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| Audit and Risk | Gill Graham (Chair); Keith Charters (Vice Chair); Abhishek Agarwal; John Gibson; Robert Tinlin |
| Executive Remuneration | Rhona Hotchkiss (Chair); Duncan Service (Vice Chair); Evelyn McPhail; Robert Tinlin; Carole Wilkinson |
| Quality and Performance | Evelyn McPhail (Chair); Jackie Brock (Vice Chair); Abhishek Agarwal; Suzanne Dawson; John Gibson; Gill Graham; Duncan Service |

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| Scottish Health Council | Suzanne Dawson (Chair); Nicola Hanssen (Vice Chair); Michelle Rogers |
| Staff Governance | Duncan Service (Chair); Rhona Hotchkiss (Vice Chair); Keith Charters; Nicola Hanssen; Judith Kilbee; Evelyn McPhail; Michelle Rogers |
| Succession Planning | Carole Wilkinson (Chair); Suzanne Dawson (Vice Chair); Rhona Hotchkiss; Judith Kilbee |

Alongside the new appointments, I have been re-appointed as Chair to 9 October 2026 and Suzanne Dawson and Gill Graham have been reappointed to 28 February 2027.

b) Board Seminar

A Board seminar was held on 31 August 2022 covering winter and system pressures, strategy development, the National Care Service and the Scottish Covid Inquiry.

c) Non-Executive Director Appraisals

My annual appraisal with Caroline Lamb was held on 21 July 2022 and I will soon commence mid-year discussions with Non-Executive Directors.

Carole Wilkinson

Chair

Healthcare Improvement Scotland

EXECUTIVE REPORT TO THE BOARD – September 2022

PURPOSE OF THE REPORT

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on the following:

- key internal developments, including achievements and challenges currently facing the directorates
- external developments of relevance to HIS, and
- stakeholder engagement

RECOMMENDATION

The Healthcare Improvement Scotland Board is asked to note the content of this report.

REPORT FROM THE CHIEF EXECUTIVE

Director General for Health and Social Care and Chief Executive of NHS visit – 12/08/2022

We welcomed Caroline Lamb to Delta House as part of her tour of both National and Territorial Boards. We had a full discussion of the challenges facing health and social care, particularly in the lead-up to winter, where HIS was asked to pivot our resources in order to be physically present with “boots on the ground” along with high impact changes nationally and a whole system approach. Caroline also joined our all staff huddle and welcomed questions from staff. The Chair and I have since written to Caroline setting out what we believe to be the priorities for HIS in responding to the current system pressures, with a fundamental focus for the organisation on safety.

HIS ‘One Team’ update

Following the recent communications at the all staff September huddles, we have taken the opportunity to consolidate our work to ensure that we are ‘fit for the future’ as an organisation, operating under ‘One Team’. This builds on the learning from the pandemic and how we adjusted to the extreme circumstances of Covid-19.

Under ‘One Team’, and whilst this unifying approach is at a relatively early stage of development, we are progressing a number of transformational themes:

- Workforce
- Working Environment
- Efficiency and
- Re-design.

The approach was endorsed by the Partnership Forum at its meeting on 8 September.

The detail of the organisational development strategy to support the 'One Team' approach is in development, and will include further plans to ensure that staff are actively engaged in the process of change, and have the opportunity to shape and influence the future direction of the organisation.

This approach will encompass the work already underway through the IIOB, including Process Mapping. The Process Mapping discovery phase has now started in all directorates. This has led to over 450 processes identified across the organisation with around 170 of them described at a high level. This has enabled staff across the business to be able to discover for themselves other teams working in similar ways and there are already some very positive indicators of local teams keen to take forward improvement activities in their areas.

Recruitment

We are currently recruiting to the post of Director of Community Engagement. Interviews are due to take place on 14 October. Lindsey McNeill will be interim Director of Community Engagement until the successful candidate is in place.

Work Shadow Student

We welcomed a Biology and Computer Science Student from St Andrews University to work shadow my Chief Executive role. She joined various meetings as an observer and commented she really enjoyed her time with HIS, adding *"it was fascinating to see all the jobs and sides of the healthcare field. I gained so much advice and I'm really thankful to everyone who met with me. Your insights into the field of healthcare were invaluable and I am so grateful that I got to see first-hand the communication and collaboration at Healthcare Improvement Scotland."*

Complaints

The purpose of this section of the report is to update the Board on complaints relating to the work of Healthcare Improvement Scotland. Since the last report to the Board in June 2022 Healthcare Improvement Scotland complaints team have investigated four complaints and have referred seven complaints to other boards or services. Two complaints are currently under investigation.

Complaint 1 – Referred to a requested refund for an Independent Healthcare (IHC) Registration. This complaint was not upheld and resolved under stage one local resolution.

Complaint 2 – Referred to a use of intellectual property. This complaint was upheld and resolved under stage one local resolution

Complaint 3 – Referred to letters received by the complainant regarding outstanding payments. This was upheld and resolved under stage one local resolution.

Complaint 4 – Referred to a complaint regarding HIS interview and feedback process. This was partially upheld following investigation under the stage two process.

Complaint 5 – Refers to content of inspection reports from a member of the public. This complaint is currently being investigated as part of our stage 2 investigation process.

Complaint 6 – Refers to content of inspection reports from a service. This is currently being investigated.

The organisation has seen a continued increase in the number of complaints, directly relating to ongoing efforts to raise the awareness of complaints within HIS. Ongoing development work is underway to support teams and individuals dealing with complaints. A training session to support complaints Investigators has taken place, and further training for the Quality Assurance Directorate has been arranged for the autumn. The Complaints team have been engaging with auditors review the complaints process and are awaiting the final report which will help direct improvements going forward.

DIRECTORATE ACHIEVEMENTS & CHALLENGES

COMMUNITY ENGAGEMENT DIRECTORATE

Key Achievements

- 1. Quality Framework/Planning with People** - the draft Quality Framework for Engagement and Participation has been published, which aims to support NHS boards and Integration Joint Boards to carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement. It is closely aligned to [Planning with People: community engagement and participation guidance](#) published by the Scottish Government and COSLA.

Four partners are working with us to test the use of the draft materials and the proposed approach and it is the intention to publish the final materials in line with the publication of revised Planning with People guidance later in 2022.

NHS Boards were advised in a letter from the Scottish Government in July that the review of Planning with People, which had been paused in November 2021, had been re-started. HIS is responding to the review of Planning with People and the Service Change Team has been involved in delivering Planning with People awareness sessions internally to HIS colleagues, NHS Boards and Health and Social Care Partnerships (HSCPs).

- 2. Citizens' Panel** - The [ninth Citizens' Panel report](#) was published in July. Topics covered public engagement in health and social care, COVID-19 vaccination programme accessibility, and COVID Status Certification. The findings of the survey, as well as key messages, conclusions, and recommendations outlined in the report, were based on a public view on engagement on health service change. The publication generated considerable media coverage. The next Citizens' Panel will survey topics including eye care

and NHS branding. Fieldwork for the survey will be carried out during Q2, with an expected publication date in November.

- 3. Volunteering** - The Discharge Support Volunteering training package has been developed and will be tested with volunteers in September. The project team are developing a set of national evaluation outcomes for the intervention and the Lothian pilot has a planned 'go live' date in October.

Volunteering Management System - The Project Board approved the recommendation to move to stage 2 of the work to define the future state of volunteering. This work will include defining the business architecture, developing a business model and mapping processes and workflows required. Scottish Government are also interested in understanding further potential of the system to support an 'NHS Reserves' system to allow ex-NHS staff to register to be called upon during a period of crisis.

NHSScotland Volunteering Advisory Board - A review of the previously titled 'National Group for Volunteering in NHSScotland' has been completed. The group has widened its membership, and has a renewed focus to be an active forum to drive forward the volunteering agenda within NHSScotland.

Key Challenges

- 1. Accommodation** - Access to suitable office accommodation for HIS-Community Engagement based in territorial boards has been agreed with the majority of host NHS Boards, with appropriate escalation taking place with the remaining few where there have been delays in making progress. In some locations, alternative hot-desking locations are being explored for affected directorate colleagues, who continue to work at home and where practical can also access Delta House and Gyle Square. Sourcing suitable wifi access within each office remains challenging due to the different arrangements within each NHS board. We are working closely with our Digital Directorate to find solutions.

Key Stakeholder Engagement

- 1. Scottish Government and National Waiting Times Guidance Review Group** - HIS-Community Engagement is represented on the group, focusing on *Patient Communication & Scheduling*. It has been recommended that patients and the public are included in testing any changes at both national and local level and consideration is given to the establishment of a Patient Reference Group. The Scottish Government is keen to explore utilising a Citizens Panel or a Gathering Views exercise.
- 2. Reconnecting with Communities** - Engagement offices continue to establish new and reinvigorate existing relationships across their respective communities, with a focus on protected characteristic groups. This allows our directorate to be well-positioned to support NHS Boards and Health and Social Care Partnerships with a range of diverse contacts for

any engagement work, especially as they work through their COVID-19 recovery plans. We continue to measure/monitor the impact of these relationships.

3. **Webinars** - In June our volunteering team hosted a webinar on *inclusive volunteering - turning intent into action* (84 attendees). In July, NHS Greater Glasgow & Clyde shared their learning from *engaging innovatively on social media* (179 attendees). Recordings of both webinars are available on the Community Engagement website.
4. **Citizens' Panel** - Presentations on the Citizens' Panel have been given to NHS England, Picker Europe and the UK Health Services Research conference.

COMMUNICATIONS TEAM

Key Achievements

1. **The Communications Team and the Digital Services Team have begun the discovery phase of our website redevelopment project with Storm ID.** Together we have prioritised the website audiences we will engage with during the discovery phase, and the first 1-2-1 interviews with the Executive Team and members from the Board are underway.
2. **Directorate Communications Workshops.** Completed the programme of communications workshops as part of the development of co-designed communications plans for each. Participation has been high and data captured that will feed into an organisation wide communications calendar.
3. **Barnahus (Bairns' Hoose) Standards.** Working with the Care Inspectorate, we issued standards for Barnahus, a project covering a wide range of stakeholders with a range of attendant issues. Given the specialist nature of the standards, and the fact a children's version was issued, our designers created bespoke graphics for both the publication and accompanying social media. Social media activity for the report was highly popular with our followers, attracting 105 retweets, 108 likes and the messages reaching an impressive 27k Twitter accounts.

Key Challenges

1. **Message saturation.** We have been balancing a number of communications priorities, particularly internal, so we are working to consolidate some messages.. Internally, the One Team and Back to Budget messages are taking priority. Although we are working to rationalise and improve our internal channels, given the importance of these messages we are sharing information as widely as possible.
2. **Back to Budget.** The communications team budget is very tight with very little non people costs. We have returned everything possible so the challenge for the team is to find saving that can be made outside the communications team. Savings identified this period is £5,000.

Key Stakeholder Engagement

1. **Media engagement** has focused on building our relationships with local media. Where national newspaper circulation figures continue to decline, many regional publications still hold a strong following. Our focus has been on finding local stories eg promoting the independent healthcare reports to local audiences and promoting dementia-friendly GP practices, starting off with the Western Isles. We will continue to build these relationships and learn about the local stories of interest to local publications.

EVIDENCE DIRECTORATE

Key Achievements

1. At the request of Scottish Government, the Scottish Antimicrobial Prescribing Group (SAPG) published an update on the progress of implementing [Outpatient Parenteral Antimicrobial Therapy](#) (OPAT) across Scotland. Data collected by the OPAT clinical network between January and August 2022 shows that on average 250 people received OPAT each week, allowing the avoidance of an average of 1,453 hospital admission days. Overall approximately 45,031 hospital admission days have been avoided as a result of OPAT services across Scotland.
2. With the Care Inspectorate, we have published draft standards for a [Barnahus \(Bairns' Hoose\)](#) model in Scotland, for consultation. A children's version has also been published. Barnahus or Child's House, is a child-centred response for children who are victims or witnesses of serious crime and abuse. The vision of a Bairns' Hoose is that:

All children in Scotland who have been victims or witnesses to abuse or violence, as well as children under the age of criminal responsibility whose behaviour has caused significant harm or abuse, will have access to trauma-informed recovery, support and justice.

The eleven draft standards set out what the vision will mean in real terms for the children and young people and their families as well as for the professionals who will work to support with them throughout their journey to justice and recovery. The final standards will provide a blueprint for delivery and support consistent national implementation of Bairns' Hoose which will be driven by the National Bairns' Hoose Governance Group.
3. Following a 2018 recommendation from the Mortuary Review Group and in collaboration with partners across Scotland, we have developed Mortuary Standards to support mortuaries in delivering a nationally consistent and high standard of care for the deceased and the bereaved. The [Mortuary Standards](#) were published in August.
4. The SIGN team has had four abstracts accepted for the Guidelines International Network (GIN) conference taking place in Toronto 21–24 September:
 - Integrating qualitative evidence in guideline development

- What does it mean for a clinician to be on a guideline development group? Contributing to a SIGN clinical guideline: personal, clinical and organisational impacts
 - Necessity is the mother of invention? Pragmatism and the epistemology of rapid guideline development
 - Borders and the challenge to developing transnational guideline recommendations
5. In October 2020, the Scottish Medicines Consortium (SMC) introduced an abbreviated medicine submission process. This has now been extended, on an interim basis, to include the assessment of new medicines where alternatives within the same therapeutic class have previously been accepted for use (or restricted use). This was introduced to help SMC business recovery following the impact of the pandemic. The aim was to accelerate decisions, minimise delay to patient access in NHSScotland, and reduce demand on committee members. SMC have evaluated the impact of this process and conducted a stakeholder review. A key finding is that across all stakeholders who participated in this evaluation, the SMC's abbreviated submissions process was regarded as beneficial and had contributed to considerable savings in resources and time commitments for the SMC assessment teams, New Drugs Committee (NDC), SMC Committee and the industry.

Key Challenges

1. The availability of the clinical community to commit to engage in our work due to pressures in services continues to be a challenge. The perinatal mood disorders guideline has been delayed until early 2023 as we are unable to recruit a chair to the guideline group. Clinical colleagues have raised concerns that primary care colleagues may find it challenging to engage in the development of the diabetes type 2 prevention guideline.
2. The pause on recruitment has coincided with unusually high turnover in the directorate and is causing some readjustments with regard to capacity and resource management.

Key Stakeholder Engagement

1. Three new public partners have been recruited to SIGN Council. All SIGN Council public partners will be part of the new Public Involvement Advisory Group. This new forum allows public partner members of SIGN Council to engage constructively and productively with SIGN to shape all aspects of our patient and public involvement work.
2. The Health Technology Assessment International (HTAi) Conference 2022 took place in Utrecht at the end of June. SMC presented our work on the impact of process changes introduced during the pandemic, patient and public perspectives on the SMC detailed advice document, and budget impact template development work. This is a key annual conference for health technology agencies to learn from each other; ensuring best practice ideas are shared widely.
3. Standards and Indicators worked closely with link workers from six organisations, for example Includem, who work directly with children and young people to develop the Bairns' Hoose standards and the children's version of the standards. The ongoing 12

week consultation will include engagement with children and young people to hear their feedback, using small grants to community groups to support the engagement.

FINANCE, PLANNING AND GOVERNANCE DIRECTORATE

Key Achievements

1. **Reporting** - The Q1 financial position, Q1 annual operating plan update and 3 year financial plan were all submitted to Scottish Government at the end of July.
2. **Risks** - A review of the organisation's strategic risks is underway, with the intention of ensuring clearer reporting and a consistent approach to risk measurement. Consideration is also being given to the addition of a new strategic risk system due to constraints and age of current system.
3. **Recurring Savings** – In July it was agreed to add four further workstreams to the Internal Improvement Oversight Board (IIOB) and to repurpose the focus of the Board on cash releasing savings. Areas now in scope include; Once for Scotland, Income Generation, Standardisation of Roles and Accommodation. Feasibility studies on these ideas are progressing. These will be wrapped into the 'One Team' approach described earlier.

Key Challenges

1. **Financial outturn** - Back to budget meetings where held with all Directors, where clear plans were considered to enable a balanced budget by year-end. While a number of initiatives were agreed there remains a £0.5m - £1.0m overspend risk. Therefore Directors collectively are asked to consider further initiatives ahead of the Q2 reviews.
2. **Staff absence** – Levels of absence have been particularly high over the summer due to holidays, Covid and sickness levels. This has both impacted on delivery and staff morale. Active management of the situation is underway.

