

Public Board Meeting

Tue 25 June 2024, 13:00 - 15:40

Boardroom, Gyle Square, Edinburgh

Agenda

13:00 - 13:05 **1. OPENING BUSINESS**

5 min

1.1. Welcome and apologies

Chair

13:05 - 13:35 **2. HOLDING TO ACCOUNT – ANNUAL REPORT AND ACCOUNTS 2023-24**

30 min

2.1. Annual Report and Accounts 2023-24

13.05

2.1.1. Draft Annual Accounts 2023-24

Paper Director of Finance, Planning and Governance

2.1.2. Annual Audit Report 2023-24

Paper Audit Scotland

 Item 2.1.2 Annual Audit Report.pdf (28 pages)

2.1.3. Letter of Representation

Paper Director of Finance, Planning and Governance

 Item 2.1.3 Letter Representation.pdf (4 pages)

2.2. Whistleblowing Champion Annual Report

13.30 *Non-Executive Whistleblowing Champion*

Paper to follow

 Item 2.2 Annual Whistleblowing Report.pdf (2 pages)

 Item 2.2 Appendix 1.pdf (8 pages)


13:35 - 14:10 **3. BOARD GOVERNANCE**

35 min

3.1. Register of interests

13.35 *Chair*

Paper

 Item 3.1 Register of Interests.pdf (2 pages)

 Item 3.1 Appendix 1.pdf (16 pages)

3.2. Minutes of the public Board meeting held on 27 March 2024

13.40 *Chair*

Paper

 Item 3.2 Public Minutes Draft.pdf (4 pages)

3.3. Action points from the public Board meeting on 27 March 2024

Paper Chair

 Item 3.3 Action Register.pdf (2 pages)

3.4. Chair's Report

13.45 *Chair*

Paper

 Item 3.4 Chairs Report.pdf (3 pages)

3.5. Executive Report

13.55 *Chief Executive*

Paper

 Item 3.5 Executive Report.pdf (13 pages)


14:10 - 14:30 4. SETTING THE DIRECTION

20 min

4.1. Integrated Planning Update


Paper Director of Finance, Planning and Governance

 Item 4.1 Integrated Planning Update.pdf (3 pages)

 Item 4.1 Appendix 1.pdf (8 pages)

 Item 4.1 Appendix 2.pdf (15 pages)

 Item 4.1 Appendix 3.pdf (41 pages)

 Item 4.1 Appendix 4.pdf (12 pages)

Comfort break 14.20 - 14.30


14:30 - 15:00 5. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

30 min

5.1. Organisational Performance Report Quarter 4

14.30 *Director of Finance, Planning and Governance*

Paper

 Item 5.1 Performance Report Q4.pdf (8 pages)

5.2. Financial Performance Report

14.40 *Director of Finance, Planning and Governance*

Paper

 Item 5.2 Financial Performance.pdf (2 pages)

 Item 5.2 Appendix 1.pdf (6 pages)

5.3. Workforce Report

14.50 *Director of Workforce*

Paper

 Item 5.3 Workforce Report.pdf (5 pages)

15:00 - 15:10


10 min

6. ASSESSING RISK

6.1. Risk Management: strategic risks

Paper Director of Finance, Planning and Governance

 Item 6.1 Risk Management.pdf (5 pages)

 Item 6.1 Appendix 1.pdf (3 pages)

15:10 - 15:35

25 min


7. GOVERNANCE

7.1. Governance Committee Annual Reports and Code of Corporate Governance Update

15.10 *Director of Finance, Planning and Governance*

Paper

 Item 7.1 Annual Reports & Code Corp Gov.pdf (2 pages)

 Item 7.1 Appendix 1.pdf (2 pages)

 Item 7.1 Appendix 2.pdf (4 pages)

7.2. Governance Committee Chairs: key points from the meeting on 29 May 2024

15.20 *Chair*

Paper

 Item 7.2 Gov Chairs Key Points May.pdf (1 pages)

7.3. Audit and Risk Committee: key points from the meeting on 18 June 2024; approved minutes from the meeting on 7 March 2024

Paper Committee Chair

 Item 7.3 ARC Key Points.pdf (1 pages)

7.4. Executive Remuneration Committee: key points from the meetings on 1 May and 4 June 2024

Paper Committee Chair

 Item 7.4 ERC Key Points May.pdf (1 pages)

 Item 7.4 ERC Key Points June.pdf (1 pages)

7.5. Quality and Performance Committee: key points from the meeting on 22 May 2024; approved minutes from the meeting on 7 February 2024

Paper Committee Chair

 Item 7.5 QPC Key Points.pdf (1 pages)

7.6. Scottish Health Council: key points from the meeting on 23 May 2024; approved minutes from the meeting on 29 February 2024

Paper Scottish Health Council Chair

 Item 7.6 SHC Key Points.pdf (1 pages)

7.7. Staff Governance Committee: key points from the meeting on 1 May 2024; approved

minutes from the meeting on 28 February 2024

Paper *Committee Chair*

 Item 7.7 SGC Key Points.pdf (1 pages)

7.8. Succession Planning Committee: key points from the meetings on 25 April and 30 May 2024; approved minutes from the meetings on 17 January and 25 April 2024

Paper *Chair*

 Item 7.8 SPC Key Points April.pdf (1 pages)

 Item 7.8 SPC Key Points May.pdf (1 pages)

15:35 - 15:40 8. ANY OTHER BUSINESS

5 min

15:40 - 15:40 9. DATE OF NEXT MEETING

0 min

Next meeting is 25 September 2024

Healthcare Improvement Scotland

2023/24 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Healthcare Improvement Scotland and the Auditor General for Scotland
June 2024

Contents

Key messages	3
Introduction	4
1. Audit of 2023/24 annual report and accounts	6
2. Financial management and sustainability	11
3. Vision, leadership and governance	17
4. Use of resources to improve outcomes	20
Appendix 1. Action plan 2023/24 and prior year follow up	22
Appendix 2. Summary of uncorrected misstatements	27

Key messages

2023/24 annual report and accounts

- 1 Audit opinions on the annual report and accounts are unmodified i.e. the financial statements and related reports are free from material misstatement.
- 2 There were no material adjustments made to the annual report and accounts as a result of the audit process.

Financial management and sustainability

- 3 There are effective and appropriate arrangements to secure sound financial management. HIS operated within its revised Revenue Resource Limit.
- 4 HIS has a five-year financial plan for 2023/24 to 2027/28 which demonstrates that significant savings are required to achieve financial balance over the medium term.

Vision, leadership and governance

- 5 HIS have a clear vision and strategy as set out in their 2023-28 Strategy.
- 6 There are effective and appropriate governance arrangements in place that support scrutiny of decisions made by the Board and to ensure delivery of plans.
- 7 HIS have effective and appropriate arrangements in place for vision, leadership and governance.

Use of resources to improve outcomes

- 8 There are effective and appropriate arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of equalities, and deliver continuous improvements in priority services.
- 9 There is a newly developed best value framework in place with the first report to be presented in August 2024.

Introduction

1. This report summarises the findings from the 2023/24 annual audit of Healthcare Improvement Scotland. The scope of the audit was set out in the Annual Audit Plan presented at the March 2024 meeting of the Audit and Risk Committee. This Annual Audit Report comprises:

- significant matters arising from an audit of Healthcare Improvement Scotland's annual report and accounts
- conclusions on the following wider scope areas that frame public audit as set out in the [Code of Audit Practice 2021](#):
 - Financial Management and Sustainability
 - Vision, Leadership, and Governance
 - Use of Resources to Improve Outcomes.

2. This report is addressed to Healthcare Improvement Scotland and the Auditor General for Scotland and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Audit appointment

3. Claire Gardiner has been appointed by the Auditor General as auditor of Healthcare Improvement Scotland for the period from 2022/23 until 2026/27. The 2023/24 financial year was the second of her five-year appointment.

4. We would like to thank Board members, Audit and Risk Committee members executive directors, and other staff, particularly those in finance, for their cooperation and assistance in this year's audit, and we look forward to working together constructively over the remainder of the five-year appointment.

Responsibilities and reporting

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

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

7. Weaknesses or risks identified in this report are only those which have come to the attention of the audit team during our normal audit work and may not be all that exist. Communicating these does not absolve the management of Healthcare Improvement Scotland from its responsibility to address the issues raised and to maintain adequate systems of control.

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

Auditor independence

9. The audit team have complied with the Financial Reporting Council's Ethical Standard. The audit team have not undertaken any non-audit related services and therefore the 2023/24 audit fee of £36,780, as set out in the 2023/24 Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

10. The annual audit adds value to Healthcare Improvement Scotland by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, arrangements to ensure the best use of resources and financial sustainability, and
- sharing intelligence and good practice.

1. Audit of 2023/24 annual report and accounts

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

Main judgements

Audit opinions on the annual report and accounts are unmodified i.e. the financial statements and related reports are free from material misstatement.

There were no material adjustments made to the annual report and accounts as a result of the audit process.

Audit opinions on the annual report and accounts are unmodified

11. The Board approved the annual report and accounts for Healthcare Improvement Scotland (HIS) for the year ended 31 March 2024 on 25 June 2024. As reported in the independent auditor's report:

- give a true and fair view of the state of the board's affairs as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 FReM;
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

Overall materiality was assessed on receipt of the unaudited annual report and accounts as £881,000

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

13. The initial assessment of materiality was carried out during the planning phase of the audit. This was reviewed and revised on receipt of the unaudited annual report and accounts and is summarised in [Exhibit 1](#).

Exhibit 1

Materiality values

Materiality level	Amount
Overall materiality	£881,000
Performance materiality	£661,000
Reporting threshold	£44,000

Source: Audit Scotland

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

15. Performance materiality is used by auditors when undertaking work on individual areas of the financial statements. It is a lower materiality threshold, set to reduce the probability of aggregated misstatements exceeding overall materiality. Performance materiality was set at 75% of overall materiality. This has been informed by our planning work which did not identify any significant issues and reflect the lack of historical / prior year errors in the HIS accounts.

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

Significant findings and key audit matters

17. Under ISA (UK) 260, we communicate significant findings from the audit to the Board, including my view about the qualitative aspects of the Board's accounting practices.

18. The Code of Audit Practice also requires us to highlight key audit matters which are defined in ISA (UK) 701 are those matters judged to be of most significance.

19. There are no significant issues to report from the audit.

20. In line with normal audit practice presentational and disclosure issues were discussed and agreed with management. We are satisfied that amendments made to the accounts are appropriate.

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

21. The audit team have obtained audit assurances over the identified significant risks of material misstatement in the annual report and accounts. [Exhibit 2](#) sets out the significant risks of material misstatement to the financial statements identified in the 2023/24 Annual Audit Plan; summarises the further audit procedures performed during the year to obtain assurances over those risks; and the conclusions from the work completed.

Exhibit 2

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

Audit risk	Audit Response	Conclusion
<p>Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in ISA (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p> <p>Due to the nature of this risk assurances from management are not applicable in this instance.</p>	<p>Assessed the design and implementation of controls over journal entry processing.</p> <p>Made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments.</p> <p>Tested journals at the year-end and post-closing entries, focusing on significant risk areas.</p> <p>Considered the need to test journal entries and other adjustments throughout the year and tested where appropriate.</p> <p>Evaluated significant transactions outside the normal course of business.</p> <p>Assessed the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements.</p> <p>Assessed any changes to the methods and underlying assumptions used to prepare accounting estimates compared to the prior year.</p>	<p>Satisfactory</p> <p>The completion of the assurance procedures (audit response) did not identify any evidence of management override of controls.</p> <p>Audit procedures did not identify any errors or instances of transactions outside the normal course of business.</p> <p>NSS (NHS National Services Scotland) provide a range of financial services to HIS as set out in the annual Service Level Agreement.</p> <p>Key officers involved in the financial reporting process, including NSS officers provided assurance that they had not identified any instances of inappropriate or unusual activity.</p>

Audit risk	Audit Response	Conclusion
	Substantively tested income and expenditure transactions around the year-end to confirm they were accounted for in the correct financial year.	

Source: 2023/24 HIS Annual Audit Plan / Audit Scotland

There were two identified misstatements within the financial statements

22. The audit team identified two misstatements which were not corrected by management in the audited annual report and accounts.

- Pension and National Insurance costs of £106,000 were not included in the annual leave accrual for staff.
- Other payables included £158,000 for the future credit risk provision. This should instead be offset against trade receivables.

23. We considered the size, nature, and circumstances leading to the uncorrected misstatements, individually and in aggregate, and concluded that these were not material. Further details of the uncorrected misstatements are included in [Appendix 2](#).

24. From our review of the accounting policies we noted that there was a lack of impairment review of non-current assets and we have made a recommendation below and included it in our action plan in [Appendix 1](#).

Recommendation 1: Impairment review of non-current assets

No impairment review for non-current assets was conducted in 2023/24 and has not been carried out for several years. We would recommend that non-current assets are reviewed annually for impairment, in particular for material assets.

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

25. The unaudited annual report and accounts were received in line with the agreed audit timetable on 8 May 2024. Officers provided good support to the new audit team and good working relationships have been quickly established. This helped ensure that the audit of the annual accounts process ran smoothly.

26. The unaudited accounts received for audit were adequate however we feel some internal control processes could be improved including a stand-back review prior to submitting the accounts to audit. A wash up meeting will be held

to learn from one another to further improve processes and efficiencies for the remaining audit appointment.

202/23 (prior year) recommendations have been actioned

27. HIS has made substantial progress in implementing the prior year (2022/23) audit recommendations. All actions have been implemented or are substantially underway, as summarised in [Appendix 1](#).

2. Financial management and sustainability

Financial management means having sound budgetary processes; the ability to understand the financial environment; and whether internal controls are operating effectively.

Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Conclusions

There are effective and appropriate arrangements to secure sound financial management. HIS operated within its revised Revenue Resource Limit.

HIS has a five-year financial plan for 2023/24 to 2027/28 which demonstrates that significant savings are required to achieve financial balance over the medium term.

HIS operated within its revised Revenue Resource Limit (RRL) of £41.7 million

28. The Scottish Government Health and Social Care Directorates (SGHSCD) set annual resource limits and cash requirements which NHS boards are required by statute to work within. [Exhibit 3](#) shows that HIS operated within its revised limits during 2023/24 which resulted in a breakeven position at the year-end.

Exhibit 3

Performance against resource limits in 2023/24

Performance against resource limits set by SGHSCD	Original resource limit £000	Revised resource limit £000	Actual expenditure £000	(Over) / Underspend £000
REVENUE				
Core revenue resource limit	40,905	40,925	40,925	(0)
Non-core revenue resource limit	819	819	819	0
Total revenue resource limit	41,724	41,743	41,743	(0)

Performance against resource limits set by SGHSCD	Original resource limit £000	Revised resource limit £000	Actual expenditure £000	(Over) / Underspend £000
CAPITAL				
Core capital resource limit	83	83	83	0
Non-core capital resource limit	0	0	0	0
Total capital resource limit	83	83	83	0
Cash requirement	41,724	83	41,743	(0)

Source: HIS 2023/24 annual report and accounts

Budget processes were appropriate

29. In March 2023 HIS presented its 2023/24 budget and five year plan 2023/24 to 2027/28 to the Audit and Risk Committee (ARC). The 2023/24 budget of £41.7 million included:

- HIS' baseline funding allocation of £33.6 million
- Independent Healthcare additional funding allocation of £7.4 million
- Recurring savings initiatives of £1.6 million (4.8%).

30. The covering paper to the Committee highlighted a number of risks and challenges to be met by HIS in order to achieve a balanced budget including unfunded pay awards, uncertainty on allocation funding, confidence on achieving recurring savings, funding for Independent Healthcare, and inflation. Attention was drawn to the fact that if these assumptions crystallised, they would materially impact HIS' financial position in 2024/25. These challenges are not uncommon across the wider NHS landscape.

31. Members and officers at HIS are active in monitoring the budget. Management information on financial performance and budget monitoring is presented at Board and ARC meetings and is clear.

32. From our review of the papers, we found that:

- Information is presented for both full-year forecasts and year-to-date actual figures vs budget.
- High-level figures on income, pay expenditure and non-pay expenditure against budget are included.
- Assumptions used in making forecasts are clearly set out.
- Annual forecasts are updated in-year.

- A more detailed analysis of pay and non-pay expenditure is included.
- There is analysis of whole-time-equivalent staff numbers.
- Allocations and grants are shown in detail.
- A breakdown of progress against savings targets is included, showing where savings are coming from.
- Clear descriptions are included throughout, with key issues highlighted and variances explained.

33. More details on governance and scrutiny are in [Section 3: Vision Leader and Governance](#) of this report.

HIS has appropriate financial control arrangements in place

34. Our objective is to gain assurance that HIS has systems for recording and processing transactions which provide a sound basis for the preparation of the financial statements. Our audit is not controls based and, with the exception of the control related to journal entry authorisation, we have not placed reliance on controls operating effectively as our audit is substantive in nature.

35. In addition to HIS' own systems of internal control, NSS provide a range of financial services to HIS under a service level agreement (SLA). The SLA details the processes and controls operated by NSS on HIS' behalf, separate to its own processes and controls. We reviewed the SLA and noted one area for clarification / improvement below.

36. From our routine and normal audit work carried out during 2023/24, we found no significant issues with financial control arrangements in HIS. There are a number of recommendations we have noted below for management's attention, and these have also been included in the action plan at [Appendix 1](#).

Recommendation 2: Service Level Agreement

The 2023/24 SLA for financial services between NHS National Services Scotland (NSS) and HIS is dated 21 March 2024 and was not signed until April 2024. This means that there was not a mechanism in place to ensure accountability of the service provider during the 2023/24 financial year. Going forward HIS should ensure formalised SLA documents are in place in advance of the service period.

Recommendation 3: Establishment checks

We noted an establishment check of the workforce has not been recently carried out. An establishment check should be performed at least once per year. The output should be checked and reviewed by an appropriate staff member to ensure the completeness and existence of the workforce.

Recommendation 4: Review of non-current asset useful lives

From our review of the accounting policy, we found that the majority of IT, plant and machinery and software licence assets have been used for significantly longer than their designated useful life. We recommend that HIS review their accounting policy and consider allocating longer useful lives for assets in these categories. Consideration should also be given whether it is necessary to include a separate note for intangible assets given that the NBV is zero.

Recommendation 5: IT back up

Evidence / confirmation should be obtained from Atos (the service provider) that routine back-ups of the general ledger have been taken and tested. This is to ensure the integrity of the system and the ability to recreate the general ledger in the event of a failure.

HIS work with other NHS boards to deliver their services

37. HIS work with other NHS boards for:

- Procurement: Scottish Ambulance Service lead with an SLA in place
- IT / Digital: Outsourced service to NHS Ayrshire & Arran who host the system (Zendesk); National digital platform with NSS;
- Various financial systems: Outsourced to NSS with an SLA in place
- NSS hosting the website from 2023/24

Service auditor reports

38. HIS receive annual service auditor reports from NHS Scotland on financial ledger (eFinancials), payroll and general IT systems (the IT infrastructure). The reports are presented at ARC annually and help support the various assurances over the systems above.

39. NHS Ayrshire & Arran procures a Type II service audit of the National Single Instance (NSI) eFinancials services. The 2023/24 service auditor assurance reporting in relation to the NSI eFinancials was unqualified. However, the assurance gap identified last year for the IT general controls, system backup and disaster recovery remains. This continues to be a risk for NHS Scotland that needs to be addressed, but it did not impact on our 2023/24 audit.

40. For the national IT services contract the Type II service audit resulted in a qualified opinion on the controls relating to access to the systems as the controls associated with the objective, *'Controls provide reasonable assurance that logical access to applications, operating systems and databases is restricted to authorised individuals'* did not operate effectively during the year. This remains a risk however it did not impact on our 2023/24 audit.

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

41. The Code of Audit Practice requires auditors to report on the adequacy of the arrangements for preventing and detecting fraud or other irregularities as part of the wider-scope audit.

42. In the public sector there are specific fraud risks, such as those relating to grants and other claims made by individuals and organisations. Public sector bodies are responsible for implementing effective systems of internal control, including internal audit, which safeguard public assets and prevent and detect fraud, error and irregularities, bribery and corruption.

43. HIS has adequate arrangements in place to prevent and detect fraud or other irregularities.

National Fraud Initiative

44. The National Fraud Initiative (NFI) is a counter-fraud exercise across the UK public sector which aims to prevent and detect fraud. HIS participates in this biennial exercise. The 2022/23 exercise concluded during the 2023/24 financial year and the final report is due to be published in summer 2024.

45. HIS has actively participated in the recent NFI exercise. We concluded that HIS had satisfactory arrangements in place to submit NFI data and investigate any potential frauds.

HIS has prepared a medium term financial plan

46. The significant cost pressures already experienced by public bodies are likely to continue into the foreseeable future. As highlighted in Audit Scotland's [NHS in Scotland 2023](#) report, the financial position is concerning across the health sector, despite the health budget increasing in real terms since 2013/14. A range of financial pressures are presenting a significant challenge for all health boards but those impacting HIS in particular are inflation and recurring pay pressures.

47. A five year financial plan was prepared for 2023/24 to 2027/28 and presented to the Board and ARC in March 2023. Forecasts used in the financial plan are based on several assumptions including:

- Scottish Government funding uplift of 2% per year
- Staff wage inflation of 5%
- Fixed costs inflation of 5%
- No increase in Independent Healthcare allocation funding.

48. There is £6.2 million of recurring savings required over the next five years from the position at the time of drafting the five year plan to achieve financial balance. This is the equivalent of a decrease in total whole time equivalent staff from 547 in 2024/25 to 483 by 2028, a decrease of 12%. Under the plan, a

recurring saving of £1 million to £1.3 million (3% - 3.8%) per year would be required to maintain a balanced budget.

49. For 2024/25 HIS received a £0.2 million (0.6%) increase in their allocation which is significantly below inflation. The organisation is looking at which activities can be halted however the scope to reduce spend is limited by the high proportion of staff costs and the 'no redundancy policy' across the NHS.

50. HIS are taking actions to reduce spending in line with their allocated budget. HIS are aware programmes will be required to be wound down or not commence to achieve savings, a vacancy freeze is being implemented and non-essential items (travel events) have been halted.

51. There are significant challenges ahead for HIS and the wider public sector in the medium to long term. HIS have drafted budgets and plans reflecting these challenges and these are revisited routinely at Board and ARC meetings adjusting as required and responding to new and changing information and metrics. We review financial sustainability annually as part of our wider dimension work and will continue to do so throughout the audit appointment. Financial sustainability is widely recognised as a significant risk in HIS. We are satisfied HIS recognises the extent of the challenge and are planning appropriately.

3. Vision, leadership and governance

Public sector bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

Conclusions

HIS have a clear vision and strategy as set out in their 2023-28 Strategy.

There are effective and appropriate governance arrangements in place that support scrutiny of decisions made by the Board and to ensure delivery of plans.

HIS have effective and appropriate arrangements in place for vision, leadership and governance.

HIS have a clear vision and strategy as set out in their 2023-28 Strategy

52. In March 2023 HIS published their new strategy: Leading quality health and care for Scotland: Our Strategy 2023-28. The strategy clearly outlines who HIS are, what they do, and that a key part of their role is working with stakeholders including health boards and other national organisations for the safe delivery of effective care across Scotland.

53. The strategy's vision is supported by four aims and ambitions focussed on, and linked to, the delivery of improved outcomes for people and communities. This is also reflected in the values as stated in the Strategy. These priority areas and progress and achievement(s) against them are included in the Performance Analysis section of the 2023/24 annual report and accounts.

54. We reviewed HIS' new strategy alongside its approach to IT strategic planning and service delivery. The key IT strategy documents at HIS include:

- ICT Review Summary (Digital Strategy), produced September 2020
- Business Case for IT Investment produced January 2023.

55. The ICT Review Summary document includes key characteristics of a good digital strategy, but there is a significant reliance on the Business Case for IT Investment. There is an opportunity to develop the ICT Review Summary into an overarching digital strategy by incorporating the planned investment, governance arrangements, workforce considerations and reporting

arrangements from the Business Case. This would help to increase the awareness of these areas for staff and wider stakeholders. Having a single overarching strategy document would also drive greater coherence between the digital strategy and the Corporate Plan.

56. There remain resourcing challenges within the digital team overall and this is also impacting the ability to deliver national Network Information Security (NIS) recommendations. Despite repeated recruitment campaigns in the last few years, HIS have been unable to successfully recruit. Contractors have been utilised but HIS recognise this is not a solution for the longer term. Budget has been allocated for 2024/25 to address the issue and we will consider progress as part of our 2024/25 audit work.

Recommendation 6: Digital strategy

The ICT Review Summary could be developed into an overarching Digital Strategy by incorporating details from the Business Case for IT Investment. A single overarching strategy document would also provide greater coherence between the digital strategy and the Corporate Plan.

Governance and scrutiny arrangements are effective and appropriate

57. HIS' governance arrangements have been set out in the Governance Statement in the 2023/24 annual report and accounts. These have been reviewed and we have concluded that the arrangements are effective and appropriate.

58. We attended all ARC meetings during 2023/24 and observed good scrutiny, challenge and deep dives by the members into risk register items of significance. The ARC is also attended by the Chair of the Board providing a good link to the Board. The committees and Board are well attended by all members.

59. The format of the management information allows those charged with governance to have oversight of key issues facing HIS, such as staffing levels, funding, and achieving savings targets.

60. All members are afforded an opportunity to participate and share views. Members are engaged and operate in an open and transparent manner. Agenda and papers are provided in a timely fashion well in advance of each meeting. At each ARC, it is clear the agendas and papers have been read and have been considered prior to the meetings resulting in effective and impactful scrutiny.

61. We observed good debate and questions including fraud in the NHS (this included a presentation on fraud from NHS Scotland); there were key conversations on digital and the organisation's ability to respond to ever increasing digital challenges such as workforce, cyber and ransomware attacks. There was also member engagement, understanding and involvement with national NIS requirements.

62. There are effective and appropriate governance arrangements in place that support scrutiny of decisions made by the Board and to ensure delivery of plans. We conclude that HIS have effective and appropriate arrangements in place for vision, leadership and governance.

4. Use of resources to improve outcomes

Public sector bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities.

Conclusions

There are effective and appropriate arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of equalities, and deliver continuous improvements in priority services.

There is a newly developed best value framework in place with the first report to be presented in August 2024.

HIS has appropriate arrangements for performance monitoring and reporting

63. Performance is publicly reported through Board and other committee papers. Performance reports have been considered by Quality and Performance Committee (QPC) regularly throughout 2023/24. We reviewed the reports presented to the QPC and found that the performance information is clear and 'tells the story'. The reports are prepared and presented by the Director of Finance, Planning and Governance. They highlight key points for attention as well as progress against key priorities. Annual delivery plans are used to inform progress as well.

64. Consideration is also given to demonstrating value for money and outcome reporting. Areas reviewed by HIS during 2023/24 include Citizens' Panel, Scottish Health Technology Group, and Death Certification Review Service. Emerging risks are also flagged in the reports including reasons for the risk and uncertainties going forward which mainly relate to staffing capacity and funding. Overall there is evidence that HIS are meeting and in some cases improving against their performance targets.

HIS is developing its approach to reporting best value

65. Ministerial guidance to Accountable Officers for public bodies and the Scottish Public Finance Manual (SPFM) sets out the accountable officer's duty to ensure that arrangements are in place to secure best value. The guidance sets out the key characteristics of best value and states that compliance with the duty of best value requires public bodies to take a systematic approach to self-evaluation and continuous improvement.

66. During 2023/24 HIS introduced a best value / value for money assessment as part of their quarterly performance reporting. At the time of drafting this annual audit report, HIS' annual best value report was being drafted.

67. These new reports will now form part of HIS' Quality and Performance Committee's business schedule. The Committee are due to consider the initial best value report at their August 2024 meeting.

68. The annual best value report and associated performance reporting was raised as a recommendation by external audit in 2022/23 and is being developed and due to be presented in August 2024 (refer [Appendix 1, follow up of prior year recommendations](#)). We will review and report on best value annually as part of our audit appointment and wider dimension requirements.