Key Stakeholder Engagement

1. **HIS Strategy Consultation** - External stakeholder consultation on the draft HIS Strategy took place between April and June. We are now taking time to further consider and explore the feedback from this exercise, involving a group of staff from across the organisation to bring in broader perspectives and expertise. This work will inform the further development of the strategy along with the ongoing discussions with the Board.
2. **NCS Bill consultation** – Our organisational response on the National Care Service Bill has been submitted, focussing only on the sections of the Bill relating to HIS, namely inspections and joint working with the Care Inspectorate.

ihub DIRECTORATE**Key Achievements**

1. Despite the ongoing pressures across the system, the directorate continues to experience high levels of engagement with its improvement work which is an indication of the success of its ongoing approach to “pivoting” programmes in real time to respond to the priority needs of wider delivery system. Webinars regularly have over 200 people joining and, whilst there are significant challenges around services’ capacity to implement change, we are still seeing practical examples of improvements being made.
2. The work of the Scottish Patient Safety Programme (SPSP) and the [Essentials of Safe Care](#) were highlighted when the Royal College of Midwives launched its ‘[Five year plan for the profession](#)’ on 25th August. The SPSP team facilitated an interactive session with 70 midwives and guided delegates through the [Readiness for change assessment and prioritisation tool](#) discussing; person centred care, communication within and between teams, leadership to support a culture of safety and safe clinical and care practices. The discussions will inform the focus for the SPSP maternity national improvement support.
3. Healthcare Improvement Scotland and NHS Education for Scotland (NES) presented a paper outlining the purpose and delivery plan of the Access QI Collaborative to the August meeting of the Scottish Government’s Integrated Planned Care Board. The Board welcomed the approach taken by the Access QI Collaborative and endorsed the continuation of the programme alongside requesting future updates. The Access QI Collaborative launched on 24 August 2022.
4. Following the completion of a 90 day improvement cycle into integrated frailty pathways, the Acute, Primary Care and Community and Dementia portfolios within the ihub have held a series of co-designed workshops to develop the Frailty Improvement and Implementation Programme. These have included engagement with those with lived experience as well as a people from health, social care and third sector organisations and services. The programme is designed around a shared aim that people living with or at risk of frailty, experience improved access to person centred, co-ordinated health and social care. Given the current pressures on frontline services, we have developed a short term programme of webinars, podcasts and sharing opportunities for a range of change packages which support prioritised challenges and issues in service delivery and we will also be providing some combined bespoke system support to a range of boards and HSCPs with the intention of launching the full national collaborative programme during spring 2023.

Key Challenges

1. Continuing to pivot our improvement support work so it remains relevant to the key priorities across the system. Whilst we continue to respond well to this challenge, it is a way of working that requires more senior input than would be required if programmes were in a mature delivery phase. However, we expect that this will be the way we need to work going forward and the level of voluntary engagement with our programmes is an indication of the success of this approach.

2. Balancing the need to redesign programmes in real time with ongoing delivery of work alongside delivering non-recurrent financial savings and progressing work to identify recurrent savings.
3. Additional Allocations – the directorate has been progressing work directly with relevant SG policy leads to secure the formal award letters for allocations previously agreed in writing. Again this is taking up considerable time alongside ensuring appropriate mechanisms are in place internally to effectively manage the risks. On the back of the work undertaken, a number of award letters have been received including the significant allocation related to the substance use work.
4. Work to strengthen our financial forecasting has highlighted that, when internal moves are included, the directorate had a 29% turnover rate last year. All indications are that it is continuing at a similar rate this year. Most individuals are moving to promoted posts but the level of turnover does present ongoing risks in terms of organisational memory and the workload associated with recruitment and induction.
5. Due to the current financial situation, on 2nd September, the directorate had 43 posts paused at various stages in the vacancy process. Twelve of these have been highlighted as high delivery risk roles by the directorate and, as such, are now progressing through the internal process for consideration to release for recruitment. Including posts currently in recruitment, the directorate currently has a 20% vacancy rate. The level of vacancies has also significantly increased the level of workload across the directorate in terms of tracking vacancies, forecasting financial impacts, assessing delivery risks and initiating interim internal moves to cover key delivery risks.

Key Stakeholder Engagement/External Activities

1. A request from the World Health Organisation (WHO) for HIS to showcase Quality Improvement (QI) projects in Scotland at one of their Global Quality Rounds webinar came about following discussions between the WHO, the National Clinical Director, QI Leads from the Health Ministries in Zambia and Malawi and a small group at HIS (Medical Director, Deputy CEO and one of the Global Citizenship Champions) about the possibilities for developing a QI health partnership between these parties. The invitation enabled HIS to showcase the Care Experience Improvement Model (CEIM) on a global platform and allowed for relationship building with the WHO's Department for Integrated Health Services. [CEIM](#) is an improvement framework that supports health and social care teams to make improvements directly related to service user, family and carer feedback. Over 200 participants from around the world attended the WHO webinar on 30th August, and the predominant themes of interest focused on the role of leadership, enabling ownership of improvement by care teams and how this approach could be adapted in different socioeconomic contexts. We are now exploring ongoing networking opportunities through the WHO Global Learning Lab. The feedback from the WHO leads was extremely positive.
2. Our Collaborative Commissioning Team arranged a session that shows how Homecare, an area of severe pressure, can be re-imagined. [Here is a link](#) to the presentation on innovative work underway within Leeds City Council, looking at a whole systems approach

to address issues which manifest in the delivery of sustainable Homecare. The session was very well attended (at peak 116 people), including the Head of Scottish Government Procurement Services who is leading on the procurement requirement for the National Care Service. The full spectrum of attendees included representation from other national Scottish and UK bodies as well as the core audience of commissioners from across HSCPS in Scotland. The feedback to this event has been very positive and further sessions of this nature have been requested.

3. The Director of Improvement was the closing keynote speaker at the Safety and Quality Fellows Cohort 12 networking day. This had over 70 fellows in attendance and it is clear that, despite the ongoing system pressures, many of these individuals are leading thoughtful and relevant improvement work that is delivering meaningful improvements within their context.

MEDICAL DIRECTORATE

Key Achievements

1. Following World Patient Safety Day on 17 September 2022, HIS is delivering a campaign regarding the theme of “Medication without Harm”, with input from several directorates across the organisation.
2. The Medicines and Pharmacy team are prioritising the Cancer and Prison Pharmacy work.
3. Mary Maclean, former National Clinical Lead for Cancer Medicines (HIS) retired after 37 years working for the NHS. Her prestigious career included being awarded Fellowship of the Royal Pharmaceutical Society in 2022.

Key Challenges

1. Staffing capacity issues are affecting the team’s ability to devote time to work on relationship Management and consultations.
2. Finance – achieving a balanced and sustainable budget
3. Important risks relating to staffing pressures e.g. in Safety, Clinical & Care Governance, clinical engagement, controlled drugs and Area Drug & Therapeutics Committees programmes.

Key Stakeholder Engagement

1. The Medical Director provided the keynote address to the Scottish Quality and Safety Fellows at the Golden Jubilee on Thursday 8th September 2022.
2. The Medical Director joined the development steering group on 12 September 2022 for the creation of the Quality and Patient Safety Surveillance Programme in Northern Ireland. This programme will integrate quality and patient safety information to offer those who use and

deliver health and social care services that enables informed decision making at every level.

3. Medical Director's attendance at the Scottish Academy of the Medical Royal Colleges meeting on Wednesday 14 September 2022.

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS DIRECTORATE (NMAHP)

Key Achievements

- 1. Public Protection** - The Public Protection and Children's Health Service Lead, alongside NHS Education for Scotland (NES), has led work to design and deliver a 'Once for Scotland' Public Protection eLearning resource for the health workforce, with a particular focus on child protection and adult support and protection. A range of stakeholders, including national policy leads and professional advisors and NHS public protection leads engaged in an overarching steering group and education subgroup to progress four eLearning modules. Publication on Turas Learn is anticipated August 2022.
- 2. Excellence in Care (EiC)** – Hosted a successful relaunch of the EiC Strategy, Vision and Framework in the Golden Jubilee National Hospital on 23 June 2022. Representation was present from all territorial and national boards, as well as the Royal College of Midwives and Royal College of Nursing. The event received positive feedback from attendees, particularly a patient representative's perspective which can be seen in an [online blog](#). Collaborative work with the SPSP (ihub) on developing a single definition for a fall and fall with harm in Scotland has resulted in ethics approval for a Delphi Study being approved. A single definition will allow both teams to work towards the development of a single data submission for falls and falls with harm resulting in a reduction in data burden for health boards as well as aligning with other HIS programmes.
The refined Measure Development Process has been approved with the first EiC Measurement Oversight Group taking place in September 2022. The group will be a central point for which all measures for development and review will be triaged with the most appropriate outcome agreed. The group will also be responsible for the development of multi-disciplinary measures (those out with the nursing and midwifery job families).
- 3. Healthcare Staffing Programme (HSP)** - The Scottish Government announced the timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 and the HSP team scheduled various internal and external comms to raise awareness of this. The [timeline](#) will require Boards to start complying with the legislation from April 2024. The first phase of the development of a Real Time Staffing resource for Mental Health and Learning Disabilities services has been completed and team members are now working with NES to turn this into a digital resource hosted on Turas. A Real Time Staffing resource for Maternity services is also scheduled to be digitalised in the coming weeks by NES. These will support Boards to identify risk and escalate and evidence staffing issues.

Work has begun on the revision of the Mental Health workload and workforce tool and we are also working with colleagues in NHS England to start developing a Perioperative workload and workforce tool.

4. **The HSP team** has worked with the Quality Assurance Directorate (QAD) to incorporate staffing and workforce during four inspections as well as delivering bespoke training sessions to the QAD team. It has also worked closely with the ihub on the Hospital @ Home project, to develop a workload tool which is currently being tested.

Work to increase awareness and understanding of how to apply the Common Staffing Method has been underway within Allied Health Professional (AHP) teams, with 25 teams in NHS Tayside trialling out how to apply this methodology in their services, to improve their workload and workforce planning.

5. **Nursing, Midwives and Allied Health Professions (NMAHP)** - Healthcare Improvement Scotland has supported two Open University Nursing student placements. Feedback from the students has been extremely positive and the team has now started planning for further placements in October. Consideration is being given to HIS becoming a permanent Practice Learning Environment.

Internal Fitness to Practice referral guidance has been drafted and shared internally, ahead of being taken to the Partnership Forum Policy Subgroup for approval and ratification.

A revised template for reporting on Clinical and Care Governance (CCG) has been developed, tested and submitted to Quality and Performance Committee for approval. Feedback on how to develop this further has been received and the CCG Implementation Reference Group will continue to work on this. CCG presentations to Directorate management teams and Clinical Forums continue, the team is also continuing to engage with other pillars of governance within HIS.

Key Challenges

1. **Public Protection-** A draft public protection learning and educational framework will be tabled at the Partnership Forum in early September to ensure that HIS has appropriate arrangements in place, along with discussions on how HIS can secure organisational assurance around HIS staff accessing appropriate public protection learning opportunities.
2. **Excellence in Care** – Experiencing continued challenges around the boards' capacity to collect and submit data to the CAIR (Care Assurance and Improvement Resource), dashboard. The EiC team have been supporting boards through this via coaching calls and face-to-face board visits.
3. **Healthcare Staffing Programme** – Continued challenges around Board capacity to engage with the programme, this may impact on availability for working groups for the Real Time Staffing resources and Workload Tool developments. Difficulties with identifying and agreeing the scope of the Neonatal Real Time Staffing resource resulted in significant delays to the commencement of this resource. Fixed term nature of many posts due to the reliance on annual additional allocation funding from the SG has made recruitment challenging for some posts.

Key Stakeholder Engagement/External Activities

1. **Excellence in Care** – A Joint EiC-HSP Hub will take place in November to engage key stakeholders involved with both programmes with the aim of highlighting the strong alignment between both. Planning for a series of winter webinars to support boards navigate through the pressures in the system is underway. These webinars will take place from October 2022 to March 2023.
2. **Healthcare Staffing Programme** – Stakeholder events are being held to increase awareness of different workload tools and real time staffing resources to promote engagement in their redevelopment ahead of the implementation of the new staffing legislation. There was a large turnout for the Community Real Time Staffing stakeholder event and similar events are planned for the Professional Judgment workload tool and Perioperative Workload tool in September and November respectively, which will be held virtually. Potential to support Scottish Government on visits to key senior level stakeholders over Q3 to increase buy-into legislation. We continue to hold monthly Hub and National Team meetings which are attended well and working jointly with EiC on the development of the webinar series.

PEOPLE AND WORKFORCE DIRECTORATE**Key Achievements**

1. **iMatter** - The collaborative approach taken this year via the establishment of the iMatter Steering group supported a 91% completion rate.
2. **PDWR** - There was good staff engagement with the 2022 Personal Development and Wellbeing Review (PDWR) with good attendance at the drop-in sessions facilitated by the Organisational Development & Learning Team. As at 29 August 2022 Turas Appraisal reports that 87% of staff had completed their end of year appraisal.
3. **Career Ready Placement** - The People and Workplace Directorate worked with a number of HIS Colleagues to plan and deliver a 4- week programme of work activities for five S5 students who are currently being mentored by HIS colleagues as part of the Career Ready Programme. Feedback from HIS Colleagues was that they were very impressed by the young people.

Key Challenges

1. **Corporate Learning and Development** - There are three key principles; available corporate budget benefits maximum numbers of people across HIS; investment is transparent, and aligned with business need; and people have a better user experience, with all learning and development opportunities (of corporate interest and value) being promoted and accessed via a single channel.
2. **HIS Campus** - The HIS Campus group (comprising representatives from all Directorates) has agreed to progress the following key projects for completion by end December 2022:

Review of the HIS Mandatory Training Programme; Option Appraisal of Our e-Learning Platforms (which has the potential to create efficiencies); Review of the External Learning Landscape to support the curation and promotion of cost-free opportunities to HIS Staff; and Development of the HIS Campus Infrastructure, to develop the 'one channel' approach to accessing any available opportunities.

3. **Organisational Development and Learning (OD&L):** In line with the approach to corporate learning and development, the OD&L team have been seeking to transition from a model of Organisational Development based on the provision of interventions, to a more strategic approach, which makes best use of limited resources, and creates greater alignment with the delivery of organisational priorities.
4. **Objectives/Personal Development Plan Compliance:** The compliance rates for these are lower than we would expect. This could be related to the time / prioritisation pressures people are experiencing.
5. **Career Ready:** The organisation has supported a placement for school students there were some challenges in facilitating this in a hybrid workplace where traditional placement arrangements would not suffice. The People and Workplace directorate are currently undertaking an After Action Review so that learning informs the organisation's future participation in employability programmes.

Key Stakeholder Engagement

1. We now have an established **iMatter Steering Group** with cross organisational support to inform the direction that the organisation will take with iMatter moving forward.
2. Our **HIS Campus** group continues to provide cross-organisational support in the identification of learning needs, governance of mandatory training, and the development of the content and infrastructure of the HIS Campus.

QUALITY ASSURANCE DIRECTORATE

Key Achievements

1. **Death Certification Review Service (DCRS)** works to improve the quality and accuracy of Medical Certificates of Cause of Death. Analysis of monthly percentage of certificates 'not in order' from May 2015 to June 2022 indicates that the percentage 'not in order' has improved over time to a median of 21.4%; a reduction of 51.5% from the baseline of 44.0%.

Key Challenges

1. Demands on some of our work programmes relating to pressures (particularly workforce pressures) that exist within NHS services have increased. This has resulted in both the need for additional follow-up work with some boards in terms of planned work, and also

the need to respond and adapt work-plans to deal with other emerging issues. Our staff have been flexible and have reprioritised activity where required, and senior managers are monitoring this carefully.

Key Stakeholder Engagement

This has been a busy period of stakeholder engagement within QAD. Examples have included:

1. Our Healthcare within Justice Team has been building and strengthening relationships with key organisations during the early development of our **inspections of healthcare in police custody**, which will be delivered in partnership with Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). The team established a Short Life Working Group (SLWG) to provide advisory input to the development of the Framework to Inspect, which includes representatives from HMICS, Families Outside, Her Majesty's Inspectorate of Prisons in Scotland (HMIPS), Mental Welfare Commission for Scotland, NHS boards, Police Scotland, Public Health Scotland, Scottish Drugs Form and the Scottish Human Rights Commission. The group is chaired by Jessica Davidson, Senior Clinical Forensic Charge Nurse, South East Scotland Services for People in Police Care, and Programme Lead for Advanced Forensic Nursing Practice at Queen Margaret University. The first meeting of the group took place on 19 August.
2. The national reference group for **joint inspection of adult services** met for the second time at the end of July. The group received an update on progress to date with the first of the joint inspections to use the new outcomes and experience focused methodology. Members were pleased to note that the open engagement component, where the inspection team engages with people and unpaid carers within their local community, had worked well. The wide range of views and experiences gathered during this activity will inform the scope and focus of the following phases of the inspection.
3. **DCRS** received a complaint regarding the delay of a Muslim faith funeral, which resulted in a recommendation to lead a stakeholder review on the full Advance Registration process, with the complainant and public partners being fully involved. The Advance Registration process allows a death to be registered when the medical certificate cause of death review is still in progress. Following a meeting with stakeholders, improvements to internal and collaborative processes have now been implemented.
4. Meeting with mental health stakeholders has been very helpful in determining our approach to our new programme of **infection prevention and control focused inspections of mental health inpatient settings**. It was helpful to hear their views on the new infection prevention and control standards and how our inspections can develop in a supportive way to improve outcomes for the patients in the units.
5. We have been working on the **development of a self-evaluation tool to complement the NHS general standards for neurological conditions**. Engagement with the neurological community has been helpful in making sure the self-evaluation will be useful in all settings, large and small, and both in the NHS and in the third sector.
6. Working jointly with colleagues in the Community Engagement Directorate, we have recently set up the **QAD Engaging People Sounding Board**. The group involves HIS

public partners and members of the HIS Public Involvement Team, and aims to support QAD to strengthen its engagement with people and communities across our work programmes, by sharing plans for engagement and receiving advice and suggestions from public partners and community engagement directorate colleagues. It is co-chaired by the Deputy Director of QAD and the Public Partnership Co-ordinator.

Healthcare Improvement Scotland

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| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| Title: | Workforce Plan - Update |
| Agenda item: | 2.1 |
| 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 work undertaken to date regarding completion of the 2022-25 Workforce Plan for Healthcare Improvement Scotland.

2. Background

A copy of the draft Workforce Plan was shared with both the Partnership Forum and also the Staff Governance Committee in advance of the last Committee meeting which took place in August 2022.

3. Assessment

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

Comments on the draft plan from both the Partnership Forum and the Staff Governance Committee confirmed that the document was seen as a reasonable starting point, prior to completion and publication of the final version. This will be available later in the calendar year, as advised by Scottish Government Guidelines.

Specific comments were noted regarding the need to ensure further detail in terms of planning and response to staff health and wellbeing – with particular note to the level of absence related to stress and anxiety across the workplace.

There was also detailed discussion with both the Partnership Forum and Staff Governance Committee regarding the potential future ‘shape’ of the workforce for Healthcare Improvement Scotland, including what specialist or generalist roles we might require within the workforce going forward. This will be described further in the document.

At this time the Plan is undergoing further revision to include the reflections and comments from these meetings and also further details provided by Executive Team colleagues. It

was agreed that the work from the Directorate and Executive Team perspectives would be further woven into the final draft.

Of particular focus is the continued challenge of the final financial position for the organisation and the impact this will have on our current and future workforce arrangements. It was confirmed that the organisational response, both in terms of the revised Vacancy Review Group arrangements, along with the impact of the Internal Improvement process mapping activity were essential to note, both in terms of the content and also the action planning process related to the Workforce Plan.

The planned organisational approach to specific work, such as the challenge around additional allocations and final financial settlement, the cross-organisational work in relation to consistent role mapping and also the implications of the work environment and Ways of Working will also further inform the final plan.

Work is also underway to shorten the document. The finalised action plan will also be reflected as a 'live' document which will be reviewed and updated regularly to ensure the document remains relevant and 'live' for Healthcare Improvement Scotland

Assessment considerations

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

4 Recommendation

Board members are asked to

- Note the current progress of the Workforce Plan and receive a final draft version in due course following completion.

5 Appendices and links to additional information

N/A

Healthcare Improvement Scotland

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| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| Title: | Risk Management: strategic risks |
| Agenda item: | 3.1 |
| Responsible Executive/Non-Executive: | Angela Moodie, Director of Finance, Planning and Governance |
| Report Author: | Paul McCauley, Risk Manager |
| Purpose of paper: | Discussion |

1. Situation

The Board receives the strategic risk register for Quarterly review. Following a review of the strategic risk register at the Executive Team meeting on 23 August 2022 and a focus on risk appetite at the September Audit and Risk Committee (ARC) meeting there are two particular changes to what is presented to the Board this month.

Firstly, the risk register has been reviewed and now appears in a more condensed fashion, an approach which was well received at the ARC meeting.

Secondly, a revised version of the strategic risk register, based on a deeper application of risk appetite and a consistent view on current residual risk scoring has been included for discussion. This new version was presented to the Executive Team on 20 September 2022.

The Board is asked to review the risks presented and to discuss the new version as a way of reporting risk from now on.

2. Background

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

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

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future risks.

- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

3. **Assessment**

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

The Board is asked to note that the ARC reviewed the strategic risk register at its meeting on 7 September 2022 and the new version was presented to the Executive Team on 20 September.

Assessment considerations

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

4 **Recommendation**

The Board is specifically asked to review:

- The draft additional risk for Clinical & Care Governance which has been included for the first time.
- Revised scoring of both inherent and residual risk shown.

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

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

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1: Strategic risk register

| | | | | | | | | | | Residual Risk Level | | | | | | | |
|-----------------------------------|--|---------|-------------------|---|---------------------------|---|--|--------|------------|---------------------|---------|---------|---------|---------|---------|---------|------------------------------------|
| Category | Project/ Strategy | Risk No | Risk Director | Risk Description | Inherent Risk Level | Current Controls & Mitigations | Current Update | Impact | Likelihood | Sep-22 | Aug-22 | Jul-22 | Jun-22 | May-22 | Apr-22 | Mar-22 | Risk Assessme nt Response |
| Reputational / Credibility | COVID-19 | 1072 | Robbie Pearson | There is a risk that the continued development and implementation of our strategy and the associated operational plan, will be impeded by the COVID-19 pandemic and subsequent system pressures on the NHS. | H 25 | <p>We continue to work closely with all Boards so that we know the challenges and system pressures currently faced across the NHS in Scotland. Steps are being taken to adjust to changing circumstances, as restrictions are eased and the NHS and the social care system edges forward. This has included the need to adjust the focus and tempo of our operational activities to deal with surges in infections such as the omicron variant.</p> <p>The 7 key delivery areas – agreed by the Board – will continue to provide the platform for priorities in the future and provide the basis for a more integrated response consistent with the Quality Management System.</p> <p>The work programme for 2022-23 has been developed working with project leads/budget holders and continues to be monitored on a quarterly basis, with reporting to the Quality and Performance Committee, Board and Scottish</p> | It is likely that the impact of the pandemic will be sustained over a long period of time as providers seek to address systemic pressures, such as for urgent care, to meet unmet need and the backlog of care. We will continue to ensure our response is tailored to alleviating such pressures, especially in the context of the forthcoming winter. | 4 | 3 | H 12 | H 16 | H 16 | H 16 | H 16 | H 16 | H 16 | Significant |
| Financial / Value for Money | Finance Strategy | 635 | Angela Moodie | There is a risk of financial instability because of national funding challenges resulting in changes to the organisational priorities around our work plan and strategy. | H 20 | <p>The remobilisation plans have been shared with SG and updates are regularly provided. Meetings are held with SG policy leads and SG finance to assess and update on progress to those plans. The work plan remains agile to be able to flex to system pressures across the NHS.</p> <p>Scenario planning is underway following the Spending Review details and operational plans will be amended accordingly. Additional allocations are monitored closely, tracking against deliveries and budget. Management Accountants work closely with budget holders to track deviations from approved budget.</p> | We are working to ensure financial balance in 2022-23 through the Back to Budget expenditure controls and steps continue to be made to achieve recurring financial balance in future years. We are also seeking clarity from Scottish Government regarding our additional allocations for this financial year. It is likely that the current pressures will intensify in 2023-24 and future years in light of the Resource Spending Review. | 4 | 3 | H 12 | H 12 | H 12 | H 12 | H 12 | H 12 | H 12 | Significant |
| Reputational / Credibility | ICT Strategy | 923 | Safia Qureshi | There is a risk that our Information Communications Technology,(ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage. | H 20 | <p>Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including: no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates.</p> <p>HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly.</p> <p>Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also</p> | <p>We are upgrading all laptops to the latest Feature and Security release of the Windows 10 operating system.</p> <p>Given the current situation in the Ukraine there is a strong possibility that this risk could occur and it has happened recently to both Scottish Environmental Protection Agency (SEPA) and the Irish Health Service and should it occur HIS will experience a sustained loss of business services. Given this, the risk scoring must remain the same.</p> | 4 | 3 | H 12 | H 16 | H 16 | H 16 | H 16 | H 16 | H 16 | Significant |
| Reputational / Credibility | Information Governanc e Strategy | 759 | Safia Qureshi | There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation. | H 16 | <p>Staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule.</p> <p>Staff training and awareness; review of the information asset register for compliance gaps; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework; ongoing monitoring and advice.</p> | Improvement activity ongoing for the remainder of 22/23 following the review of HIS processing against the ICO accountability framework. A project plan has been developed. HIS awaiting dates for ICO audit. Awareness raising sessions were held in June Further sessions in Sept-Dec. | 3 | 3 | M 9 | M 9 | M 12 | M 12 | M 12 | M 12 | M 12 | Acceptable |
| Clinical Care Governance | Making Care Better Strategy 2017-2022 | 1160 | Lynsey Cleland | There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS. | H 20 | <p>The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate.</p> <p>Risk assessments inform decisions on frequency and focus of inspection and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns.</p> | A strategic review process for QAD is underway to improve the quality and robustness of QAD planning processes and programme delivery. It has included targeted process improvement work, supported by the Internal Improvement Oversight Board team, on priority areas eg hospital inspection. Strengthened clinical and care governance arrangements are also being put in place. An updated Quality Assurance System, including the Quality Assurance Framework and Standard Operating Process, will be implemented across QAD programmes over the coming months. | 4 | 3 | H 12 | H 12 | H 12 | H 12 | H 12 | M 12 | M 12 | Significant |

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|----------------------------|--|------|----------------|--|------|--|---|---|---|------|------|------|------|------|------|------|-------------|
| Operational | Making Care Better Strategy 2017-2022 | 1131 | Robbie Pearson | <p>There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers.</p> <p>There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.</p> | H 16 | <p>We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement.</p> <p>We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts".</p> <p>We also continue to work with the Care Inspectorate around a joint proposal to Scottish Government around how we can move forward on the separate plans for "improvement now" with the design of national improvement programmes to address the issues raised by the Independent Review of Adult Social Care.</p> | <p>The draft Bill regarding the establishment of the National Care Service introduced in the Scottish Parliament legislates for a new responsibility for HIS for the quality assurance of social care services.</p> <p>The operational details and implications arising from this will be subject to more extended discussion over the remaining life of the Parliament.</p> <p>HIS will continue to contribute not only to debate and discussion of the draft Bill but also via broader engagement over the next few years.</p> | 5 | 2 | M 10 | M 10 | M 10 | M 10 | H 15 | H 15 | H 15 | Acceptable |
| Operational | Making Care Better Strategy 2017-2022 | 1133 | Robbie Pearson | <p>There is a risk that a variety of external factors including economic, environmental and political pressures will impact on the availability, performance and priorities of HIS.</p> | H 20 | <p>Horizon scanning, risk management and ongoing stakeholder engagement.</p> <p>Strategy development will seek to retain the gains in organisational agility shown during the response to the COVID-19 pandemic, whilst remaining vigilant in respect of changes in the current and future operating environment.</p> <p>The process for managing new work commissions in HIS is being reviewed and improved and further amendments will be made as a result of the recent internal audit to ensure robust prioritisation of resources.</p> <p>Our financial position is regularly monitored to ensure flexibility and affordability regarding inflation.</p> | <p>The development of the new HIS strategy is underway, supported by a programme of internal and external stakeholder engagement to ensure that HIS' priorities reflect the needs of the system. We are continuing to meet with key stakeholders, including spokespersons for health and social care across the political parties to understand their priorities and the contribution of HIS. This work will lead to a finalisation of the strategy in the first part of 2023.</p> <p>The war in Ukraine and cost of living crisis carries huge risks for a world economy that is yet to fully recover from the pandemic. We continue to monitor this closely, alongside the implications arising from the Resource Spending Review</p> | 5 | 2 | M 10 | M 10 | M 10 | M 10 | H 15 | H 15 | H 15 | Acceptable |
| Reputational / Credibility | NHS Scotland Climate Emergency & Sustainability Strategy | 1165 | Safia Qureshi | <p>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.</p> | H 16 | <p>National Sustainability Assessment Tool (NSAT) annual assessment</p> <p>Development of an organisational Net-Zero Route map action plan.</p> <p>Active Travel Adaptation Policy.</p> <p>Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government.</p> <p>Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans including Biodiversity reporting</p> | <p>The Climate Emergency programme manager posts were paused at interview stage. Healthcare Improvement Scotland will continue to do what it can to support current NHS and Scottish Government Climate Change & Sustainability requirements and initiatives. However, without additional resource, it will be difficult to support and implement the 2022 work, which has not started yet.</p> | 4 | 2 | M 8 | H 16 | H 16 | H 12 | H 12 | M 12 | M 12 | Acceptable |
| Reputational / Credibility | Regulation of Independent Healthcare | 1159 | Lynsey Cleland | <p>The breadth, diversity and volatility of the independent healthcare sector, a combination of a range of financial, clinical, policy and operational risks could impact the organisation's ability to effectively regulate independent healthcare services and presents risk to public safety and/or the reputation or financial stability of HIS if adequate controls and mitigations are not in place.</p> | H 25 | <p>New staff have been recruited to the IHC team to create additional capacity to cope with the growth and complexity of the sector. A new approach to accessing the required clinical expertise and updating staff knowledge is being developed in partnership with the Medical Directorate. In addition we have now recruited clinical experts to a panel to support this work.</p> <p>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.</p> <p>IHC Clinical & Care Governance Group in place to consider clinical care governance and ensure appropriate clinical input.</p> <p>HIS/SG Independent Healthcare Short life working group considering the policy and financial considerations to enable effective and sustainable regulation of the</p> | <p>The HIS / SG IHC short life working group is well established and the IHC team are working on wider regulatory reform proposals to close known loop holes, informed by wider discussions are also taking place with clinical leaders at SG.</p> | 4 | 3 | H 12 | H 12 | H 12 | H 12 | M 8 | M 12 | M 12 | Significant |

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|----------------------------|---------------------------------------|------|---------------|---|---------|---|---|---|---|---------|---------|---------|---------|----------|----------|----------|-------------|
| Reputational / Credibility | Service Change | 1163 | Ruth Jays | 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. | H 20 | <p>"Planning with People", Scottish Government and Convention of Scottish Local Authorities Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government.</p> <p>Development of Quality Framework for Engagement to support implementation of national guidance.</p> <p>The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS- Community Engagement Directorate.</p> <p>Involvement in regional and national planning structures is helping to highlight the</p> | The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 24 months. Further services changes also likely due to financial pressures. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of. | 3 | 4 | H 12 | H 12 | H 16 | H 16 | H 16 | H 16 | H 16 | Significant |
| Operational | Workforce Strategy | 634 | Sybil Canavan | There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives. | H 16 | <p>Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture.</p> <p>Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum.</p> <p>Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.</p> | The Workforce plan for 2022-25 will be accompanied by a detailed action plan for this risk. It will include actions on workforce planning regarding succession planning and any identified areas of skills shortage or wider workforce market challenges. The plan will also describe opportunities for improved cross-organisational working and capacity planning around generic posts. The risk assessment for this area has reduced to reflect that, whilst the operational register does provide detail directorate issues in terms of local workforce challenges, Healthcare Improvement Scotland continues to deliver on required commissions and our organisational priorities. | 5 | 3 | H 15 | H 15 | H 15 | H 15 | 20 16 | 20 16 | 20 16 | Significant |
| Clinical Care Governance | Making Care Better Strategy 2017-2022 | TBC | Simon Watson | There is a risk that increasing financial and workforce pressures across NHS boards leads to a reduction in the quality and safety of patient care resulting in further demands on our planned work programmes and on our ability to deliver to a high standard across our work | H 20 | We continue to be present and influential at system wide stakeholders meetings to ensure safety is at forefront, whether that is financial or patient safety led. Initiatives include safety alerts, Scottish Patient Safety Programme and Excellence in Care. | | 5 | 3 | H 15 | | | | | | | Significant |

Healthcare Improvement Scotland

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| Meeting: | Board - Public |
| Meeting date: | 28 September 2022 |
| Title: | Performance Report, Quarter 1 2022/23 |
| 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. Situation

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

2. Background

The performance report on progress against the key work programme deliverables covering the Quarter 1 (Q1) period, April – June 2022 was provided to the Quality and Performance Committee at its meeting on 17th August 2022. This is in line with the Board's Terms of Reference which includes 'scrutiny and monitoring of operational performance having received recommendations from the Quality and Performance Committee on this'.

3. Assessment

Key Performance Indicators (KPIs)

Our external auditors have raised the need for Healthcare Improvement Scotland to develop KPIs to measure and evaluate the performance of the organisation. In addition, the Blueprint for Good Governance includes the need for performance measures as part of an effective assurance framework.

There is now a commitment to introduce a range of KPIs and in July the Executive Team approved the introduction of a number of operational metrics with effect from Q1 2022 / 23.

The measures (see Appendix 1) have been developed under a number of headings which align to our draft Strategic Plan. These are very much in their infancy but as a first iteration should be an enabler to allow discussion on the drivers behind each metric. The range of KPIs will continue to be developed over time and are likely to change to reflect

organisational priorities. As some are still under development, not all KPIs include a target at this stage.

The 2 areas behind target are:

- **Independent Healthcare (IHC) inspections** are currently 76 cumulative inspections behind schedule arising from the delays experienced over the last two years through the pandemic. The IHC team have experienced significant staffing challenges in Q1 however mitigating actions are in place and it is anticipated all inspections carried forward from previous year will be completed by the end of Q3 22 / 23.
- **Baseline spend** £0.6m (8%) over budget mainly as a result of lower staff turnover than budgeted and higher whole time equivalent (WTE). A 'back to budget' plan has been enacted for Q2, alongside the exploration of four new areas of cash releasing savings.