69. We conclude that there are effective and appropriate arrangements in place for the use of resources.

Appendix 1. Action plan 2023/24 and prior year follow up

2023/24 recommendations

Issue / risk	Recommendation	Agreed management action / officer / timing
<p>1. Impairment review of non-current assets</p> <p>There has been no impairment review for non-current assets conducted in 2023/24 and one has not been carried out for several years.</p>	<p>Non-current assets should be subject to an annual impairment review, in particular for material assets (refer paragraph 23).</p>	<p>Accepted: We are in agreement with this suggestion and will look to implement an annual impairment review of non-current assets.</p> <p>Responsible officer: Director of Finance, Planning & Governance</p> <p>Agreed date: March 2025</p>
<p>2. Service Level Agreement (SLA)</p> <p>The 2023/24 SLA for financial services between NHS National Services Scotland (NSS) and HIS is dated 21 March 2024 and was not signed until April 2024.</p> <p>This means that there was not a mechanism in place to ensure accountability of the service provider during the 2023/24 financial year.</p>	<p>HIS should ensure formalised SLA documents are in place in advance of the service period (refer paragraph 35).</p>	<p>Accepted: The SLA is driven by NSS as the lead service provider and is an annual rolling agreement. We agree to work with NSS to ensure our finance and payroll SLA is signed earlier in the year in question.</p> <p>Responsible officer: Director of Finance, Planning & Governance</p> <p>Agreed date: September 2024</p>
<p>3. Establishment checks</p> <p>An establishment check of the workforce as not been recently carried out.</p> <p>This is a routine check that should be performed at least</p>	<p>An establishment check should be performed at least once per year to verify the existence of staff on the payroll.</p> <p>The output should be checked and reviewed by an</p>	<p>Accepted: Full staff lists are issued as part of the monthly management accounts dashboards. Going forward we will implement and collate evidence of annual checks by</p>

Issue / risk	Recommendation	Agreed management action / officer / timing
<p>once per year to ensure the validity and existence of staff.</p>	<p>appropriate staff member to ensure the completeness and existence of the workforce (refer paragraph 36).</p>	<p>Directors to confirm existence of staff on the payroll. Responsible officer: Director of Workforce Agreed date: March 2025</p>
<p>4. Review of non-current asset useful lives</p> <p>From our review of the accounting policies, we noted that the majority of IT, plant and machinery and software licence assets have been used for significantly longer than their designated useful life. We also noted that intangible assets have a NIL value in the accounts.</p>	<p>We recommend that HIS review their accounting policy and consider allocating longer useful lives for assets in the non-current asset categories.</p> <p>Consideration should be given whether it is necessary to include a separate note for intangible assets given that the NBV is zero (refer paragraph 36).</p>	<p>Accepted: We are in agreement with this suggestion and will review our accounting policy with regards to the useful economic lives of non-current assets.</p> <p>With regards to the separate note in the accounts, although the NBV is zero the assets are still in existence and therefore we believe the note is required to demonstrate ownership.</p> <p>Responsible officer: Director of Finance, Planning & Governance Agreed date: March 2025</p>
<p>5. IT back up – general ledger</p> <p>NHS Scotland e-Financials services is hosted by Atos who perform all of the back-ups of the system (HIS' general ledger).</p> <p>Full responsibilities for the various system operations are included in System Operating Procedures, and these are reviewed and distributed to Boards Leads late May/ early June on an annual basis.</p> <p>We could not find documentation to evidence the back-up process in HIS were completed.</p>	<p>Evidence / confirmation should be obtained from Atos (the service provider) that routine back-ups of HIS' general ledger have been taken and tested.</p> <p>This is to ensure the integrity of the system and the ability to recreate the general ledger in the event of a failure (refer paragraph 36).</p>	<p>Accepted: We will pick this up with the host board for the general ledger to ensure backups are appropriately taken and stored.</p> <p>Responsible officers: Director of Finance, Planning & Governance Director of Evidence & Digital Agreed date: March 2025</p>

Issue / risk	Recommendation	Agreed management action / officer / timing
<p>6. Digital strategy</p> <p>There is an opportunity to improve the Digital Strategy by incorporating the planned investment, governance arrangements, workforce considerations and reporting arrangements from the Business Case into the Digital Strategy.</p> <p>This would help to increase the awareness of these areas for staff and wider stakeholders.</p>	<p>The ICT Review Summary could be developed into an overarching Digital Strategy by incorporating details from the Business Case for IT Investment. A single overarching strategy document would also provide greater coherence between the digital strategy and the Corporate Plan (refer paragraph 54).</p>	<p>Partially accepted: Agree that an up to date Digital Strategy should be prepared.</p> <p>The ICT Review is probably out of date and requires more than insertion of details from the business case.</p> <p>Responsible officer: Director of Evidence & Digital</p> <p>Agreed date: March 2025</p>

Follow-up of 2022/23 (prior year) recommendations (source: [2022/23 Healthcare Improvement Scotland Annual Audit Report](#))

Issue	Original recommendation / response / agreed action	Progress during 2023/24
<p>1. Journal authorisation</p> <p>Journals greater than £50,000 processed by NSS on behalf of Healthcare Improvement Scotland (HIS) and journals processed by the Healthcare Finance Managers are not subject to a secondary check. There is a risk that journal errors are not detected.</p>	<p>Original recommendation HIS should consider developing a review process, which could be retrospective, which ensures that journals input to the HIS ledger by NSS without a secondary check, and the HIS Finance Managers are subject to review</p> <p>Original response As a small finance team of five, we rely on the service level agreement with NSS to deliver most of our high volume transactions. As part of this agreement, we place reliance on their financial control framework to ensure accurate postings. We take assurance from internal audit, external audit, key performance metrics and analytical reviews. Management agrees to</p>	<p>Implemented</p> <p>Finance manager journals are now subject to secondary review by the Head of Finance.</p> <p>We reviewed the process for NSS posting journals and do not believe a review by HIS would be appropriate or beneficial at this time. Existing controls at NSS and through the reconciliation process are deemed adequate.</p>

Issue	Original recommendation / response / agreed action	Progress during 2023/24
	<p>undertake a review of these assurance processes during the year, ensuring they are proportional and adequate, and will make any amendments as required.</p> <p>Original responsible officer / action dates</p> <p>Head of Finance & Procurement</p> <p>31 March 2024</p>	
<p>2. NHS Regulations Implementation</p> <p>HIS' compliance status is below the expected level against the NIS Regulations.</p>	<p>Original recommendation</p> <p>HIS does not meet the expected compliance target within relevant timelines. HIS should consider developing a risk assessed action plan to address the actions stemming from the NIS Regulation. Implementation against the action plan should be monitored by an appropriate governance committee.</p> <p>Original response</p> <p>The NIS regulations audit actions are tracked and reported to the Audit & Risk Committee (ARC) at appropriate timescales under the resilience update. Scottish Government requested we move away from the previous risk based approach to a percentage completion approach. Therefore, we are now targeting 60% of actions being cleared as opposed to red and black rated issues. Management agrees to add this formally to the ARC business planning schedule to ensure actions are being tracked at regular intervals.</p>	<p>Implemented</p> <p>Extensive work during the year has resulted in an increase in our compliance. We moved from 49% to 78% in 23/24.</p> <p>NISR is a standing audit agenda item.</p>

Issue	Original recommendation / response / agreed action	Progress during 2023/24
	<p>Original responsible officer / action dates</p> <p>Director of Evidence</p> <p>30 September 2023</p>	
<p>3. Best value</p> <p>HIS does not undertake a periodic self-evaluation of its best value arrangements. There is a risk that HIS cannot effectively demonstrate the arrangements it has in place to secure and demonstrate best value.</p>	<p>Original recommendation</p> <p>HIS should consider how it articulates that arrangements are in place to secure and demonstrate best value.</p> <p>Original response</p> <p>Best value and performance is an area where we made significant strides in 2022/23 – introducing KPIs, enhancing our performance reporting, reprioritisation for winter pressures and formalising our sharing intelligence network, and this work will continue into 2023/24 aligning to our new strategy. All of this was overseen by the Quality & Performance Committee (QPC) and the Board and is demonstrated in the Performance report, our SG annual review and can be seen on our website.</p> <p>Management has agreed to consider this collectively in a formal best value report which will be presented to QPC periodically.</p> <p>Original responsible officer / action dates</p> <p>Director of Finance, Planning & Governance</p> <p>31 March 2024</p>	<p>In progress</p> <p>Things have progressed this year including the introduction of best value / value for money assessments in our quarterly performance reports.</p> <p>The Director of Finance is developing an annual best value report. This will be our first annual report. It has been added to the Quality & Performance Committee’s business schedule, with the first report due to be considered in August 2024 (refer paragraph 67).</p>

Appendix 2. Summary of uncorrected misstatements

We report all uncorrected misstatements in the annual report and accounts that are individually greater than the reporting threshold of £44,000.

The table below summarises the uncorrected misstatements that were noted during audit testing and were not corrected in the financial statements. Cumulatively these errors are below the performance materiality level as explained in [Exhibit 1](#).

We are satisfied that these errors do not have a material impact on the financial statements.

Narrative	Account areas	Comprehensive income & expenditure statement		Balance sheet	
		Dr	Cr	Dr	Cr
Accounting Misstatements		£0	£0	£0	£0
1. Annual leave accrual (pension and NIC)	General fund			106	
	Payables (holiday pay accrual)				106
2. Credit Risk Provision	Payables			158	
	Receivables				158

Healthcare Improvement Scotland

2023/24 Annual Audit Report

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Letter of Representation (ISA (UK) 580)

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

Dear Claire

Healthcare Improvement Scotland Annual Report and Accounts 2023/24

This representation letter is provided in connection with your audit of the annual report and accounts of Healthcare Improvement Scotland for the year ended 31 March 2024 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view and have been properly prepared, and for expressing other opinions on the regularity of income and expenditure, the Remuneration Report, the Staff Report, Performance Report, and Governance Statement.

I confirm to the best of my knowledge and belief, and having made such enquiries as I considered necessary, the following representations given to you in connection with your audit of Healthcare Improvement Scotland's Annual Report and Accounts for the year ended 31 March 2024.

General

I have fulfilled my responsibilities for the preparation of the 2023/24 Annual Report and Accounts. All the accounting records, documentation, and other matters which I am aware are relevant to the preparation of the annual report and accounts have been made available to you for the purposes of your audit. All transactions undertaken by Healthcare Improvement Scotland have been recorded in the accounting records and are properly reflected in the financial statements.

I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Regularity of Expenditure and Income

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

Financial Reporting Framework

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

I have ensured that the financial statements give a true and fair view of the financial position of the Healthcare Improvement Scotland at 31 March 2024 and the transactions for 2023/24.

Accounting Policies and Estimates

All significant accounting policies applied are as shown in the note included in the financial statements. The accounting policies are determined by the 2023/24 Government Financial Reporting Manual (FRM), where applicable. All accounting policies applied are appropriate to Healthcare Improvement Scotland's circumstances and have been consistently applied.

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

Going Concern Basis of Accounting

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

Assets

Where a rolling programme of asset valuations has been used, I have satisfied myself that the carrying amount of assets at 31 March 2024 does not differ materially from that which would be determined if a revaluation had been carried out at that date.

I carried out an assessment at 31 March 2024 as to whether there is any indication that an asset may be impaired and have recognised any impairment losses identified.

I have provided you with all information of which I am aware regarding any valuation exercises carried out after 31 March 2024.

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

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

Liabilities

All liabilities at 31 March 2024 of which I am aware have been reported in the financial statements.

Provisions have been recognised in the financial statements for all liabilities of uncertain timing or amount at 31 March 2024 of which I am aware where the conditions specified in IAS 37 have been met. The amount recognised as a provision is the best estimate of the expenditure likely to be required to settle the obligation at 31 March 2024.

Where the effect of the time value of money is material, the amount of the provision has been discounted to the present value of the expected payments.

Provisions recognised in previous years have been reviewed and adjusted, where appropriate, to reflect the best estimate at 31 March 2024 or to reflect material changes in the assumptions underlying the calculations of the cash flows.

The accrual recognised in the financial statements for annual leave untaken by 31 March 2024 has been estimated on a reasonable basis.

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

Contingent Liabilities

There are no significant contingent liabilities to the financial statements, arising either under formal agreement or through formal undertakings requiring disclosure in the accounts. Any known contingent liabilities have been fully and properly disclosed in accordance with the 2023/24 FReM and IAS 37.

Litigation and Claims

All known actual or possible legal claims have been disclosed to you and have been accounted for and disclosed in the financial statements in accordance with the 2023/24 FReM.

Fraud

I understand my responsibilities for the design, implementation, and maintenance of internal control to prevent fraud and I believe I have appropriately fulfilled those responsibilities.

I have provided you with all information in relation to:

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

Laws and Regulations

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

Related Party Transactions

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

The Remuneration Report and the Staff Report

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

Performance Report

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

Corporate Governance

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

I confirm that the Governance Statement has been prepared in accordance with the Scottish Public Finance Manual and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2024, which require to be reflected.

Events Subsequent to the Date of the Statement of Financial Position

All events subsequent to 31 March 2024 for which IAS 10 as interpreted by the FReM requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Robbie Pearson
Chief Executive and Accountable Officer

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June
Title:	Annual Whistleblowing Report
Agenda item:	2.2
Responsible Executive/Non-Executive:	Keith Charters, Whistleblowing Champion, and Non-Executive Director.
Report Author:	Keith Charters, Non-Executive Director Sybil Canavan, Director of Workforce.
Purpose of paper:	Assurance

1. Situation

As part of the Whistleblowing Standards overseen by the Independent National Whistleblowing Officer (INWO), Healthcare Improvement Scotland is required to provide an annual report regarding our activity. The format of this report is in line with the current requirements from the INWO.

2. Background

The attached annual report includes detail on our current arrangements within the organisation, including our key points of contact, any learning for our organisation and details on our training completion across Healthcare Improvement Scotland.

3. Assessment

The report provides detail on current Whistleblowing arrangements, including Confidential Contacts and recent learning associated with these roles.

The report also confirms that during the period covered, Healthcare Improvement Scotland has not received any reportable Whistleblowing concerns. During this time, we received a total of two formal grievance submissions from individual staff.

Details is also provided regarding our training compliance and there is information regarding our planned activity for the 2024/ 25 period ahead.

Assessment considerations

Quality/ Care	Access to, and awareness of Whistleblowing arrangements for all staff, and the ability to raise concerns is essential to enable
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	the provision of high-quality services and support to the wider NHS system in Scotland.
Resource Implications	Inability to raise or respond to concerns could impact on our financial position in terms of potential waste or staff turnover and absence.
	As detailed above, if staff are unable to raise or have concerns considered as part of Whistleblowing arrangements this could have a negative impact on staff attendance and turnover.
Clinical and Care Governance (CCG)	Access to, and awareness of Whistleblowing arrangements for all staff, and the ability to raise concerns is essential to enable the provision of high-quality services and support to the wider NHS system in Scotland.
Risk Management	As part of existing employment and Workforce Policy arrangements, all staff must have access to Whistleblowing arrangements to ensure any concerns or risks within the organisation can be raised and responded to.
Equality and Diversity, including health inequalities	Access to Whistleblowing arrangements and raising concerns is essential to ensure any potential matters regarding equality and diversity are responded to appropriately and timeously.
Communication, involvement, engagement, and consultation	N/A

4 Recommendation

Board members are asked to,

- Review the detail of the Whistleblowing Annual Report for the organisation to seek assurance on the detail prior to publication and sharing with the INWO office as required by the Whistleblowing regulations.

It is recommended that the Board/Committee accept the following Level of Assurance:
MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

Appendix 1: Healthcare Improvement Scotland Annual Whistleblowing Report 2023/24

Annual Whistleblowing Report 2023-2024

June 2024

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Published June 2024

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Contents

Background	2
Introduction	2
Key Performance Indicators	3
Activity in 2024/25	5

Background

All NHS Boards within Scotland are required to publish an annual report in respect of their approach and performance in handling Whistleblowing concerns as a requirement of the National Whistleblowing Standards since 2021.

This is the third annual report provided regarding this work within Healthcare Improvement Scotland and covers the period of April 2023 – March 2024.

Introduction

Healthcare Improvement Scotland, as Scotland's national improvement agency, was established in 2011 to enable the people of Scotland to experience the best quality of health and social care and the focus of our efforts are:

- Enabling people to make informed choices about their care and treatment.
- Helping Health and Social care organisations to improve their services.
- Providing evidence and sharing knowledge with services that help them improve.
- Enabling people to get the best out of the services they use.
- Providing quality assurance that gives people confidence in NHS services.
- We are a relatively small employer with circa 550 staff employed across the organisation. We are constituted as a Special Health Board, like Public Health Scotland, and as such operate in a different manner from other NHS Boards.

Healthcare Improvement Scotland also has a unique role within NHS Scotland. If a member of NHS Scotland staff or member of the public has concerns relating to the safety or quality of patient care and has tried to resolve these through their own organisation or through the INWO or feel unable to use these routes, then they can raise their concerns in confidence with us. NHS Scotland staff can contact Healthcare Improvement Scotland directly with concerns under the Public Interest Disclosure Act (PIDA). This legislation protects whistleblowers from detrimental treatment by their employer and gives statutory protection against victimisation to workers who speak out. We can also receive referrals from other organisations when they become aware of potential patient safety or quality of care concerns about a service within the NHS in Scotland, such as the Mental Welfare Commission, the General Medical Council or the Nursing and Midwifery Council.

Healthcare Improvement Scotland has a legal obligation to respond to these concerns.

As such, our staff are aware of our role across the wider NHS system within Scotland and our responsibility to respond to concerns.

Key Performance Indicators

1. Learnings, Changes and Improvements as a result of considering Whistleblowing concerns.

Within the organisation we have a range of support for Whistleblowing, as required by the national standards.

We have an established Board Whistleblowing Champion, Keith Charters, who has been in post for three years in this role. We also have nominated Whistleblowing Confidential Contacts: Ann Laing, Head of People and Workplace, and Kenny Crosbie from our inspection team who is also Unison Steward.

Historically, Healthcare Improvement Scotland has also retained several Confidential Contacts across the organisation, previously with a particular focus in relation to Dignity at work issues. Recent learning for the organisation has been the need to ensure that there is clarity regarding who should be contacted in relation to any concerns that might be arising within HIS. There has been a case, in a previous reporting year, where a non-Whistleblowing confidential contact referred an individual directly to the Board Whistleblowing Champion, inadvertently bypassing the Whistleblowing arrangements. Since this time there has been further work and meetings with all Confidential Contacts and, with the support of the Employee Director, there is greater clarity on roles and responsibilities and awareness of the policy and local arrangements.

This work is ongoing.

2. Experiences of all those involved in the whistleblowing procedure.

In the period of this report (2023/24), Healthcare Improvement Scotland has not received any reportable whistleblowing concerns.

We have continued to receive Grievances from individual members of staff, which have been dealt with through the usual policy and governance requirements.

Our experience indicates that staff will often initially consider whistleblowing as a possible route for raising a concern but, following discussion with Whistleblowing Confidential Contacts (either in that capacity or in their union guise), will ultimately choose the grievance route because of the nature of the issue. We view this positively: the fact that these conversations are happening means that concerns are ending up in the most appropriate channel.

The iMatter survey for 2023/24 includes questions relating to staff awareness of how to raise concerns and the degree of confidence that these will be dealt with appropriately. The scores from these questions will be analysed in due course.

Activity has taken place with the Partnership Forum and Directorates to ensure that staff are aware of processes to be undertaken to raise concerns. This has referenced the use of workforce policies including Whistleblowing arrangements.

3. Levels of Staff Awareness and Training.

Healthcare Improvement Scotland undertook a significant review of our statutory and mandatory training arrangements in 2022 into 2023, led by our internal HIS Campus group.

As part of this work there has been significant focus on ensuring clarity on the required training for all staff and additional, more specialist training, for some individuals in the organisation. When the new statutory and mandatory framework was launched in April 2023, a training 'amnesty' was implemented to enable staff to have a 6-month period during which to ensure all their training was up to date. As part of this work, we were able to see a substantial number of staff have continued to ensure their Whistleblowing training was up to date.

As at the end of March 2024, our training figures for the TURAS courses were,

NES: Whistleblowing for staff needing an overview – Completed by 518 staff out of 573 registered on Learnpro (Mandatory for all)

This represents a completion rate of over 90%.

NES: Whistleblowing for managers and people who receive concerns – Completed by 50 staff out of 61 registered as eligible (Mandatory for role)

This represents a completion rate of 82%.

We continue to remind our employees of the need to complete the training as required.

4. The total number of concerns received.

As detailed above, Healthcare Improvement Scotland did not receive any Whistleblowing concerns from within our workforce during the reporting period of 2023 – 2024.

As previously mentioned, during the reporting period of April 2023 – March 2024, the organisation has continued to receive Grievances as per current Once for Scotland Policy arrangements. During this time, we received a total of 2 formal grievance submissions from individual staff.

As part of the Grievance Policy, there is also an opportunity to resolve issues through informal resolution processes prior to the submission of a formal grievance and this has been a useful process to deal with employee concerns within the organisation.

5. Concerns closed at Stages 1 and 2.

6. Concerns upheld.

7. Time Taken to Respond.

8. Compliance to Timescales.

As no cases or concerns were received, then the KPI sections above are not applicable in terms of this annual report.

Activity in 2024/25

Healthcare Improvement Scotland has a high level of team, Directorate, and organisational engagement with all our staff on a regular basis, including through All-Staff Huddles and other collective meeting and engagement arrangements. This makes the Senior Executive Team and Board members accessible and provides a useful open forum in which staff can comment and raise concerns. Not everything will be raised via this channel, but it does mean that a lot of issues are dealt with as business-as-usual. This has been particularly important as we have undergone significant organisational change during the last financial year, with significant amendments to working arrangements in three out of seven of our Service Directorates.

As significant work is undertaken to upgrade and enhance our Web presence, we will take the opportunity to ensure continued awareness of the organisation's whistleblowing arrangements by enhancing visibility of relevant policy information on our website.

We will ensure continued maintenance of training for all staff.

INWO leads an annual Speak-Up initiative, and we will use its resources as part of our efforts to promote the important role played by our whistleblowing procedures.

During 2024 our board representative will again be part of the Whistleblowing Champions Group to allow us to learn from good practice in other areas of the NHS.

Published June 2024

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We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Register of Interests
Agenda item:	3.1
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 Register of Interests for Board Members and senior staff members within HIS requires appropriate scrutiny and is presented to each Board meeting for that purpose.

2. Background

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

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

3. Assessment

The Register of Interests was considered by the Board at its meeting on 27 March 2024. Since that date, the Internal Audit report for the Executive

Remuneration Committee included a recommendation to add descriptions to declared interests to improve transparency. This is being implemented and all Non-executive and Executive Directors were asked to provide descriptions for declared interests and confirm nil declarations against other categories. This exercise also led to some amendments to declarations. Therefore an updated Register of Interests is provided at Appendix 1.

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 supports transparency in financial decisions.
	The Register of Interests supports transparency in decision making which in turn supports an open organisational culture.
Risk Management	There are no relevant risks recorded on the risk register. Interests are scrutinised at Board meetings and in the Annual Report & Accounts. At the start of Board and Committee meetings, Chairs remind members to declare any interests relevant to discussions to reduce the risk of inaccuracy.
Clinical and Care Governance (CCG)	There are no specific CCG implications.
Equality and Diversity, including health inequalities	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 on 27 March 2024. The Register is updated quarterly on the website once it has been considered at the Board meeting. A more up to date Register is held on file and available on request.

4 Recommendation

The Board is asked to:

- Accept moderate assurance that the Register is accurate and up to date given that the current exercise described above to add descriptions to declared interests is still in progress.
- Approve the Register for publication on the HIS website.

Healthcare Improvement Scotland (HIS) - Register of Interests June 2024

The [HIS Code of Conduct](#) mirrors the Standards Commission Model of Conduct for Members of Devolved Bodies and sets out which interests held by Non-executive Directors of HIS should be registered. In line with the Code, the register shows all interests declared by Non-executive Directors during the period of their appointment with the dates that the interest was in place. Interests declared by members of the Executive Team are also set out below, showing those interests in place in the current financial year with start or end dates as appropriate. This register is updated quarterly on the HIS website but a more up to date register is held on file and is available on request.

1. NON-EXECUTIVE BOARD MEMBERS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST IN PLACE
Abhishek Agarwal			
1 - Remuneration	Associate Professor, Edinburgh Napier University		1/7/22 to present
	External Examiner, University College London		1/7/22 to 10/11/22
	MBA External Examiner - University of Lincoln		1/7/22 to present
	Role of DBA (Doctor of Business Administration) External Examiner - University of Dundee		27/09/2023 to present
2 – Other Roles	Board Chair, Grampian Housing Association		1/7/22 to present
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Owner of residential properties	Not relevant to role with HIS	1/7/22 to present
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Member of The Educational Institute of Scotland		1/7/22 to present

	Fellow - Chartered Management Institute		1/7/22 to present
	Senior Fellow - Higher Education Academy		1/7/22 to present
9 - Close Family Members	Nil		
Keith Charters			
1 - Remuneration	Director & Owner, Strident Publishing Limited		12/10/20 to present
	Self-employed as author, presenter & book event chair	Trading as Keith Charters	12/10/20 to present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Trustee, East Kilbride Athletic Club SCIO		12/10/20 to present
9 - Close Family Members	Wife is employed by NHS Greater Glasgow & Clyde	A non-managerial, clinical Allied Health Professional role	12/10/20 to present
Suzanne Dawson			
1 - Remuneration	Nil		
2 – Other Roles	Member of Law Society of Scotland Admissions Sub-Committee	Regulation of Scottish legal trainees	1/3/19 – present
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Director and Charity Trustee, Eastgate Theatre & Arts Centre	Community cultural venue	1/3/19 to 11/09/2023

	Charity Trustee, Borders Further Education Trust	Grant decisions made for further education projects in the Scottish Borders	1/3/19 to 28/09/2023
	Fellow of Chartered Institute of Marketing	Professional membership organisation	1/3/19 to 28/09/2023
9 - Close Family Members	Brother employed by NHS Borders	Administrative post	1/5/21 to present
Gill Graham			
1 - Remuneration	Nil		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		
Nicola Hanssen			
1 - Remuneration	Director of Hensikt Consulting		1/8/21 to present
	Tayside NHS Volunteering Scoping Exercise	Funded by NHS Tayside NHS Trust to VHS who contracted Hensikt Consulting to undertake the work	26/10/21 to 31/3/22
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		

Judith Kilbee			
1 - Remuneration	Self-employed – Contract, AMLo Biosciences	Healthcare Development Manager - Melanoma	19/9/22 to present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Member of the Scottish Covid Bereaved group	Group have core participant status in both the UK and Scottish Covid inquiries	2/8/23 to present
9 - Close Family Members	Nil		
Evelyn McPhail			
1 - Remuneration	Nil		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Board Member and Vice Chair– Fife College	Strategic role at Board level including chair of the Remuneration Committee, and membership of the Chairs, Audit & Risk and Academic Quality Committees .	5/10/20 to present
	Fellow of the Royal Pharmaceutical Society	Professional recognition from the Royal Pharmaceutical Society for services to Pharmacy	5/10/20 to present
	Registration with the General Pharmaceutical Council		5/10/20 to 12/1/23
9 - Close Family Members	Nil		

Nikki Maran			
1 - Remuneration	Nil		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Fellow of Royal College of Anaesthetists (retired)		02/10/23 to present
	Fellow of Royal College of Surgeons of Edinburgh (Ad Eunum)		02/10/23 to present
	General Medical Council Specialist medical register (anaesthesia)		02/10/23 to present
	Dinner with group of Associate Medical Directors (AMD), NHS Lothian	Held to mark retirement of one of my previous AMD colleagues. All paid own expenses.	16/05/2024
9 - Close Family Members	Son is radiology trainee on South East Scotland regional training scheme		02/10/23 to present
	Daughter-in-law is paediatric trainee on South East Scotland Regional training scheme		02/10/23 to present
	Brother is dentist working in Dental Institute (NHS Lothian) & owner of private dental practice in Edinburgh		02/10/23 to present
Douglas Moodie			
1 - Remuneration	Care Inspectorate – Chair	Remuneration being paid by Care Inspectorate for hours worked	1/9/22 to present

	Kidz World Nursery Ltd, SC357038	Early Years Childrens' Nursery, OOSC, and Softplay	1/9/22 to present
	Moodie Consulting Ltd, SC247851	Management Consulting	1/9/22 to present
	DJM Management Consulting Ltd, SC422750	Management and GDPR Consulting	1/9/22 to present
	DJM Property Services & Contracts Ltd, SC699943	Property Maintenance & Property Factoring	1/9/22 to present
	DJM Property Lettings Ltd, SC607699	Property Lettings	1/9/22 to present
	Scottish Social Services Council – Council member	Remuneration being paid via Care Inspectorate for hours worked	12/06/2023 to present
2 – Other Roles	DJM Kidz Play Ltd, SC386377, Holding Co		1/9/22 to 06/06/23
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Destiny Pharmpie, AIM listed	Antimicrobial Drug Discovery	1/9/22 to present
	Lustre plc (lustrepureskin)	Skincare/Acne products	1/9/22 to present
	Ipulse Ltd	Light therapy for skincare	1/9/22 to present
	Calon Cardio Tech A		1/9/22 to present
	Calon Cardio Convertible Loan Stock plc	Heart pump design/innovation	1/9/22 to present
	Careathomeservice.tech Ltd (time for you care)	Care Home Services	1/9/22 to present
	Domainex pie	Medical Services/Drug testing lab	1/9/22 to present
	Sky Medical tech Ltd	DVT Innovation/Treatment	1/9/22 to present
	RD Graphene Ltd	Graphene Design/Products	1/9/22 to present
	Biotronics Ltd	Life Science Analytical & Biometrical Solutions	1/9/22 to present
	AJ Bell SIPP - Douglas J Moodie	Personal SIPP	1/9/22 to present
	Kidz World Nursery Ltd	Early Years/Out of School clubs settings	1/9/22 to present
	Moodie Consulting Ltd	Financial Services Management Consulting	1/9/22 to present

	DJM Property Services & Contracts Ltd	Property Maintenance and Property Factoring Company	1/9/22 to present
	DJM Property Lettings Ltd	Owns and Lets out sixty properties	1/9/22 to present
	DJM Management Consulting Ltd	GDPR Consulting business	1/9/22 to present
	Anastasis Biotech plc	Develops novel treatments for cancer driving mutations	12/06/23 to present
	Oyako Ltd	Innovative viewing software for mobile phones	12/06/23 to present
	Regemat 3D Ltd	Designs Bioprinters for Biotech Industry	12/06/23 to present
	C-Major Ltd	Innovates new designs to prevent NSI's in hospitals	12/06/23 to present
	Human Forest Ltd	E-Bike Manufacturers	12/06/23 to present
	Gibie Ltd	Linen manufacturers using biodegradable materials	12/06/23 to present
	Luas Diagnostics Ltd	Produces products to test for Infectious and other diseases	12/06/23 to present
	42 Genetics Ltd	Deciphers world Genomic data	12/06/23 to present
	Active Needle Tech Ltd	Produces a new range of needles to target cancer cells	12/06/23 to present
	Heura Ltd	Sells organic food	12/06/23 to present
	Inbentus Medical Tech (Spain)	Designs and Manufactures Medical equipment	12/06/23 to present
	Inspira Pharma	Drug discovery/research company	12/06/23 to present
	Dentons SIPP – Douglas J Moodie	Personal SIPP	Jan 2023 to present
	Organic Heat Exchangers	Medical Devices Co – design/manufacture of extreme cold storage facilities utilising ECO measures to reduce power consumption.	31/01/24-present
	Scribestar	Investment Fund Co, includes early stage investments into Pharma co's.	31/1/24 to present
	CHIP Fintech	Fintech Financial Services Co, which includes investments into the Pharma, Biotech, and Health sectors.	31/1/24 to present
	Nothing Phones	Mobile phone co. focussed on using Android tech.	31/1/24 to present
7 - Gifts and Hospitality	Nil		

8 - Non-Financial Interests	Helm Training Ltd, SC099885 - Chairman	Care experienced young persons	1/9/22 to 1/10/23
	Clacks First Ltd, SC344868 - Chairman	Business improvement district (BID)	1/9/22 to present
	Home Start Clackmannanshire, SC280850	Director/Treasurer, local families in need	1/9/22 to 1/10/23
	Chairman of the Children's Panel in Falkirk		1/9/22 to present
9 - Close Family Members	Nil		
Michelle Rogers			
1 - Remuneration	Contractor - Clackmannanshire Council, local authority	Community Justice Coordinator	1/9/22 to present
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Duncan Service			
1 - Remuneration	Evidence Manager, SIGN (previously Senior Information Officer)		1/3/11 to present
2 - Other Roles	Nil	Nil	
3 - Contracts	Nil	Nil	
4 - Election Expenses	Nil	Nil	
5 - Houses, Land and Buildings	Nil	Nil	
6 - Shares and Securities	Nil	Nil	
7 - Gifts and Hospitality	Nil	Nil	
8 - Non-Financial Interests	Director and Company Secretary, SHU East District Ltd		1/3/11 to present