It should be noted that KPIs are a mechanism for monitoring the delivery of our operational obligations. They are not intended to be a measure of our impact or outputs at this stage.

Work Programme Status Summary Report

98 projects were active including IIOB (Internal Improvement Oversight Board) activities at the end of Q1, which is a net movement of **+2** since Q4 2021 / 22. **84** projects were on target, **14** were running behind plan, and **3** projects were completed.

The main reasons for the number of projects 'behind' is due to the ongoing pressures within Health Boards preventing progress.

Forward Look Into Q2

The Q1 summary of progress suggests that at the end of June, overall performance is positive with the number of projects on track increasing and those reported as behind decreasing. What we need to be mindful of is the anticipated impact of continued system wide pressures and the financial pressures resulting from the Scottish Government's Resource Spending Review (RSR) on the delivery of our work programme as we look ahead to Q2 (July – September reporting period) and beyond.

System wide pressures are continuing to impact on the capacity of staff in NHS Boards and Health and Social Care Partnerships (HSCPs) to engage with our programme, adaptations are being made to enable work to continue which will include re-scoping of outputs and timelines. For our improvement support, we are also taking on work that would traditionally have been carried out by staff in services; this is in common with experiences of regional and national support organisations across the UK. However, this transfer of workload centrally does impact the pace and scope of what we are able to cover.

The current financial pressures have resulted in some of our allocation funding from Scottish Government being cut. To date, we know of a 15% cut to Hospital at Home (£15k) and a potential reduction to Value Management programme. Further funding reductions are anticipated and until we have certainty a number of vacancies across the organisation have been paused. This results in reduced capacity that will impact on our deliverables and will mean that more programmes will be reporting as "behind" in Q2. As part of the work to manage the current financial pressures, we will be re-scoping and re-prioritising our workplans. There will also be an impact on senior management capacity

due to the need to divert attention to managing these pressures, and may mean we need to re-prioritise other internal facing work to create this capacity.

Operational Risks

At Q1, there were **13** 'high' operational risks and **5** 'very high' operational risks which is a net movement of **+3** from Q4 2021 / 22. The 5 very high risks relate to ICT server resilience, shortage of Microsoft 365 licences, ICT aging hardware, and staffing capacity in relation to the Standards and Indicators programme and IIOB process mapping programme. The Committee reviewed these risks and their mitigations.

Progress Against Key Delivery Areas

Key delivery areas identified in the Remobilisation Plan RMP4 (September 2021) were previously reported as part of the performance report however these are currently under review to align to the Annual Delivery Plan 2022 / 23 and wider national priorities.

Annual Delivery Plan 2022 / 23 Q1 Update

HIS' Annual Delivery Plan (ADP) 2022 – 23 Q1 update covering the period April to June 2022 was submitted to the Scottish Government on 1st August 2022. The update was based on the Q1 Organisational Performance Report and HIS' Work Programme 2022 / 23 which was approved by the Board on 23rd March 2022.

New Commissions

During Q1, **3** proposals for new commissions were received and **2** prospective commissions remain under active discussion.

Performance Dashboard

A Q1 Performance Dashboard has been developed to provide a graphical at-a glance summary of the progress over the last reporting period, this includes KPIs (Appendix 1).

Quality and Performance Committee Q1

At the Quality and Performance Committee meeting on 17th August 2022, the following points were discussed in relation to Q1 performance report and the responses:

- KPIs are a welcome addition to the quarterly performance report.
- Conflict between expectations on delivery against HIS' work programme and the implications of the RSR which is creating a degree of uncertainty. The Committee was assured that the impact on programme delivery is subject to discussion with Scottish Government.
- Challenge given the number of projects in the work programme and our ability to manage expectations from our sponsors. The Committee was assured that this will be considered as part of our response to the RSR and within development of the strategy.
- Impact on operational risks given the financial / resource challenges. The mitigations in place for the risks provided assurance to the Committee.
- New commissions process being enhanced following a recent audit.

Assessment Considerations

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| Quality/ Care | The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver |
| Resource Implications | Workforce constraints are highlighted in various programmes of work where applicable |
| Risk Management | The performance report is complied with reference to programme risks and key risks on the organisational risk register |
| Equality and Diversity, including health inequalities | There are no equality and diversity issues as a result of this paper |
| Communication, involvement, engagement and consultation | The detailed Q1 performance report was approved by the Quality and Performance Committee on 17 th August 2022 |

4 Recommendation

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

5 Appendices and links to additional information

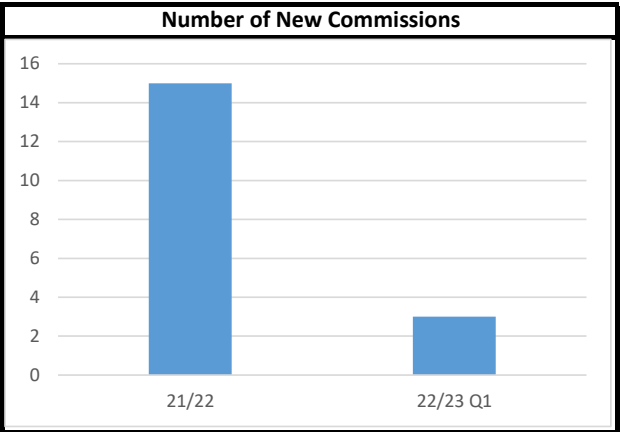
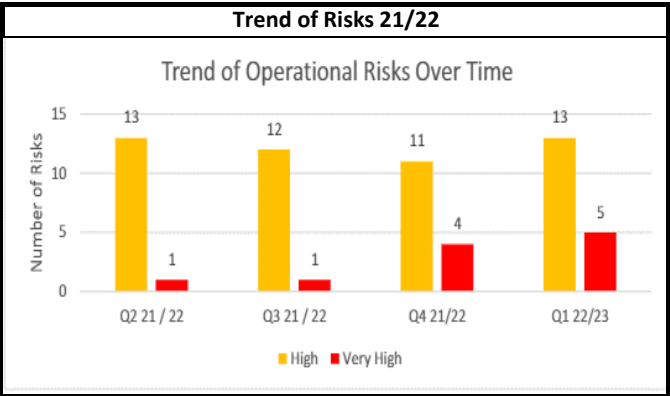
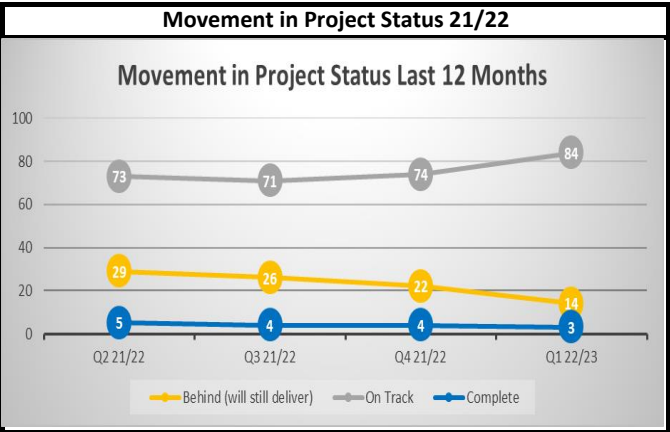
Appendix 1: Q1 Performance Dashboard

Q1 Performance Dashboard

Appendix 1

| Operational KPIs | | | | |
|---|------------------------------------|-----------|-----------|-----------|
| Strategic Area | KPI | 2021 - 22 | 2022 - 23 | 2022 - 23 |
| | | Actuals | Target | Q1 |
| Safe, timely, high quality care | Inspections | 41 | 60 | 10 |
| | IHC Inspections | 135 | 187 | 28 |
| | Death Certification Review Service | 12% | 12% | 12% |
| | SIGN guidelines published | 9 | 6 | 1 |
| Evidence & intelligence underpins care | SMC advice published | 81 | 66 | 19 |
| | Knowledge Management Service | 132 | 120 | 48 |
| | SHTG reviews | 11 | 10 | 2 |
| | Standards & Indicators | 5 | 16 | 4 |
| Continuous learning & quality improvement | SAPG | 6 | 5 | 0 |
| | Improvement publications & tools | 43 | | |
| Voices of people & communities are at the heart of redesign | Service change | 53 | 48 | 34 |
| | Engagement | 6 | 8 | 1 |
| | Equality assessment | | | |
| Staff Experience | iMatter | 81 | 81 | 82 |
| | Sickness absence | 2.9% | 4.0% | 2.6% |
| | Mandatory training | | | |
| Value for Money | Baseline spend (£m) | 30.6 | 31.6 | 8.0 |
| | Recurring savings (£k) | 0 | 24 | 0 |

| Programmes of Work Completed in Q1 | |
|---|--|
| Short term / time limited imprivement advice to RIE | |
| Practice Administration Staff Collabrative, Care Navigation, Workforce Optimisation | |
| HIS desk and room booking system | |



| Commissions in Development Q1 |
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| Hospital at Home Expansion |
| Neonatal Mortality Review |
| Review of the Patient Safety Alerts Systems and Improving Safety Alerting Collaborative Scotland |

| Commissions Under Consideration |
|---|
| ScotQR expansion |
| Transfer of Decision Support Programme to HIS |

Healthcare Improvement Scotland

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| Meeting: | Board Meeting |
| Meeting date: | 28 September 2022 |
| Title: | Financial Performance Report 31 August 2022 |
| Agenda item: | 4.1.2 |
| Responsible Executive/Non-Executive: | Angela Moodie, Director of Finance, Planning & Governance |
| Report Author: | Lovepreet Singh, Finance Manager |
| Purpose of the paper: | Discussion |

1. Situation

This report provides the Board with a summary of the financial position at 31 August 2022. The financial position as at 31 July 2022 was discussed in detail at the Audit & Risk Committee on 7 September 2022.

2. Background

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

3. Assessment

Overview of Financial Performance

| | Year to Date | | | Full Year | | |
|---|------------------|------------------|--------------------|------------------|--------------------|--------------------|
| | Budget £000's | Actual £000's | Variance £000's | Budget £000's | Forecast £000's | Variance £000's |
| Baseline Funding | 12,703 | 13,180 | (476) | 31,575 | 32,038 | (463) |
| Expenditure on additional allocations | 2,403 | 2,763 | (359) | 6,068 | 9,049 | (2,981) |
| Revenue Resource Limit Expenditure | 15,107 | 15,942 | (836) | 37,643 | 41,087 | (3,444) |
| IHC Income | (431) | (410) | (20) | (1,429) | (1,239) | (190) |
| IHC Expenditure | 578 | 549 | 29 | 1,429 | 1,477 | (48) |
| IHC deficit / (surplus) | 147 | 139 | 8 | (0) | 238 | (238) |
| | | | | | | |
| Net Revenue Expenditure | 15,254 | 16,081 | (827) | 37,643 | 41,325 | (3,682) |
| | | | | | | |
| Capital Expenditure | 241 | 31 | 210 | 579 | 379 | 200 |
| Baseline staff count (WTE) | 446 | 445 | 1 | 444 | 444 | 0 |
| Non recurring allocations staff count (WTE) | 76 | 97 | (22) | 87 | 113 | (26) |
| IHC staff count (WTE) | 21 | 23 | (1) | 21 | 21 | 0 |
| Total WTE | 543 | 565 | (22) | 552 | 579 | (26) |

Total expenditure year to date was £15.9m, which was £0.8m over budget (5%) primarily due to lower staff turnover rate compared to budget.

There were 565 WTEs (whole time equivalents) at the end of P5. Across all categories staff levels increased in August by +6 WTE, with 17 new starts and 11 leavers.

Baseline Spend by Directorate

Total baseline spend year to date was £13.1m, which was a £0.5m (4%) overspend against the budget of £12.7m. The key movements were due to:

- Higher pay costs of £0.7m (6%) due to lower staff turnover rates than budgeted. The target YTD was £0.6m v £0.3m achieved.
- Lower non pay costs in corporate provisions of £0.2m due to lower legal fees and core depreciation charges

Baseline WTE at the end of August was 445, which was broadly in line with budget and a decrease of 8 WTE in the month.

Additional Allocations Non-Recurring Spend

Total additional allocations either received or requested from Scottish Government (SG) for this financial year was originally £6.1m, rising to £9.0m with the inclusion of new allocations approved post budget.

At the end of August, funding of £1.1m had been received and a further £2.8m confirmed through formal award letters. The remaining £5.1m is unconfirmed funding at P5. There were 51 WTE allocated to these unconfirmed allocations and spend to date of £1.8m.

There is a risk that SG could pull back additional investment following the emergency budget announcement. This uncertainty has been escalated with SG, highlighting the risk to delivery and staff, alongside the potential inability to achieve any forthcoming funding reductions given we are half way through the financial year.

Recurring Savings and Improvement Activity

The Internal Improvement Oversight Board (IIOB) was allocated a budget of £0.1m in 22/23 to deliver the process-mapping project, which has savings of £0.1m in budget. These are planned to start delivering from December 2022, with savings of £0.7m in 23/24, and £0.8m from 23/24 onwards.

In July it was agreed to add four further workstreams to IIOB and repurpose the focus of the Board on cash releasing savings. Feasibility studies on these ideas is now progressing and will be reported from P6 onwards.

Baseline Outturn Prediction for 31 March 2023

At a high level, we are currently forecasting a baseline outturn position of £32.1m, which is £0.5m higher than our funding level (1.6%). This is based on a number of assumptions, especially with regards to funding of additional allocations and pay awards.

In addition to this, a number of opportunities and risks remain which presents a range of outturn scenarios from an £3.5m overspend to a £1.5m underspend.

Initiatives identified from the Q1 back to budget meetings and vacancy management have yet to materialise in the financial position and therefore concern remains over the impact of these on the current overspend position.

As we approach half year, it is recommended further and stronger initiatives are considered. All Directors have been asked to ensure their Q2 back to budget meetings present a position of financial balance. The results of these meetings will be presented to the November Audit & Risk Committee.

NHS Scotland Financial Update

In September, the Scottish Government announced an emergency budget review in response to the growing cost-of-living crisis. Whereas the health and social care budget is somewhat protected, the increasing financial challenges on other public sector bodies, individuals and our staff, is an increasing risk to Healthcare Improvement Scotland.

The pay award negotiations remain ongoing, with the proposed 5% rejected by Unions. The likelihood of Boards having to self-fund any pay settlement greater than 5% is increasing as we enter the second half of the year. SG have confirmed any pay award this year is non-recurring and future years have to be self-funded.

The consolidated NHS Scotland forecasted outturn position for 22/23 is a £360m deficit. 17 out of the 22 Boards are forecasting a deficit by year-end, with HIS being one of the 5 Boards committing to a breakeven position by year-end. SG have asked all Boards to develop plans setting out how they will deliver previously agreed savings and operate within COVID resources and planned care allocations. Any brokerage required from SG will be repayable and future years funding will be adjusted.

Assessment considerations

| | |
|--|--|
| Quality/ Care | No impact on quality of care. |
| Resource Implications | No implications to the cost base if staff turnover rates are achieved. If not then the recruitment plan will need to be scaled back. This will have an impact on planned staffing levels across the directorates and the scope of work that can be undertaken. |
| 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. |
| Communication, involvement, engagement and consultation | The Finance Team has prepared this report and it has been considered by the Executive Team. |

4 Recommendation

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

Healthcare Improvement Scotland

| | |
|---|---|
| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| 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 details of key workforce metrics across the organisation.

3. Assessment

Our current workforce comprises of a headcount of 611 as at the end of August 2022, of which 569 are payroll staff, a whole time equivalent (w.t.e.) of 537.2.

During the current financial year 33 people have left the organisation, representing an overall turnover rate of 5.5% to date. 86 individuals have joined Healthcare Improvement Scotland which represents a net increase of 53 to our overall workforce headcount since April 2022.

Current absence levels are 2.2%. The majority of long term absence continues to be attributed to anxiety, stress or depression (39% of time lost to sickness absence). This is within the 4% target for NHS Scotland.

Since April there have been 67 new recruitment campaigns, of which 35 have been filled. 19 of these have been filled by internal appointments or exiting NHS staff.