	UNISON Steward		1/3/11 to present
	Treasurer, Guidelines International Network (G-I-N)		1/8/13 to 1/9/16 and 1/9/18 to 23/9/22
	Chair, Guidelines International Network (G-I-N)		1/9/16 to 1/9/18
	Board Member, Guidelines International Network (G-I-N)		1/8/11 to 23/9/22
	Co-Chair, UK Grade Network		11/3/20 to present
	NICE Accreditation Advisory Committee		1/1/16 to 1/6/17
9 - Close Family Members	Nil		
Rob Tinlin			
1 - Remuneration	Non-Executive Director, Crown Office & Procurator Fiscal Service		1/7/22 to 19/12/22
	Interim Chief Executive for Harlow Council in Essex		10/10/22 to 19/12/22
	Interim Chief Executive, Southend-on-Sea City Council		24/7/23 to 04/02/2024
2 – Other Roles	Non-Executive Director, Board of Governance for the Comptroller & Auditor General for Jersey	Appointed by States of Jersey for oversight of governance of Jersey Audit Office.	1/7/22 to present
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Director, Towler Tinlin Associates Limited	Occasional leadership consultancy in local government.	1/7/22 to present
	Hon. Treasurer and a Trustee of the North Berwick Environment and Heritage Trust	A local civic trust/society concerned with issues around the built environment in North Berwick.	April 2024 to present
9 - Close Family Members	Nil		

Carole Wilkinson, Chair			
1 - Remuneration	Lay Member, General Teaching Council	Regulation body; remuneration available but not claimed	10/10/18 to present
	On Board Training	Ad hoc advice and consultancy work for David Nicholl; Remuneration is a small hourly fee	10/10/18 to 15/08/23
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	General Medical Council Dinner	Opportunity for networking with key stakeholder	11/10/23 to 11/10/23
	Aspiring Chairs Programme Participant, NHS Lanarkshire	Candle provided as gift at end of programme as thanks and not related to shortlisting of participants	16/01/24 to 16/01/24
8 - Non–Financial Interests	Board Member, Care Inspectorate	Nominated by my public body to another body	10/10/18 to present
	Registered by Scottish Social Services Council	Regulator for social work, social care and children and young people workforce	10/10/18 to present
	Vice Chair of NHS Board Chairs Group	Forum for all Chairs to contribute to strategic development/delivery of NHS services	1/8/21 to 22/08/23
	Chair of NHS Board Chairs Group	Forum for all Chairs to contribute to strategic development/delivery of NHS services	23/08/23 to present
9 - Close Family Members	Nil		

2. EXECUTIVE BOARD MEMBER

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2024/25
Robbie Pearson			
1 - Remuneration	Chief Executive, Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Chair, NHS Board Chief Executives Group		
9 - Close Family Members	Sister-in-law is nurse at St Columba’s Hospice (regulated by HIS)		
	Nephew's wife is a paediatrician working in NHS Greater Glasgow and Clyde		

3. EXECUTIVE DIRECTORS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2024/25
Sybil Canavan			
1 - Remuneration	Director of Workforce, Healthcare Improvement Scotland		29/04/2019 to present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Member of Unite (Trade Union)	In line with recognised Trade Union and Partnership working arrangements.	2003 to date
	Volunteer Leader – SNACK Youth Club (Voluntary Work)	Support in running a local youth club in Erskine for teenagers and young adults with additional support needs.	April 2024 to date
	Spouse is employed as a Bank Emergency Ambulance Driver with the Scottish Ambulance Service	Works on an ‘as and when’ required basis to support service delivery	April 2023 to date
Lynsey Cleland			
1 - Remuneration	Director of Quality Assurance and Regulation, Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		

5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Lay Member, General Teaching Council for Scotland- remuneration available but not claimed		Ended 31 March 2024
9 - Close Family Members	Nil		
Ann Gow			
1 - Remuneration	Director of Nursing and System Improvement/Deputy Chief Executive, Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Member of Royal College of Nursing (RCN)	Professional membership of royal college and trade union. RCN also a stakeholder in HIS work programmes	
	Fellowship of the Queen’s Nursing Institute	Professional award for services to community nursing. QNIs also stakeholder in HIS programmes	
	Professional advisor to the RCN Foundation grants committee	Voluntary work for charity which awards hardship and education grants	
9 - Close Family Members	Nil		

Angela Moodie			
1 - Remuneration	Director of Finance, Planning and Governance, Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Director and 50% shareholder in Moodie Properties Ltd	Director and 50% shareholder in Moodie Properties Ltd	
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		
Clare Morrison			
1 - Remuneration	Director of Community Engagement & System Redesign, Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Fellow of the Royal Pharmaceutical Society	Professional body (registered Pharmacist with the General Pharmaceutical Council). RPS fellowship awarded in 2017 for distinction in pharmacy, previously member of the RPS since 1998	

	Member of Unite	Trade union and pharmacist professional indemnity	
	Honorary Doctorate from the University of the Highlands and Islands	Awarded for contribution to enhancing access to public services within the Highlands and nationally	
9 - Close Family Members	Spouse is employed by the Scottish Ambulance Service as an Emergency Ambulance Technician		
Safia Qureshi			
1 - Remuneration	Director of Evidence and Digital, Healthcare Improvement Scotland		
2 – Other Roles	Chair of the Scottish Ballet Research Committee		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Member (as a private individual) of the Edinburgh City Council Slavery and Colonialism Review Implementation Group		10 August 2023- June 2024
9 - Close Family Members	Spouse is a Non-executive Board Member of NHS Lothian		
Simon Watson			
1 - Remuneration	Medical Director & Director of Safety, Healthcare Improvement Scotland	HIS employment	
2 – Other Roles	Honorary Consultant Physician, NHS Lothian Health Board (April 2020-)	Clinical work on honorary basis for health board	
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		

6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
	Fellow of the Royal College of Physicians of Edinburgh	Membership of professional body to support work as MD and clinician	
	Member of the British Medical Association	Membership of professional body to support work as MD and clinician	
	Member of the UK Renal Association	Membership of professional body to support work as MD and clinician	
	Section Leader, UK Scout Association (voluntary work)	Voluntary work unrelated to HIS or clinical role	
	Honorary Clinical Senior Lecturer, University of Edinburgh Medical Education Faculty, providing clinical teaching to students	Educational role related to work as clinician and HIS MD	
9 - Close Family Members	Married to Consultant Physician, NHS Lothian Health Board	Personal relationship	

MINUTES – Draft

**Public Meeting of the Board of Healthcare Improvement Scotland at
 10:30, 27 March 2024 by MS Teams**

Present	In Attendance
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair	Lynsey Cleland, Director of Quality Assurance and Regulation
Abhishek Agarwal, Non-executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement
Keith Charters, Non-executive Director	Ben Hall, Head of Communications
Gill Graham, Non-executive Director	Jane Illingworth, Head of Planning and Governance
Nicola Hanssen, Non-executive Director	Clare Morrison, Director of Community Engagement and Redesign
Judith Kilbee, Non-executive Director	Lynda Nicholson, Head of Corporate Development
Nikki Maran, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Evelyn McPhail, Non-executive Director	Karlin Rodgers, Head of Finance and Procurement
Doug Moodie, Chair of the Care Inspectorate	Simon Watson, Medical Director/Director of Safety
Michelle Rogers, Non-executive Director	
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
Board Support	Apologies
Pauline Symaniak, Governance Manager	Angela Moodie, Director of Finance, Planning and Governance

1.	OPENING BUSINESS
1.1	Chair's welcome and apologies
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. Apologies were noted as above.
1.2	Register of Interests
	The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the register must be notified within one month of them occurring. Any interests should be declared that may arise during the course of the meeting. Decision: The Board approved the register for publication on the website.
1.3	Minutes of the Public Board meeting held on 6 December 2023
	The minutes of the meeting held on 6 December 2023 were accepted as an accurate record. There were no matters arising. Decision: The Board approved the minutes.
1.4	Action points from the Public Board meeting on 6 December 2023
	It was noted that all actions were complete or their status updated. Decision: The Board gained assurance from the action updates.
1.5	Chair's Report
	The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair provided the following information: a) The report includes the Blueprint for Good Governance development plan which requires approval by the Board and an agreed future reporting schedule. b) She had joined several directorate development events and was impressed by staff

	<p>enthusiasm and creativity.</p> <p>c) A positive meeting with the Minister for Public Health and Women's Health had covered maternal healthcare.</p> <p>The Vice Chair highlighted the community engagement presentation to NHS Board Chairs.</p> <p>Decision: The Blueprint for Good Governance development plan was approved for submission to Scottish Government and agreed future reporting to align with target dates for actions later in the financial year.</p>
1.6	Executive Report
	<p>The Chief Executive provided the report from which the following was highlighted:</p> <p>a) He wished to record the organisation's thanks to Jason Leitch who is stepping down as National Clinical Director for his support to HIS over many years.</p> <p>b) HIS has exceeded the target level for compliance in respect of the Network & Information Systems Regulations audit and was described by the auditor as a strongly performing Board.</p> <p>The questions from the Board and the additional information provided covered the following:</p> <p>c) The change in HIS sponsorship at Scottish Government is not expected to have a significant impact but work will be done to build new relationships.</p> <p>d) The National Cancer Medicines Advisory Group (NCMAG) issues advice about medicines but unlike Scottish Medicines Consortium advice, Boards are not required to consider it.</p> <p>e) The key recommendation impacting HIS from the Independent Review of Inspection, Scrutiny and Regulation of Social Care (IRISR) is in relation to the health and social care standards. The Board will be kept updated on progress.</p> <p>f) Delays to recruitment in the Primary Care Improvement Portfolio are due to the financial constraints but it is hoped to make progress very soon.</p> <p>Decision: The Board gained assurance on the developments reported. Action: Update on NCMAG to be provided to Quality and Performance Committee; Board to be kept updated on progress with the IRISR.</p>
2.	HOLDING TO ACCOUNT – including FINANCE AND RESOURCE
2.1	Integrated Planning
2.1.1	Quality Assurance and Regulation Plan 2024/25
	<p>The Director of Quality Assurance and Regulation provided the plan noting that it is part of the Annual Delivery Plan (ADP) and proposed activity reflects current capacity in the directorate. The following points were provided in response to a number of questions from the Board:</p> <p>a) Organisational change in the directorate has sought to improve flexibility of resources. Resources versus planned inspection activity will be kept under review through the year.</p> <p>b) Maternal healthcare inspections will use the safe delivery of care (SDoC) methodology initially which gives a broader assessment while making best use of resources.</p> <p>c) The Key Performance Indicator (KPI) for independent healthcare (IHC) inspections uses a risk based approach. This will be kept under review and a deep dive of IHC is planned.</p> <p>d) The SDoC methodology can be flexed to respond to system pressures and also uses a risk based approach to select inspections which draws from a number of sources of intelligence.</p> <p>e) Ad hoc reviews vary in number but on average HIS has delivered one or two per year.</p> <p>f) HIS' regulatory role in IHC covers any service delivered by a healthcare professional and those dentistry services which are wholly independent of NHS Boards.</p> <p>Decision: The Board noted the Quality Assurance and Regulation Plan. Actions: Plan to be considered in detail by the Quality and Performance Committee at an extraordinary meeting; in future the plan to be provided to this Committee ahead of the Board as part of the ADP; consideration to be given to re-introducing Public Partners into inspections.</p>
2.1.2	Interim Workforce Plan
	<p>The Director of Workforce provided this update and advised that it had already been considered by the Executive Team, Partnership Forum and Staff Governance Committee. The Chair of the Staff</p>

	<p>Governance Committee noted the importance of the plan setting out the workforce required to deliver the business. In response to questions, the Director of Workforce advised that work will be undertaken cross-organisationally to ensure the right skills are in the right place to deliver the work and meet KPIs, and to understand the balance needed between specialist roles and generic roles.</p> <p>Decision: The Board endorsed the planned approach to workforce plan development.</p>
2.1.3	<p>Business case: Mental Health Programme</p> <p>The Director of Community Engagement and System Redesign, and the Director of Quality Assurance and Regulation provided the business case which set out proposals for the consolidation of several programmes into one offering. It was noted following questions from the Board that it will be important to manage expectations of what HIS can deliver and have a clear exit strategy, especially in light of the funding reductions and uncertainties. Assurance was given that the scope has been discussed with Scottish Government in light of reduced funding and discussions about funding are ongoing with them.</p> <p>Decision: The Board approved the ongoing development of the business case but remitted to the Quality and Performance Committee an action to examine in more detail the delivery aspects of the business case as the timeline had not allowed scrutiny by the Committee ahead of the Board.</p> <p>Action: Extraordinary Quality and Performance Committee meeting to be arranged to consider the business case delivery aspects.</p>
2.1.4	<p>Business case: Maternity and Neonatal Programmes</p> <p>The Deputy Chief Executive/Director of Nursing and System Improvement provided the business case which set out proposals for a quality management system for maternity services to fill the current gap in assurance. The Board noted the risks related to funding of the programme and supported continued discussions with SG regarding funding. It was noted that there had not been any feedback from Boards regarding repurposing the Continuous Quality Improvement Allocations funds.</p> <p>Decision: The Board approved the ongoing development of the business case but remitted to the Quality and Performance Committee an action to examine in more detail the delivery aspects of the business case as the timeline had not allowed scrutiny by the Committee ahead of the Board.</p> <p>Action: Extraordinary Quality and Performance Committee meeting to be arranged to consider the business case delivery aspects.</p>
2.2	<p>Organisational Performance</p> <p>The Quarter 3 Performance Report, Finance Report and Workforce Report were considered together. The headline figures were:</p> <ol style="list-style-type: none"> 14 out of 22 KPIs were on or ahead of target, which is an improvement from Q2. In relation to the work programme, 62 projects were active with 46 of those on target. The financial position shows an underspend year to date of £1.8m which is expected to be £2m at year end. Scottish Government have been advised as this is out with the tolerance level and will be returned. The savings target of £1.7m is on track. There is currently a turnover rate of 10.2% and a sickness absence rate of 3.4%. The latter is higher than the same time last year. <p>The following points were provided in response to questions from the Board:</p> <ol style="list-style-type: none"> One Team is moving into business as usual work rather than being a distinct programme. The KPI for IHC inspections is behind target due to cancelled registrations which reduces overall the number of inspections that can be delivered. The KPI for the Scottish Medicines Consortium uses the time from submission of a medicine to the decision. Processes are being updated and it is expected this will soon reduce the backlog of decisions and improve the KPI. <p>Decisions: The Board gained assurance from the performance, finance and workforce reports; the Board approved the write-off of £8.4K related to an IHC service that had gone</p>

	<p>into administration. Action: Review of KPIs to be discussed with Chair of the Quality and Performance Committee.</p>
3.	ASSESSING RISK
3.1	Risk Management: strategic risks
	<p>The Risk Manager joined the meeting to speak to the paper and drew the Board's attention to the two out of appetite risks which related to cyber security and service change. In the discussion it was noted that a review of the Board's risk appetite may be timely alongside the review of the strategic risk register.</p> <p>Decision: The Board gained assurance of the management of the strategic risks. Action: Board workshop to review the strategic risk register to include review of appetite.</p>
4.	GOVERNANCE
4.1-4.7	Committee Key Points and Minutes
	<p>Committee Chairs provided key points from the quarter 4 committee meetings and approved minutes where appropriate from the quarter 3 meetings as follows:</p> <ul style="list-style-type: none"> a) Governance Committee Chairs: key points from the meeting on 21 February 2024 b) Audit and Risk Committee: key points from the meeting on 7 March 2024; approved minutes from the meeting on 29 November 2023 c) Executive Remuneration Committee: key points from the meeting on 6 March 2024 d) Quality and Performance Committee: key points from the meeting on 7 February 2024; approved minutes from the meeting on 8 November 2023 e) Scottish Health Council: key points from the meeting on 29 February 2024; approved minutes from the meeting on 30 November 2023 f) Staff Governance Committee: key points from the meeting on 28 February 2024; approved minutes from the meeting on 1 November 2023 g) Succession Planning Committee: key points from the meeting on 17 January 2024; approved minutes from the meeting on 10 October 2023 <p>The inclusion of the key points report from the Executive Remuneration Committee was highlighted as this is the first time it has been provided and it will become a regular report. It was also noted that the Committee has responded to the Internal Audit recommendation on risks and will now refer to the Board's risk register and not record its own issues.</p> <p>Decision: The Board noted the key points and minutes.</p>
5.	ANY OTHER BUSINESS
5.1	<p>There were no items of any other business.</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>

Approved by: Carole Wilkinson, Chair
Date:
Next meeting: 25 June 2024

DRAFT ACTION POINT REGISTER

Meeting: Healthcare Improvement Scotland Public Board Meeting
Date: 27 March 2024

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.6	Executive Report	Update on National Cancer Medicines Advisory Group to be provided to Quality and Performance Committee.	22 May 2024	Medical Director-Director of Safety	Complete – added to Quality and Performance Committee business planning schedule
		Board to be kept updated on progress with the Independent Review of Inspection, Scrutiny and Regulation of Social Care.	25 June 2024	Chief Executive	There are no significant updates at this stage.
2.1.1	Quality Assurance and Regulation Plan 2024/25	Plan to be considered in detail by the Quality and Performance Committee at an extraordinary meeting.	Immediate	Director of Quality Assurance and Regulation	Complete – plan considered at meeting held on 18 April 2024
		In future the plan to be provided to the Quality and Performance Committee ahead of the Board as part of the Annual Delivery Plan.	19 February 2025	Director of Quality Assurance and Regulation/Head of Planning and Governance	Complete – added to Quality and Performance Committee business planning schedule for February 2025

		Consideration to be given to re-introducing Public Partners into inspections.	25 June 2024	Director of Quality Assurance and Regulation	Ongoing consideration is being given to the ranges of ways we effectively embed public/patient perspectives in our range of inspection programmes. This will seek to build on existing work with the directorate's public partner sounding board and established processes for engaging with patients and carers during inspections, and will also include consideration of 'lay inspector' approaches in other inspection bodies.
2.1.3 and 2.1.4	Business cases: Mental Health Programme and Maternity and Neonatal Programmes	Extraordinary Quality and Performance Committee meeting to be arranged to consider the business case delivery aspects.	Immediate	Medical Director-Director of Safety	Complete – meeting held on 18 April 2024
2.2	Organisational Performance	Review of Key Performance Indicators to be discussed with the Chair of the Quality and Performance Committee (QPC).	Immediate	Director of Finance, Planning and Governance	Proposed 24/25 KPIs shared with the Chair of QPC at end of April and comments reflected in final version presented to QPC for approval in May.
3.1	Risk Management: strategic risks	Board workshop to review the strategic risk register to include review of appetite.	30 September 2024	Director of Finance, Planning and Governance	In progress – on Board's business planning schedule, date TBC

CHAIR'S REPORT TO THE BOARD – JUNE 2024**PURPOSE OF REPORT AND RECOMMENDATION**

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

- receive and note the content of the report.
- approve the proposed changes to Governance Committee membership.

NHS SCOTLAND BOARD CHAIRS**Board Chairs Meetings**

Since my report to the March 2024 Board meeting, the Chairs have met in April and May. In April, we undertook a deep dive into primary care and discussed national strategic planning. In May, we covered workforce wellbeing, succession planning for Chief Executives and the Nursing and Midwifery Taskforce. We are also discussing plans for our annual development session in September and undertaking a review of the portfolio groups that we lead.

The Chairs met in April and May with the Cabinet Secretary for NHS Recovery, Health and Social Care. NHS Recovery and Performance continues to be a standing item at these meetings and we also covered reform as well as preventative and proactive care.

I continue to engage with the Chairs through regular, informal meetings with the National Board Chairs and separate meetings with Regional Chairs. I also continue to join the Chairs Action Learning Sets which provide a useful opportunity for peer learning across Board Chairs.

Succession Planning for NHS Board Chairs

The second cohort of the Aspiring Chairs programme has now commenced. We are providing development activities and mentoring for the participant that we are hosting. Activity is being overseen by our Succession Planning Committee. One of our Non-executive Directors, Evelyn McPhail, is also taking part in the programme and I continue to act as Chair of the Advisory Panel.

STAKEHOLDER ENGAGEMENT**Internal Engagement**

The monthly all staff huddles continue to provide an opportunity for the Chief Executive and I to share key developments about the organisation. We were delighted to welcome Jenni Minto MSP, Minister for Public Health and Women's Health, to a special all staff huddle on 23 May 2024. The Minister shared very positive comments about the work of

the organisation and indicated that she would welcome a further opportunity to engage with us.

The Chief Executive and I held a further two informal meetings with staff on 3 April and 7 May 2024 which were an excellent opportunity to hear directly from colleagues and I continue to meet staff through the randomised cuppa trial.

External Engagement

The Chief Executive and I met with Christina McKelvie MSP, Minister for Drugs and Alcohol Policy. As this was held on 20 March 2024, it missed inclusion in my March report to the Board. We shared information about how our improvement programmes are working with Alcohol and Drug Partnerships to deliver the national mission to reduce drug related deaths and harms.

The Chief Executive and I met with the Chair and Chief Executive of NHS Fife on 27 May 2024. This was an introductory meeting and gave us an opportunity to share information about our strategy, particularly in relation to safety and service change. We also heard about their current priorities and challenges.

Regular meetings continue for the Chief Executive and I with our counterparts in the Care Inspectorate and I also met with the Chair on 5 June 2024. We discussed our shared concerns and responsibilities, opportunities for joint working and shared resources.

I held my regular meeting with the Chair of the General Medical Council, Professor Dame Carrie MacEwen on 30 April 2024. We discussed the Sharing Intelligence Network and Responding to Concerns which gave me the opportunity to share information about the external review we had commissioned. I also covered our continued oversight of safety in the system.

On 4 June 2024, I met with the co-chairs of the Responding to Concerns External Review. The focus of the discussion was Board oversight and governance arrangements, how we communicate our roles and responsibilities to external stakeholders and the potential for confusion around the terminology, for example concerns and complaints. The co-chairs also met with Evelyn McPhail, Chair of the Quality and Performance Committee.

The annual NHS Scotland event was held on 10 June 2024 and I attended along with Non-executive Director, Abhishek Agarwal, and the Chief Executive. This year's event was titled 'Planning for the Future: Delivering Health and Care Services through Innovation and Collaboration' and featured a strong focus on Board working together and using a Once for Scotland approach.

GOVERNANCE

Governance Committees

As a result of Gill Graham finishing her appointment on 30 June 2024, the Board is asked to approve the following changes to Governance Committee membership to take effect from 1 July 2024:

- Rob Tinlin to become the Chair of the Audit and Risk Committee.
- Nikki Maran to join the Audit and Risk Committee.

The Board received by email the terms of reference for a Quality Assurance and Regulation short life governance group proposed by the Quality and Performance Committee. These were subsequently approved by the Committee at its meeting on 22 May 2024. The group's focus will relate to Responding to Concerns and Regulation of Independent Healthcare. The group will be chaired by Evelyn McPhail, Chair of the Quality and Performance Committee with membership comprised of Non-executive Directors (Abhishek Agarwal, Keith Charters, Nikki Maran) and the Chief Executive.

Board Appointment

The recruitment round to fill the Board vacancy that will arise on 30 June 2024 will be delivered as a joint round. Although the timeline is not yet confirmed, the Succession Planning Committee is overseeing the activity that is within HIS' scope to deliver.

Non-executive Directors

Annual appraisals have been completed where appropriate for all of the Non-executive Directors of the Board and no additional changes to committee membership arose from these discussions. Appraisals will be reviewed for any development themes.

Board Development and Other Activity

A joint Board event with the Care Inspectorate was held on 23 April 2024 and provided an excellent opportunity to share information about our respective roles and responsibilities. We also identified key challenges such as resources, for our own organisations as well as those we scrutinise and regulate. We discussed the safety and quality of care in a system under pressure, key findings in our work related to leadership and culture, and the political context in which we currently operate.

A development session for our own Board was held on 17 April 2024 which featured a Board masterclass on our assurance activity. A Board seminar was then held on 29 May 2024 where we covered a Board masterclass on community engagement in service change, a review of committee activity in 2023-24 with a forward look to 2024-25, and an update from Counter Fraud Services.

Carole Wilkinson

Chair, Healthcare Improvement Scotland

EXECUTIVE REPORT TO THE BOARD – JUNE 2024

PURPOSE OF THE REPORT

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements, challenges, and external engagement. In line with HIS' [Strategy 2023-28](#) and specifically the 'One Team' approach, the structure of the report has been reviewed. Moving away from a Directorate specific approach, the content of the report is as follows:

1. REPORT FROM CHIEF EXECUTIVE.....	1
2. ACHIEVEMENTS.....	5
3. CHALLENGES & ISSUES.....	11
4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT.....	12

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

RECOMMENDATION

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

1. REPORT FROM CHIEF EXECUTIVE

NHS Greater Glasgow and Clyde Emergency Department Review

On 4th April 2024 Healthcare Improvement Scotland (HIS) announced its intention to undertake a review of safety and quality of care at the Emergency Department of Queen Elizabeth University Hospital (QEUH), Glasgow.

The review was prompted by concerns originally raised by QEUH Emergency Department consultants in May 2023 regarding the safety and quality of care in the department. While the review has been initiated in response to concerns about the Emergency Department at the QEUH, it will also take account of relevant considerations in relation to safety and quality of care across the other main receiving emergency departments in NHS Greater Glasgow and Clyde (Glasgow Royal Infirmary and Royal Alexandra Hospital, Paisley), in order to provide an informed, balanced, objective and proportionate analysis of the key challenges; identify practical, evidence-based and sustainable actions for improvement; and consider any wider learning for emergency departments across NHSScotland.

The review will adopt appropriate elements of the HIS [Quality Assurance System Framework](#) and the HIS [Essentials of Safe Care](#). It will draw on strengths and learning identified in each of the emergency departments, and will share understanding of good practice, along with potential improvements in safety, leadership and culture and patient safety and responsiveness.

A core review group has been established to ensure the effective and efficient delivery of the review and the achievement of its aims within the agreed scope. The core group comprises relevant HIS senior staff members, external professionals, and public partner representatives. The core review group will be supported by an external reference group which will provide advice, appropriate scrutiny, and validation of the work of the core review team. This group consists of external experts and will be independently chaired. The terms of reference for the review have been published on the Healthcare Improvement Scotland website and updates on the progress of the review will be provided to the Quality and Performance Committee and the HIS Board.

Review of Healthcare Improvement Scotland's Responding to Concerns Process

Healthcare Improvement Scotland (HIS) is a prescribed body under the Public Interest Disclosure Act 1998 (PIDA), a law that protects whistleblowers. HIS has a duty to respond to concerns raised by NHS Scotland staff, or referred to us by another organisation, about the safety and quality of care, with the aim of helping make care better. The process that HIS follows in responding to concerns about safety and quality of care is separate to our corporate responsibilities for whistleblowing arrangements for our own staff which is managed by the People and Workplace Directorate.

An independent review of our Responding to Concerns process is underway to ensure comprehensive learning from our response to concerns raised by Emergency Department consultants at QEUH, Glasgow and develop a robust and effective single mechanism for identifying and responding to concerns about the quality and safety of healthcare services that are received, or otherwise come to the attention of, the organisation. The review will consider and make recommendations with regard to the management and governance of:

- Disclosures made to HIS under the Public Interest Disclosures Act.
- Other concerns brought to the attention of HIS with regard to the safety and quality of care in the NHS or independent health care.

The review will consider good practice in relation to the management of such issues in other UK regulatory bodies and further afield and is expected to conclude by September 2024. The reviews recommendations will be reported to the Quality and Performance Committee and then the Board.

Delayed Discharges

The Cabinet Secretary met with Board Chief Executives at the NHS Scotland Event. There is a strong expectation by the First Minister and the Cabinet Secretary that the current position of 1,954 delayed discharges will be reduced over the next four months. This will assist in ensuring that the NHS has maximum capacity ahead of the coming winter and ensure that individuals are cared for in the most appropriate setting.

HIS is collaborating with a range of other agencies to ensure at a national level that we are prioritising our response and that interventions are targeted to maximise impact. Our Director

of Engagement and Change is leading on this for HIS and we are considering any consequential impact on other priorities.

HIS Strategy 2023-28

As the Board is aware, our performance reporting has been developing over the last year to more closely align our work programme to delivery of HIS' strategic priorities. Work is currently underway to build on this with specific strategic milestones for this year and next which are linked to the 3-year plan and Annual Delivery Plan. These will set out more clearly the planned developments and shifts in ways of working in support of our organisational ambitions and will be shared with Board members for consideration.

NHS Scotland Event – June 2024

I alongside a number of colleagues attended the NHS Scotland Event in Glasgow. Attendees included the Cabinet Secretary and Chief Executive of NHS Scotland and Director General for Health & Social Care. There was a focus on our priorities for the recovery and renewal journey, building on the learning to deliver the highest quality person-centred, safe and effective integrated care for every individual in Scotland, and laying the building blocks for future transformation in service delivery, through innovation and collaboration.

Our Communications team managed the poster exhibition this year. The poster exhibition showcased almost 200 examples of incredible projects, innovations, thought-provoking and inspiring achievements from across our health and social care service. It was noted by Chief Executive of NHS Scotland and Director General for Health & Social Care that delegates were delighted to have the poster exhibition back and it proved to be an invaluable part of learning and sharing of best practice at this year's event. Our communications team were acknowledged for their hard work in making this a success.

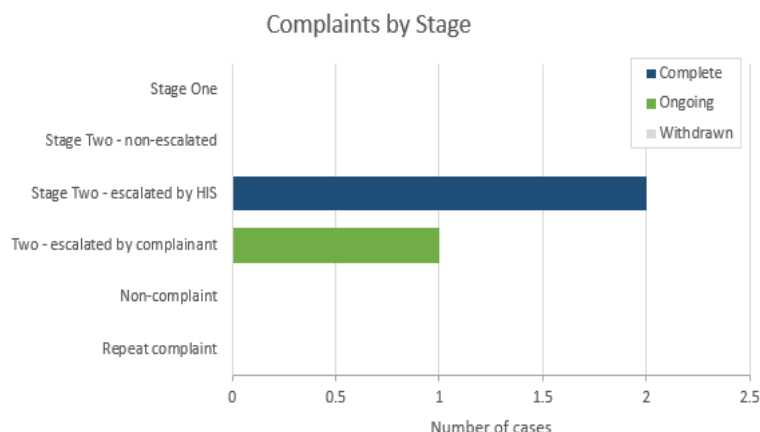
iMatter

The annual iMatter questionnaire ran until Monday 10 June 2024. The initial results indicated a response rate of 90%, a decrease from the last year where 92% of staff responded. The employee index score is 75 which has decreased from 80 in 2023. The Board, Directorate and Team reports will be published from 11 June onwards and provide an opportunity for team discussions and involvement in creating team action plans. The results of the two questions posed on raising concerns within the workplace will be published at directorate and organisational level.

Complaints Handling

Work continues to refresh and update the HIS Complaints Handling Procedure, adopting Scottish Public Services Ombudsman Model Complaints Handling Procedure. This is being undertaken alongside Senior Leadership Team/Executive Team review of Responding to Concerns and wider QEUH Complaints action plan. New Complaints Recording and reporting log in place, with reporting dashboard available, allowing data and reporting as per below to be shared for governance, assurance and learning purposes.

Corporate complaints 1st April 2024– 31st March 2025 at time of reporting.