Assessment considerations

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

4 Recommendation

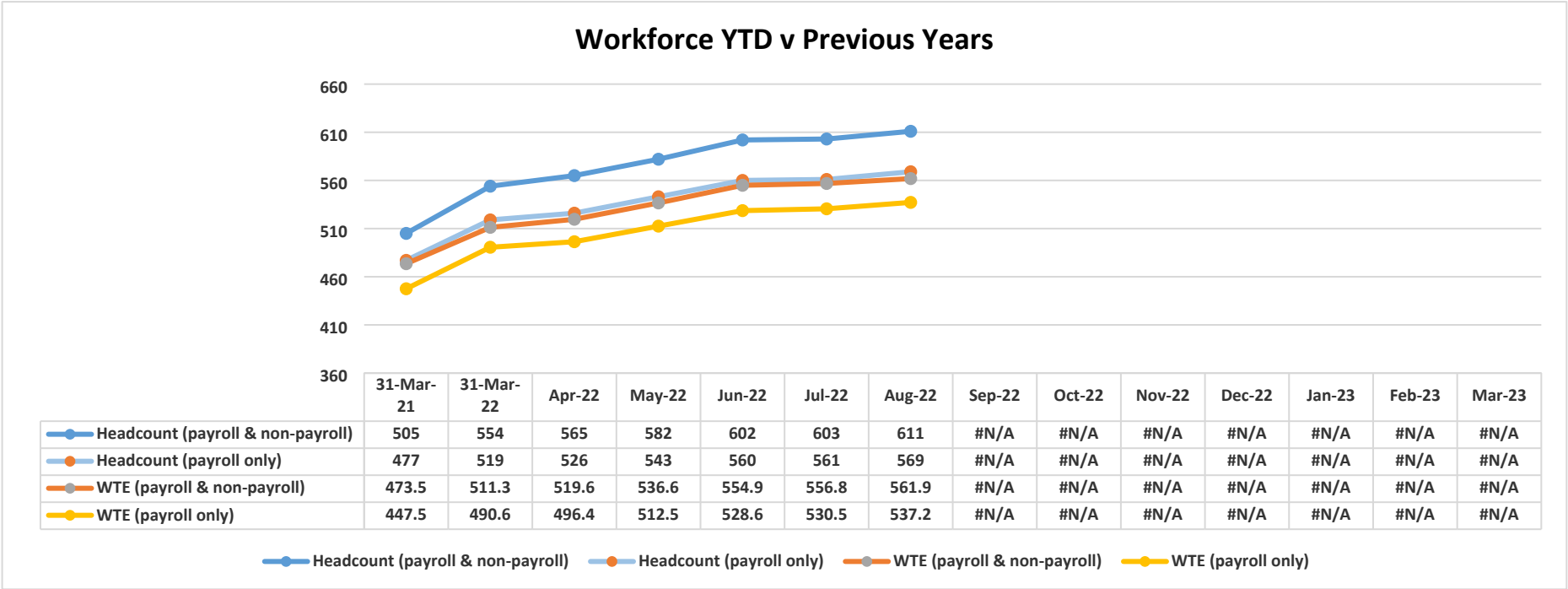
Board members are asked to review the detail of the enclosed appendix and provide further comment or questions as necessary.

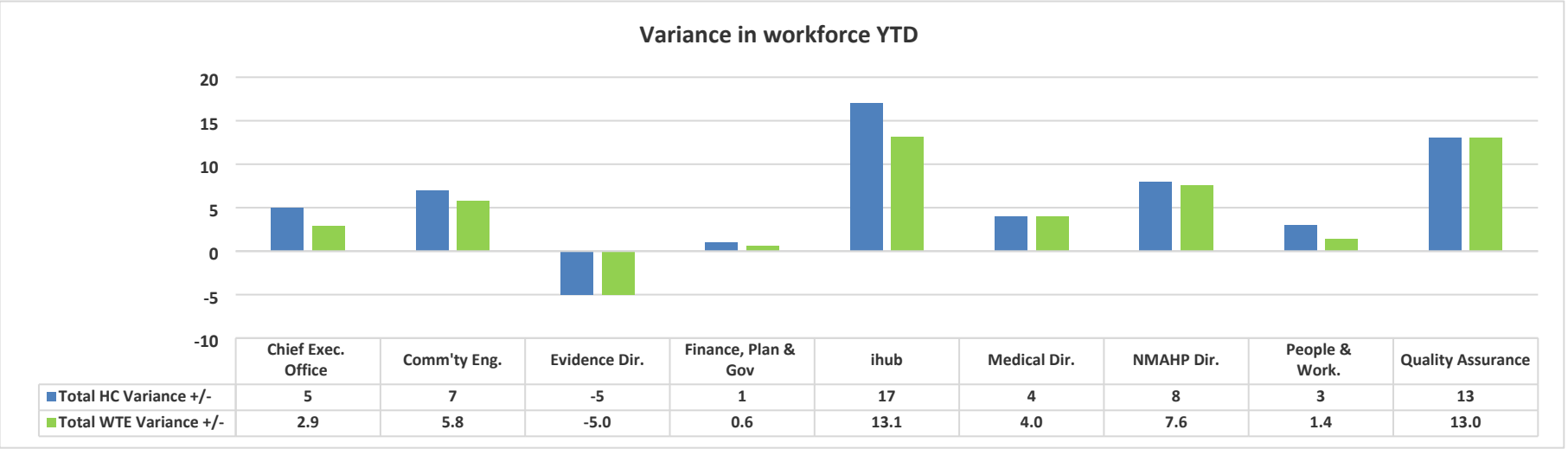
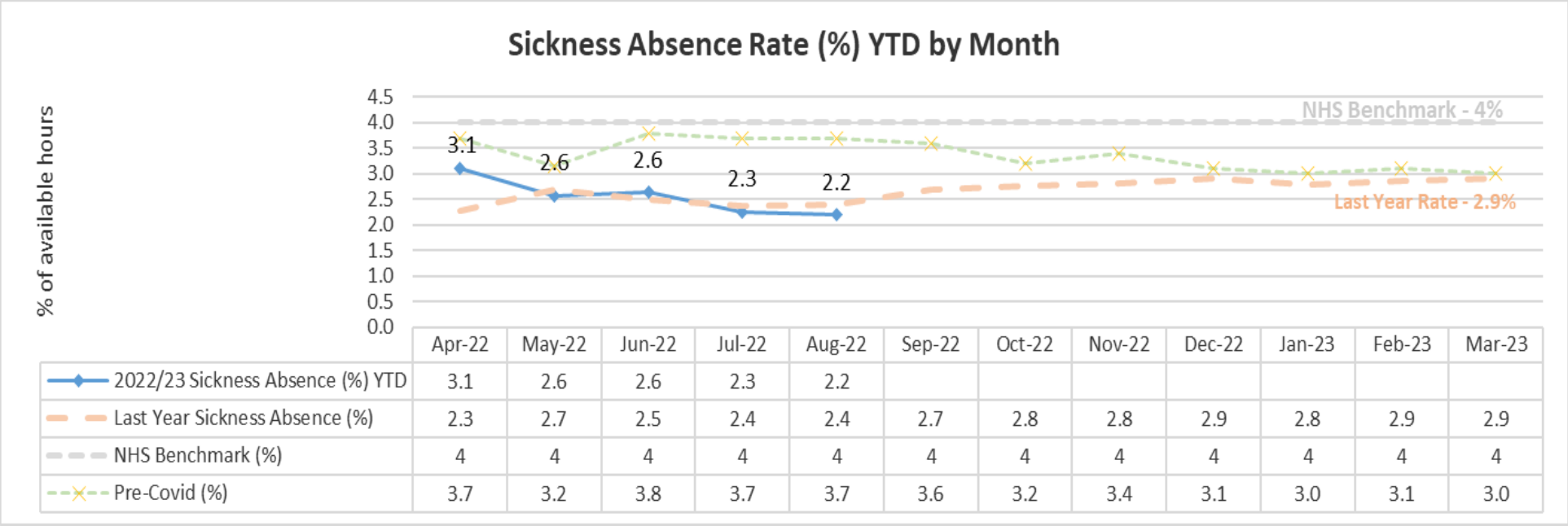
5 Appendices and links to additional information

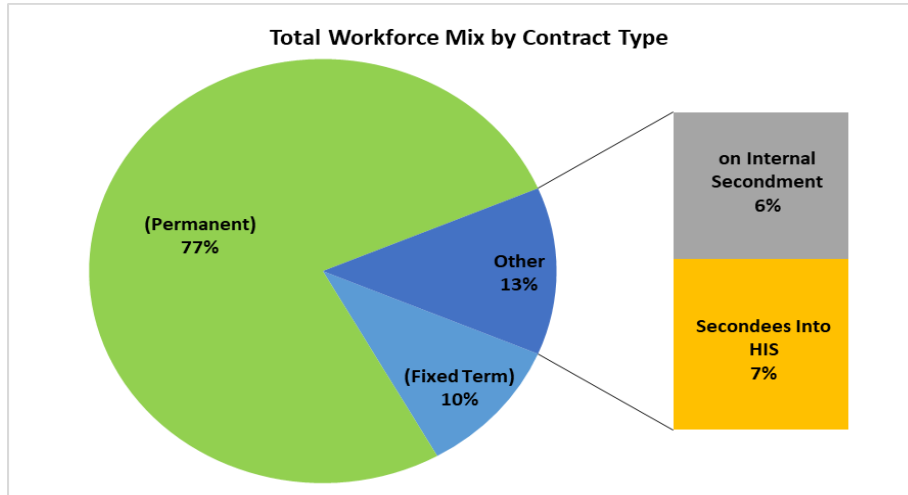
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

Appendix 1 – Workforce Report







Healthcare Improvement Scotland

| | |
|---|---|
| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| Title: | Death Certification Review Service Annual Report |
| Agenda item: | 5.1 |
| Responsible Executive/Non-Executive: | Lynsey Cleland, Director of Quality Assurance |
| 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 2021/22.

3. Assessment

The report is scheduled to be published on 18 October and has been reviewed by Maree Todd MSP for Public Health, Women's Health and Sport with no suggested changes.

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. An overview of the findings is within the report. |

4 Recommendation

Decision – Consider report as ready for publication on 18 October 2022.

5 Appendices and links to additional information

Appendix 1: DCRS Annual Report 2021-22



Healthcare
Improvement
Scotland

DCRS
Death Certification
Review Service



Death Certification Review Service

Annual Report 2021 – 2022

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Published October 2022

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Senior Medical Reviewer Overview

While we continue to live with considerations and pressures associated with the Covid-19 pandemic, we are in a very different situation to last year and the Death Certification Review Service returned successfully to business as usual on 7 March 2022.

This meant a reintroduction of an enhanced Level 1 review because of changes effected at the start of the pandemic and bringing back the more detailed Level 2 reviews which require the service to source additional corroborative material. Simultaneously, we established direct access to clinical portals (electronic patient medical records) in most of the West of Scotland which has helped reduce administration for both the service and Health Boards.



Dr George Fernie
Senior Medical Reviewer

Whilst I always have a sense of guilt in talking about any benefits we have accrued from the pandemic which resulted in so many early and unexpected deaths, we have through necessity made changes that resulted in more effective working and are now reaping benefits. In particular, we refined the new case management system with positive outcomes not just for our team but also for those that have lost a loved one.

Whilst considering my last festive message to the DCRS team, it was with a sense of foreboding, having seen the modelling of the likely impact of the Omicron variant. I recall trying to reassure them with the words of a songwriter of my own generation that 'all things must pass'. As it happened, the benefits of the vaccination programme and adherence to the general measures advised, combined to produce a far better outcome in 2022 than could have been anticipated. Some of the DCRS team, myself included, being belatedly infected with SARS-CoV-2 recently, reminds us of the devastation caused by this virus although very different to the experiences of patients in early 2020.

Preliminary figures suggested that the improvement previously achieved was maintained which, in the circumstances, was remarkable and a testament to the professionalism of all doctors who produce and review certificates of death. To you all I should like to express my profound gratitude.

We have much to look forward to going ahead and, importantly, we have robust systems in place and know what we would like to achieve.

A handwritten signature in black ink, appearing to read 'G. Fernie', with a stylized flourish at the end.

Dr George Fernie
Senior Medical Reviewer

Highlights

Public Assurance

5,444 MCCDs reviewed in 2021-2022



Clinical Support

2,279 enquiry calls received and responded to in 2021-2022



Improvement

51.3% fewer MCCDs with errors since DCRS began



Responsibility

91% of doctors believe that correct MCCDs are important



Impact for families

Average time to complete a review

Level 1 - less than **4 hours**

Level 2 - just over **9 hours**



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

Death Certification Review Service

The Certification of Death (Scotland) Act 2011¹ is the legislative framework within which the Death Certification Review Service operates. The role of the service² is to improve:

- quality and accuracy of MCCDs, giving the public confidence in the death registration process in Scotland.
- 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.
- clinical governance, helping to improve standards in Scottish healthcare.

The service 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’³.

The Covid-19 pandemic increased public awareness and interest in death certification and ensuring accurate recording of a cause of death and a timely registration process was never more important.

Because of the pandemic, the service has worked closely with key stakeholders over the last two years, implementing a ‘Hybrid’ review process that provided the assurance the public expected alongside adjustments to the review selection rate that allowed front line services to focus on delivery of care.



It can seem a bit scary, almost as though you are bound to have got something wrong, but the possibility that you may be randomly chosen does focus the mind when completing the certificate.

Certifying doctor

¹ https://www.legislation.gov.uk/asp/2011/11/pdfs/asp_20110011_en.pdf

² https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/review_service_information.aspx

³ 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.

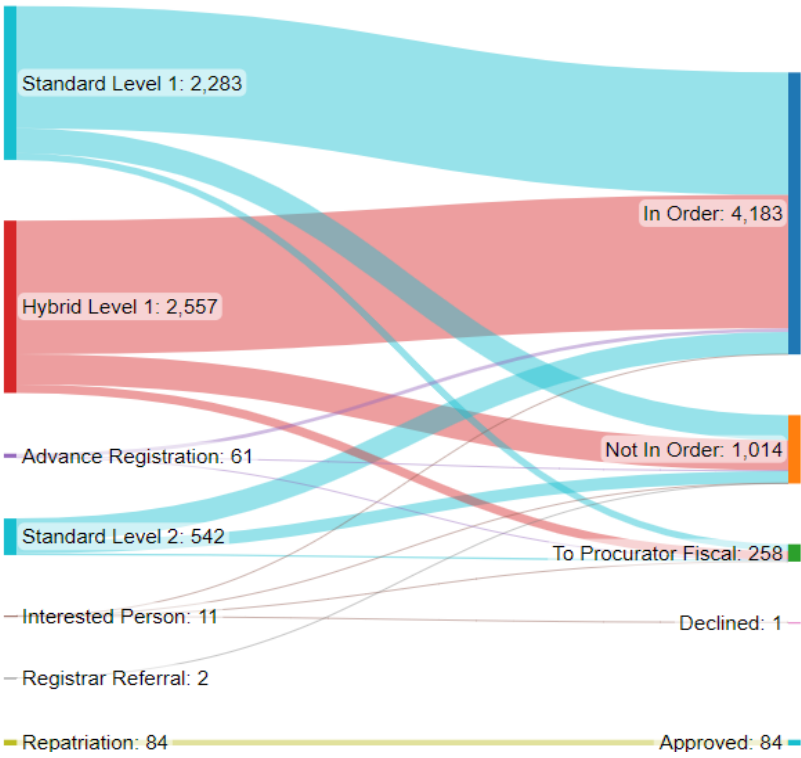
Case Overview

The service reviewed a total of **5,540** cases in 2021/22. Of which,

| Randomised Reviews | | | | | |
|-----------------------|-------|-------------------|-------|--------------------|-------|
| Hybrid | 46.5% | Standard Level 1 | 41.6% | Standard Level 2 | 10.2% |
| Non Randomised review | | | | | |
| Repatriation | 1.5% | Interested Person | 0.19% | Registrar Referral | <0.1% |

The diagram ⁴ below shows a breakdown by case type⁵ and outcome of cases received.

Sankey diagram of number of cases and breakdown of case type and outcome in 2021/22⁶



The reviews I have been involved in have always been informative.
Certifying doctor

⁴ The Sankey diagram should be read from left to right. It shows how one category is broken down into components, then how a second and subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.

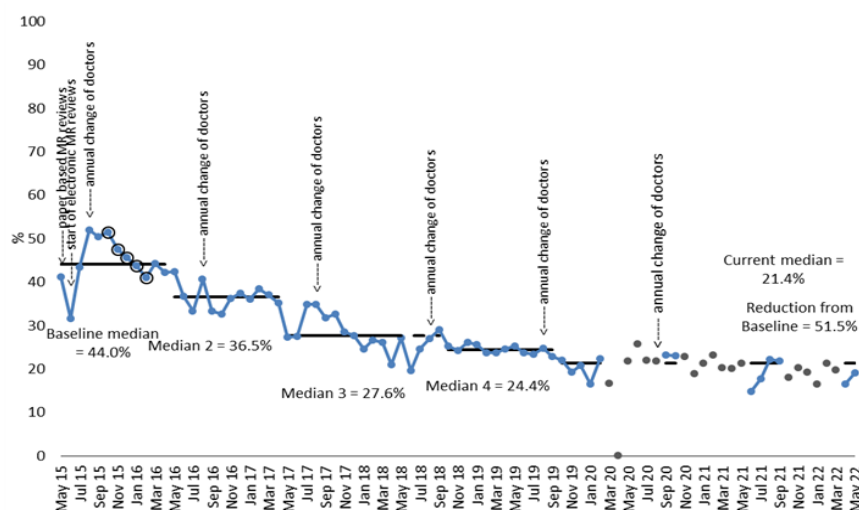
⁵ Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors, Level 2 reviews also require a review of patient medical records.