<i>Complaints by Outcome</i>		<i>(excludes ongoing and withdrawn)</i>	
	Outcome	Number	Percentage
Stage One	Not Upheld	0	
	Partially Upheld	0	
	Upheld	0	
	TOTAL	0	
Stage Two - non-escalated	Not Upheld	0	
	Partially Upheld	0	
	Upheld	0	
	TOTAL	0	
Stage Two - escalated	Not Upheld	1	50%
	Partially Upheld	1	50%
	Upheld	0	0%
	TOTAL	2	

EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Strathclyde University Strategic Partnership

I along with our Chief Pharmacist met with Roma Maguire, Deputy Associate Principal, Strathclyde University to discuss the potential for a strategic partnership between our two organisations. The Strategic Partnership formalises and builds upon the existing working relationship between the University of Strathclyde and Healthcare Improvement Scotland and will identify potential opportunities for engagement through collaboration.

Independent Healthcare (IHC) legislation

The following Scottish Statutory Instruments (SSIs) came into force on 19 June 2024. The [National Health Service \(Scotland\) Act 1978 \(Independent Health Care\) Modification Order 2024](#). The purpose of the instrument is to:

- enable HIS to regulate independent clinics where services are provided by pharmacists and pharmacy technicians
- amend the definition of Independent Medical Agency to cover services provided by dental practitioners, registered nurses, registered midwives, dental care professionals,

pharmacists and pharmacy technicians which will include wholly online services based in Scotland

- enable HIS to cancel the registration of independent health care services that fail to pay their continuation fees

The [Healthcare Improvement Scotland \(Inspections\) Amendment Regulations 2024](#). The purpose of the instrument is to allow inspectors, authorised by HIS, to inspect medical records. Currently, the ability to inspect medical records as part of inspections undertaken by HIS is restricted to medical practitioners, registered nurses, pharmacists, and registered dentists.

The [Healthcare Improvement Scotland \(Fees\) Regulations 2024](#). The purpose of the instrument is to enable HIS to:

- prescribe the maximum fees which HIS may impose in respect of Independent Medical Agencies.
- raise the maximum fees which may be imposed by HIS on all independent healthcare services in respect of, applications for registration or cancellation of registration of independent health care services, the annual continuation of any such registration, and applications for the variation or removal of a condition of registration.
- The [Public Services Reform \(Scotland\) Act 2010 \(Commencement No. 8\) Order 2024](#). This permits HIS to regulate independent medical agencies, which will include wholly online healthcare services based in Scotland.

There is also currently a [petition under consideration](#) regarding regulation of private ambulance providers as well as ongoing engagement around the [regulation of non-surgical cosmetic procedures](#), with further secondary legislation to be brought forward in this area this year.

Health, Social Care and Sport Committee

HIS has been invited to give evidence to the Health, Social Care and Sport Committee as part of its post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013. The focus of the particular session will be exploring effective monitoring and evaluation in self-directed support (SDS) and driving improvements in SDS implementation. HIS will attend on 18 June to share experience in this area.

All Staff Huddle with Jenni Minto MSP

This was well attended by over 300 staff and we appreciated the Minister's time and willingness to engage directly with us. While some staff questions were posed to the Minister, time ran out so remaining questions were sent for her to answer after the session. The recording is available to watch till 20 June at: [Staff huddle with Jenni Minto MSP](#)

2. ACHIEVEMENTS

More Effective and Appropriate Care

Hospital at Home (H@H) - Improvement support has led to continued growth in older people/acute adult H@H services; resulting in 1,700 people accessing H@H as an alternative to time in hospital in January 2024. This is the equivalent of 495 beds at 80% occupancy, which is larger than general hospitals the size of University Hospital Wishaw in NHS Lanarkshire (455 beds). It directly contributes towards easing pressures on unscheduled care

in hospitals and supports reducing delayed discharges. H@H services have exceeded the aim of 50% growth in patients, achieving 63% growth between February 2023 to February 2024.

Scottish Government (SG) have provided £3.6 million funding to support the further development and sustainability of H@H for 2024/25. We are currently managing the bidding process, closing on 12 June 2024, that enables NHS boards and Health & Social Care Partnerships (HSCPs) to access this SG funding. HIS will provide improvement and implementation support to those receiving funding. The focus for the programme in 2024/25 will be to improve the resilience and efficiency of services whilst focusing on care home residents and those with dementia.

Focus on Frailty - Six integrated health and social care teams are part of HIS Focus on Frailty programme. Teams are working to improve early identification and assessment of frailty. Recent data submissions shows that improvement work has resulted in:

- Sustained increase in frailty identification at the hospital front door.
- Improved access to comprehensive geriatric assessment (CGA) in hospital. For example, hybrid CGA huddles are enabling integrated working between acute and community teams.
- Signal of reduction in length of stay for people identified as living with frailty in one hospital team.
- Reduced medications and medication visits through polypharmacy review.
- Improved wellbeing and reduced contact with GPs following occupational therapy wellbeing reviews.

Learning session three of the programme was held on 8 May and 98% of evaluation respondents strongly agreed or agreed that the learning session helped build resilience and momentum with their frailty improvement work. A summary of the event has been published on our [webpages](#).

The national learning system membership now stands at over 1,400 members. A webinar to highlight the draft ageing and frailty standards was jointly delivered with the Standards and Indicators team on 22 May with over 600 attendees. 100% of evaluation respondents said that they strongly agreed or agreed that the webinar helped to improve their knowledge of the ageing and frailty standards.

Focus on Dementia - We are supporting the implementation of the dementia SIGN Guideline in two key areas:

- Dementia Post Diagnostic Support
- Reducing Stress and Distress for people with dementia

This work includes:

- Providing quality improvement, strategic planning, data and evaluation support to three post-diagnostic support (PDS) sites, Dundee, Edinburgh and Lanarkshire, to improve dementia PDS and care co-ordination.
- Working with key stakeholders to take forward work to reduce stress and distress for people with dementia within in-patient settings, and in collaboration with the Care Inspectorate within care homes.

National Falls Definition Development - There is currently no national definition for a fall and a fall with harm across health and care in Scotland, which has implications for understanding and responding to the scope and scale of falls in Scotland. To address this challenge we are undertaking a two-phase research study (Modified Delphi) to develop a national definition for a fall and a fall with harm for use in all clinical and care settings. The proposed definition has progressed through the HIS Clinical and Care Governance process and is currently undergoing review and ratification by professional leadership groups across

health and social care. Following ratification, it is anticipated that the agreed definition will proceed to implementation via a cross-organisational task and finish group, coordinated by HIS One Team.

Publication of [Assessing the impact and implications of the medication assisted treatment standards on community pharmacy services report](#) outlining recommendations founded from evidence of the many ways in which people are supported by pharmacy services in Scotland whilst challenging us to consider how we might better deliver care to ultimately reduce drug related harms and improve outcomes for people and services.

Mental Health and Substance Use programme successfully developed and launched a new system of care for people with concurrent mental health and substance use issues in pilot locality, NHS Tayside.

Early Intervention in Psychosis phase 2 concluded with a Ministerial visit to NHS Tayside to celebrate the success of this new service. Testing of an assessment tool for the core mental health standards was successfully completed in three test sites, on schedule and in collaboration with SG.

Perinatal mood disorders - Our media team worked on an exclusive with the BBC to publicise our guideline on [perinatal mood disorder](#). Coverage was wide including the BBC and Daily Mail.

Standards and Indicators - The draft [Ageing and frailty standards are out for consultation](#). Virtual and face-to-face consultation events have been held across Scotland, including a webinar attended by 600 participants, and focus groups with people with living experience. The draft standards were presented at the SG cross-party group for older people on age and ageing. The Standards and Indicators team were invited to the launch of the Scottish Older People's Assembly's annual report at the Parliament. The team worked closely with HIS Frailty and Dementia portfolio colleagues to align messages across networks.

A Safer NHS

Public Summary Reports for Acute Hospital Inspections - Safe delivery of care inspections currently provide a detailed inspection report that is shared with the relevant NHS Board and published on the HIS website. While these inspection reports have been well received by the Boards, we identified a gap in the provision of a report that is accessible for public audiences. Working with public partners and people's experience volunteers we have developed a safe delivery of care public summary report to improve the accessibility of inspection reports for all audiences.

We are currently testing the approach with the last two inspections of the 2023/24 inspection programme and will use the feedback received to make any required improvements before full implementation and planned publication of the summary reports. Upon full implementation, safe delivery of care summary reports will be published alongside the full inspection report on the HIS website so that members of the public have access to the summary report as well as the full inspection report in the same location. In addition to the public summary reports, the inspection team will also publish a flash report of each safe delivery of care inspection findings on the Source for staff awareness.

Scottish Patient Safety Programme (SPSP) Acute Adult - SPSP Acute Adult collaborative which focused on reducing falls, falls with harm, and cardiopulmonary resuscitation rates concluded in March 2024. All NHS Scotland boards participated in the collaborative which ran

from August 2021. The impact of the collaborative included a 9% national reduction in the rate of falls in acute hospitals.

The evaluation of the outgoing collaborative focuses on the key transferable learning both for the topic specific workstreams, and delivery of national improvement programmes. This learning will be shared across HIS and inform the design of the next phase of the SPSP Acute Adult programme.

SPSP teams partnered with the Kings Fund and NHS Dumfries and Galloway to deliver an online learning session focussed on the key drivers of the Essentials of Safe Care – Leadership and Culture. With over 250 attendees, the session reflected on the experience of newly qualified health care professionals and the importance of compassionate leadership and need for psychological safety to help improve safety.

Healthcare Staffing Programme - the Healthcare Staffing Operational Framework has been agreed by the Quality and Performance Committee providing clarity of HIS's role and functions under the Health and Care (Staffing) (Scotland) Act and ensuring the necessary governance in place.

Cancer Care

National Cancer Medicines Advisory Group is working in collaboration with the Cancer Medicines Outcomes Programme in Public Health Scotland to support use of data from NHS Scotland to inform decision-making on proposals and in collaboration with the University of Strathclyde to better understand medicines governance for off-label and off-patent medicines across territorial health boards.

NHS recovery and supporting a sustainable system

Primary Care Investment Programme (PCIP) - All four demonstrator sites in the Primary Care Phased Investment Programme (PCPIP) have submitted their delivery plans to SG and the first in-person demonstrator site event took place in April. The event included opportunities to network and connect, workshops to plan how improvements will be delivered and updates on work taking place.

The Primary Care Improvement Collaborative held a launch webinar in April where attendees were provided with a comprehensive programme outline and an overview of tools and approaches. The first sprint focusing on Primary Care Access Programme and pharmacotherapy is underway with 13 teams participating from 4 NHS boards. The collaborative has delivered a further two quality improvement skills sessions which are open to all collaborative members. There are 101 teams participating.

The Scottish Health Technology Group (SHTG) has published three pieces of advice, including recommendations on the impact of [volatile anaesthetic gas capture technologies](#), the first SHTG recommendation to take potential environmental factors into account. Advice on the use of artificial intelligence supported clinician review of [chest x-rays](#) from patients with suspected lung cancer was published in support of the Accelerated National Innovation Adoption pathway. SHTG also published a review of the evidence for the effectiveness of the digital delivery of [cancer prehabilitation](#), which was requested by the SG.

The Scottish Antimicrobial Prescribing Group (SAPG) SAPG working in collaboration with the Right Decision Service (RDS) achieved UK Conformity Assessed (UKCA) accreditation for the antimicrobial calculators (gentamicin and vancomycin) in April and completed a successful launch and move of resources to RDS platform and app. The Commonwealth

Partnership for antimicrobial stewardship (CwPAMS) project is progressing well. The UK team had a very successful visit to Ghana in May, visiting six hospitals in the project and holding a one day event to share learning and progress. SAPG outputs continue to impact across Scotland and beyond with the SAPG advice on use of quinolone antibiotics being endorsed in a recent British Medical Journal article and a recent request for permission to use penicillin allergy resources from Gloucestershire.

The Scottish Medicines Consortium (SMC) A poster on SMC's contribution to Medicine's availability across NHS Scotland in 22/23 was presented at the annual NHS Scotland event on 10th June 2024. Members of the SMC horizon scanning team spent a day with the National Institute of Health and Social Care Research – Innovation Observatory (NIHRIO), who undertake horizon scanning for the National Institute for Health and Clinical Excellence (NICE). Potential areas of joint work were identified for ongoing collaboration and a follow-up virtual meeting is planned.

Area Drug and Therapeutics Committee Collaborative programme (ADTCC) -

The quarterly ADTCC Forum was held on 22 May 2024 with presentations from Yellow Card Centre Scotland, Scottish Cancer Network and the clinical consensus statement on GLP1-RAs (obesity medication). The forum also includes updates from key HIS work programmes related to medicines.

The ADTCC are working with several health boards and the RDS to develop a tool for help clinicians access the appropriate forms to request access to non-formulary medicines. A meeting took place to examine and discuss the proof of concept work undertaken by the RDS team. This progress will support the long-term aim of developing a unified form for the access to non-formulary medicines.

Supporting The Voices and Rights Of People And Communities

Publication of the [overview](#) of the engagement and assurance processes for service changes in NHS boards and Integration Joint Boards in line with the publication of the revised Planning with People guidance.

Launch of a [‘what is service change’ animation](#), which is aimed at service planners and engagement practitioners. It seeks to clarify the scope of HIS role and how we can support and engage with NHS board/HSCP colleagues on meaningful engagement in service change.

Publication of Citizens Panel 13 Report – SG very positive about the results on sustainability in the NHS describing it as “*a victory*” for health sustainability work across Scotland. This is due to feature in Chief Medical Officer's Annual Report in August and the results have featured in a Sustainability Newsletter which has gone out to call NHS boards.

Organising ourselves to deliver

Workforce Plan - Work is continuing to complete the Interim Workforce Plan for discussion with the Partnership Forum and Executive Team. This will then enable presentation of the draft plan to the Staff Governance Committee in early August prior to submission to the Board for final agreement.

An Organisational Change Review Short Life Working Group has now been established to deliver the recommendations from the rapid review report in relation to the formal organisational change which took place across the Quality Assurance and the Community Engagement Directorates. This group will work in partnership to take forward the actions identified through the rapid review report to ensure the implementation of the

recommendations, monitor progress of the number of short and medium-term recommendations and ensure the action plan is delivered. The group will provide regular reports on progress to the Partnership Forum.

Recruitment - activity has increased again as a result of a number of vacancies coming through the Workforce Strategy Group for approval. Many vacancies have been filled via redeployment or internally, however, a small number of specialist posts have been advertised externally to ensure that there is capacity to deliver across the organisation.

HIS Employee (Organisational Development Pool) - This work is intended to help us become more flexible and agile, enabling us to deploy skills quickly to areas of priority. To do this, we will need two things; a system to provide insight on our skills and how they are allocated across our work programmes, and, the processes and policies to support staff to be agile. We are making good progress, having created a prototype for the system and are working on a Proof of Concept for the processes and policies.

It has also been agreed to advertise externally for a number of Administrative Officers (Band 4) and Project Officers (Band 5) to enable the HIS Employee cohort to begin to be established and further discussions are ongoing with Partnership and Trade Union representatives on exploring internally staff who may be willing to join this cohort to work on a more agile basis across the organisation. A small number of staff who are on the redeployment register have already been temporarily moved to support delivery within the high priority work programmes to create more capacity within the teams.

Reduction in working week – this was implemented across the organisation from 1 April 2024 with a 37 hour working week now in place. All NHS boards are awaiting further guidance in relation to part time hours and annual leave calculations. This poses challenges to the implementation of eRostering and following any national guidance being agreed on how we calculate contractual hours, this is likely to impact on the requirement to make adjustments to contractual hours across our national systems.

A refreshed set of Key Performance Indicators (KPIs) has been developed for 2024-25 and a draft was approved at the May meeting of the Quality and Performance Committee, with a view to implementation in Q1 reporting. In a change to previous years, KPIs will be in place at both Corporate and Committee level to ensure an appropriate level of focus on different aspects of delivery.

Website – work continues on moving content from our corporate archive site to the new site, with progress at 62% of priority content moved to date. Work on building a search function for the IHC section of the website is near completion, and prioritisation on the migration of the remaining 11 local HIS websites is underway.

Following the Organisational Change Rapid Review report, a Transformation Oversight Board has now been established to strengthen governance arrangements for organisational change. This Board, co-chaired by the Chief Executive and Employee Director, will provide the board and senior leadership with assurance that any proposed organisational change is considered from an organisational perspective and will consider the risks benefit and proportionality of the change. The board will also provide assurance that directorates undertaking change will do so in line with the agreed policy and process and demonstrate partnership working. The first meeting of the Transformation Oversight Board took place on 20 May 2024 where it agreed the terms of reference and considered the feedback report from the Community Engagement and System Redesign engagement exercise.

HIS Campus Learning Offer - was launched on 22 April 2024, working in partnership and with the support and contribution of colleagues across HIS. The majority of learning

opportunities currently on offer are designed and delivered by our own internal subject matter experts, and new opportunities will continue to be offered to expand what is available on an ongoing basis. The HIS Campus learning offer is the latest phase in a series of planned changes to modernise learning and development in the organisation. Other key developments include the creation of governance around mandatory training, the rationalisation of existing e-learning platforms, the development of a single sign-in to Turas Learn via LearnPro, and the implementation of reporting tools making it easier for individuals and managers to monitor training activity.

The new Interim Learning and Development Model - was introduced at the start of 2024 which will run as a test of change over the course of this year. This will enable us to move towards a proactive, contemporary, and equitable way of supporting all staff to access the support they need to develop and grow. A key feature is a new focus on growing six organisational capabilities to support the delivery of the HIS strategy, our One Team ethos, and our plans to grow a flexible and agile workforce. HIS Campus and the Interim Learning and Development Model aim to expand our collective capacity to respond and prepare for ongoing change both within HIS, and across the wider health and care system.

Office Accommodation - Discussions continue around relocating our accommodation within Gyle Square. Working in Partnership, the intention is to vacate our second-floor suite and move to a smaller, more manageable space on the ground floor which is scoped for 50 desks and is easily accessible from the main reception. The process of re-allocation of space is part of the National Services Scotland 'Greater Use of Space' project, which, it is hoped, will be complete by the end of August 2024.

e-Rostering - Implementation has been completed in line with project plan requirements and has been rolled out across all directorates. Further work is underway to provide guidance and support on maintaining the information within the system, including leave requests. The eRostering Operational Group has been established and the initial meeting, which includes partnership, is due to take place on 12 June 2024 to look at the practical and operational requirements for the organisation, including policy and guidance requirements.

Leading for the Future - We have secured five places on Cohort 14 of Leading for the Future, the national leadership and management development programme for those in senior leadership roles across social work, social care, third sector, health and partner organisations, which will run from September 2024 to June 2025.

Data and Innovation - We have been successful in attracting a Masters student in Evidence for a short term placement to explore applications of AI in our research work. We are continuing to scope out additional opportunities in data and process automation to help inform our strategy in bringing these skills into the organisation in a sustainable way.

3. CHALLENGES AND ISSUES

Workforce

Transitioning our workforce to the 24/25 Annual Delivery Plan (ADP) and budget has been challenging at times. Our total headcount has fallen from 612 at 31 March to 566 at 31 May, mainly due to the release of fixed term contractors, while the demand on our work has continued to increase we have struggled to pause entirely some of the programmes agreed to be hibernated in our ADP. We believe this has contributed to an increase in sickness absence from 3.5% to 4.6%.

To mitigate this, we have been prioritising decisions reflected in our ADP and communicating to our stakeholders clearly on these decisions. In addition, the launch of HIS Employee will provide the agility required and in the interim we have been working with other organisations to share skills and experience.

Healthcare Staffing Programme (HSP): Capacity within the HSP, as a result of vacancies and staff absence, is impacting on programme delivery and timescales for making recommendations to Scottish Ministers on amendments of additions to the Health and Care (Staffing) (Scotland) Act 2019.

Changes to the Agenda for Change terms and conditions with the reduction to the working week has resulted in the need to change the outputs of staffing level tools in the Act. This has resulted in additional workload to implement controls and mitigations whilst a longer-term solution is identified which may come at a significant financial cost.

Primary Care Phased Investment Programme (PCPIP) - The timeframe for the design and delivery of PCPIP is challenging and requires additional staff. This has been further impacted by delays in funding and recruitment and the team is experiencing an impact on delivery and staff wellbeing with a 53% vacancy rate currently.

The **Community Care and Dementia** programme is also running with reduced capacity using existing core funds and as such have adapted our approach to ensure we meet our aims and objectives.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

NHSScotland

Hospital at home - HIS staff leading the Hospital at Home programme attended and presented at the International Conference in Integrated Care (ICIC 24) in Belfast in partnership with Northern Ireland and Scotland. The presentation showcased the progress made in Scotland to spread older people/acute adult Hospital at Home services. We also ran a workshop for all Northern Irish Hospital at Home services to introduce them to Demand, Capacity, Activity and Queue analysis and how to use it to improve flow and efficiency in their services.

Death Certification Review Service (DCRS) Stakeholder Engagement - In October 2023, DCRS gathered views from death informants on the death registration process. 127 responses were received over a 4-week period. Feedback was generally positive with 86% confirming the review did not have any impact on progressing funeral arrangements. In November 2023, in collaboration with National Records of Scotland (NRS) and the Association of Registrars of Scotland (ARoS) the service hosted a workshop to identify what was working well and any areas for improvement.

our main themes were identified:

- Lack of quality assurance on completion of Medical Certificates of Cause of Death (MCCD) by doctors (spelling errors, abbreviations).
- Delays by doctors submitting the MCCD to the registrar.
- Availability of doctors, specifically locums and/or notes.
- Delays to death registration caused by late reporting of deaths to the Procurator Fiscal.

The reports both recommended key stakeholders meet and develop an improvement plan. The first meeting of this group which includes DCRS, NRS, ARoS, Crown Office and Procurator Fiscal Service (COPFS), NHS Health Boards and funeral directors is in June 2024.

The Scottish Intercollegiate Guidelines Network (SIGN) Patient Involvement Officer presented on 'Voices that matter: Including lived experience in SIGN guidelines' at an NHS Greater Glasgow & Clyde Psychology Research Group Continuing Professional Development event. Feedback from the event showed people found it useful: *"I learned lots of ideas of ways to meaningfully involve patients and the need to do this to improve and deliver quality services"*

Standards and Indicators - Over 1800 consultation comments were received during consultation on the gender identity standards. Ten focus groups were held with people with lived experience and their families and staff working across gender identity services. We are working closely with SG, NHS Education for Scotland, Public Health Scotland and National Services Scotland to align the standards with other national work.

Adult Support and Protection (ASP) Quality Improvement Framework Stakeholder Engagement - One element of phase 2 of the ASP multi-agency programme is development of an ASP specific quality improvement framework (QIF) that the sector can use to support and inform multi-agency self-evaluation. We have recently engaged with around 100 relevant sector stakeholders from health, social work, and police in a series of events (three regional face-to-face and one online) to allow them to share their views on the draft QIF. Feedback overall was positive. The document was well received by attendees and viewed as a useful tool for local use. Information captured at the events is currently being analysed and incorporated into the final version of the QIF which will be published towards the end of the summer.

Scottish Government

Chief Medical Officer (CMO) Medical Advice Forum - We have helped the CMO to develop its medical advice forum including the important work on healthy weight in Scotland. The recent forum also received an important update from the Director of Evidence on the future work of SIGN.

Scottish Health Technology Group (SHTG) recommendation from March 2023 on placental growth factor (PIGF)-based testing to help diagnose suspected preterm pre-eclampsia continues to make an impact. The First Minister, John Swinney stated "we expect all NHS boards to ensure that the Scottish Health Technologies Group's recommendations on placental growth factor-based testing are implemented effectively and consistently." The recommendation has also been referenced widely in the media.

UK wide

SAPG have been collaborating with UK stakeholders and colleagues across 4 nations on the new UK National action plan: [Confronting antimicrobial resistance 2024 to 2029 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/confronting-antimicrobial-resistance-2024-to-2029). Published in May, it includes 9 strategic outcomes, 30 commitments and 5 targets and SAPG is working closely with SG to inform the implementation plan for Scotland.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Integrated Planning Update: Three-Year Delivery Plan, Annual Delivery Plan and Financial Plan
Agenda item:	4.1
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning & Governance
Report Author:	Jane Illingworth, Head of Planning & Governance and Julia Simac, Policy and Business Analyst
Purpose of paper:	Decision

1. Situation

As part of our annual planning process, Healthcare Improvement Scotland (HIS)'s draft Three-Year Delivery Plan and Annual Delivery Plan (ADP) were submitted to Scottish Government (SG) on 11 March 2024 and subsequently approved at the March Board meeting in reserved session. These directly aligned to HIS' draft Financial Plan for 2024-25 to 2026-27, which was also approved at the March Board.

The Financial Plan was approved by SG in April and the letter confirming sign-off of our ADP was received on 18 June and is attached (**appendix 1**). The three plans are therefore now re-submitted to the Board for formal sign-off ahead of publication (**appendices 2-4**).

2. Background

All NHS boards were commissioned by SG in December 2023 to develop the following:

- A Financial Plan covering the three years 2024-25 to 2026-27; this is provided for approval under item 2.1.2.
- Three-Year Delivery Plans (based on Medium Term Plans created in 2023-24) with detailed actions for 2024-25 (the ADP); both aligned to the Financial Plan and to the Ministerial priorities for NHSScotland as set out in guidance.

The Scottish Budget announcement on 19 December required our initial delivery plans to be revisited due to the lower financial settlement awarded to HIS. We have therefore been required to undertake a process of prioritisation to ensure we continue to deliver our strategic priorities and statutory functions within the funding that will be available to us. Throughout this process we have and will continue to update SG colleagues and have engaged with staff via the Partnership Forum as well as all-staff huddles and through line managers.

Our approach, including prioritisation and the associated challenges and risks for our ADP, has been discussed at the following:

- Board seminar, January 2024
- Clinical and Care Staff Forum, January 2024
- Quality and Performance Committee (QPC) (standing meeting as well as extraordinary meeting), February 2024
- Scottish Health Council, February 2024
- Partnership Forum: ongoing, with a particular focus in February 2024

At its February meetings, the QPC endorsed the approach to the ADP and approved the draft Three-Year Plan.

3. Assessment

In our plans we have set out HIS' commitment to:

- Protecting statutory functions
- Retaining a key focus on the safety and quality of healthcare
- Being responsive to changing pressures and risks in the system
- Ensuring our priorities are in line with the delivery of our strategy

In order to deliver against these priorities, we have had to make decisions in the following areas regarding our budget and work programme:

- How we will achieve our savings and deliver a balanced budget
- How we will use our baseline funding, including repurposing some of our funds
- How we will proceed with additional allocation-funded work, including how we will limit expenditure and risk in the absence of a guarantee of funding from SG

Changes to the Annual Delivery Plan (ADP)

We are committed to being flexible and responsive to tackle quality challenges faced by the system, and as a result we may need to continue to adapt our work programme throughout the year, and potentially stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions.

Since the submission of the draft ADP, and as noted in the sign-off letter, we have agreed with the SG policy team to reconsider our intention to pause work on **Palliative Care guidelines** and the **National Review Panel**. These will be accommodated through reprioritisation of other work and the ADP will be updated through our mid-year review process.

We will continue to report on changes to the ADP to the QPC and the Board via the quarterly performance report, having followed the organisational new commissions process as required.

Assessment considerations

Quality/ Care	We are prioritising our work for 2024-25 on the basis that it will ensure we are able to deliver both our statutory requirements as well as strategic priorities, which are grounded in driving the highest quality care for people in Scotland.
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Resource Implications	We are undertaking this process in response to constraints and uncertainty in resources to ensure we continue to deliver our strategic priorities and statutory functions within the funding that will be available to us.
	Staff will be required to work in different ways than we have previously. This will be operationally challenging and brings the risk of not having the right staff in the right place at the right time.
Clinical and Care Governance (CCG)	The Clinical and Care Staff Forum has been updated on planning. Clinical governance is a key priority and has been a key factor in decision making to this point.
Risk Management	We have identified the risks associated with this process and its implications and are reviewing these alongside our strategic and operational risk registers.
Equality and Diversity, including health inequalities	We will be reviewing the original equality impact assessments for programmes of work which may be hibernated or paused under the reprioritising, and this will be used as part of the decision making process.
Communication, involvement, engagement and consultation	We are engaging with staff through all-staff huddles, an open Q&A on the intranet, and this work continues to be discussed with the Partnership Forum.

4 Recommendation

The Board is asked to formally approve the Three-Year Plan, ADP and Financial Plan, noting that the ADP should be treated as a live document and is likely to be subject to further change during the year, in line with system needs and priorities.

It is recommended that the Board accepts the following Level of Assurance:

MODERATE: integrated operational and financial plans are in place to plan and prioritise HIS' work programme during 2024-25 and have been agreed with SG; however there remains a moderate amount of residual risk in relation to the delivery of the work programme due to financial uncertainty.

5 Appendices and links to additional information

Appendix 1: HIS ADP 2024-25 sign-off and feedback letter from SG

Appendix 2: Draft Three-Year Delivery Plan 2024-27

Appendix 3: Draft Annual Delivery Plan 2024-25

Appendix 4: Draft Financial Plan 2024-25

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Appendix 1

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19 June 2024

HEALTHCARE IMPROVEMENT SCOTLAND: ANNUAL DELIVERY PLAN 2024-25

Many thanks for submitting the Healthcare Improvement Scotland (HIS) Annual Delivery Plan (ADP) 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months, and for your patience and flexibility while we undertake the complex task of reviewing Board ADPs.

Whilst great progress on NHS Recovery has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. In particular, we understand that delivery is dependent on achieving the necessary savings as set out in your Financial Plan. This is the lens through which we have been reviewing your plan to ensure that it provides sufficient assurance that it is in line with the priorities of NHS Scotland and the Scottish Government.

In that context, we are satisfied that your ADP meets Scottish Government requirements and provides appropriate assurance under the current circumstances. I hope that this enables you to now seek final approval from your Board.

However, even more so than in previous years, whilst the Annual Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves. For example, reflecting the role of HIS in supporting work on sustainable services and, in some cases, re-aligning activities to address areas of national priority.

To help support this continuous improvement, we have gathered views from relevant Scottish Government (SG) policy leads and presented feedback as it pertains to the NHS recovery drivers, within Annex A. In addition, the well-established ADP quarterly reporting process will prompt regular two-way dialogue between HIS and policy leads on progress, in addition to informal local reporting on areas of work. The HIS Sponsorship team will be pleased to support continuous improvement through this process, with targeted support as needed.

24/25 Overview

I am grateful to HIS for the way in which development of this ADP has been approached. Policy feedback has been broadly favourable, with most policy areas commenting that the content of the ADP is as expected, realistic, achievable and in line with Ministerial priorities.. Some policy areas state that they would like to see more specifics in the ADP and that they look forward to conversations through the year on development of certain areas of work, for example, in realistic medicine, digital health and in health inequalities within primary care. I am comfortable that this detail can be agreed locally and recorded appropriately between relevant HIS and Scottish Government policy teams throughout 2024/25.

I am also grateful to HIS for rising to the challenge of identifying areas of work to pause in order to meet the financial savings challenge put to Boards.

Of these, in respect of the Scottish Health Technologies Group (SHTG) Scientific Advice Service and the Systematic Anti-Cancer Therapy work, both of which sit within my Directorate, policy leads accept the position and are seeking to reframe planned work to mitigate impact on delivery. In other areas, for example, Unpaid Carers and Excellence in Care, the policy leads accept the position, are looking to reframe planned work, and are considering whether and how to construct a request for a new commission for the HIS Executive Team's consideration.

It has been necessary for policy leads to ask HIS to re-start work on Palliative Care Standards and National Review Panels following Ministerial and Parliamentary pressure. It is the nature of government that Ministerial priorities can require an agile approach to delivery and I am grateful to HIS for looking upon these requests favourably.

I understand that HIS colleagues have received challenge on some of these paused areas individually from SG policy leads, which has been contrary to the strategic approach discussed earlier in the year. We will reflect on this as we continue to develop the ADP process going forward.

Finally, for work within the ADP which has a non-recurring allocation attached, policy leads and responsible Directors are keenly aware of DG Health and Social Care's direction to process all allocations in Q1 and I understand that every effort is being made to honour this. HIS Sponsorship and Health Finance colleagues will continue to support this, particularly in relation to funding for Drugs & Alcohol, Mental Health and Primary Care Improvement work.

Recovery Drivers

Feedback has been sorted under relevant recovery drivers and presented as "Priority Areas" where, as part of our ongoing engagement with Boards, we will be seeking assurance that actions are being undertaken to address. Alongside these, are a wider range of



“Development and Improvement Areas” which Boards should reflect on in order to drive improvements in your future planning and delivery. In respect of HIS, you will see from Annex A that no areas are flagged as Priority which means that we are satisfied with the information provided and no additional assurance is currently required, aside from that which we will see through the routine ADP reporting process. I would expect you to give consideration to the highlighted development areas, and the appropriate response to each.

Next Steps

Approval of your plan as a whole is contingent upon the understanding that HIS will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. We will be looking to provide greater clarity and consistency around how we in the Scottish Government commission work from all the National Boards, and a Scottish Government Directors Letter (DL) will issue in the coming weeks setting out expectations around commissioning of national services.

We also welcome the work being undertaken by all the National Boards to identify opportunities to release efficiency through further collaboration. The Scottish Government Health Planning Team and Sponsor Teams will engage with you over the summer to discuss how we can build on this work to ensure that future planning guidance is more appropriately tailored for National Boards to support a greater shared understanding of core National Board planning responsibilities, areas of collaboration and cross-cutting work.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely

A handwritten signature in black ink that reads "John Burns". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

JOHN BURNS



ANNEX A: POLICY FEEDBACK AGAINST NHS RECOVERY DRIVERS

General
Priority Areas
None
Development and Improvement Feedback
<p>It is recognised that the Board has been working with other National Boards and participating in a series of workshops during February and March 2024 to identify opportunities to release efficiency through further collaboration. This will form a workplan to be overseen by the National Boards Collaborative Programme Board. National Board Chief Executives have also agreed a Collaborative Charter. The Scottish Government Health Delivery Planning Team will wish to engage with the outputs of this work to help support how it frames planning of National Board priorities in future.</p> <p>HIS have flagged that due to SG strengthened controls regarding additional allocations above £1m meaning they are no longer able to accept verbal or written funding indications therefore much of the annual delivery plan is subject to funding. HIS will also only commit to work for Q1 until confirmation of funding is received. The Scottish Government will continue to work with HIS to manage any issues relating to this.</p> <p>Several risks around workforce/staffing have been highlighted. High staff turnover due to fixed term contracts and uncertainty over future projects due to funding.</p>

Recovery Driver	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
Priority Areas	
	None
Development and Improvement Feedback	
	<p>One of the priorities attached to the funding HIS receive from Scottish Government Primary Care Directorate is to help to support delivery of the PC HI SLWG recommendations. There appears to be no mention of how HIS will address health inequalities within their work on primary care, and it would have been helpful to have this included in the plan.</p>



Recovery Driver	Delivering the National Cancer Action Plan (Spring 2023-2026)
Priority Areas	
	None
Development and Improvement Feedback	
	<p>Appropriate detail is provided with respect to relevant the priorities set out in guidance. However, there is no reference to Single Point of Contact, for which HIS are responsible for delivering a scalability assessment by end 24/25. It would therefore be expected to see this work explicitly mentioned within the plan.</p> <p>The pause of Systematic Anti-Cancer Therapy Improvement work is noted, and Scottish Government will work with HIS colleagues to understand impacts of this and seek assurance about continuation of other cancer work stated.</p>

Recovery Driver	Take forward the actions in the Women's Health Plan and support good child and maternal health , so that all children in Scotland can have the best possible start in life.
Priority Areas	
	None
Development and Improvement Feedback	
	<p>There is a commitment to deliver on the actions in the women's health plan and some workstreams are highlighted which was good to see; however work on gender identity was included within this section which is not part of the women's health plan. It is also worth noting that the aim of the plan is to reduce health inequalities and improve health outcomes for women and girls and therefore we would have been keen to see a gendered lens approach threaded throughout the HIS plan.</p> <p>Very helpful to see clear commitment to prioritise work on maternal healthcare, including strengthening external assurance via existing safe delivery of care inspections to include maternity services, and to develop, in time, national standards and associated approach to assurance via the quality management system, and associated improvement work via SPSP. The Scottish Government are expecting (subject to budget confirmation) to provide HIS with additional funding to support development of maternity standards.</p>



Recovery Driver	Implementation of the Workforce Strategy
Priority Areas	
	None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.
Development and Improvement Feedback	
	HIS delivery plan offers sufficient high-level assurance and the workforce related actions/workstreams within HIS delivery plan appear realistic and achievable.

Recovery Driver	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
Priority Areas	
	None
Development and Improvement Feedback	
	<p>The Delivery Plan is detailed and sets out how particular digital services within HIS' remit (largely Right Decision Service and Scottish Health Technologies Group) support the ten drivers of recovery. This is referenced across a range of work and with specific mention of the Digital Health and Care Strategy and the Digital Health and Care Data Strategy.</p> <p>While further insight as to proposed budgets against planned work would be helpful, the proposed activity itself seems realistic and is aligned with the overall Strategies and specific deliverables set out in the Digital Health and Care Strategy's delivery plan. In particular the plan is structured to set out clearly how the digital work supports the Recovery agenda.</p> <p>One point for discussion is the proposed development of the RDS 'Being a Partner in My Care' app and supporting work with The ALLIANCE and others in developing access to services through public and school libraries. The Scottish Government Digital Team would welcome a conversation on how this aligns with the Digital Front Door and Near Me which already envisage or deliver such services and access, and will be in contact with the Board.</p> <p>There is clear reference to wider digital programmes such as the ANIA pathway, electronic prescribing, Hospital @ Home, and Prison Pharmacy. The Delivery Plan also proposes the use of digital in support of service recovery, improvement, and future sustainability, for example:</p> <ul style="list-style-type: none"> • Digital programmes for diabetes prevention and remission • Expansion of Hospital @ Home to include care homes, dementia support, and acute heart failure symptoms • The national Waiting Well service • The Scottish Cancer Network • Development of a digitally enabled staffing levels and resources tool on national platforms. <p>Section 9 'Digital services innovation adoption' explicitly sets out proposed digital work to: 'Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes'. The section references several proposed developments:</p>



- Developing digital capability that gives staff access to high quality and up to date resources to inform decision making
- Embedding MS365 across the organisation
- Working collaboratively within the ANIA pathway, specifically the Scottish Health Technologies Group horizon scanning and identifying initiatives suitable for ANIA

In regard to workforce planning and the development of a dedicated plan, this would benefit from highlighting the opportunities in developing staff digital skills and confidence and access to appropriate training and development. We would look to explore this, along with the wider use of RDS, in our ongoing discussions.

Recovery Driver	Climate Emergency and Environment
Priority Areas	
None	
Development and Improvement Feedback	
<p>It is recognised that there are limited opportunities for HIS to influence emissions related transport and active travel other than their own business travel.</p> <p>It is welcome that the Board advises that they are putting in place monitoring to advise on meeting of waste targets.</p> <p>On Energy Transition, for 2024/25, HIS' focus areas includes delivering a new Net Zero Routemap action plan and collaboration with NSS to explore solar generation with property owners. Based on the main function and size of HIS sites as well as current restrictions of capital funding, the Delivery Plan is in line with Ministerial priorities.</p> <p>HIS do not have an estate and can contribute indirectly to biodiversity through their wider sustainability and carbon actions.</p> <p>It is encouraging to note that HIS are planning their implementation of Environmental Management System and gathering data to be fed into the system. While the intention to develop a complete EMS by developing the necessary registers has been reported, it would have been helpful to include more detail on tangible actions with timescales</p> <p>No reference to Circular Economy; if the Board considers that this is not relevant for them, it would be helpful to understand the reasons.</p>	



Supporting Theme Finance & sustainability
Priority Areas
None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government <i>Health Finance Team</i> on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.
Development and Improvement Feedback
As above.

Supporting Theme Value Based Health & Care
Priority Areas
None
Development and Improvement Feedback
While there is mention of one or two actions that aim to support people and professionals (Citizens' app and value based prescribing), there is no mention of how HIS intend to support delivery of the VBH&C action plan. Practising Realistic Medicine to deliver value based health and care should be viewed by HIS/ Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.



Healthcare Improvement Scotland

Three Year Delivery Plan 2024-27

Healthcare Improvement Scotland's medium term planning and priorities

Planning context

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

We fully recognise the exceptionally difficult choices that are now facing the health and social care system at this time. HIS also acknowledges the need to visibly play its part in demonstrating value for money and in continuing to make a tangible impact in improving outcomes.

Our [five-year strategy](#), published in 2023, recognises these serious challenges and the needs of our stakeholders in meeting those. In response, we will maintain a relentless focus on quality and safety, with **four strategic priorities across 2023-2028:**

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

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

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

Consistent with the Quality Management System, which underpins our strategy, we are embedding a coordinated 'One Team' approach to how we confront and respond to the substantial threats to safety and the quality of care. Increasingly, this means that we are integrating our thinking and delivery regarding priorities such as in acute care, mental health or primary care and deploying our

expertise in a more systematic fashion across evidence, improvement support and external assurance.

In the medium term (2024-27), we will focus on:

- 1. Driving a stronger and more consistent focus on safety at a national level and ensuring safety is at the heart of all we do**
- 2. Proactively supporting the recovery and renewal of our health and social care system**
- 3. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon**
- 4. Supporting care that improves health and wellbeing outcomes, provides value for money and supports a sustainable health and care service**

Our Three Year Plan and Annual Delivery Plan are set within a challenging financial environment, which will require our steadfast commitment to:

- protecting statutory functions
- retaining a key focus on the safety and quality of healthcare
- being responsive to changing pressures and risks in the system
- ensuring our priorities are in line with the delivery of our strategy

We will be guided by the key principle, as set out in our legislation, that,

"The safety and wellbeing of all persons who use services provided under the health service and independent health care services are to be protected and enhanced."

In particular, we will protect and maintain delivery of our **statutory duties and powers**, including:

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

Further, our strategy states that:

"we will drive a stronger and more consistent focus on safety at a national level and support a better understanding of what actions are needed to deliver sustained improvement."

We intend to apply this approach to meeting the following major national priorities, which directly align with Scottish Government (SG)'s national drivers of recovery:

- maternal healthcare
- primary and community care
- mental health

- acute care
- clinical governance and health system

Our strategy sets out how we will bring together knowledge and skills from across our organisation to target our resources where they will have most impact in reducing waste, variation and harm. This applies across our functions and priorities, to whichever service area, condition or aspect of quality we are working on.

We will also apply the following principles to our support for the system:

- focus on those who are at most risk
- protect people and services from harm
- keep the system safe
- maximise scarce clinical resources

Our plans for 2024-27

In line with SG guidance we have focussed on updating our delivery plan for the next three years (2024-27) with fuller details of planned activity for 2024-25.

Our Annual Delivery Plan 2024-25 sets out our planned programme of work for the coming year, with a specific focus on our contribution to the SG's ten national areas for recovery ("the recovery drivers"), as outlined in the 2024-25 delivery planning guidance.

Our three year plan sets our work in the broader context of delivering our five-year strategy, including our statutory responsibilities and our relentless focus on the safe delivery of high quality care.

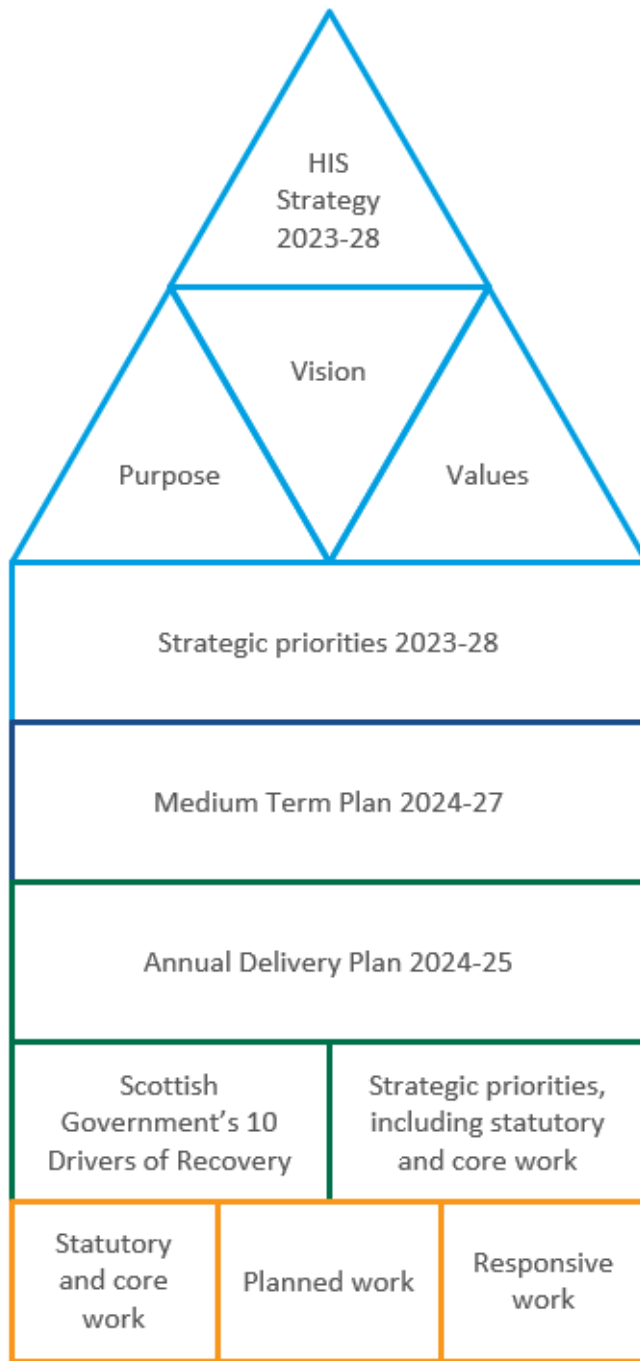


Figure 1: Interrelationships between HIS's strategy, SG planning requirements, and our core areas of work.

Our three year delivery plan

We outline below what we plan to deliver from 2024–27. Much of our work will cut across more than one recovery driver, however we have highlighted the primary drivers supported through each of our priorities areas to demonstrate alignment.

1. Driving a stronger and more consistent focus on safety at a national level and ensuring safety is at the heart of all we do

Recovery drivers supported:

- **Cross-cutting**
- **Workforce**
- **Women and children’s health**
- **Mental health**

The safety of patients and service users is paramount, and we believe it is a priority that HIS continues to provide appropriate external assurance of the safety and quality of care. We will continue with our inspection and review activities in a proportionate and sensitive way that minimises the impact on the delivery of frontline care while still providing assurance for patients and the public. Our [Quality Assurance System](#) underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework.

We will continue to focus on the core components of the Scottish Patient Safety Programme (SPSP) which include the Essentials of Safe Care and programmes in acute adult, primary care, mental health and perinatal and paediatric services. We will co-design and launch the next phase of the SPSP Acute Adult Programme and continue our redesign of SPSP mental health by identifying key safety themes. The SPSP Perinatal Collaborative will focus on reducing stillbirth, understanding and addressing the variation in the caesarean section rate, improving the recognition, response and review of the deteriorating woman/birthing person, and reducing neonatal mortality and morbidity. The SPSP Paediatrics Programme will focus on the deteriorating child and young person, with an aim to reduce harm caused by deterioration in acute paediatric settings.

National leadership and intelligence sharing

As part of providing national leadership for safety in Scotland, we will develop a more regular and systematic approach to sharing advice, knowledge and intelligence for safety in the system at a national level. A key focus in 2024-25 and beyond will be strengthen our ability to identify, understand and proactively respond to concerns. We will ensure systems and processes (such as the Sharing Intelligence for Health and Care Network) are in place to enable effective sharing of intelligence both internally and with key stakeholders. We are developing the HIS Safety Network which shares and considers the intelligence held across our organisation, enabling us to ensure we are focussing our own work on the right areas, and to discuss, debate and improve approaches to key safety challenges with partners and stakeholders.

Maintaining agility and responsiveness to changing pressures and risks

Recognising that HIS has a statutory responsibility to protect and enhance the safety and wellbeing of all people who use health and care services, this must continue to be at the heart of all we do. It is essential that in the context of current service pressures, we maintain our focus on safety and quality, and making sure people get the right care in the right place, through our statutory assurance and regulatory functions as well as point of care tools and improvements.

Previous high-profile failures in care have involved failures in both first and second lines of defence for patient safety, through those at the 'front line' raising concerns and not being listened to, and corporate governance systems failing to effectively identify and respond to risk indicators and signals of potential failures in safety and quality of care. As a national organisation we have a role in providing a third line of defence in terms of our statutory duty to support, ensure and monitor the quality of healthcare in Scotland.

Maternal healthcare

External quality assurance of the safety and quality of maternity services in Scotland is an area of growing focus, particularly following the Ockenden review in England, the forthcoming publication of the HIS Neonatal Mortality Review and the first report from the National Hub for Reviewing and Learning from the Deaths of Children and Young People, which HIS co-hosts in collaboration with the Care Inspectorate.

We therefore believe there is a need to have maternal healthcare as a significant strategic priority for our organisation and consistent with the Quality Management System approach. We intend to strengthen external assurance, develop, in time, national standards, and build a programme of improvement for maternity care, which reflects our existing commitment through the SPSP Perinatal Collaborative. As an immediate step, we will widen the scope of the existing safe delivery of care inspections to include maternity services. This will give a holistic assessment of the safety and quality of NHS services within a board, particularly when considered alongside findings from justice and integrated care service inspections, which can help inform ongoing improvement support. Assurance work for maternity services will be in parallel with standards development using the Quality Assurance Framework, existing standards and guidance to give a baseline assessment and inform ongoing priority areas for the organisation.

Support to NHS Boards

Following the positive feedback regarding the bespoke support we previously provided to two boards, we are committed to further developing our targeted, responsive and agile and support for boards both before and after our inspections on the safety and quality of care. This work includes person-centred approaches, safe communication, leadership culture and safe clinical processes. Embedding this holistic quality management approach to our assurance, improvement, evidence and engagement functions, will deliver significant benefits for other NHS Boards.

We will continue to bring together our knowledge and experience in safety in a more connected way across the organisation through our Quality Management System, for example by strengthening connections between point of care improvement work and inspection findings, especially in our mental health work in the forthcoming year.

Helping boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time

1 April 2024 will see the enactment of the Health and Care (Scotland) (Staffing) Act 2019. We have delivered responsive and proactive improvement support and expertise to boards through their preparations for the enactment, providing opportunities to develop a national learning system and network. Looking ahead, we will help boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time. Our work also supports key priorities in the National Workforce Strategy for Health and Social Care.

2. Proactively supporting the recovery and renewal of our health and social care system

Recovery drivers supported:

- **Primary and community care**
- **Urgent and unscheduled care**
- **Mental health**
- **Planned care**
- **Health inequalities and population health**

Supporting the shift in the balance of care closer to people's homes

Hospital at Home (H@H) provides a safe, patient centred alternative to an acute hospital admission. It provides a better outcome for the patient, who receives treatment in the safety and comfort of their own home, as well as reducing pressure on hospital sites. Since 2020 we have supported NHS Boards and Health and Social Care Partnerships (HSCPs) across Scotland develop and expand H@H services and we will continue to do so by providing a national infrastructure which includes national data collection and analysis, providing opportunities for peer-to-peer learning and collection and synthesis of evidence demonstrating its impact.

Developing more sustainable primary care

The Primary Care Phased Investment Programme will support HSCPs and primary care services to accelerate progress on implementing aspects of the [General Medical Services \(GMS\) contract \(2018\)](#). The programme will be delivered at pace to support teams to explore challenges, identify areas for change and improve services.

Mental health

We will support delivery of the Mental Health and Wellbeing strategy across our improvement, assurance and evidence functions.

Following the publication of the new SG mental health standards we will use SPSP methodology: The Essentials of Safe Care and our Quality Management System approach to develop and pilot tools to help services self-assess whether they were achieving the standards. Through this we will make and suggest improvements to both the self-assessment tool and the standards, alongside the development of an improvement programme to support services in areas identified.

We will work to reform mental health services for people who experience the poorest care to deliver safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/inpatient care. This work will take a co-design approach, engaging with people, communities and the system to identify the high priority challenges and improve pathways of care.

National mission to reduce drug related deaths and harms

To support the delivery of the national mission to reduce drug related deaths and harms, SG commissioned HIS in April 2022 to work with Alcohol and Drug Partnerships (ADPs) to improve the long-term health outcomes for the most vulnerable people who seek treatment and recovery from drug and alcohol use.

We are consolidating our various work programmes in this area, to focus on areas of greatest need, including:

- Breaking down silos between substance use and mental health services by developing and supporting implementation of a protocol of how they work together
- Providing a learning system to support improvement and reform across ADPs
- Providing improvement programmes in specific service areas including residential rehabilitation and implementation of Medication Assisted Treatment (MAT) standards

3. Reducing inequalities in care by making sure the views of diverse and seldom heard groups are listened to and acted upon

Recovery drivers supported:

- **Health inequalities and population health**
- **Women and children's health**

These priority areas reflect the commitments in our Anchors Strategic Plan for 2023-26. As a national board our focus is on impacts across Scotland, and we see our greatest contributions as an Anchor institution as being in the areas of procurement, employment, equalities and community empowerment and involvement in service design.

We will share our expertise on equality, inclusion and human rights, person-centred care and deliver on our statutory duties relating to equality and children and young people which have associated action plans. We will report on progress on 2, 3 and 4-yearly cycles. We outline key activity relating to children and young people in our [Corporate Parenting Action Plan 2023-26](#).

As mentioned above, we will also be focussing on maternal healthcare as a strategic priority, particularly through external assurance, the development of national standards, and a programme of improvement for maternity care.

We carry out equality monitoring of all our engagement activity so that we understand who we have worked with and – importantly – who we have not, so that these gaps in representation can be addressed. We will also continue to ensure our all our work undergoes an Equality Impact Assessment process and includes the voice of those with lived experience, for example through reference groups, short life working groups and third sector commissions for wider engagement. Through this activity we will support the implementation of the Women’s Health Plan and ensure our work aligns with the United Nations Convention on the Rights of the Child, The Promise, Getting it Right for Everyone and Getting it Right for Every Child.

Embedding best practice in listening, understanding and acting on the views of people who need, use and deliver services and use of our Quality Framework for Community Engagement and Participation
As an Anchor institution, we will strive to place equity at the centre of all decision making. One of our strategic priorities is to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.

At a time of unprecedented change in the system, it becomes increasingly important that we support and promote the use of innovative approaches to inclusive engagement in the design, delivery, improvement and assurance of health and care across Scotland. Our Community Engagement function supports, ensures and monitors NHS bodies' statutory duties on public involvement and meaningful engagement in relation to service change. This includes providing advice and support on best practice as well as assuring engagement is undertaken.

We will also embed use of our Quality Framework for Community Engagement and Participation to help NHS Boards and HSCPs self-evaluate how they are meeting the principles within Planning with People guidance, and inform improvement plans for their engagement activities. We will empower people, communities and the public to have their say in health and care. This will include informing policies and decisions on health care services by building evidence from engagement, such as through our Citizens' Panel.

Embedding perspectives of service users and carers across our work programme

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

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

Healthcare and justice

HIS also plays a crucial role in providing quality assurance of the healthcare provided to people within the justice system. We do this by managing the healthcare element of His Majesty's Inspectorate of Prisons for Scotland inspections of prisons and His Majesty's Inspectorate of Constabulary in Scotland of police custody suites. We work to ensure individuals in custody and prison receive equitable healthcare and support compared to the general population, while considering the constraints of the prison or custody environment. Our Health and Justice programme further supports pharmacy and prescribing in prisons.

4. Supporting care that improves health and wellbeing outcomes, provides value for money and supports a sustainable health and care service

Recovery drivers supported:

- **Cancer care**
- **Digital services innovation adoption**
- **Climate**

HIS is a key delivery partner in [Delivering value based health and care: a vision for Scotland](#). Many areas of our work supporting this, including Realistic Prescribing, the work of the Scottish Health Technologies Group (SHTG) and the work of the SMC and the National Cancer Medicines Advisory Group (NCMAG).

In relation to effective prescribing and stewardship, the Scottish Antimicrobial Prescribing Group (SAPG) works closely with NHS National Services Scotland to identify unwarranted variation in antimicrobial prescribing and then supports boards with improvement initiatives.

Supporting digital transformation

We will develop digital capability that gives frontline staff access to high quality online and up-to-date resources to inform professional decision making.

Across our Evidence and Digital Directorate in particular, we will support improved delivery through better use of digital and tools, including the expansion of the [Right Decision Service \(RDS\)](#). RDS aims to provide access to local and national guidance, pathways, calculators and other decision support tools on a Once for Scotland basis to health and care professionals in Scotland. This is a key objective within Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy.

Through the Healthcare Staffing Programme we will also continue to support real-time staffing decision making through a suite of digital tools.

Within HIS, we will invest in our digital capability to ensure secure, resilient and sustainable systems and that our staff are digitally empowered. We will also focus on developing digitally-connected, accessible information systems that inform our work and stakeholders, including our intelligence and web presence.

Evaluating promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money and support a sustainable health and care service

The SHTG provides evidence support and objective advice to NHS Scotland on the use of new and existing health technologies. SHTG will continue to provide evidence support to the Accelerated National Innovation Adoption (ANIA) pathway to fast-track proven innovations into the healthcare frontline on a Once for Scotland basis. ANIA will ensure the quick and safe rollout of technological innovations that will improve patient outcomes, improve patient and staff experience, and which are both financially and environmentally sustainable.


The cost of new medicines remains a financial pressure across the NHS, and while SMC will continue to work within policy and statutory obligations, we will continue to provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines, as well as provide NHS health boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction. We will also support learning on the clinical and cost effectiveness of medicines through the Area Drug and Therapeutics Committee Collaborative (ADTCC).

The NCMAG programme will continue to work closely with the SMC to support improvements in patient's outcomes and experiences and support territorial board efficiency and consistency in medicines governance and medicines access.

Supporting a sustainable health and care service

We are part of the National Board Collaborative Charter, whose purpose is maximising the effective use of our collective resources, improving the quality and sustainability of our services, and making the best use of public funds.

National Board Collaborative Charter


National Boards
Collaborative

Purpose:
To maximise the effective use of our collective resources, improving the quality and sustainability of our services and making the best use of public funds.

Principles:

Inclusive by nature.
Our organisations will look to share, partner and offer access to products, services and initiatives.
Encouraging a 'once for' approach

Transparent.
We will be open in all our dealings and realistic about opportunity and challenge

Respect difference, seek commonality.
We will seek to understand and support unique aspects of our organisations, while actively seek commonality and opportunity

Accountable.
We will make commitments that are fully understood and ensure they are delivered

Respectful challenge.
We will champion change and encourage the removal of barriers

Collective benefit.
We will provide mutual support and aid to ensure benefits and costs are shared

We also have a role in the delivery of the NHS Scotland climate emergency and sustainability strategy, as well as in the consideration of how we incorporate sustainability a core element and underpinning of our work. We continue to enhance our collaborative work on sustainability and climate change and help develop and implement national sustainability plans while meeting our statutory duty. We have established a National Boards Sustainability Group, to share learning and undertake joint activity.

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Risks

We fully recognise the exceptionally difficult choices that are now facing the health and social care system. HIS also acknowledges the need to visibly play its part in demonstrating value for money and in continuing to make a tangible impact in improving outcomes.

Financial risks

Our overall savings target for 2024-25 is £2.5m which equates to 8% savings against £33.8m baseline funding, which has been already reduced by 4% from the 2023-24 position. This includes our contribution to the non-patient facing national boards collective reduction in recurring funding of £30m. Alongside other national boards, this carries a substantial degree of stretch and will have an impact on aspects of our work.

HIS carries a significant degree of risk with regard to additional allocations funding, which accounts for £9.7m or 29% of our projected total income in 2024-25. To ensure we meet our financial obligations and ensure we do not destabilise key programmes, we are required to make difficult choices about what we can sustain in 2024-25 while meeting our statutory duties.

In addition, other significant financial risks in the medium term include certainty of recurring funding for pay awards and further savings targets required of our board in the medium term.

Reputational risks

HIS has responsibilities set out in legislation in fulfilling its duties. These include protecting and enhancing the safety and wellbeing of those that require healthcare. The proposed budget for 2024-25 will potentially have an impact on how we discharge these responsibilities and the breadth of our efforts in supporting improvements in health and social care. We are therefore ensuring we protect and maximise the impact we make in key priority areas, especially statutory functions.

Workforce risks

Our staff remain the largest asset to the organisation and a key enabler in delivering this plan. Our workforce model must be flexible and agile to focus our strengths and resources on addressing challenges to secure positive, sustainable change in the health and care system. We do not underestimate the impact this level of change and uncertainty will have on our staff and the risk that creates staff wellbeing and retention.

Challenges in workforce planning

The current challenges in relation to workforce planning are as follows:

- **Financial pressures**

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

The One Team approach to how we manage our fixed term contracts in the future will assist and support our workforce development plans as well as our organisational strategy and delivery plans.

- **Workforce shortages/competition**

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

- **Recruitment employment challenges**

Given the nature of our funding we are reliant on a proportion of fixed term contract appointments and the need to attract individuals on secondment from other NHS Boards. The One Team approach to developing a new framework to manage fixed term posts and a new workforce model should support us to overcome these challenges by minimising the reliance on the use of fixed term contracts and having greater scope to flexibly deploy and develop staff across the organisation as work priorities change.