⁶ See Appendix for full breakdown of cases over last 3 years

Random Review Outcomes

The monthly percentage of randomly selected⁷ MCCDs found to be ‘not in order’ has seen a sustained improvement to a temporary current median of 21.5%, a provisional **improvement of 51.3%** from the baseline level of 44.0%.

Run chart of monthly percentage MCCDs ‘not in order’ for Scotland

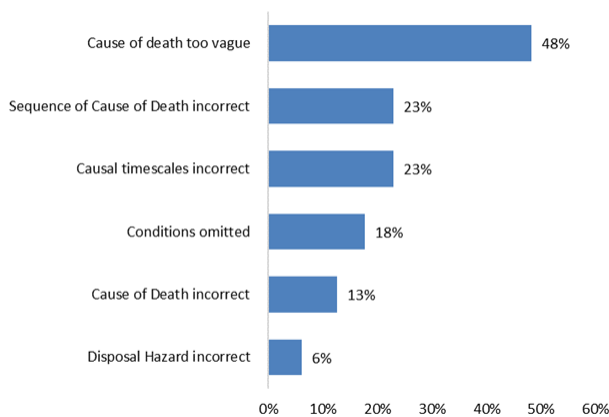


Note: Run chart analysis includes periods when the service is operating as ‘business as usual’ (blue dots). Analysis pertaining to hybrid reviews (grey dots) can be found in the next section of the report.

Clinical Improvements

In 2021/22, there were 1,009 MCCDs ‘not in order’. Of those, 728 (72%) of MCCDs ‘not in order’ had at least **one clinical closure category** recorded with 48% being classified as ‘Cause of Death too Vague’.

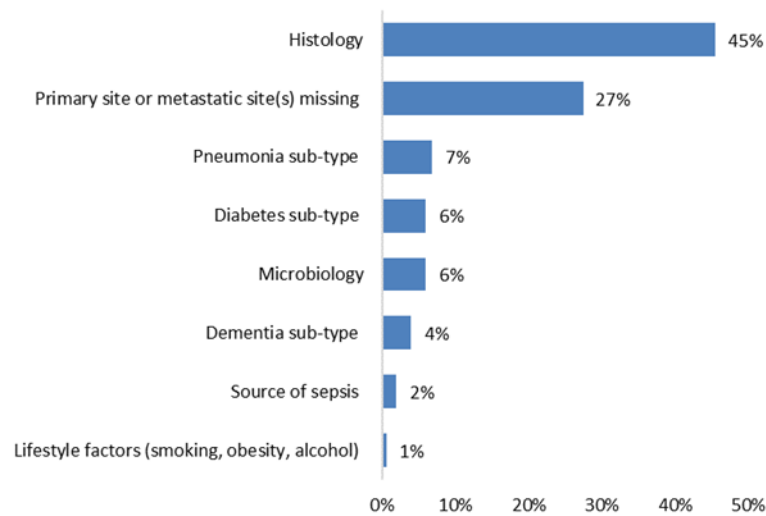
Breakdown of closure category as a percentage of clinical categories



⁷ MCCDs are randomly selected for review by National Records of Scotland using an algorithm that selects approx 10% of MCCDs for Level 1 review and 2% at Level 2. In certain circumstances, a review can be escalated from Level 1 to Level 2. https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/questions_and_answers.aspx

Analysis of reviews closed with ‘Cause of Death too Vague’ recorded shows that 45% are due to Histology, and 27% due to primary site or metastatic site(s) missing⁸.

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

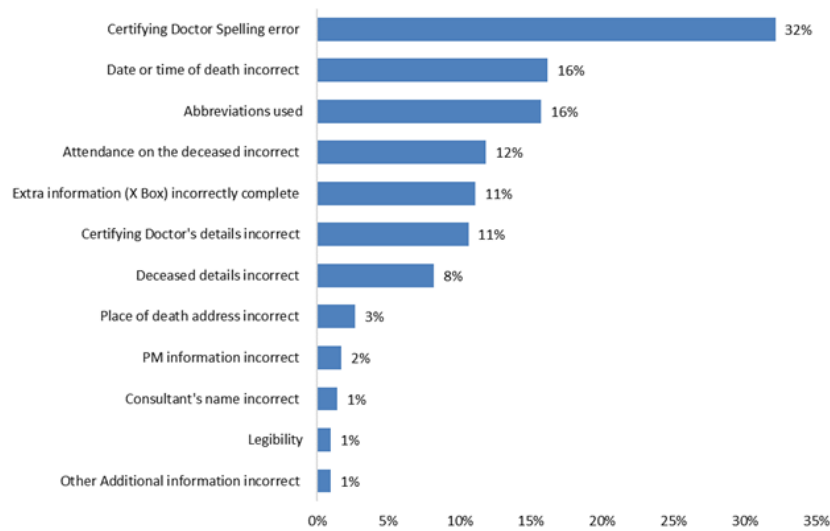


Note: MCCDs can be closed with more than one closure category.

Administrative Improvements

Administrative errors are spelling mistakes, use of abbreviations and failing to sign the certificate. In 2021/22, 41% of MCCDs 'not in order' had an administrative closure category recorded. Certifying doctor spelling error being recorded against 133 MCCDs (32%).

Breakdown of ‘Administrative errors’ category as a percentage of total number



The Improved Histology
MCCD reported cause of death as: Oesophageal cancer
Improved MCCD to: Squamous cell carcinoma of oesophagus
Medical Reviewer

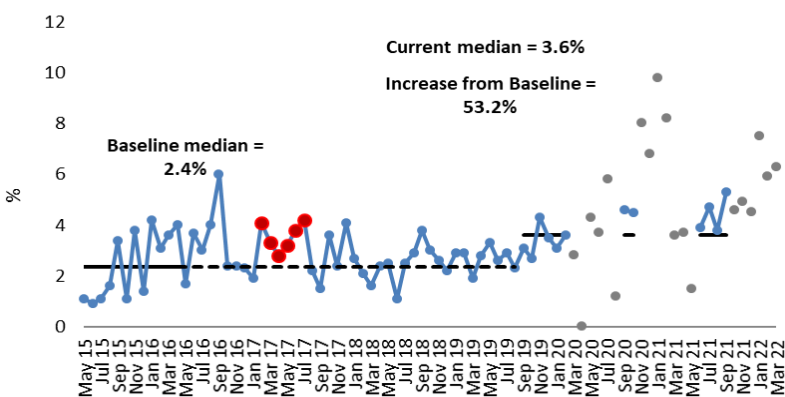
⁸ See Appendix for full breakdown of reasons for ‘not in order’

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 Fiscal⁹.

Our medical review team found 258 (4.7%) of all certificates reviewed by the service during the past year should actually have been reported to the Procurator Fiscal. The run chart shows a sustained increase of 53.2%, from 2.4% to 3.6% since Sept 2019.

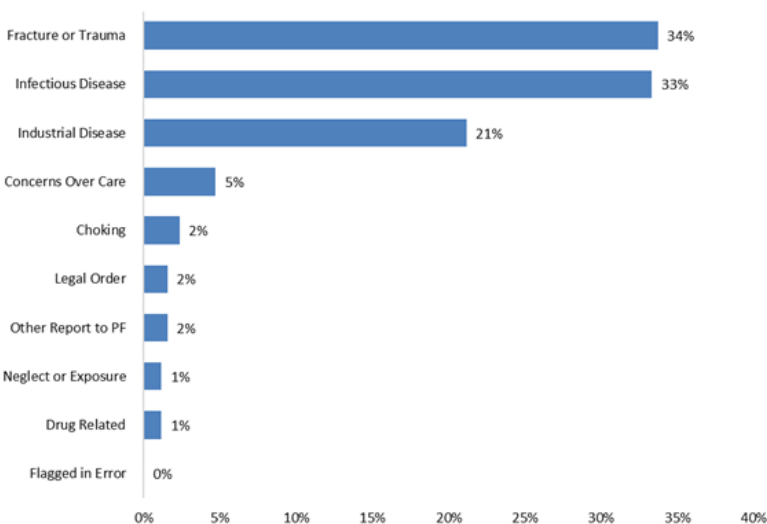
Run chart of monthly percentage reviews to Procurator Fiscal



Note: Run chart analysis includes periods when the service is operating as 'business as usual' (blue dots). Analysis pertaining to hybrid reviews (grey dots) can be found in the 'Hybrid Review' section.

The most common reasons for failing to report to the Procurator Fiscal are detailed below¹⁰:

Reasons for reporting to the Procurator Fiscal



The Procurator Fiscal Guidance

MCCD reported other significant conditions (part ii) as: Self neglect
Reason to report to Procurator Fiscal: patient had 'Self Neglect' recorded against previous hospital admissions, however declined offer of support. Consideration by Procurator Fiscal necessary to establish if non-compliance/lack of engagement with services were factors in hastening the death. **Medical Reviewer**

⁹ Details of cases required to be reported to the Procurator Fiscal can be found on the Crown Office and Procurator Fiscal office website: <https://www.copfs.gov.uk/for-professionals/reporting-deaths/reporting-deaths/>

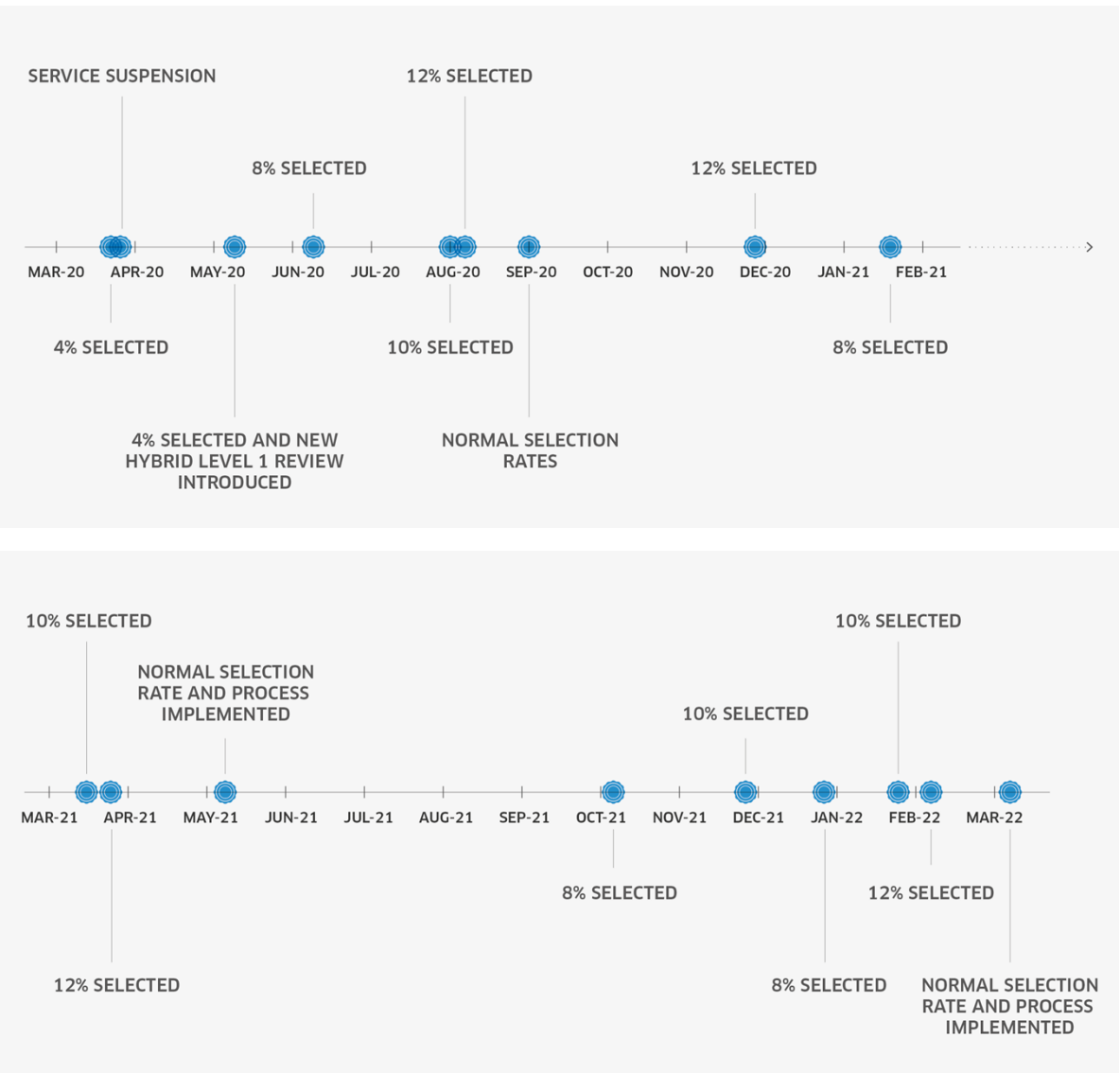
¹⁰ See Appendix for full breakdown of main reasons for reporting to the Procurator Fiscal

Public health information

Hybrid Review

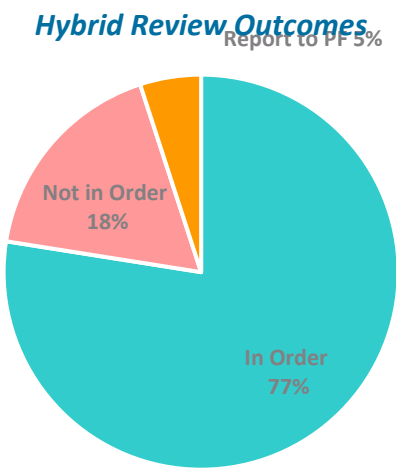
The service introduced ‘Hybrid’¹¹ reviews in response to the Covid-19 pandemic and worked closely with Scottish Government, monitoring and adjusting the proportion of MCCDs selected for review. This varied from 4% at the peak of the pandemic, to 12% when the number of deaths being reported had reduced significantly. The timeline below shows the changes implemented over the last 2 years.

Timeline of changes to selection rates



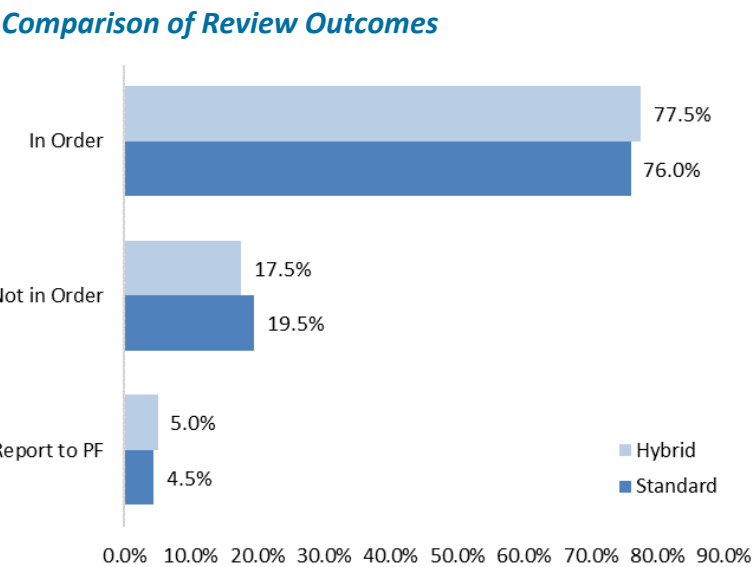
¹¹ Hybrid reviews are Level 1 reviews, used when the service MCCD selection rate is not ‘business as usual’ and allows the service medical reviewers to amend minor errors, such as spelling mistakes, allowing certifying doctors to focus on patient care and bereaved families to register the death without unnecessary delays.

In **2021/22**, the service reviewed **2,557** MCCDs using Hybrid Level 1 process. The breakdown below shows the outcome Hybrid reviews ¹².



Standard v Hybrid Review Outcome

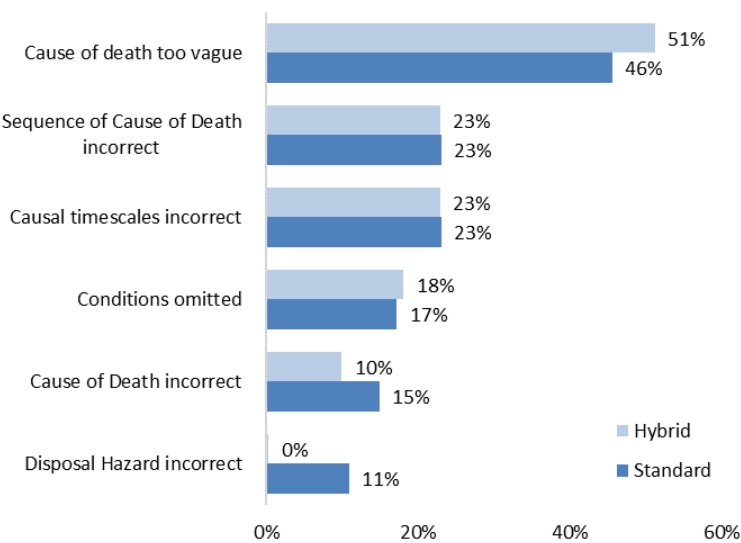
The service carried out comparative analysis of the outcomes of reviews using standard and hybrid review processes. The graph below shows the percentages of MCCDs ‘not in order’ were similar for both review types.