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Healthcare Improvement Scotland

Annual Delivery Plan 2024-25

Introduction

The financial context and associated uncertainty create a challenging set of circumstances for Healthcare Improvement Scotland (HIS) in developing the Annual Delivery Plan. Arguably, the combination of factors – a health and care system under the most significant strain, a tough and deteriorating outlook for public finances and deep-seated workforce pressures – makes this the most difficult year since the inception of HIS. As an improvement organisation we need to work within our resources and be agile in response to changing circumstances while at the same time maintaining a focus on our strategic priorities.

Our plans for 2024-25 require commitment to:

- Retaining a key focus on the safety and quality of healthcare
- Being responsive to changing pressures and risks in the system
- Protecting statutory functions
- Ensuring our priorities are in line with the delivery of our strategy

In order to develop our Annual Delivery Plan (ADP) for 2024-25, we have had to make key decisions in the following areas regarding our budget and work programme:

- How we will achieve our savings and deliver a balanced budget
- How we will use our baseline funding, including repurposing some of our funds
- How we will proceed with additional allocation-funded work, including how we will limit expenditure and risk in the absence of a guarantee of funding from Scottish Government

As a result, we may need to stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions. We are committed to being flexible and responsive to tackle quality challenges faced by the system, and as a result we may need to continue to adapt our work programme throughout the year.

This means that our ADP needs to be treated as a live document, subject to change. We will engage with Scottish Government, our staff, strategic partners, and stakeholders throughout the year to ensure that our actions reflect priorities and needs while recognising that difficult decisions may have to be made. We welcome the support of our sponsors in these.

Refocusing our priorities

The priorities in the ADP reflect major policy imperatives and objectives which reflect our strategy for 2023-28. In the coming year we will be putting additional or new emphasis on the following areas which are intended to ensure we are focused on protecting and enhancing the safety and wellbeing of those requiring health and care:

1. Further investment in external assurance

We will redirect resources to further invest in external assurance in relation to the safety and quality of care, in response to system pressures and quality challenges.

This will include recruitment of inspector and reviewer posts to ensure that HIS continues to meet existing statutory inspection functions in assuring safety and quality of healthcare across hospital, justice and integrated care settings, as well as stabilise resource for established review programmes (including adverse events and Responding to Concerns).

2. Establishing responsive support to boards experiencing safety and quality challenges

We will establish capacity to deliver on-site improvement work in the form of a multidisciplinary responsive support team to NHS Boards and systems experiencing safety and quality challenges. It will focus on high risk issues emerging in the system identified via issues raised through our assurance function.

The programme will support increased safety for a specific site or service in collaboration with the organisation seeking support. HIS will draw upon assets from across the organisation to address immediate issues and support sustainable improvement.

The proposed workforce model comprises a core team who co-ordinate the work, and an adaptive team tailored to the specific needs of each situation. The approach to setting up the teams and resource implications is in development and is likely to impact on delivery of existing programmes of work in the ADP. We will establish governance structures and engage with stakeholders to manage these changes during the year.

3. Improving the safety and quality of maternity services

We will redirect resources to introduce a quality management approach to the quality and safety of perinatal services and care delivery within Scotland. This is a recognised priority for us to address, particularly following several high-profile failures in maternity services and over the last year HIS has been in discussion with SG and the service to explore how this might be progressed.

During 2024-25 we will prioritise national work in maternal health inspections and standards. In the first instance this will be addressed through incorporating maternity services in existing Safe Delivery of Care methodology for inspecting acute hospitals. The ongoing delivery of the Scottish Patient

Safety Programme (SPSP) perinatal collaborative will also be a key element of the QMS approach, along with the work of the Healthcare Staffing Programme.

In our ADP (Section 7), we provide further information on our plans to use a QMS approach to manage the quality and safety of perinatal services and care delivery within Scotland. As noted above this comes with implications for the prioritisation of other programmes in our ADP and there are risks to delivery in the absence of additional funding, further outlined below.

4. Protection of our statutory functions

We will also continue to deliver against and protect our statutory obligations, recognising that:

- We must retain a relentless focus on the safety and quality of healthcare delivery.
- Significant service change is expected in 24/25, resulting in further demand for HIS to support Boards in their statutory duties relating to involving people and communities in service change.
- We need to support the national prescribing pressures in relation to sustainability and value around medicines.
- We may need to respond to Ministerial directions and reviews (e.g. the Independent Review of Inspection, Scrutiny and Regulation).

Risks relating to these areas are outlined further below.

Our approach to supporting delivery of the ADP

To deliver in these areas, we will need to prioritise resources and make some difficult decisions about reshaping or stopping some of our current work programmes.

1. We will **refocus our Continuous Quality Improvement Allocations** (baseline funding of £0.9m) to resource the priorities outlined above. To date these annual allocations to all territorial boards have been used to support targeted approaches to improving quality and efficiency, in particular via clinical governance teams. The usage of the money has varied notably from board to board and it is proposed that this new approach will provide for more consistent delivery and impact in the safety and quality of a key area of concern.
2. We have **reviewed our additional allocations** and identified opportunities to apply efficiency savings, pause or stop these from 1 April 2024, to reduce the risk to HIS. The Scottish Government has strengthened controls regarding the issuing of additional allocations and all allocations above £1m will require the approval of the Cabinet Secretary. As previously stated these new controls mean that we can no longer accept verbal or written indications of funding from Scottish Government which are outside this new process. Our approach is as follows:
 - If allocations are not received, or received in part only, we will need to review whether we can continue deliver of these programmes as outlined in the ADP. For this reason, the detail in a number of areas of **the ADP is subject to confirmation of funding**.

- We are taking a **phased approach** to three large programmes of work in order to minimise both the financial and delivery risk to HIS. We will only continue the work beyond Q1 if funding from Scottish Government is confirmed, otherwise this work will be paused and resources redirected elsewhere in the organisation.
- For some programmes of work, we will **combine several allocations** and apply **efficiency savings** for 2024-25.
- Any new programmes of work emerging after approval of the budget and ADP must follow HIS' new commission process to determine whether they will proceed. This includes new work identified by our SG sponsors as well as programmes identified internally by HIS.

The table below sets out our planned approach to additional allocations in 2024-25:

To proceed			To Pause
Continue as is	Cost savings applied	Funded from HIS baseline in absence of alternative funding source	May be reconsidered in-year based on allocations and other priorities
Adult Support & Protection	Drugs & Alcohol Programmes*	Volunteering Systems	Excellence in Care
Police Custody	Mental Health Reform Programme inc. inspections*	Barnahus Standards	Infection Prevention Control inspections of inpatient mental health units*
Hospital at Home	Primary Care Improvement Programme	Gender Identity Standards	Unpaid Carers
Right Decision Service	Health & Care Staffing Act (<i>additional to baseline funding</i>)	Sudden Unexpected Death in Infancy (SUDI)	Palliative Care Guidelines
National Cancer Medicines Advisory Group (NCMAG)	Scottish Medicines Consortium (SMC) (<i>additional to baseline funding</i>)	Caesarean Section	SHTG Scientific Advice
		Citizens' Panel	Systematic Anti-Cancer Therapy Improvement

		What Matters To You	National Review Panel
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* Existing programmes will be consolidated and repurposed

Programmes highlighted in red will be paused and hibernated at the end of Q1 if confirmation of funding for the remainder of the year has not been received by SG

Further risks and interdependencies of note

The above approach to additional allocations highlights several programmes at risk should allocations not be forthcoming. In addition, the ADP sets out the high level risks in relation to HIS' financial balance and delivery in the coming year.

It is particularly important to note the **£2.5m savings target** (8%) across the organisation and the uncertainty of funding of the 2024-25 pay award; further work is needed to understand additional impacts on this on the ADP. It is likely further changes or pausing of work will be required to work within this affordability criteria. Teams across the organisation are continuing to model and plan how we can ensure delivery against our priority areas, but the following specific areas are worth noting:

- A number of our statutory functions continue to be funded by unconfirmed additional allocations, putting these at risk. These include Adult Support and Protection and Police Custody inspections as well as elements of the Healthcare Staffing Programme and SMC.
- The current programme of **inspections of mental health** inpatient units has been paused to deploy resource to other urgent statutory assurance priorities, pending confirmation of the future funding of mental health assurance work. If the allocation is confirmed during Q1 this resource will need to be redirected back to mental health work which may impact on the delivery of other inspection programmes.
- If additional funding for the development of **a comprehensive approach to improving the quality of maternal health care** is not received, a decision will need to be made in relation to pausing or postponing the development of other aspects of our work, which will also require the consideration of SG policy colleagues.
- It is anticipated that the level of volume and complexity of **service change**-related work across the healthcare system will increase sharply during 2024/25 and subsequent years as services are forced to move to more sustainable models of delivery. There will be a need to prioritise and redirect resources to respond to the anticipated increase in these activities.

Developing our ADP for 2024-25 has required difficult choices for us as an organisation in ensuring we meet our statutory obligations and our central role in enhancing and protecting the safety and wellbeing of those that require health and care. However, we are committed to working closely with Scottish Government as we negotiate the challenges that lie ahead and value the support of our sponsors and policy colleagues.

Annual Delivery Plan 2024-25

The following plan outlines our work for 2024-25 as it aligns with the Scottish Government guidance and recovery drivers. It will not capture the full breadth of our work, but should be read alongside the Three-Year Plan, which outlines all our priorities including statutory work.

Many programmes of work will align to multiple recovery drivers and will be reported in this way in our work programme. For this delivery plan, we have organised our work based on the primary recovery driver it will support.

Within the Scottish Government guidance for the development of this plan, several planning priorities were indicated for each recovery driver. We have included information on those that are relevant to as well as information on additional areas.

Safety

As we describe in our Three-Year Plan, a focus on safety at a national level will underpin our work for 2024-25 and beyond. This work will cut across the recovery drivers.

We will continue with our inspection and review activities in a proportionate and sensitive way that minimises the impact on the delivery of frontline care while still providing assurance for patients and the public. Our [Quality Assurance System](#) underpins the design and delivery of our assurance programmes and includes a Quality Assurance Framework. Our methodologies also align to the Excellence in Care framework which includes a Quality Management System approach. Healthcare Staffing expertise and support with the triangulation with the quality and safety of care will also be provided by members of the HIS Healthcare Staffing Programme (HSP) supporting HIS's role and function to monitor boards' compliance with staffing duties.

In 2024-25 we aim to carry out a minimum of 12 Safe Delivery of Care hospital inspections considering the inclusion of community hospitals as well as acute sites where data suggested an inspection would be required.

We will continue to focus on the core components of the SPSP which include the Essentials of Safe Care and programmes in acute adult, primary care, mental health and perinatal and paediatric services. We will co-design and launch the next phase of the SPSP Acute Adult Programme and continue our redesign of SPSP mental health by identifying key safety themes. The SPSP Perinatal Collaborative will focus on reducing stillbirth, understanding and addressing the variation in the caesarean section rate, improving the recognition, response and review of the deteriorating woman/birthing person, and reducing neonatal mortality and morbidity. The SPSP Paediatrics Programme will focus on the deteriorating child and young person, with an aim to reduce harm caused by deterioration in acute paediatric settings. The work in SPSP will build on the mental health collaborative which focused on reducing use of restraint, seclusion and improving observation in inpatient settings.

The Responding to Concerns programme will continue to focus on assessment of concerns raised by NHS staff. HIS has a statutory duty under Public Interest Disclosure Act (PIDA) legislation to respond to these concerns that have the potential to impact on safety or quality of care within the NHS. The approach for the programme is being reviewed during 2024.

The adverse events framework is currently under revision in collaboration with all NHS Boards and partner organisations. This framework will include guidance for reporting, reviewing and learning. The standardisation programme of reporting of all levels of adverse events for key categories continues which will provide more robust analysis of adverse events reporting on a national basis.

We continue to undertake our regulatory functions in relation to independent healthcare and the use of medical ionising radiation. Both are key to protecting patient safety. We will continue to inspect services and respond to notifications of adverse or other events that impact the services. For independent healthcare services, we will continue to investigate complaints made by patients.

We will develop a more regular and systematic approach to sharing advice, knowledge and intelligence for safety in the system at a national level. A key focus in 2024-25 and beyond will be strengthen our ability to identify, understand and proactively respond to concerns. We will ensure systems and processes (such as the Sharing Intelligence for Health and Care Network) are in place to enable effective sharing of intelligence both internally and with key stakeholders. We are developing the HIS Safety Network which shares and considers the intelligence held across our organisation, enabling us to ensure we are focusing our own work on the right areas, and to discuss, debate and improve approaches to key safety challenges with partners and stakeholders.

HIS will establish a programme to deliver on-site improvement work through the development of a multidisciplinary responsive support team to NHS Boards and systems experiencing quality challenges. It will focus on high risk issues emerging in the system identified via issues raised through HIS's assurance function and support increased safety for a specific site or service in collaboration with the organisation seeking support. HIS will draw upon assets from across the organisation to address immediate issues and support sustainable improvement. The proposed workforce model comprises a core team who coordinate the work, and an adaptive team tailored to the specific needs of each situation. The approach to setting up the teams and resource implications is in development, including potential impact on delivery of existing programmes of work.

We are also developing core care and clinical governance standards which will incorporate key aspects of safe care.

The Right Decision Service (RDS) will continue to contribute to patient safety by delivering evidence for decision making through everyday technology to clinicians at point of care. It also provides tools to package and present learning from inspection and improvement in decision-ready formats that enable scale up and spread of good practice. More information on the RDS is available in Section 9.

Additional work in safety is referenced throughout this plan.

Delivery of core primary care services and ongoing development of Community Treatment and Care (CTAC) services

We will undertake several programmes to support the delivery of primary care services.

Primary Care Phased Investment Programme

This programme will support NHS Boards, Health and Social Care Partnerships (HSCP) and primary care services to accelerate progress on implementing aspects of the [General Medical Services \(GMS\) contract \(2018\)](#). The programme will consist of two main components:

- **Demonstrator sites:** We will support four demonstrator sites from across Scotland to use a quality improvement approach to test full implementation of the two regulated contract services, CTAC and pharmacotherapy services while continuing to deliver the other services. We will work closely with the demonstrator sites to:
 - create the conditions for change
 - understand local population needs
 - design and test models of care
 - evaluate impact on patients and staff
- **Collaborative:** The Primary Care Improvement Collaborative is open to all primary care services across Scotland and builds on the success of the Primary Care Access Programme (PCAP) and our previous work with pharmacotherapy and CTAC services. Participating teams will be supported to focus on improving an aspect of access, pharmacotherapy or CTAC services or a combination of these. We will offer participating teams a range of activities including:
 - short improvement sprints
 - monthly learning and support sessions
 - Quality Improvement (QI) skills sessions

Primary Care Learning System

Key actions and deliverables for 2024-25 include:

- Capturing and sharing key learning from the Primary Care Phased Investment Programme to support ongoing implementation of the GP contract throughout the life of the programme.
- Developing the evidence base for and evaluating each stage of the Primary Care Phased Investment Programme throughout the duration of the work, publishing updates regularly.
- Working with people leading and supporting GP Cluster working to share learning that improves the implementation and development of GP Clusters.
- Maintaining the Primary Care QI Faculty to provide clinical support and leadership for our programmes.
- Supporting the delivery of the Improving Together Advisory Group (ITAG).

- Synthesising and disseminating learnings into tools and resources that enable spread and implementation.
- Working with primary care stakeholders to develop standards including standards for older people with frailty.
- Collaborating with the Centre for Sustainable Delivery (CfSD) and with local NHS Boards to deliver and spread decision support tools for consistent, evidence-based referral management across primary and secondary care boundaries.
- Designing and spreading an implementation model to support embedding of RDS tools for self-management and shared decision making in the community.
- Evaluating demonstrator projects of support from the national knowledge services network for primary care needs. This includes sourcing and summarising evidence, delivering decision support, delivering digital and health literacy skills training, and facilitating the sharing of good practice.

Future Care Planning

Key actions and deliverables for 2024-25 include:

- Maintaining guidance and resources on all aspects of Future Care Planning to support health and social care professionals throughout the care planning process.
- Continuing to deliver Future Care Planning work in line with our available budget and capacity including developing the evidence base for future activities.

Safety in primary care

Key actions and deliverables for 2024-25, subject to capacity, include:

- Continuing to embed Essentials of Safe Care (EoSC) in all our work, ensuring this supports the SPSP and is informed by engagement with key stakeholders.
- Continuing to embed medicines safety across primary care and deliver support to the system to improve pharmacotherapy, including exploring opportunities for improvement in the level 2/3 pharmacotherapy space, for example polypharmacy. This will be delivered through the Primary Care Phased Investment Programme.
- Continuing to engage and collaborate with other SPSP programmes and contribute to the national SPSP programme.
- Support appropriate SPSP Primary Care resources.

RDS will play a role by:

- Expanding delivery of primary care referral guidance as decision support tools.
- Delivering national prescribing guidance for polypharmacy, diabetes, respiratory and medicines of dependency as decision support tools in web and mobile formats and embedded in primary care electronic health record systems.

Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol

As part of our contribution to the Accelerated National Innovation Adoption (ANIA) pathway, the Scottish Health Technologies Group (SHTG) will continue to provide evidence support on the following diabetes-related interventions:

- Digital programme for diabetes remission
- Digital programme for diabetes prevention
- Closed loop technologies (connection system for glucose monitoring and insulin delivery)

The Scottish Intercollegiate Guidelines Network (SIGN) will work on guidelines including those on:

- Type 2 diabetes (T2D)
- Diabetes in pregnancy
- Cardiovascular disease (CVD) prevention

The RDS will support decision making through the sharing of tools in relation to cardiovascular risk and diabetes.

Delivery of sustained and improved equitable national access to NHS dentistry

We will focus on:

- Development of oral health standards (which will apply wherever anyone receives oral healthcare, with anticipated publication in summer 2025).
- RDS collaboration with Public Health Scotland to deliver decision support for implementation of oral care guidance in care homes and care at home settings.

Scottish Patient Safety Programme (SPSP)

The SPSP is a national quality improvement programme that aims to improve the safety and reliability of healthcare and reduce harm.

SPSP has three core components:

- SPSP EoS: A practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care
- SPSP Programmes of Work (Acute Adult, Primary Care, Mental Health, Perinatal, Paediatric services)
- SPSP Learning System

The SPSP EoS will be reviewed throughout 2024-25. Work will take place to ensure the EoS are embedded into the next phase of SPSP primary care, mental health and acute adult, which are all in redesign throughout the year.

We will continue to build on previous work with the social care sector to help integrate the EoS within improvement offers in alignment with the Scottish Government Healthcare Framework for Adults Living in Care Homes.

This work will be underpinned by our SPSP learning system delivering a national webinar and later in 2024, a learning event, which will support the sharing of knowledge and learning across the system.

SPSP Acute Adult

The SPSP Acute Adult Programme has led national improvement collaboratives resulting in tangible improvements in the safety and reliability of care and reduce harm in acute hospitals.

The current programme of work is delivering a breakthrough series collaborative which was launched in September 2021. The collaborative, with the participation of all NHS Scotland Boards, aims to reduce falls and improve the recognition, response, and reassessment of deteriorating patient which aims to reduce cardiopulmonary resuscitation rates. The collaborative is due to end in June 2024. An evaluation, which will include synthesis of a range of data gathered throughout the delivery of the programme, will be published late summer 2024.

Building on the success of the current collaborative which has supported a reduction in falls at a national level (sustained reduction in falls across eight acute hospitals by at least 9%) and a sustained reduction in cardiopulmonary resuscitation rates across three acute hospitals, we will work with strategic partners, NHS Boards and wider stakeholders to co-design and launch the next phase of the SPSP Acute Adult Programme in autumn 2024.

Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure

Hospital at Home provides a safe, patient centred alternative to an acute hospital admission. It provides a better outcome for the patient, who receives treatment in the safety and comfort of their own home, as well as reducing pressure on hospital.

We are in discussion with SG policy leads for Unscheduled Care and Home First Unit to agree a workplan for 2024-25. This may include working with NHS Boards and HSCPs in the following areas:

- Continue to support newly established older people/acute adult Hospital at Home services, particularly in remote and rural areas, to grow and become more sustainable.
- Continue to facilitate a national learning system across all Hospital at Home services to increase the pace and scale of change.
- Increase the efficiency of Hospital at Home service by supporting the testing and adoption of Point of Care Testing.
- Increase the number of people who can access Hospital at Home as an alternative to an unplanned hospital admission, specifically those who are living in care homes, those who have acute heart failure symptoms, and those who have dementia.
- Testing palliative and end of life care as well as paediatric Hospital at Home services
- Continue to work with NHS Education for Scotland (NES), NHS National Services Scotland (NSS) and Public Health Scotland (PHS) to develop national infrastructure that supports the continued growth of Hospital at Home.
- Continue to co-ordinate with other national bodies providing support to increase Outpatient Parenteral Antimicrobial Therapy (OPAT) and Respiratory services.

RDS will deliver a Planned Date of Discharge decision support tool for NHS Lanarkshire. This is designed to facilitate timely and appropriate use of Hospital at Home services when appropriate for the patient.

The Scottish Antimicrobial Prescribing OPAT Group is working to support the safe and effective delivery of OPAT across Scotland. OPAT can help patients to get the treatment they need without having to stay in hospital. For suitable patients it can prevent admission to hospital or support early discharge. The Scottish Antimicrobial Prescribing Group (SAPG) supports the delivery of OPAT by developing national good practice prescribing guidance, clinical pathways and key performance indicators for the management of patients in an OPAT setting in a Once for Scotland approach. This utilises experience from across Scotland to support new or established OPAT services to introduce new clinical pathways for OPAT.

SAPG will also work with Scottish Government to support the delivery of the UK Antimicrobial Resistance National Action (UK AMR NAP) Plan 2024-29 (due for publication in March 2024) which will support antimicrobial stewardship outcomes at national and UK level.

The HSP will continue to co-develop and test a new multidisciplinary Hospital at Home Staffing Level Tool to inform workforce planning with the intention of recommending to Scottish Ministers

for the inclusion of Hospital at Home as a named 'type of healthcare' required to meet the Duty pertaining to the Common Staffing Method under the Health and Care (Staffing) (Scotland) Act 2019.

Frailty support

Frailty Implementation and Improvement Programme

The programme will focus on improving access to person-centred and coordinated health and social care services for people over 65 who are living with frailty, as well as carers and family members with a current focus on supporting the establishment of acute frailty assessment units and identifying people living with frailty, key to effective use of frailty assessment unit bed capacity.

We will also deliver a national frailty learning system which involves sharing practice examples, tools and resources on frailty improvements in practice, through case studies and webinars for our network of over 1,200 health and social care professionals.

RDS is contributing to frailty work through:

- Delivery of frailty improvement decision support toolkit, in collaboration with the Focus on Frailty Programme.
- Delivery of new national polypharmacy prescribing guidance as web and mobile decision support tools, and embedded in primary care electronic health record systems. This includes guidance on managing high risk prescribing in people with frailty.

Focus on Dementia Improvement Programme

We will work with health and social care teams, national partners and people living with dementia and carers across Scotland to support the implementation of key recommendations from the Dementia SIGN Guideline. Support in 2024-25 includes:

- Working with community health and social care teams across Scotland to improve quality and experience of dementia post-diagnostic support. We will also Lead the Dementia Post Diagnostic Support Network across Scotland.
- Updating the Quality Improvement Framework for Post Diagnostic Support and supporting documentation for people with dementia and carers, to ensure alignment with the SIGN Guideline.
- Taking the learning from our Dementia in Hospitals programme and Specialist Dementia unit work to support shared learning into Hospital at Home, SPSP Acute Care Programme and Focus on Frailty programme.
- Develop a Quality Improvement Framework for reducing stress and distress in inpatient and residential settings for people with dementia and test with up to three sites.
- Deliver a national dementia learning system, sharing practice examples, tools and resources on dementia improvements, running webinars and learning sessions for our network of over 1700 health and social care professionals and other national organisations.

RDS will support this work through:

- Delivering a dementia improvement decision support toolkit, in collaboration with the Dementia Improvement Programme.

- Delivering a decision support toolkit for the SIGN dementia guideline.
- Launching interactive “Living well with dementia” toolkits offering post-diagnostic support for people living with dementia and carers, localised for support in Angus, Aberdeenshire, Orkney and Edinburgh City. This involves scale up and spread of the toolkit initially developed successfully for Inverclyde.
- In collaboration with the Scottish Library and Information Council, the ALLIANCE and Alzheimer Scotland, expanding provision of Dementia Information Hubs in public libraries across Scotland.

We will also publish new ageing and frailty standards for the care of older people in late summer 2024. These will replace the Care for Older People in Hospital (COPAH) standards (2015). The standards will apply to all older adults who are or may be at risk of frailty as they age and will apply in all settings where people receive assessments, treatment, care or support from health or care professionals. The themes of prevention and palliative care will be included throughout.

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We will focus on supporting mental health services and systems by taking a HIS QMS approach that places the voice of lived experience at its core and is underpinned by a mental health wide learning system. This will allow a focus on broader priorities within the mental health system including addressing inequalities and those highlighted by the recent [Audit Scotland Report](#):

- Governance and accountability
- Intervening early to prevent mental health crises
- Support for people with complex needs for example people with a diagnosis of personality disorder, vulnerable children and young people

We will focus on supporting mental health services within three core functions: reform, standards, and assurance, and are working with SG policy colleagues to further clarify and agree deliverables.

Reform

Our aim is to reform mental health services for people who experience the poorest care. Moving away from a condition-specific approach, we will build upon and learn from current work in Early Intervention in Psychosis, SPSP Mental Health, Personality Disorder Improvement Programme, Coming Home, inspections and other mental health related HIS work.

We will focus in improving access to safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/inpatient care. This includes tackling inequalities in accessing mental health and complex care services and transferring care from acute to more appropriate community settings.

Through early intervention improving access to mental health services, we will support building capacity to sustainably deliver outcomes, for example the Child and Adolescent Mental Health Services (CAMHS) and PT 18-week referral to treatment standard and the Scottish Government target for people experiencing episode of psychosis to have a rereferral to treatment time of 14 days.

We will take a co-design approach, engaging with people, communities, third sector partners and the system to identify the high priority challenges and improve pathways of care.

Standards

Our aim is to support the implementation of the new [core mental health standards](#) published by Scottish Government (with a focus on adult secondary care services, across mental health inpatient and community mental health teams). We will use SPSP methodology, the EoS and a QMS approach to support the national roll out of a self-assessment tool and form a related improvement programme.

Assurance

Our aim is to move from a programme of infection prevention control (IPC) inspections of adult mental health inpatient units to a programme in line with the Safe Delivery of Care inspection methodology for acute hospitals.

Discussions are ongoing with Scottish Government regarding the future funding and scope of our mental health inspection programme as part of the HIS QMS approach described above. The current programme of IPC inspections of mental health patient units will be paused from 1 April 2024 until the future funding and scope of mental assurance work is agreed. It is proposed that the scope of our adult mental health inpatient services inspections be expanded in line with our well-established Safe Delivery of Care inspection methodology for acute hospitals. This will enable a more detailed and in-depth assessment of a wider range of factors that impact the safety and quality of inpatient mental health services against relevant standards and guidance, including the new mental health standards, and the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act 2019, with the findings from these inspections being used to inform ongoing improvement support to the system. This programme will also support the SG priority area of tackling inequalities in relation to accessing mental health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community.

Joint Inspections of Adult Services

We will deliver joint inspections, with the Care Inspectorate, of HSCP, focusing on integration and outcomes. The intention, subject to resourcing, is to undertake up to three joint inspections during 2024-25 focusing on adults living with mental illness and their unpaid carers. The joint inspections will result in published reports outlining how integration of health and social care is contributing to good outcomes and experiences for this group of adults.

Adult Support & Protection Inspections (ASP) Inspections (phase 2)

We will deliver joint inspection and improvement support activity with the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland. The phase 2 programme includes progress reviews of adult protection partnerships that were allocated the lowest progress statements during phase 1 inspection activity and had significant areas for improvement identified (6 partnerships). It will also involve development of a comprehensive quality improvement framework for ASP which will be available to the sector to support multiagency self-evaluation and thematic supported evaluation work with several (approximately 5-8) partnerships focusing on early intervention and prevention. This proposed work in 2024-25 is subject to confirmation of ongoing funding.

RDS will support this through scale up and spread of decision support toolkit for Adult Support and Protection developed for South Lanarkshire HSCP.

Improving support and developing the Mental Health workforce

As part of our HSP, we will conclude the development and digitalisation of the mental health and learning disabilities inpatient staffing level tools. This will be informed through observation studies,

multi-level regression analysis and extensive stakeholder engagement and national testing. The HSP will continue to support the boards in utilising the real time staffing Mental Health Nursing resource to inform staffing decision making and risk assessment. The HSP is further outlined in Section 8.

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System Change

The System Change programme supports an increase in quality and a reduction in harm for some of the most vulnerable people by supporting the health and social care system to balance its efforts and focus on longer-term sustainability for the whole system, in addition to focusing on critical, shorter-term service and system changes required to address immediate system pressures.

We will deliver this through:

- Supporting high risk service change, including supporting identification of areas where current models of delivery are no longer fit for purpose and identification of areas of innovation for investment to move towards a more viable and sustainable future. This will include the engagement and involvement of people to support the development of alternative sustainable solutions which meet their needs, minimise the negative impacts of service change, and ensure equality impacts are taken into consideration.
- Providing specialist input from strategic planners and service designers to planned high priority systems changes in the areas of mental health and drugs and alcohol.
- Developing spreadable practice in relation to governing through change (including approaches to engagement-led planning, performance management, and commissioning).
- Undertaking strategic analysis to ensure that we are directing our efforts to the areas which best support minimising in harm for the most vulnerable people.

Improving Access to Planned Care (previously known as Access QI)

Since 2020, we have supported planned care service use QI methods to reduce waiting times to access care. This has been achieved by supporting services to identify opportunities for sustainable improvements and test, refine and implement changes that reduce avoidable demand, remove waste to become more efficient and change the use of existing capacity. A consistent theme from working with over 30 planned care services is a high level of avoidable referrals that could have been managed in the community.

In 2024-25 we will shift focus to work with community-based planned care services that can reduce referrals to key elective care specialities with long waiting lists. We will adapt the short access improvement sprints we use to improve access to general practice and focus on community-based planned care teams to reduce the number of referrals to elective care services.

Area Drugs & Therapeutic Committee Collaboration (ADTCC)

The ADTCC Forum provides a learning network for the Board Area Drugs and Therapeutics Committees (ADTCs) and is hosted quarterly to provide an opportunity to share information and learning between boards on medicines governance and the safer use of medicines. The learning network provides national groups such as Scottish Medicines Consortium (SMC), National Cancer Medicines Advisory Group (NCMAG), SAPG and others the opportunity to update the Board ADTCs.

The ADTCC supports the boards to share and work collaboratively and leads the development of national consensus statements for specific medicines when required to improve patient access to these medicines. The ADTCC will continue work to enable early access to medicines, appeals and improve medicine safety.