¹² See Appendix for full breakdown of Hybrid review outcomes

The comparison revealed ‘Cause of death too vague’ remains the most common reason attributed to inaccurate completion of an MCCD, with this occurring slightly more often during the period of hybrid reviews¹³.

Comparison of closure category as a percentage of clinical categories



The Collaboration

I’d like to record my thanks to everyone who has been involved in this work over the last two years. It’s appeared seamless but I know that’s because of the hard work that’s gone on in the background.

Member of Burial and Cremation Team Scottish Government

¹³ See Appendix for full breakdown of Hybrid review outcomes

Non randomised reviews

Interested person, registrar referrals and 'for cause' reviews

Members of the public can request an Interested Person review¹⁴ and registrars can refer an MCCD to the service for review if they feel the certificate is not accurate.

The service will carry out a Level 2 review, if the death has not previously been reviewed by us, or the death has not already been reported to the Procurator Fiscal. Review numbers remain low. Last year

- 11 interested persons' reviews, of which one was declined as the death had been considered by the procurator fiscal previously
- two registrar referrals¹⁵.
- No 'for cause' reviews¹⁶.

Below is a breakdown of the outcome of these reviews¹⁷.

Outcomes of non randomised review



Deaths outwith Scotland (repatriations)

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

In 2021/22, the service received 84 repatriation requests. All were approved, with 57 (67.9%) approved for cremation, and 27 (32.1%) for burial. One family requested a post mortem which was approved.

¹⁴http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/review_service_information/interested_person_review.aspx

¹⁵ Registrar referrals: If a registrar considers an MCCD to be incorrect they can make a request to the service to carry out a review of the certificate.

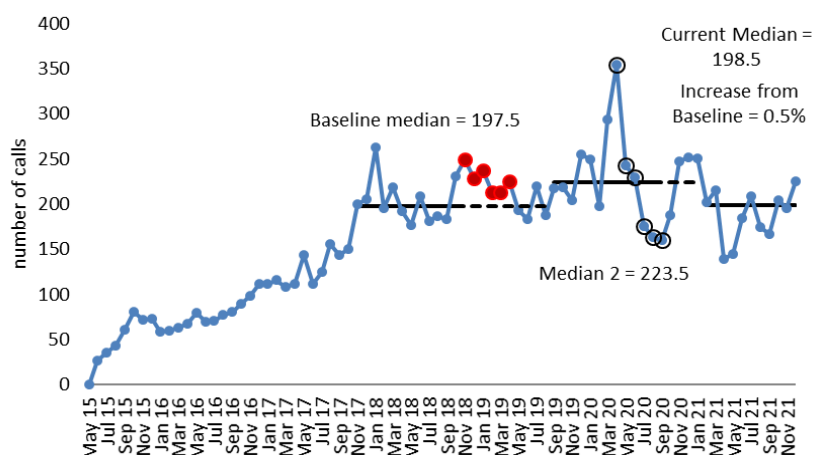
¹⁶ For cause reviews: A review of a series of certificates written by the same doctor to support improvement. This can be for a specified number of certificates or an agreed length of time which is agreed by the doctor's supervisor.

¹⁷ See Appendix for full breakdown of non-randomised reviews

Enquiry Line

The service dealt with 2,279 calls last year. The run chart below shows calls to the service have returned to around 200 per month following a sharp increase during the height of the Covid-19 pandemic.

Number of calls to the enquiry line by month



The majority of calls (81.8%)¹⁸, were from doctors seeking clinical advice on how to represent a death on a MCCD.

- GP clinical advice 1,489 (65.3%)
- Hospital clinical advice 337 (14.8%)
- Hospice clinical advice 39 (1.7%)

Sudden and unexpected death audit

Medical Reviewer, Dr Sonya McCullough carried out an audit of 100 enquiry calls to establish the 'efficacy of our advice line in supporting doctors issue an MCCD following a sudden or unexpected death.

The majority (91%) of sudden/unexplained deaths in the audit were deaths in the community, with most patients being aged 60 years and over (92%).

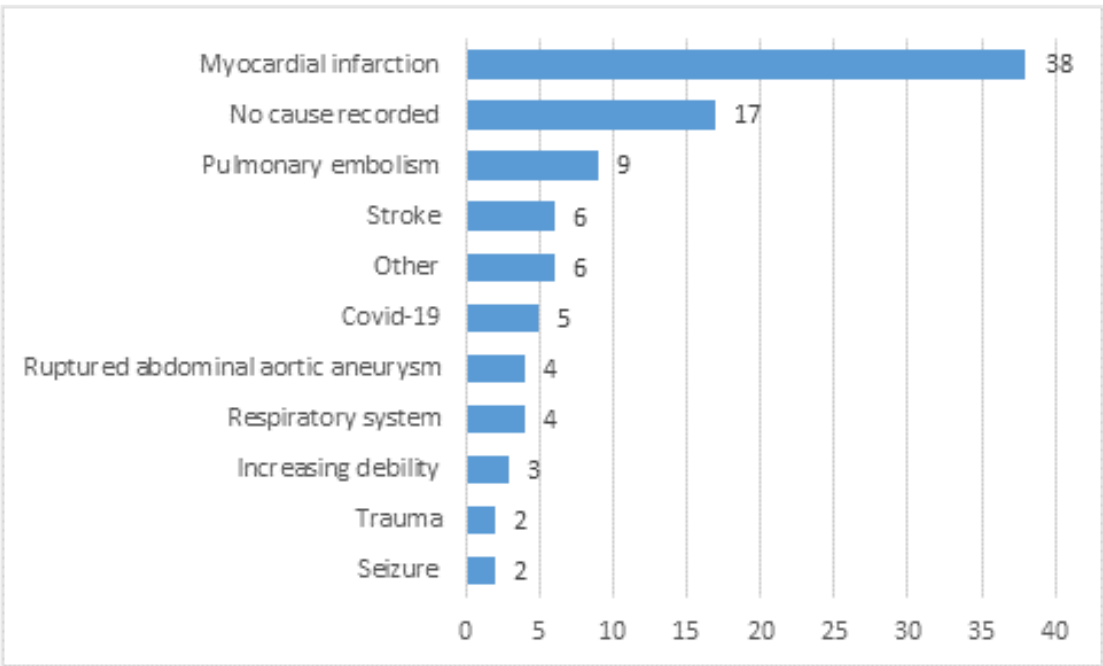
Following conversation with our medical review team, 58% of certifying doctors issued an MCCD, indicating the value of the service to GPs.

The Procurator Fiscal was involved in 17 deaths as 'no cause of death' was established, indicating appropriate signposting to the Crown Office and Procurator Fiscal Service.

¹⁸ See Appendix for full breakdown of enquiry call over last 3 years

The graph below details the direct cause of death established during the call.

Enquiry call direct cause of death outcome



The Enquiry Line

GP call to DCRS: 85 year old care home resident. History of Alzheimer’s Disease (5 years) with increasingly frailty. Contracted COVID-19 disease in the care home which resulted in death 9 days later.

Outcome: The discussion assisted the GP to formulate a sequence of cause of death of: COVID-19 disease with Alzheimer’s Disease as a secondary cause. The service reminded the doctor deaths from COVID-19 disease contracted in a care home must be reported to the Procurator Fiscal.

Medical Reviewer

Service Performance

The service operates under agreed service level agreements set by the Scottish Government. The table below shows the service continues to complete reviews well within the required timescales.

Service Level Agreements



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

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 advanced registration applications remains low with 61 in 2021/22. Of these requests 45 (73.8%) were approved and of the 16 (26.2%) not approved, 68.8% were declined as the review was either complete or nearing completion. The service failed to make a decision on 2 requests within the 2 hour time frame.

Certifying doctor feedback

The service carried out a smart survey in June 2021 seeking feedback from doctors selected for review. Overall, responses from the **166 respondents** was very positive.

| We asked if... | Response |
|--|-----------|
| DCRS staff were friendly and courteous | 99% agree |
| The Medical reviewer explained the review process clearly | 90% agree |
| The medical reviewer understood the case | 99% agree |
| The review was educationally focused | 88% |
| Length of review call was just right | 98% |
| Experience of the review process has highlighted the importance of getting the MCCD accurate | 91% |

Key themes from the feedback, which we continue to progress, included consistency with advice around Reporting of Covid-19 deaths to the Procurator Fiscal, education and impact of review process on delivery of front line services.

Gathering views

Due to government restrictions around the pandemic, the service has been unable to seek views on the death registration process directly from bereaved families.

Instead we formed a ‘Registrars’ focus group and collated anecdotal feedback on the death registration process, which included;

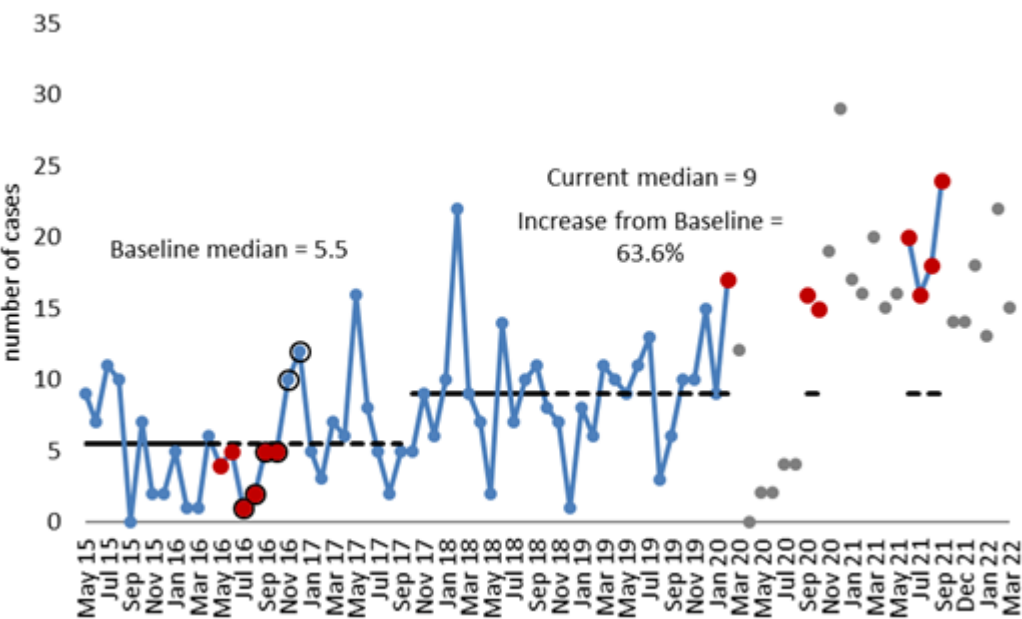
- Electronic MCCD registration was arguably more ‘public friendly’
- Delays with registration if death required reporting to the Procurator Fiscal, which was understandable given the significant increase in reportable deaths,
- Remote registration was better for families as they could do this from the comfort of their own home with family support.

Breached Cases

It has been a challenging year for the health service which has resulted in delays in completing reviews within the agreed timescales (breached cases).

In 2021/22, we had 217 breached cases¹⁹ during ‘business as usual’ periods, with 187 (86.2%) due to the certifying doctor being unavailable. The run chart below shows since January 2020, the service is taking longer to conclude our reviews.

Number of SLA breaches by month



¹⁹ See Appendix for full breakdown of breached cases

Feedback and Complaints

In 2021/22 we dealt with 4 complaints, 2 were upheld, one partially upheld and one not upheld²⁰.

As part of service improvement, learning from all concerns have been addressed through updated processes and full staff training.

Service Developments

In response to longer review times and feedback from Health Board staff on the challenges of being able to positively support MCCD reviews whilst providing direct clinical care, the service has been working with Health Boards to establish direct access to patient clinical portals. We currently have access to West of Scotland (WofS) portals and continue to progress access with other boards.

Training and education

The service continues to work with NHS Education for Scotland and have produced a range of educational resources to support doctors, healthcare professionals, funeral directors, registrars and members of the public through the review process. All our resources, including a new animation which talks you through how to complete a paper MCCD accurately can be found at:

<https://www.sad.scot.nhs.uk/atafter-death/death-certification> or

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/educational_support.aspx



The Clinical Portal

MCCD reported cause of death as:

Part: 1a) Bowel perforation, 1b) Ischaemic bowel, 1c) Atrial fibrillation

Part 2: Ischaemic heart disease, Peripheral vascular disease, immunoglobulin A nephropathy.

Outcome: The medical reviewer accessed the clinical portal which had copies of the Immediate Discharge Summary and a letter from a Nephrology out-patient appointment which confirmed the conditions and the sequence of fatal events. The service were able to carry out a focused review with the doctor who had written an excellent MCCD.

Medical Reviewer

²⁰https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/complaints_and_feedback.aspx

What we will do in 2022–2023

We will...

- Continue to work with NHS boards to reduce the number of clinical and administrative errors on MCCDs and failing to report deaths to the Procurator Fiscal
- Work with health boards to roll out eMCCD into secondary care
- Progress direct access to Health Board clinical portals to reduce administrative resource requirements within boards
- Participate in the MCCD educational advisory group to support accurate completion of MCCDs across 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 Rod Burns, Jennifer Morris, Sandra McDougall and Debbie Redgate who have taken up new opportunities. And to our data analyst Keir Robertson, thank you for your support in developing our new data reports.

Death Certification Review Service Management Board

The service is funded by the Scottish Government and supported by the Death Certification Review Service 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) |
| Gillian Aitken | Head of Process | National Records of Scotland |
| Cathy Dunlop | Senior Registrar, 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 |
| Clare Dunn | Public Partner | Healthcare Improvement Scotland |
| Lynsey Cleland | Director of Quality Assurance | Healthcare Improvement Scotland |
| Ann Gray | Principal Procurator Fiscal Depute | Scottish Fatalities Investigation Unit |
| Burial & Cremation, Anatomy and Death Certification team | | Scottish Government |
| Tim Norwood | 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 Turner | Principal Educator, Medical Education | NHS Education for Scotland |

Healthcare Improvement Scotland

The 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/>

Appendix 1: Service data

The tables below provide a more detailed breakdown of the service data over the last 3 years²¹.

Table 1: Cases reviewed by type

| Case type | Year 5 | Year 6 | Year 7 |
|------------------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Standard Level 1 and Level 2 | 5635 (93.4%) | 4322 (97.6%) | 5382 (97.1%) |
| Advance Registration | 175 (2.9%) | 42 (0.9%) | 61 (1.1%) |
| Repatriation | 212 (3.5%) | 55 (1.2%) | 84 (1.5%) |
| Interested Person | 6 (0.1%) | 6 (0.1%) | 11 (0.199%) |
| Registrar Referral | 3 (0%) | 2 (0%) | 2 (0.04%) |
| MR For Cause Referral | 0 (0%) | 0 (0%) | 0 (0%) |
| Total | 6031 | 4427 | 5540 |

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

| Outcome | Year 5 | Year 6 | Year 7 |
|------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Email amendments | 1131 (92%) | 810 (89.6%) | 892 (88.4%) |
| Replacement MCCD | 99 (8%) | 94 (10.4%) | 117 (11.6%) |
| Total | 1230 | 904 | 1009 |

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

| Closure Category | Year 5 | Year 6 | Year 7 |
|--------------------------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Cause of Death too vague | 494 (53.3%) | 347 (55.1%) | 351 (48.2%) |
| Cause of Death incorrect | 129 (13.9%) | 75 (11.9%) | 92 (12.6%) |
| Sequence of Cause of Death incorrect | 242 (26.1%) | 135 (21.4%) | 167 (22.9%) |
| Causal timescales incorrect | 184 (19.9%) | 122 (19.4%) | 167 (22.9%) |
| Conditions omitted | 192 (20.7%) | 98 (15.6%) | 129 (17.7%) |
| Disposal Hazard incorrect | 25 (2.7%) | 38 (6%) | 45 (6.2%) |
| Total | 1266 | 815 | 951 |

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'

| Administrative Error | Year 5 | Year 6 | Year 7 |
|--|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Attendance on the deceased incorrect | 0 (0%) | 0 (0%) | 49 (11.8%) |
| Abbreviations used | 80 (20.5%) | 59 (15.6%) | 65 (15.7%) |
| Certifying Doctor's details incorrect | 48 (12.3%) | 39 (10.3%) | 44 (10.6%) |
| Certifying Doctor Spelling error | 123 (31.5%) | 112 (29.6%) | 133 (32.1%) |
| Consultant's name incorrect | 0 (0%) | 0 (0%) | 6 (1.4%) |
| Date or time of death incorrect | 0 (0%) | 0 (0%) | 67 (16.2%) |
| Deceased details incorrect | 104 (26.7%) | 126 (33.3%) | 34 (8.2%) |
| Extra information (X Box) incorrectly comp | 46 (11.8%) | 45 (11.9%) | 46 (11.1%) |
| Legibility | 2 (0.5%) | 2 (0.5%) | 4 (1%) |
| PM information incorrect | 0 (0%) | 0 (0%) | 7 (1.7%) |
| Place of death address incorrect | 0 (0%) | 0 (0%) | 11 (2.7%) |
| Other Additional information incorrect | 34 (8.7%) | 26 (6.9%) | 4 (1%) |
| Total | 437 | 409 | 470 |

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

²¹ Data source: Death Certification Review Service eCMS and National Records of Scotland.