Through SMC we will continue to provide advice to NHS Scotland regarding the clinical and cost effectiveness of newly licensed medicines and new indications for existing medicines, as well as provide NHS Boards with early intelligence on new medicines in clinical development to support financial and service planning for their managed introduction. We will also support learning on the clinical and cost effectiveness of medicines through a range of opportunities including via the ADTCC.

RDS will support this through:

- Support from RDS and the national knowledge services network for the national Waiting Well programme. This involves creation and implementation of interactive decision support tools to support prehabilitation, so that people on waiting lists can maintain and improve their health and wellbeing during the waiting period.
- Continued expansion of RDS delivery of decision support tools for NHS Board and Managed Clinical Network guidance on planned care.

SIGN will support this through development of the SIGN guideline on prophylactic antibiotics during surgery. This guideline will provide guidance on the use of prophylactic and therapeutic antibiotics in patients undergoing surgical or interventional procedures in a hospital setting. It is being developed in collaboration with SAPG.

The SMC will continue to provide advice to NHS Scotland on a Once for Scotland basis on the clinical and cost effectiveness of newly licensed medicines for cancer and new indications for existing cancer medicines. As part of the process of advising on new medicines, the SMC will continue to produce a horizon scanning report to provide NHS Boards with early intelligence on new cancer medicines in clinical development to support financial and service planning for their managed introduction.

SMC will continue to collaborate with the Cancer Medicines Outcome programme (CMOP). CMOP provides a valuable opportunity to use real world evidence to strengthen each part of the SMC assessment process for cancer medicines.

Subject to confirmation of funding, the NCMAG will continue to provide evidence-based advice on the clinical and cost effectiveness of cancer medicines outwith the remit of SMC for patients to improve outcomes, service efficiency and consistency. This would include:

- Undertaking a planned review of medicines used for chemoprevention of breast cancer.
- Continuing to work with cancer clinicians to horizon scan for future proposals and undertake assessment to provide information which supports service planning for territorial health boards.
- Continuing to collaborate with the Scottish Cancer Network to review medicines proposals within remit where variation in access has been highlighted as part of Clinical Management Pathway development.
- Continuing to collaborate with the CMOP and PHS SACT data team to identify real world evidence that can be used towards reviews and explore areas of future data collection to provide outcomes data for NCMAG supported decisions.
- Engaging with SG and medicines governance leads to ensure medicines policy supports implementation of NCMAG supported decisions.

As host of the RDS, HIS will work with the Scottish Cancer Network to provide support for the creation of decision aids to support Once for Scotland cancer management pathways.

SHTG will continue to provide evidence-based advice on the clinical and cost effectiveness of health technologies, to improve outcomes for patients and to ensure value within the service. Following on from SHTG advice on tumour profiling tests to guide adjuvant chemotherapy decisions for patients with early breast cancer, SHTG will publish advice on the following technologies:

- Outpatient biopsies (reusable and disposable) equipment for suspicious laryngeal and pharyngeal lesions.
- Cancer e-prehabilitation (digitally supported prehabilitation programmes) for people who have been diagnosed with cancer, prior to definitive treatment.

Other work that supports delivery of the National Cancer Action Plan includes:

- Developing proposals for a revised approach to quality assurance of cancer services encompassing consideration of external screening services for cancer and cancer quality performance indicators.
- Our Research and Information Service is supporting CfSD with the evidence input into a clinically led review of emerging and existing data to update the Scottish Referral Guidelines for Suspected Cancer.
- We are revising the cervical screening standards (publication anticipated December 2024). We work closely with the screening community (including Scottish Screening Committee) to prioritise the review of our extant standards (this is an annual activity).
- Support the ANIA collaborative to focus on fast-tracking the adoption of proven technological innovations across NHS Scotland. As part of our contribution to ANIA, SHTG will provide advice on the following technologies:
 - Capsule sponge technologies for the detection of Barrett's oesophagus and early stage oesophageal cancer
 - Colon capsule endoscopy for the detection of colorectal polyps and cancer
- In collaboration with the RDS-led national feasibility study for implementation of PROMs, develop and agree on a Once for Scotland basis, core principles for the collection of cancer PROMs (patient-reported outcome measures), influenced by our investment in the regions and Scottish Cancer PROMs Advisory Group.

Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation

Transformation and improvement in drugs, alcohol, and housing

To maximise the role HIS has in the delivery of the national mission to reduce drug related deaths and harms, we will support the system to use evidence from data, literature, and individual experience to improve the quality of care for those seeking recovery. Blending practical improvements, national learning and local implementation support we will support the highest possible care for those in need. We are reprofiling some of this work to ensure it is deliverable within the available funding.

Pathways to Recovery: Redesigning Residential Rehabilitation Pathways

The aim of this work is to continue to embed good pathways of care for Residential Rehabilitation in Scotland. Using our model for improvement we will offer local and regional support to ensure people experience high quality care, and co-design effective pre-care and after care in the journey to recovery. Our 'Improvement hubs' are leading the way in collaboration and engagement that will design and ensure safe and effective community-based recovery journeys.

- We will continue to work with ADPs across Scotland to map existing pathways against the Scottish Government's Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland. We will thematically analyse by triangulating existing evidence, and data and insights from people with lived and living experience to identify pathway improvements. This will provide a national picture of the key areas of strength, challenges and potential solutions in the **delivery of Residential Rehabilitation in Scotland**.
- This work will support the development of better **planning and commissioning** in relation to demand and capacity by developing data visualisation and a better understanding of the role of commissioning in securing safe, high quality care. Exploring the governance and assurance of residential rehabilitation services, we will examine the practical solutions that exist to embed a QMS within ADPs in Scotland.
- We will also focus on **improving care before and after residential rehabilitation**. To support this work, our regional improvement hubs will identify the critical components of good pre- and aftercare in collaboration with those who use services. We will also design a tool that supports the considerations of inequalities in the design of good, safe care. Our journey maps will support an understanding of how care is experienced.

Improvement support for MAT Standards implementation

This work will support the sharing of learning and improvements in the delivery of MAT standards through a multi-channel learning system. It will promote the quality and safety of care for those in recovery by accelerating innovation and supporting local systems to use data for improvement and embed practical resources and learn from user experience. We will also continue to develop the

national MAT learning system, offering multi-channel engagement including blogs and case studies, to share good practice and accelerate learning.

- The **national learning system** will continue to be developed and events to support those implementing the MAT standards, promoting the importance of partnership working and involving those with lived and living experience to ensure safe, effective and person-centred care is delivered.
- The findings of our forthcoming report on **community pharmacy** will feed into the design of the national improvement programme and will be disseminated nationally to inform and influence the provision of the standards within community pharmacy.
- The **National Improvement Programme** will focus on triangulation of drug related death data, the Scottish Index of Multiple Deprivation (SIMD), rating within the PHS MIST benchmarking and exception areas (remote and rural, prisons) to embed data visualisation that can support better care locally.
- By engaging with those with lived and living experience we will support the role of **engagement-led recovery communities** to act as advocates and effective sources of referral. By evolving our support to release community-based recovery capital we hope to support integration and good, safe care.

Mental Health and Substance Use Protocol

Building upon work undertaken in the Improving Our Response Programme, the Mental Health Improvement Portfolio is leading on work to support the implementation of recommendation one from the Rapid Review of Co-Occurring Substance Use and Mental Health Conditions in Scotland. The main aim of this work is to develop a 'gold standard' protocol setting out how mental health and substance use services would work together to improve outcomes for people with co-occurring mental health and substance use issues. This work will help support areas to meet MAT Standard 9, to engage across sectors and agencies, to deliver most appropriate care to those with concurrent mental health and substance use support needs. This work commenced in September 2023 and runs until March 2026.

Embedding Housing in Healthcare (Allied Delivery Programme)

Our aim in 2024-25 will be to provide specialist housing input to improvement programmes; focusing on those areas where there would be greatest impact from embedding housing into our work (for example, those with a focus on home-based delivery of care such as Hospital at Home and Frailty).

Improving custody healthcare

Joint Inspection of Prisoner Healthcare

In partnership with His Majesty's Chief Inspector of Prisons for Scotland (HMIPS), HIS is responsible for inspecting all aspects of healthcare that is delivered in prisons. A full programme of inspections will be scheduled by HMIPS for 2024-25 and HIS will undertake additional follow-up inspections when required. Inspection reports outlining the findings from inspections are published on the HMIPS website.

Joint Inspection of Police Custody Suites

We provide expertise to the inspection of healthcare in police custody centres in Scotland led by His Majesty's Inspectorate of Constabulary for Scotland (HMICS) and undertake follow-up inspections where required. Inspection reports are published on the HMICS website. The deliverables for this work programme are subject to confirmation of funding and wider planning of our assurance work.

Health & Justice (formerly Prison Pharmacy)

Key actions/deliverables for 2024-25 include:

- Contributing to the Five Nations Health and Justice Collaborative, Prison Pharmacy Group (PPG), National Prisons GP group and Health Centre Manager Group to identify areas for best practice development followed by production and dissemination of guidance and policy.
- A detailed, costed options appraisal will be produced to inform the decision on future models of service provision.
- Leading the development and implementation of an electronic prescribing and administration system to NHS Healthcare Centres in prisons.
- Lead the PPG on a 'review and lessons learned' exercise of the pharmacy contractor incident.
- Catalogue local arrangements for substance use services, including opioid substitution treatment (OST) that are provided by NHS Board Pharmacy and Community Pharmacy services and identifying variance.
- Clarify the expected role of NHS Board Pharmacy and Community Pharmacy Services to deliver each of the MAT standards.
- Identify the training, support, service, and infrastructure developments that will be required to allow Pharmacy Services to effectively deliver the MAT standards.
- Producing prescribing guidance for the use of z drugs in prison healthcare.
- Leading on the implementation of value based prescribing in the prison setting focusing on polypharmacy reviews and the output from isympathy.
- Working with the University of Strathclyde and other stakeholders in prison healthcare to increase access to self care for people in prison, improve engagement with primary care and release GP and Nurse clinical resources.

Addressing the wider determinants of health inequalities, through actions set out in the Anchors Strategic Plan

Our key areas of focus are outlined in our Anchors Strategic Plan for 2023-2026. While progress towards becoming an Anchor institution will look different for HIS than territorial health boards for example, we remain committed, through the delivery of our strategic priorities, to the Anchor principles, and that our work as a national board will supplement the activity of territorial boards. As a national board our focus is on impacts across Scotland. Given our unique position in the system, we see our greatest contributions as an Anchor institution as being in the areas of procurement, employment, equalities, and community empowerment and involvement in service design.

As an Anchor institution, we will strive to place equity at the centre of all decision making. One of our strategic priorities, outlined in our corporate strategy, is to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety

and quality of care.

While the Anchor institution principle of the use of land and assets for the benefit of the local community and economy is not directly relevant to HIS, we do place an important focus on the role of communities across our work. In particular, we support communities to be engaged in the decisions that their local boards make regarding land and asset use as well as service change. Our statutory role to support, ensure and monitor NHS legal responsibilities around public involvement is one way we help ensure health and care services co-design changes with those who rely on them to ensure we place their needs, rights and preferences at the heart of the delivery of services.

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

- Building and sharing evidence around engagement.
- Using knowledge and expertise to improve engagement.
- Providing assurance that people are involved in shaping services.
- Delivery and tailored implementation of the 'Being a partner in my care' RDS app developed in collaboration with the Scottish Government Realistic Medicine Policy Unit. This app provides **people with tools and resources to become active partners in Realistic Medicine**. Through RDS leadership and collaboration with the Scottish Library and Information Council, the ALLIANCE and other third sector partners, this will support strengthening the role of public and school libraries in empowering citizens and communities to engage actively in improving their health and wellbeing.

Through our Volunteering in NHS Scotland programme, we support NHS Boards to develop sustainable volunteering programmes through peer networking, sharing good practice and developing resources.

Tackling local health inequalities (including racialised health inequalities) and reflecting population needs

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

At a time of unprecedented change in the system, it is increasingly important that we support and promote the use of innovative approaches to inclusive engagement in the design, delivery, improvement and assurance of health and care across Scotland. Our service change function will provide advice and support to NHS Boards and Integration Joint Boards on their statutory duties and meaningful engagement in relation to service change.

We will embed use of our Quality Framework for Community Engagement and Participation to help NHS Boards and HSCPs self-evaluate how they are meeting the principles within Planning with

People guidance, and inform improvement plans for their engagement activities.

We will continue to capture the perspectives of service users and carers across our work, bringing highly valuable qualitative evidence to support decision making, for example in the SMC. Through focus groups, interviews and surveys, we gather the opinions and experiences of users of health and care services, and members of the general public on a wide range of topics. This feedback is used to inform and influence national policy and practice.

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

Our work in increasing engagement in improving quality of care supports people-led care and improvement by providing practical implementation support in national priority areas, with a focus on addressing inequalities. In 2024-25 we will focus on support for engagement-led improvement within services, delivering advice, networking opportunities and practical implementation support to health and social care organisations to take a person-centred approach to engaging with and improving the services they deliver as well as outcomes for people, families and carers.

We are also developing standards for gender identity healthcare services, which seek to underpin what high quality, equitable healthcare looks like for trans and non-binary people to support current and future service provision. The standards cover shared and supported decision making, reducing inequalities in gender identity healthcare and services, access to gender identity healthcare, collaborative leadership and governance, staff training and support, referral into specialist gender identity services, gender identity services for young people, and assessment and care planning.

Maternity safety

Reflecting the priorities and ambition described within the HIS strategy to develop and embed a QMS within HIS and the wider health and social care system, HIS will develop and apply this approach to manage the quality and safety of perinatal services and care delivery within Scotland.

While some elements of the QMS exist currently within HIS, two core areas require investment and development. These include the development of standards that services can plan, deliver and manage in line with and a scrutiny and assurance process for perinatal services. We also intend to build a programme of improvement for maternity care, which reflects our existing commitment through the SPSP Perinatal Collaborative.

Discussions have been ongoing with Scottish Government about the establishment of an inspection programme as well as development of national standards for maternity services. As an immediate step, we will widen the scope of the existing Safe Delivery of Care (SDoC) inspections to include perinatal services, with a focus initially within acute care settings. This assurance work for maternity services will use the Quality Assurance Framework, existing standards and guidance to give a baseline assessment and inform ongoing priority areas for the organisation.

This will take place in parallel with standards development, subject to receipt of additional funding.

Together, this will give a holistic assessment of the safety and quality of NHS services within a board, particularly when considered alongside findings from justice and integrated care service inspections, which can help inform ongoing improvement support.

Our SPSP perinatal national improvement programme will continue following the launch in 2023 and will inform and support the wider Perinatal QMS approach.

Joint Inspections of Services for Children & Young People

We deliver joint inspections of community planning partnerships focusing on children and young people at risk of harm in partnership with the Care Inspectorate, Education Scotland, and His Majesty's Inspectorate of Constabulary in Scotland. Subject to agreement with scrutiny partners, the intention is to undertake a minimum of three inspections during 2024-25 with published reports outlining what is working well and what needs to improve to ensure that children and young people are safe and protected. A thematic inspection focusing on the experiences of young people leaving care in Scotland will also be undertaken.

National Hub for Reviewing and Learning from the Deaths of Children and Young People, including Sudden Unexpected Death in Infancy (SUDI)

HIS, in collaboration with the Care Inspectorate, co-hosts the National Hub for Reviewing and Learning from the Deaths of Children and Young People (known as the “National Hub”). The National Hub aims to:

- ensure the death of every child and young person is reviewed to an agreed minimum standard.
- improve the experiences of and engagement with bereaved families and carers.
- channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths.

Through our online portal we receive and quality assure core review data sets for every child death review from NHS Boards and local authorities.

Taking forward the relevant actions set out in the Women’s Health Plan

We currently have SIGN guidelines in development on diabetes in pregnancy. We are also currently consulting on the draft standards for gender identity healthcare. We are also developing guidelines on CVD, which will cover the management of cardiovascular risk, including a focus to identify any sex-specific gaps.

The HSP will conclude the development and digitalisation of a new maternity staffing level tool which will meet the requirements of the service delivery model outlined in The Best Start Maternity and Neonatal Plan. This will be informed by observation studies, multi-level regression analysis and significant stakeholder engagement and national testing. We will continue to support the boards in utilising the real time staffing maternity resource to inform staffing decision making and risk assessment.

SPSP Perinatal and Paediatrics programmes

Following extensive co-design in 2022-23, the SPSP Perinatal programme and SPSP Paediatric programme and collaboratives were launched in 2023.

SPSP Perinatal will focus on the following key areas:

- Reducing stillbirth
- Understanding and addressing the variation in caesarean birth rate
- Improving the recognition, response and review of the deteriorating woman/birthing person
- Reducing neonatal mortality and morbidity

13 NHS Boards have joined the SPSP Perinatal Collaborative.

SPSP Paediatric will focus on the deteriorating child and young person, with an aim to reduce harm caused by deterioration in acute paediatric settings.

In 2024-25 we will focus on continued delivery of both programmes using a breakthrough series model. We will also focus on iterative evaluation including quantitative and qualitative data to monitor progress against aims, demonstrate impact and generate learning.

The HSP will support the implementation and use of the newly developed Generic Real Time Staffing Resource to inform staffing decision making and risk assessment within paediatric and neonatal services.

Children and young people

We outline key activity relating to children and young people in our [Corporate Parenting Action Plan 2023-26](#). Our work in 2023-24 has related to children and young people's mental health and poverty. The UN Convention on the Rights of the Child was enacted on 16th January 2024, as a public body HIS will comply with enactment responsibilities and provisions set out in the act, reporting on this in 2026.

At the national level, HIS contributes to and influences the agenda on:

- National Getting it right for every child (GIRFEC) learning network
- Child Protection Committee Scotland
- Multi-agency Preventing Online Child Sexual Abuse and Exploitation Group

RDS will support this through:

- Delivery of neonatal guidance for NHS Lothian as a web and mobile decision support toolkit.
- Completing the piloting and implementation of decision support tool for assessment of paediatric sepsis with the Scottish Ambulance Service.
- Delivery of the Scottish Paediatric Endocrinology Group (SPEG) Managed Clinical Network guidelines.

SIGN will support this through:

- Updating the Epilepsy in Children guideline to reflect changes following Medicines and Healthcare products Regulatory Agency (MHRA) revised regulatory measures regarding the prescribing of valproate.
- Contributing to the British Thoracic Society (BTS)/SIGN/National Institute for Health and Care Excellence (NICE) collaborative guideline on diagnosis, monitoring and management of chronic asthma, which updates and unifies current guidance, with the aim of improving outcomes for people with asthma in the UK. The remit includes children and young people who are being investigated for suspected asthma or who have been diagnosed with asthma. Evidence has been reviewed and recommendations updated for diagnosing asthma in children, as well as pharmacological treatment pathways for children under five and for children and young people aged five to 16.

SAPG will support this through group project support for the paediatric stewardship steering group project support.

Healthcare Staffing Programme (HSP)

1 April 2024 will see the implementation of the Health and Care (Scotland) (Staffing) Act 2019. The HSP has delivered responsive and proactive improvement support and expertise to boards in their preparations for the enactment of the Act, providing opportunities through an established national learning system and network. Looking ahead, we will continue to provide tailored and responsive support to boards to improve healthcare staffing and boards' compliance with the Act to ensure services have the right people, with the right skills, in the right place at the right time to meet the needs of service users.

Our work also supports key priorities in the National Workforce Strategy for Health and Social Care for planning and retaining staff by ensuring robust workforce planning and effective arrangements for managing real time staffing and risk through the development and implementation of Once for Scotland Staffing Level Tools, Professional Judgement Tools and Real Time Staffing systems and processes.

Through HIS's new role and function to monitor boards' compliance with the staffing duties outlined within the Act, HIS will provide assurance to Scottish Ministers that relevant organisations are complying with the duties required in the Act. This will enable areas of good practice and learning to be identified and shared, appropriate improvement support to be provided, and where applicable inform decisions by Scottish Ministers regarding any intervention required or any decision relating to policy in health care staffing.

HSP key priorities for 2024-25 include:

- Building sustained knowledge and capability around the Health and Care (Staffing) (Scotland) Act 2019 across NHS Scotland to promote compliance with staffing duties
- Monitoring NHS Board compliance with staffing duties
- Monitoring and development of staffing level tools (considering multidisciplinary tools)
- Developing a Once for Scotland approach for real time staffing and risk escalation
- Working with national digital partners to test and build digitally enabled Staffing Level Tools and Real Time Staffing resources on national platforms

Professional governance

The active engagement and involvement of Registered Health and Care Professionals (RHCPs) is essential to the delivery of our strategy. Clinical professional leadership is about how we formally and informally interact with and support RHCPs, at all levels, to work with us. In 2024-25 we will focus on development, implementation, communication and embedding into practice a Professional Governance Strategy and supporting Framework for RHCPs employed or working with HIS.

Our RHCP Professional Framework will consider various elements across the key stages of an RHCPs employment with us, from recruitment to appraisal support to succession planning and exit interview. The development and management of a central database, our *RHCP Register*, will be key to assuring current live registration as well as and ensuring our support of registrants to maintain that registration and keep abreast of relevant and appropriate professional matters. It will also allow us as an organisation to understand the RHCP clinical knowledge, skills and expertise we have at our disposal that can be easily accessed and deployed to best effect of our priorities and programmes of work.

In the current financial climate, making the most of what we have is vitally important and our *RHCP Register* will enable us to do just that. By understanding who is working with us and where, we can develop clear and robust processes to support all RHCPs working with us in a professional capacity. This will strengthen our reputation with the wider health and care service and enable us to continue to attract the highest calibre of RHCPs to work with us.

When NHS staff are released to work with us on fixed term contracts, service level agreements or memorandums of understanding, it has an impact on service provision locally as well as on the individual. We recognise this as part of our ongoing engagement with RHCPs, managers and employers.

Building QI/QMS capacity & capability

HIS/NES Service Level Agreement (SLA)

Through this work we will focus on enabling training and development opportunities for health and care staff, such as the Scottish Improvement Leader (ScIL) programme, the “Managing Quality in Complex Systems” programme. We will also focus on delivering continuing professional development sessions focused on QMS for QI alumni, and collaborating with NES to ensure quality management is included as a key learning outcome in all programmes.

Further information on the HIS workforce strategy is available below.

Adoption and implementation of the national digital programmes

We will develop digital capability that gives frontline staff access to high quality online and up-to-date resources to inform professional decision making.

Within HIS, we will invest in our digital capability to ensure we have secure, resilient and sustainable systems and that our staff are digitally empowered. We will also focus on developing digitally-connected, accessible information systems that inform our work and stakeholders, including our intelligence and web presence. We will also continue our rollout and embedding of M365 across the organisation.

The HSP will continue to work with national digital partners including RLDatix, NSS Digital and Security and NES Technology Services to develop digitally enabled Staffing Level Tools and Real Time Staffing arrangements. The HSP is a key stakeholder in the development of a national Seer Platform to support HIS's role in the monitoring boards' compliance with the Health and Care (Scotland) (Staffing) Act 2019 and the monitoring and development of staffing tools.

Working collaboratively with other organisations to scale and adopt innovation

We will evaluate promising technological and service innovations and practices that improve health and wellbeing outcomes, provide value for money, support a sustainable health and care service.

SHTG will continue to provide evidence support to the ANIA pathway to fast track proven innovations into the healthcare frontline on a Once for Scotland basis. Each ANIA programme is subject to SHTG assessment; the SHTG advice feeds directly into the Innovation Design Authority (IDA) for an implementation decision.

In addition to providing advice on the technologies under review within ANIA, SHTG will develop horizon scanning (or topic selection) methodology for ANIA. The horizon scan output will be used to inform IDA decision making on the selection of topics that are suitable for ANIA (that is, identifying technologies that are ready for consideration for national implementation).

Together with knowledge and learning leads in NES, the RDS team is scoping the potential for initial demonstrator work to use knowledge and decision support approaches to facilitate adoption and spread of ANIA-supported innovations.

SMC is a full partner, alongside the MHRA, National Institute for Health and Care Excellence (NICE) and the All-Wales Therapeutics and Toxicology Centre (AWTTC) to deliver the UK Innovative Licensing Access Pathway (ILAP). ILAP connects the medicines regulator with health technology assessment (HTA) bodies to create a pathway for early patient access to innovative medicines.

Optimising use of digital & data technologies in the delivery of health services

The Right Decision Service (RDS)

The mission of the RDS is to bring evidence for decision making to the fingertips of practitioners and citizens through everyday technology. The RDS formally completed its transition to HIS on 30th November 2023. HIS aims to lead development of the RDS as a major digital enabler of the radical reform and innovation needed across workforce and services, to deliver sustainable, high value health and care across Scotland.

National delivery of the RDS is a key objective in the [Digital Health and Care Delivery Plan](#), the [Data Strategy for Health and Social Care](#), and the Value Based Health and Care [Vision](#) and [Action Plan](#).

The Right Decision Service has two components:

- 1) **The technology platform.** This includes:
 - A “no-code” decision support builder toolset, which the central RDS team and knowledge services staff across Scotland can use to build decision support web and mobile apps.
 - A knowledge base comprising guidance, evidence and other informational resources.
 - User-friendly interfaces enabling access through the “Once for Scotland” RDS web and mobile app and electronic care record systems.
- 2) **The implementation support which maximises the impact of RDS technology.** This support is delivered by the RDS team in collaboration with the national network of knowledge services across Scotland. It includes:
 - Support for RDS governance, quality assurance and evaluation.
 - Implementation and knowledge mobilisation support to help organisations to embed decision support in delivery of health and care services.
 - Digital, information and health literacy skills for practitioners and citizens, collaborating with public and school libraries to reach communities and citizens and support their access and skills.
 - Communication, outreach and engagement.

Meaningful engagement in the design and delivery of care

We will continue to capture the perspectives of service users and carers across our work, bringing highly valuable qualitative evidence to support decision making. Across the Evidence directorate, involvement is embedded in health technology assessments and in the development of standards and guidelines. This includes written Patient Group Partner submissions and meaningful participation at key meetings including Patient and Clinician Engagement (PACE) meetings to support SMC Committee decision making, SIGN Guideline Development Groups and at SHTG Council.

Our Public Partners and People’s Experience Volunteers provide a public perspective on developing guidelines and standards, contributing to health technology assessments, supporting improvement

programmes, sharing good practice, carrying out inspections, testing questions and making our publications more accessible.

We will continue to improve how we involve people in our work, including providing training and support to lived experience representatives involved in guideline development. We will explore approaches to making sure guidelines are more effective and relevant to people including using real world data to gather a more accurate representation of patient experience and outcomes, offer focus groups/discussions for peer review in addition to surveys, and use of social media platforms to engage with patients and public to get feedback on the guideline scope.

Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

Cybersecurity requirements will be provided by SG Department of Health and Care and NHS Cybersecurity Centre of Excellence (CCoE). We will further explore this once additional detail is available.

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HIS has a role in the delivery of the NHS Scotland Climate Change & Sustainability Strategy, as well as in the consideration of how we incorporate sustainability as a core element that underpins our work. Our focus areas for 2024 are to:

- Implement the actions from the NHS Scotland Climate Change & Sustainability Strategy
- Focus on the Chief Medical Officers report “Realistic medicine: a fair and sustainable future”
- Adhere to the Public Bodies Climate Change Duties Report
- Refresh the HIS Sustainability and Climate Emergency Strategy
- Deliver a new Net Zero route map action plan (reset our carbon footprint)
- Implement the Scottish Government Environmental Management System (EMS)
- Measure our progress through NHS Scotland Sustainability Assessment Tool (NSAT) submission and assessment
- Embrace opportunities in Sustainable Care, Sustainable Communities and Reducing Harm

HIS’s Evidence and Digital directorate is also working on a sustainability impact assessment to include in the development of work, with the intention that this is eventually used across the organisation, in the same way that we currently undertake EQIAs.

Reducing the environmental impact of healthcare

HIS does not provide direct healthcare, however some areas of our work have a direct focus on reducing environmental impact. For example, a patient decision aid on asthma inhalers and climate change was published in September 2022 to support our work with the BTS and the National Institute for Health and Care Excellence (NICE) on UK-wide guidance for the diagnosis and management of chronic asthma in adults, young people and children.

The SHTG has been asked to look at volatile capture technologies (VCTs) designed for use in anaesthetic rooms and operating theatres, including consideration of evidence supporting the use of VCTs in reducing carbon emissions from inhaled anaesthetics as well as whether these offer good value for money.

SIGN is working with NICE and BTS on a UK guideline for the diagnosis, monitoring, and management of chronic asthma, due to be published Q2 2024. The aim of the guideline is to ensure that patients are correctly diagnosed and that their asthma is well controlled on the most appropriate combination of medicines to ensure good quality of life and avoid unscheduled hospital visits. This will include updating the patient decision aid on asthma inhalers and climate change.

The ADTCC will continue to provide opportunities via the quarterly forum and through the Formulary Pharmacist Network to support the consistency of approach to ‘green’ inhalers and allow opportunities to share good practice between boards.

Service sustainability

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

Collaboration across National Boards

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

Reducing greenhouse gas emissions

HIS is a tenant at two sites: Delta House, Glasgow and Gyle Square, Edinburgh; as a tenant, HIS is limited in actions which can be taken in relation to decarbonisation. Energy companies within the national framework supply our electricity through national contracts.

Delta House only uses electricity for energy, and HIS has installed energy efficient technology such as low-level LED lighting throughout the building. The building heating system was replaced during our 2021 building renovation.

HIS will work with NSS to maximise the decarbonisation of Gyle Square and explore the wider benefits of solar power energy generation for discussion with our property owners.

Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

HIS's overall waste generation is low at present, as the majority of staff have adopted hybrid working. Within our Public Bodies Duties Report we have identified key priority actions by emission sources and associated pathways which will achieve the targets set out in the DL (2021) 38 which are to:

- reduce domestic waste by a minimum of 15%
- ensure that no more than 5%, and less where possible, of all its domestic waste goes to landfill
- reduce the food waste it produces by 33%
- ensure that 70 % of all its domestic waste is recycled or composted

To develop and implement an effective EMS, HIS is gathering baseline data for energy, waste and water. Once identified we can monitor these data, identify our aspects and impacts on the environment, develop an environmental risk register, set achievable targets, monitor and report on these targets and ensure compliance with any regulatory requirements.

The decarbonisation of the NHS fleet and the implementation of the sustainable

travel approach

HIS chairs the NHS Scotland National Boards Sustainability Group (NBSG) collaborating and sharing ways in which we can reduce the need for business travel within our boards.

During 2021-22 HIS reduced then removed all lease vehicles used by management and staff. Since then, during 2022-23 we worked with Active Travel Scotland to produce an Active Travel Plan and a draft business travel policy.

It is our intention to work closely with our lead for Travel and Transport and senior Finance colleagues to develop more robust ways to measure and monitor our reduction in business travel both in terms of financial cost and the cost to the environment.