Table 5: Cases reported to procurator fiscal by type

| Case type | Year 5 | Year 6 | Year 7 |
|------------------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Standard Level 1 and Level 2 | 174 (95.1%) | 248 (98.8%) | 254 (98.4%) |
| Advance Registration | 8 (4.4%) | 2 (0.8%) | 1 (0.4%) |
| Interested Person | 0 (0%) | 0 (0%) | 3 (1.2%) |
| MR For Cause Referral | 0 (0%) | 0 (0%) | 0 (0%) |
| Registrar Referral | 1 (0.5%) | 1 (0.4%) | 0 (0%) |
| <i>Total</i> | <i>183</i> | <i>251</i> | <i>258</i> |
| % cases reported to PF | 3.1% | 5.7% | 4.7% |

Table 6: Hybrid data

| Review Outcome | Year 6 | Year 7 |
|-----------------|---------------------------|---------------------------|
| | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| In order | 2166 (75.3%) | 1981 (77.5%) |
| Not in order | 539 (18.7%) | 448 (17.5%) |
| CD report to PF | 172 (6%) | 128 (5%) |
| <i>Total</i> | <i>2877</i> | <i>2557</i> |

Table 7: Number of calls received by the enquiry line

| | Year 5 | Year 6 | Year 7 |
|-----------------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| eMCCD issue | 15 (0.6%) | 13 (0.5%) | 0 (0%) |
| Funeral Director | 26 (1%) | 16 (0.6%) | 10 (0.4%) |
| GP Clinical Advice | 1637 (62%) | 1802 (67.3%) | 1489 (65.3%) |
| GP Process Advice | 185 (7%) | 161 (6%) | 152 (6.7%) |
| Hospice Clinical Advice | 80 (3%) | 78 (2.9%) | 39 (1.7%) |
| Hospice Process Advice | 9 (0.3%) | 10 (0.4%) | 6 (0.3%) |
| Hospital Clinical Advice | 438 (16.6%) | 362 (13.5%) | 337 (14.8%) |
| Hospital Process Advice | 37 (1.4%) | 30 (1.1%) | 44 (1.9%) |
| Informant/family | 17 (0.6%) | 28 (1%) | 52 (2.3%) |
| Interested Person | 0 (0%) | 0 (0%) | 6 (0.3%) |
| Other | 57 (2.2%) | 52 (1.9%) | 27 (1.2%) |
| Procurator Fiscal | 9 (0.3%) | 14 (0.5%) | 6 (0.3%) |
| Registrar | 0 (0%) | 0 (0%) | 23 (1%) |
| Registrar Case Not Selectec | 41 (1.6%) | 42 (1.6%) | 0 (0%) |
| Registrar Case Selected for | 6 (0.2%) | 14 (0.5%) | 0 (0%) |
| Repatriation | 5 (0.2%) | 2 (0.1%) | 1 (0%) |
| Signposted | 69 (2.6%) | 53 (2%) | 38 (1.7%) |
| DCRS Protocol issue | 10 (0.4%) | 0 (0%) | 0 (0%) |
| No advice type recorded | 0 (0%) | 0 (0%) | 49 (2.2%) |
| <i>Total</i> | <i>2641</i> | <i>2677</i> | <i>2279</i> |

Table8: Advance registration requests with outcomes

| Request outcome | Year 5 | Year 6 | Year 7 |
|-----------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Approved | 117 (66.9%) | 29 (69%) | 45 (73.8%) |
| Not approved | 58 (33.1%) | 13 (31%) | 16 (26.2%) |
| <i>Total</i> | <i>175</i> | <i>42</i> | <i>61</i> |
| Review outcome | | | |
| In order | 135 (77.1%) | 35 (83.3%) | 52 (85.25%) |
| not in order | 32 (18.3%) | 5 (11.9%) | 8 (13.11%) |
| PF | 8 (4.6%) | 2 (4.8%) | 1 (1.64%) |
| <i>Total</i> | <i>175</i> | <i>42</i> | <i>61</i> |

Table 9: Number (and percentage) of Breached Cases

| Reason for breach | Year 5 | Year 6 | Year 7 |
|----------------------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Certifying doctor unavailable | 111 (86.7%) | 131 (84%) | 187 (86.2%) |
| MR unavailable | 3 (2.3%) | 4 (2.6%) | 6 (2.8%) |
| Other* | 12 (9.4%) | 15 (9.6%) | 22 (10.1%) |
| Paper record cannot be delivered | 1 (0.8%) | 0 (0%) | 1 (0.5%) |
| Paper record is lost | 0 (0%) | 0 (0%) | 0 (0%) |
| System error breach | 1 (0.8%) | 0 (0%) | 0 (0%) |
| System unavailable | 0 (0%) | 6 (3.8%) | 1 (0.5%) |
| <i>Total</i> | <i>128</i> | <i>156</i> | <i>217</i> |

Table 10: Number and percentage of interested person reviews

| Request outcome | Year 5 | Year 6 | Year 7 |
|-----------------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Not Approved | 1 (16.7%) | 2 (33.3%) | 1 (9.1%) |
| Approved | 5 (83.3%) | 4 (66.7%) | 10 (90.9%) |
| <i>Total Requests</i> | <i>6</i> | <i>6</i> | <i>11</i> |

Table 11: Number and percentage of registrar referral reviews

| Review outcome | Year 5 | Year 6 | Year 7 |
|-----------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| In order | 0 (0%) | 1 (50%) | 0 (0%) |
| Not in order | 2 (66.7%) | 0 (0%) | 2 (100%) |
| Escalated to PF | 1 (33.3%) | 1 (50%) | 0 (0%) |
| <i>Total</i> | <i>3</i> | <i>2</i> | <i>2</i> |

Table 12: Number and percentage of repatriation reviews

| Request outcome | Year 5 | Year 6 | Year 7 |
|-----------------|---------------------------|---------------------------|---------------------------|
| | 01 Apr 2019 - 31 Mar 2020 | 01 Apr 2020 - 31 Mar 2021 | 01 Apr 2021 - 31 Mar 2022 |
| Approved | 212 (100%) | 55 (100%) | 84 (100%) |
| Not approved | 0 (0%) | 0 (0%) | 0 (0%) |
| <i>Total</i> | <i>212</i> | <i>55</i> | <i>84</i> |

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or email his.contactpublicinvolvement@nhs.scot

Death Certification Review Service
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland

| | |
|---|--|
| Meeting: | Board Meeting - Public |
| Meeting date: | 28 September 2022 |
| Title: | Schedule of Board and Committee Meeting Dates 2023-24 |
| 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 2023-24.

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 2022-23 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. In response to a request from the Board, additional dates for the Board to meet have been added to the schedule in February and May. 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 impacts as a result of this paper. |
| | There are no 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 Committee. |
| 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 2023-24.

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 2023-24

Draft Board and Committee Meeting Dates 2023-24

| Quarter 1 | |
|--------------------------|-----------------------------------|
| DATE | MEETING |
| 19 April 2023 | Board Development |
| 03 May 2023 | Staff Governance Committee |
| 17 May 2023 | Quality and Performance Committee |
| 25 May 2023 | Scottish Health Council Committee |
| 31 May 2023 | Board Seminar |
| 31 May 2023 | Governance Committee Chairs |
| 06 June 2023 | Executive Remuneration Committee |
| (Thurs) 08 June 2023 TBC | Annual Accounts Workshop |
| 14 June 2023 | Succession Planning Committee |
| (Tues) 20 June 2023 | Audit and Risk Committee |
| 28 June 2023 | BOARD MEETING |
| Quarter 2 | |
| 09 August 2023 | Staff Governance Committee |
| 23 August 2023 | Quality and Performance Committee |
| 24 August 2023 | Scottish Health Council Committee |
| 30 August 2023 | Board Seminar |
| 30 August 2023 | Governance Committee Chairs |
| 06 September 2023 | Audit and Risk Committee |
| 20 September 2023 | Executive Remuneration Committee |
| 27 September 2023 | BOARD MEETING |
| Quarter 3 | |
| 1 November 2023 | Staff Governance Committee |
| 8 November 2023 | Quality and Performance Committee |
| 22 November 2023 | Board Development |
| 22 November 2023 | Governance Committee Chairs |
| 29 November 2023 | Audit and Risk Committee |
| 30 November 2023 | Scottish Health Council Committee |
| 5 December 2023 | Executive Remuneration Committee |
| 6 December 2023 | BOARD MEETING |
| Quarter 4 | |
| 17 January 2024 | Succession Planning Committee |
| 24 January 2024 | Board Seminar |
| 14 February 2024 | Quality and Performance Committee |
| 21 February 2024 | Board Seminar |
| 21 February 2024 | Governance Committee Chairs |
| 28 February 2024 | Staff Governance Committee |
| 29 February 2024 | Scottish Health Council Committee |
| 6 March 2024 | Executive Remuneration Committee |
| 13 March 2024 | Audit and Risk Committee |
| 27 March 2024 | BOARD MEETING |

SUBJECT: Governance Committee Chairs: key points

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' meetings held on 5 July and 31 August 2022.

2. Recommendation

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

5 July 2022**a) Cross-Cutting Committee Matters**

Although this was an extra meeting in the Governance Committee Chair's schedule, we took the opportunity to share updates about the work of the Committees. This was timely given the upcoming changes in Board and Committee membership necessitated by the appointment of five new Non-Executive Directors. The discussion highlighted several cross-cutting areas of work including the Workforce Plan and the Internal Improvement Oversight Board deep dive session, and allowed the Chairs to make linkages.

b) Board Development

The Chairs discussed converting the Board development session in November 2022 into a two-day residential event. Given the new appointments noted above, a two-day event will provide an important team building opportunity. Alongside this, the future organisational strategy will have been further refined by November, giving the new Board an opportunity to engage with it ahead of formal approval at the December Board meeting.

31 August 2022**c) Cross-Cutting Matters including the Internal Improvement Oversight Board (IIOB)**

The Chairs continued to maintain an oversight of the various governance matters that touch on the remit of more than one Committee. The Chair of the Quality & Performance Committee provided an update on Clinical & Care Governance and we also discussed the IIOB. To date the Staff Governance Committee has maintained oversight of the IIOB programme. However we noted the increasing importance of oversight by the Audit & Risk Committee in respect of the financial savings that are being sought through the organisational process mapping work being led by IIOB.

d) Board and Committee Meetings

In discussing the above work to achieve financial savings, the Chairs agreed there was a need to run efficient Board and Committee meetings. In practice this will mean making the best use of staff time in relation to attendance at meetings and holding virtual meetings instead of face to face meetings whenever it is productive to do so.

Carole Wilkinson
HIS Chair/Chair of the Governance Committee Chairs

SUBJECT: Audit and Risk 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 Audit and Risk Committee meeting on 7 September 2022. The approved minutes of the Audit and Risk Committee meeting on 23 June 2022 can be found [here](#).

2. Recommendation

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

- a) **Independent Healthcare** – the annual fee increase paper was presented and considered by the Committee. A fee increase of between 10% and 20% was presented, with additional costs been driven by inflation and increased clinical resource required to deliver the service. The Committee endorsed the approach, but asked for further analysis to be included around amount of cross-organisational and clinical support required, bad debt and refunds for the Board paper.
- b) **Website update** – the Committee noted good progress with the website project, a key area for investment in 2022/23. Procurement of a commercial partner to support the website discovery phase is complete and the three month work programme is underway with appropriate reporting and governance in place to oversee delivery.
- c) **Risk** – update on strategic risks was presented and the Committee recognised this is an ongoing process, with further changes coming. The Committee also considered the need for the Board to revise the risk appetite and this is scheduled for Q4 this year.
- d) **Financial position** – the Committee noted the challenging financial position and uncertainty on allocation funding from Scottish Government. The process around current vacancies was supported but also recognising the risk to delivery this presents. The expansion of scope of work for the Internal Improvement Oversight Board to ensure medium term recurring savings was welcomed.

Gill Graham
Committee Chair

SUBJECT: Quality and Performance Committee: draft 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 17 August 2022. The approved minutes of the Quality and Performance Committee meeting on 18 May 2022 can be found [here](#).

2. Recommendation

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

a) National Cancer Medicines Advisory Group

The Committee received an update on the work of the National Cancer Medicines Advisory Group (NCMAG) which has been established within the Medical Directorate. The group undertake important work to review the clinical and cost effectiveness of cancer medicines that are outwith the remit of the Scottish Medicines Consortium, specifically off-label uses and off-patent uses. This work aims to increase access to treatments for cancer patients and ultimately improve outcomes. We were joined by Dr Sally Clive, Consultant Medical Oncologist at NHS Lothian, who explained more information about the work of the group and shared detail on their recent review of abiraterone acetate for use in prostate cancer. The Committee were very grateful to Dr Clive for taking time out to speak to us and appreciated the opportunity to hear directly from clinicians at the frontline of patient care.

b) Clinical and Care Governance Progress

The Committee welcomed a new format of the report setting out progress with implementation of clinical and care governance across the directorates. The report provided an overarching summary as well as detail of each directorate's status and included completion of self-assessments and improvement tools. The Committee was keen that themes for collaboration were identified and that timescales were agreed where there was action needed by a directorate.

c) Website Redevelopment

The quarterly update from the Evidence directorate included the report from an excellent piece of work with high school students who joined us through the Career Ready programme. Our Digital Services Group tasked them with analysing the HIS website, completing a review and communicating their findings to the HIS website project team. The students provided a report of their work and a list of recommendations that will be taken forward by the project team to ensure the new website provides a better user experience for young people.

Evelyn McPhail

Chair, Quality and Performance Committee

SUBJECT: Scottish Health Council 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 Scottish Health Council Committee meeting on 15 September 2022. The approved minutes of the Scottish Health Council Committee meeting on 19 May 2022 can be found [here](#).

2. Recommendation

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

a) HIS Strategy

The Committee welcomed the presentation from the Chief Executive and Head of Planning and Governance, who described how the HIS strategy is evolving from its original planned content to reflect the new and emerging operating context in which the wider public sector is now facing. The SHC Committee went on to have a wide-ranging discussion on what these financial challenges could potentially mean for NHS Boards in relation to their ability to conduct meaningful engagement with respect to service change, as well as what that may mean for the work of the Community Engagement staff. There was recognition that the *Scottish Approach to Service Design* may be seen as the default approach by some NHS Boards, however it was imperative to ensure that this be seen as part of a much larger suite of tools which can be tailored to meet local needs. Further work is underway within the directorate to ensure clarity of vision, purpose and service delivery. The Committee will oversee this work to ensure it remains fit for purpose, that the staff can oversee that effective engagement is carried out, and that all major service changes are properly identified as such, and then formally reviewed by the Committee.

b) SHC Committee Development Day Action Plan

Following their Development Day in June 2022, the Committee had a reflective discussion to decide if the key priorities identified from that day were still fit for purpose given the more recent changes in operating / financial context. It was agreed that the priorities were still appropriate, and these are:

- a. The structure and focus of the committee
- b. The need to proactively reach out to the public
- c. The change to the public's approach to engagement since the onset of the pandemic (and understanding the changing financial climate across the whole system)

c) Service Change Update Lochaber/Regional Planning

The Committee was updated on the extensive discussions which took place at the Service Change Sub-Committee meeting held in August 2022. The Committee approved the Sub Committee's recommendation that the NHS Highland proposal for the Lochaber Health and Social Care redesign did not meet the threshold for major service change. The Committee were also updated on the ongoing activities relating to national and regional service change including the development of an expectations template which sets out specific questions to establish what meaningful engagement looks like in this context.



Suzanne Dawson
Committee Chair

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 3 August 2022. The approved minutes of the Staff Governance Committee meeting on 11 May 2022 can be found [here](#).

2. Recommendation

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

a) Workforce Plan

Committee members had the opportunity to provide comment and feedback on a draft of the Workforce plan which had been shared in advance of the meeting. A presentation also provided further commentary on the challenges and considerations in terms of the detail that had been covered.

The document was seen as lengthy, but comprehensive in terms of the work that had gone into the completion of the draft. Specific discussion took place with regard to how the future shape of the workforce could be captured and the potential development and training needs that might lie ahead. The final plan is due to be published in October, but committee members were in agreement that the date could be pushed back to ensure that the detail was right.

b) Risk

The Director of Finance, Planning and Governance presented the Risk Register to the Committee, highlighting the updating of the strategic risks included in the document. It was noted that the wider system challenges present were in relation to both recruitment and retention of staff in the current economic and job market.

Financial constraints regarding the Workforce plan were also discussed and it was confirmed that this would also be reflected in discussions with the Audit and Risk Committee.

c) iMatter

The Head of Organisational Development and learning updated the Committee confirming that

- The response rate for the organisation remained at 91%
- Our Employee Engagement Index has risen by 1 point to 82%

Despite specific challenges experienced last year following the Team feedback and construct arrangements, Healthcare Improvement Scotland has maintained a high level of response and staff engagement.

Work was underway to ensure completion of action plans by the middle of September and the National report will be published in November 2022.

Duncan Service
Committee Chair