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HIS Workforce Plan

In accordance with Scottish Government guidance, the 2022-25 Workforce Plan for HIS provides the following:

- Information on our current workforce (comparing demand analysis with current workforce) – completed activity is reported to the Staff Governance Committee and the Board. Further work is being undertaken in the early part of 2024 which will provide a further update to the plan to follow via information available once the future workforce numbers have been confirmed in line with financial forecast.
- Our assessment of further workforce needs, including describing and analysing the gap between projected future workforce needs and current staffing levels – this work for 2024-25 has begun and final detail will follow based on realigned financial budgets and associated impact on directorate workforce plans.
- An action plan to address the gap and achieve the necessary changes to the workforce.

Progress against actions in the 2022-25 Workforce Plan

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

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

- A review of the role and membership of our Workforce Strategy Group which supports greater scrutiny of vacancy requests and the identification of opportunities to explore role redesign, standardisation of roles and collaboration of roles.
- The use of a wider range of social media platforms to reach wider audiences and positively market the employment opportunities at HIS as well as promoting the organisation as an employer of choice which is committed to more sustainably and more flexibility in how and where our staff work.
- Following participation in the NHS Scotland pilot for the Equally Safe at Work, we have received employer accreditation and recognition for this programme.

Priorities during 2024-25 include:

- We will review our approach towards our workforce model, particularly fixed term contracts and developing a new framework to change the way we manage fixed term contracts. This will include working in partnership to agree the new approach and model that will enable a more comprehensive scope to maximise the skills, knowledge and experience of our workforce. It will also ensure a more collaborative and flexible way of working to meet our strategic and service delivery needs.
- Creation of an updated Workforce Plan reflecting the new workforce model and further planning ahead to assist with meeting the financial and service challenges.

- In relation to recruitment, we are reviewing specialist posts within HIS and looking at alternative methods to attract candidates. We will also continue our approach to recruitment on a Scotland-wide basis to create a more agile and flexible workforce, maximising the opportunities of agile and hybrid working.
- We will also explore and review the range of employability programmes and other opportunities available so that we are able to assess these within the context of the organisation and the work we do. This will support us to take a more strategic approach to what we support and how we resource it as well as influence how we will progress our responsibilities as an Anchor organisation going forward.
- We will implement a new model for learning and development across HIS. This is a significant shift for the organisation (in terms of how we develop staff), and will run as a test of change, in recognition of the level of change underway within HIS. This is to ensure that the direction of travel can be adjusted depending on emerging circumstances-need. This aims to contribute towards the achievement of becoming an exemplar employer and prioritising the development of our staff. An important element is creating a learning environment which supports the growth of a flexible and agile workforce. This will include launching HIS Campus, a virtual space to share learning opportunities and creating a focus on developing organisational capabilities as a means of building capacity for change.
- Our Organisational Development Framework highlights a number of areas for development and progression in the coming year and this is aligned with the change environment in HIS. Key areas of focus will include the following:
 - implementing HIS Campus
 - strengthening our focus on management development
 - growing our leadership capacity and contextual awareness across the organisation
 - implementing a psychometric profiling tool to support team development and relationship building
 - establishing a clear method of reviewing and assessing the range of intelligence which is gathered around workforce. This will enable timely assessment of progress on (mainly) corporate activity, and influence future plans.

Challenges

The current challenges in relation to workforce planning are as follows:

- **Financial pressures:** A proportion of the work commissioned by Scottish Government from HIS is funded annually on an additional allocation basis. Delays to date in receiving allocation letters for the current year present a risk to our ability to deliver certain programmes of work. The revised approach to how we manage our fixed term contracts in the future will assist and support our workforce development plans as well as our organisational strategy and delivery plans.
- **Workforce shortages/competition:** Within HIS we recruit to a range of specialist roles that are not replicated elsewhere within NHS Scotland, for example in improvement, service redesign and health economics. We are often in competition with private industry, such as

large pharmaceutical companies, or seeking to employ to these roles from a smaller skills base than other roles.

- **Recruitment employment challenges:** Given the nature of our funding we are reliant on a proportion of fixed term contract appointments and the need to attract individuals on secondment from other NHS Boards. The revised approach to developing a new framework to manage fixed term posts and a new workforce model should support us to overcome these challenges by minimising the reliance on the use of fixed term contracts and having greater scope to flexibly deploy and develop staff across the organisation as work priorities change.

DRAFT

Risks

We have identified several risks as part of the development of our ADP for 2024-25.

- There are a significant number of risks to achieving financial balance, ranging from uncertainty on allocation funding, confidence in achieving our savings targets, and unfunded pay awards, which will materially impact our financial position next year. We are taking a risk-based approach to progressing additional allocation-funded work to reduce the potential impact of this.
- There is a risk we are unable to deliver significant parts of our work programme, resulting in a failure to bring about improvement, and reputational damage with key stakeholders including Scottish Government and the public. We are seeking to protect our statutory functions and maintain a fundamental focus on quality and safety in a system under pressure.
- There is an increased risk of not having the right people in the right place at the right time caused by higher staff turnover (for example because of fixed term contracts and uncertainty about future programme of work). We will need to take this work forward in partnership and the interim workforce plan will be a key mitigation.

These risks are being developed and reviewed as part of our ongoing strategic risk management processes.

Appendix 4: Financial Plan 24/25

1. Situation

This paper presents the financial budget for 24/25 and the five-year plan 2024-2029 which was considered by the Audit & Risk Committee (ARC) on 7 March 2024 and submitted to Scottish Government (SG) on 11 March 2024. The Board are asked to give their retrospective approval.

Developing the budget for 24/25 has required difficult choices for the organisation in ensuring we meet our statutory obligations and our central role in enhancing and protecting the safety and wellbeing of those that require health and care.

Delivery of a balance budget in 24/25 is reliant on ambitious savings targets, with detailed plans still forthcoming on how these will be met. The position of HIS being in recurring balance in 23/24 is likely to be reversed and slippage on spend and vacancy freezes will be required to deliver HIS into a breakeven position. Without a recurring savings plan linked intrinsically to the work programme, the organisation will remain reliant on these non-recurring measures to deliver financial balance.

In addition, a number of risks remain to the budget; unfunded pay awards, uncertainty on additional allocation funding and confidence in achieving our savings targets are all high risks. However, we are committed to working closely with SG and in partnership with our staff as we negotiate the challenges that lie ahead.

Consideration at Audit & Risk Committee

ARC discussed the heavy reliance on achieving financial balance through the savings targets and asked for more comprehensive savings plans to be brought back to the Committee. The risks to the plan were discussed as well as the rationale behind their inclusion/exclusion from the budget. The financial uncertainty and seriousness of the challenges were noted by the Committee, as well as the recognition that to achieve financial balance the 24/25 savings needed to be on a recurring basis to keep the organisation in recurring financial balance over the next 5 years.

Since the paper was considered by ARC, one change has taken place relating to the accelerated depreciation charge at Delta House. The version considered by ARC had the assumption that an element of the accelerated depreciation charge would be recognised in 23/24, however it has been confirmed this would be from 25/26 onwards.

2. Background

The financial context and associated uncertainty create a challenging set of circumstances for Healthcare Improvement Scotland (HIS) in developing the annual budget and

associated delivery plan. Arguably, the combination of factors – a health and care system under the most significant strain, a tough and deteriorating outlook for public finances and deep-seated workforce pressures – makes this the most difficult year since the inception of HIS.

Our plans for 24/25 require commitment to:

- Retaining a key focus on the safety and quality of healthcare
- Being responsive to changing pressures and risks in the system
- Protecting our statutory functions and obligations
- Ensuring our priorities are in line with the delivery of our strategy.

In order to develop our budget and delivery plan for 24/25, we have had to make key decisions in the following areas:

- How we will achieve our savings and deliver a balanced budget
- How we will use our baseline funding, including repurposing some of our funds
- How we will proceed with additional allocation-funded work, including how we will limit expenditure and risk in the absence of a guarantee of funding from SG.

To deliver this, across the organisation we will need to stop, pause, and/or repurpose existing work and delay or not proceed with new work programme commissions.

HIS Funding

Following the SG budget announcement in December 2023, our baseline funding for 24/25 has been set at £33.8m, which is a recurring cut of £1.3m (3.8%) from the previous year, but is also £0.7m (2%) higher than our spend in that year as illustrated in the table below.

	23/24	24/25
SG Funding	£35.1m	£33.8m
HIS Expenditure	£33.1m	£33.8m
(Over) / under spend	£2.0m	-

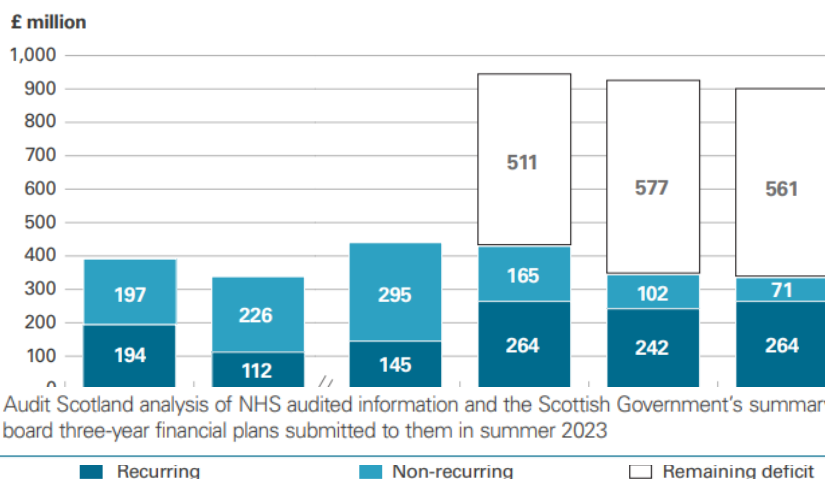
All additional allocation funding is at risk in 24/25 (prior year allocations were £8.2m). SG have committed to confirming 80% of allocation funding by Q1, although this may be a percentage of the original value. Therefore, the risk of progressing or continuing work funded by allocations lies with Boards directly as we enter 24/25.

NHS Scotland

The consolidated financial position remains challenging for NHS Scotland as it continues to emerge from the pandemic. There is a sustained deterioration in performance and in the safety and quality of care, as evidenced in our scrutiny work. 23/24 is forecasting a consolidated deficit of £360m, with only six Boards forecasting breakeven and 16 Boards forecasting a deficit.

The [NHS in Scotland 2023](#) report, recently published by Audit Scotland, concluded that significant changes are needed to ensure the financial sustainability of Scotland's health service. This chart, taken from the report, shows significant deficits being forecasted.

Even if savings are delivered as planned over the next three years, significant forecast deficits remain to be addressed



The consolidated deficit for 24/25, based on draft budget submissions, is now £1.3bn, with Board pressures ranging from 7% - 15%. Only 40% of savings targets included in this position have supporting plans and 32% of savings are on a non-recurring basis. This overall position does not include any provision for the 24/25 pay award or the non-pay elements of the 23/24 award.

Assumptions

The Financial and Delivery Planning Guidance for 24/25 was issued in December 2023 and encourages Boards to 'roll forward' existing plans with detailed actions for 24/25 alongside the relevant allocations of resources and spend. Specifically, the financial plans have been asked to include:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- An improved forecast outturn position compared to the position reported at the start of 23/24.

The key financial assumptions, shared from the Corporate Finance Network and used by all Boards, are shown below:

	2023/24	2024/25
CPI Inflation	6%	6%
Pay award * - baseline	5%	2%
Pay award – additional allocations**	5%	0%
Baseline funding uplift	2%	2%
Employer Pension Contributions***	20.8%	22.4%

* Applied to all pay schemes and fully funded by SG.

** To be self funded by Boards

*** Equates to an increase of 1.6% in employer pension contributions (around £360k additional pension contributions, assumed will be fully funded by SG)

3. Assessment

Consolidated Position 2024-25

Our total income for 24/25 is budgeted at £43.2m, a fall of £2.0m (4%) from the previous year. This is driven by a fall in baseline funding, reduced additional allocations and lower grant income.

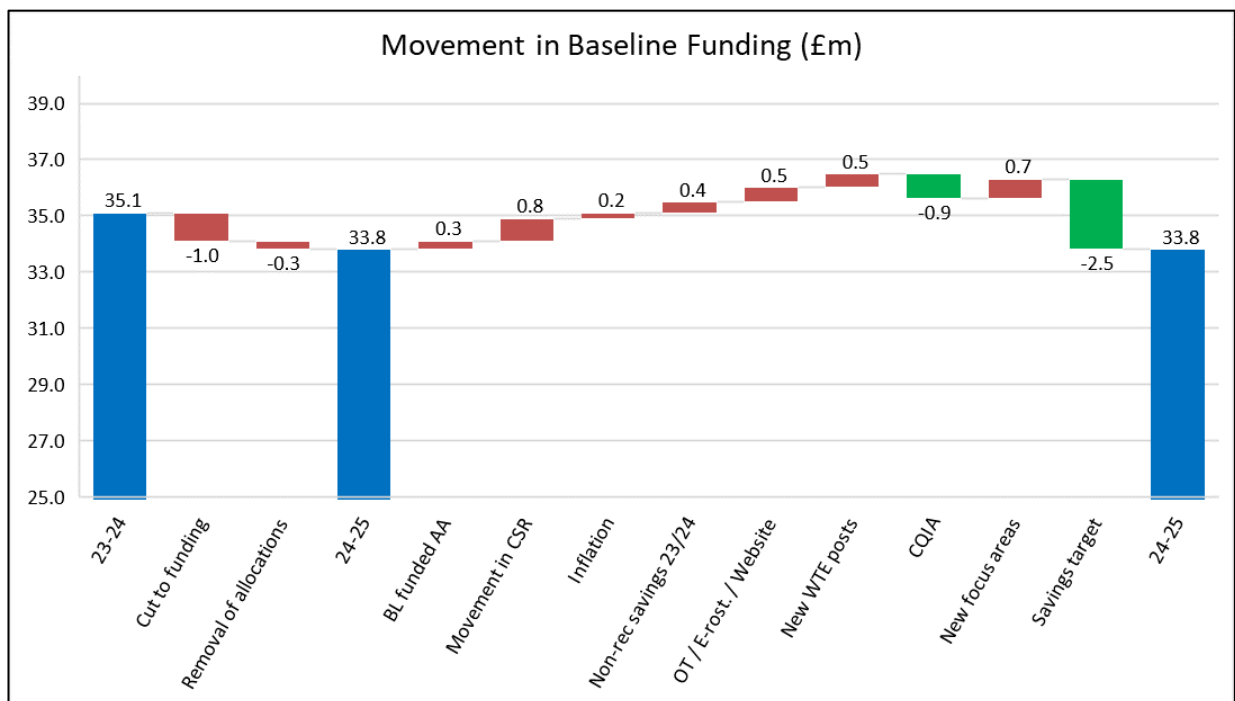
	24/25			Variance %
	24/25 Budget (£000s)	23/24 Outturn (£000s)	Variance (£000s)	
Baseline Funding	33,800	35,050	(1,250)	(4%)
Allocation Funding	7,494	8,163	(669)	(8%)
IHC Income	1,587	1,362	225	16%
Grant Income	203	451	(247)	(55%)
Other Income	177	150	27	18%
Total Income	43,261	45,176	(1,914)	(4%)
Pay Costs	35,603	36,033	430	1%
Agency Costs	0	308	308	100%
Total Pay Costs	35,603	36,341	738	2%
Travel & Subsistence	293	213	(80)	(38%)
Rent, Occupancy & Office Costs	1,304	1,388	84	6%
Communications	56	86	30	35%
Miscellaneous	110	329	219	66%
IT Costs	1,386	1,530	144	9%
Training	199	162	(37)	(23%)
Professional Fees And Charges	1,043	1,054	11	1%
Payments To Other Organisations	2,527	1,942	(585)	(30%)
Depreciation	741	228	(513)	(225%)
Total Non Pay Costs	7,659	6,932	(727)	(10%)
Total Operating Expenses	43,262	43,272	11	0%
Reported Underspend / (Overspend)	(0)	1,903	(1,904)	(100%)
	0.0%	4.4%		

Baseline Funding – although our baseline funding has decreased, the demand for resources continues to increase. Additional cost pressures identified next year include; inflation (£0.2m), investment in One Team, E-rostering & the website (£0.5m) and the non-recurring savings made in 23/24 (£0.4m). In addition, as outlined in our annual delivery plan, we will be placing new emphasis on the following areas:

1. Further investment in external assurance
2. Establishing responsive support to boards experiencing safety and quality challenges
3. Improving the safety and quality of maternity services
4. Protection of our statutory functions

In order to offset these additional cost pressures, we will need to prioritise resources and make difficult decisions about reshaping or stopping some of our current work programmes. We will refocus our Continuous Quality Improvement Allocations (baseline funding of £0.9m) in order to resource the priorities outlined above, specifically the quality and safety of maternity services in Scotland. To date these annual allocations made by HIS to all territorial boards have been used to support targeted approaches to improving quality and efficiency, in particular via clinical governance teams. The usage of the money has varied notably from board to board and it is proposed that this new approach will provide for more consistent delivery and impact in the safety and quality of a key area of concern.

In addition, a savings target of £2.5m is required to deliver a balanced budget for 24/25 (see later section for further details). The summary position of our baseline funding is shown in the chart below.



Additional Allocation funding – at this stage no allocations have been confirmed by SG for 24/25, therefore any allocation we proceed with will be at our own risk. To balance delivery against the financial risk, we have reviewed our additional allocations and identified opportunities to apply efficiency savings, pause or stop these from 1 April 2024.

We intend to proceed with a number of allocation-funded programmes of work as outlined below at a total cost of £7.4m. If allocations are not received or a lower amount of funding is received, we will need to review whether we can continue delivery of these programmes as outlined in our annual delivery plan.

Additional Allocations	24/25 Budget Submission (£000s)	
	Phase 1	Phase 2
Health and Care Staffing Act	800	
Right Decision Services	680	
Additional Depreciation for Delta House	711	
Scottish Medicine Consortium (SMC)	290	
National Cancer Medicines Advisory Group (NCMAG)	210	
Hospital At Home	290	
Adult Support and Protection	280	
Police Custody	170	
Primary Care Improvement Portfolio	400	1,154
Drug and Alcohol Improvement Portfolio	550	1,004
Mental Health Reform Programme	240	715
Total	4,621	2,873

We are taking a phased approach to three large programmes of work (final three in the table above) in order to minimise both the financial and delivery risk to HIS. The first phase covers Q1 and has a total cost exposure of £4.6m, when we will continue work on these programmes while we await funding confirmation from SG. We will only continue the work in phase two (i.e. beyond Q1) if the additional funding of £2.9m is confirmed, otherwise this work will be paused and resources redirected elsewhere in the organisation.

Some smaller allocations will be absorbed into current baseline budgets should allocations not be available. These include; Volunteering Systems, Barnahus Standards, Gender Identification, Sudden Unexpected Deaths in Infancy (SUDI), Caesarean Section, Citizens' Panel and 'What Matters to You' at a total cost of £0.3m.

There are some areas of work which will be paused as they are unfunded for 24/25. These are; Unpaid Carers, Palliative Care Guidelines, Scottish Health Technologies Group Horizon Scanning Assessments, Systematic Anti-Cancer Therapy Improvement, Excellence in Care, Infection Prevention Control Inspections of Inpatient Mental Health Units and National Review Panel. These would have total costs of £1.6m in 24/25, but have been excluded from the budget submission. These programmes may restart if funding becomes available.

For all new programmes of work not identified at this planning stage, but emerge after approval of the budget and annual delivery plan, these will follow the new commission process to determine whether they are programmes which align to our strategy and will deliver the largest impact within our available resources. This includes new work identified by our SG sponsors as well as programmes identified internally by HIS.

Further details on the additional allocation programmes as well as all baseline-funded work can be found in the draft Annual Delivery Plan presented to the Quality & Performance Committee on 28 February 2024.

Independent Healthcare (IHC) – the budget submission for IHC remains unchanged from the Board approved position from September 2023. The fee increase included in budget is 10% and the number of registered services has increased from 570 to 610. The net position is a £0.1m deficit, however, this has been offset by the release of reserves carried forward from 23/24.

	24/25			Variance %
	24/25 Budget (£000s)	23/24 Outturn (£000s)	Variance (£000s)	
Baseline Funding	265	0	265	0%
Allocation Funding	0	265	(265)	(100%)
IHC Income	1,587	1,362	225	16%
Total Income	1,852	1,627	225	14%
Pay Costs	1,673	1,563	(110)	(7%)
Total Pay Costs	1,673	1,563	(110)	(7%)
Travel & Subsistence	42	19	(23)	(117%)
Rent, Occupancy & Office Costs	0	1	1	100%
Miscellaneous	1	36	36	98%
IT Costs	5	1	(4)	(305%)
Professional Fees And Charges	105	7	(98)	(1,436%)
Payments To Other Organisations	26	0	(26)	0%
Total Non Pay Costs	179	64	(115)	(178%)
Total Operating Expenses	1,852	1,627	(225)	0%
Reported Underspend / (Overspend)	0	0	0	37%
	0.0%	0.0%		

Grant income – three grants have been budgeted for 24/25.

Grants / Income from other Organisations	24/25	
	Budget Income	WTE
Commonwealth Partnerships for Antimicrobial Stewardship Forum	10	-
Global Health QI	25	0.2
Accelerated National Innovation Adoption	168	2.6
Total Grant Income	203	2.8

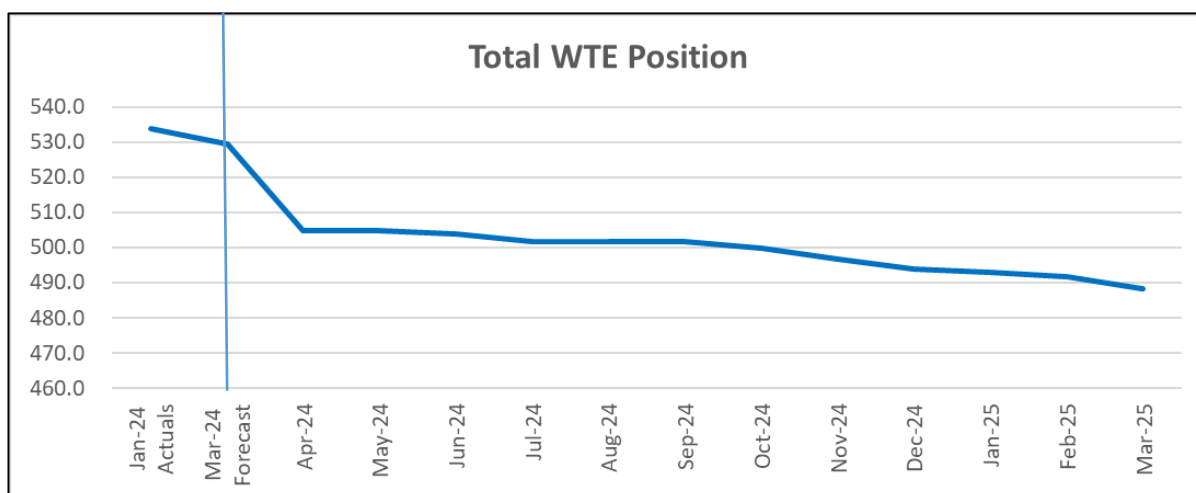
Other income - £0.2m of other income consists of rental income from the sub-let of Delta House to NHS National Services Scotland. During the year, we will consider additional rental income opportunities from our accommodation and this has been noted in the risks and opportunities section further in the paper.

Pay costs – pay remains our largest category of spend and as a proportion of total spend has fallen slightly from 84% to 82% in 24/25.

Total pay costs next year are budgeted at £35.6m, which is £0.7m lower than the previous year by 2%. This is driven by phased reduction in baseline whole time equivalents (WTE) as well as the impact of reduced allocations from the 23/24 position due to the uncertainty of funding. The average pay cost per WTE remains flat at £69k as no pay uplift has been included in the budget per SG's request. Whereas we are hopeful both the 24/25 pay

award and the 23/24 non-pay element of the award will be fully funded by SG, it does remain a key risk at present.

Total WTEs are budgeted to decrease from 530 to 488 during the year (reduction of 42 WTEs, 5%).



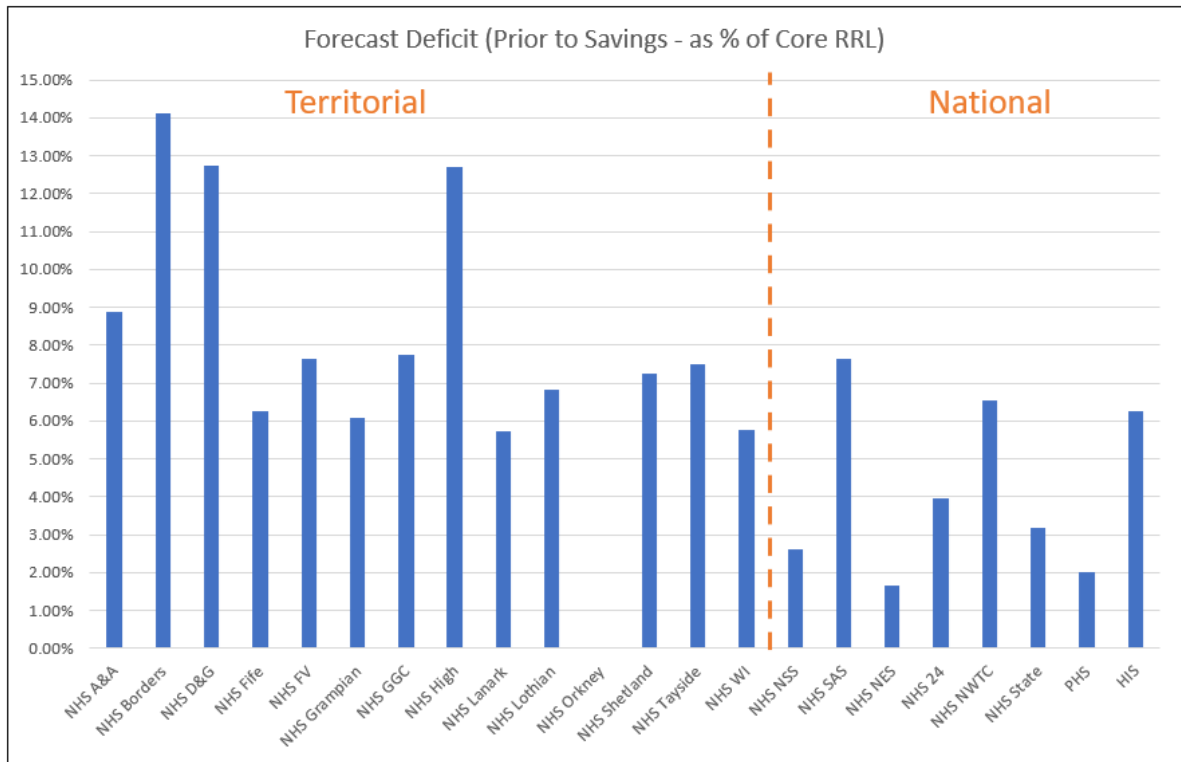
The reduction in WTE is expected to be made through a combination of measures, including staff turnover and not renewing fixed term contracts for staff with less than two years' service. We are also reviewing our workforce model with regards to our approach to programme management. This is to enable an agile approach to our project support capacity within HIS. Working in partnership, we will move to a flexible workforce model that will allow us to deploy our resources to the areas that require them most and use our existing workforce in an effective and efficient way. It will support continued focus on our service delivery priorities.

Non-Pay Costs – have been budgeted at £7.6m which is £0.7m higher than the previous year (10%). This is driven by an increase in depreciation due to the expectation we will exit Delta House in early 2026 (£0.5m) as well as an increase in costs associated with additional allocations (£0.4m), a reduction in miscellaneous costs associated with savings targets to return a balanced position (£0.3m). All non-pay costs will be under review throughout the year as we look to limit our discretionary spend.

Given the recurring cut to baseline funding, there is no area for investment pot for 24/25. Recurring investment approved and spent in 23/24 was transferred to the relevant directorate budget for 24/25. Three areas have been rolled forward into 24/25 on a non-recurring basis; One Team £ 300k, E-rostering at £72k and the website redevelopment project at £160k.

Savings Targets

The 24/25 budget includes a £2.5m saving targets and £1.1m vacancy factor which are required to deliver a balanced budget. These savings are the most ambitious seen at HIS in recent years and represent 10.7% of baseline funding. Our saving target of £2.5m is the highest of all the non-patient facing Boards and is at a level similar with territorial Boards.



Source: SG 2024-25 Draft Financial Plan Savings Summary

The plans to achieve the £2.5m savings target rely heavily on removing posts from team structures and not filling vacancies for the majority of the year. At present there are few recurring saving initiatives identified, meaning HIS is unable to remain in recurring financial balance in the medium term and unable to meet SG's request to deliver 3% recurring savings in 24/25.

£000s Directorate	Pay		Non pay			Total savings identified	Savings Target	Variance	Vacancy factor	
	Remove posts Recurring	vacancies Non recurring	Learning & Development	Events & Travel	Property					
CESR	217	63	26	59		365	388	23	261	22%
Evidence		525				525	525	-	426	28%
M&S	262			20		282	411	129	124	17%
NSI	133		2	3		138	138	-	198	13%
QAD		429				429	429	-	99	15%
IT & Digital						-	264	264	-	0%
Corporate Functions	94				180	274	304	30	31	3%
	706	1,017	28	82	180	2,013	2,459	446	1,139	17%
WTE	12	17				29				

Although the saving targets are shown above by directorate, it is expected this will be taken forward under a One Team approach. Corporate wide, strategic initiatives will be required to deliver the size of savings required rather than incremental savings at a team level.




Until detailed plans on how to achieve the savings are available, there is a risk to achieving financial balance. To mitigate against this, tighter financial controls may need to be implemented during the year. This includes vacancies freezes and declining of all

discretionary spend (via the purchase order system) by the Finance Team. It is recognised this is a crude approach, but one required until the work programme is in an affordable position for 24/25.

The vacancy factor is not a saving target, but a consequence of staff turnover, representing on average three months of vacancy before the post is filled. The vacancy factor in the budget is 17%, up from 13% in 23/24, but a return to the levels seen in 22/23.

Risks and Opportunities

There are several assumptions in the 24/25 budget submission that could have an impact on the annual delivery plan within the financial envelope. These scenarios range from a combined overspend of £9.8m to an underspend of £2.4m and carry a degree of risk to each.

<u>Overspend</u>	<u>£m</u>	<u>Underspend</u>	<u>£m</u>
Unfunded 24/25 pay award (assume 5%)	- 1.8	Additional allocation slippage (20%)	1.5
Savings targets on baseline not met (50%)	- 1.3	Additional rental income	0.2
Non-receipt of allocations - 50%	- 3.7	Higher staff vacancy rate (5%)	0.5
Unfunded 23/24 non-pay element	- 0.5	Reduction in non pay inflation (2%)	0.2
Lower staff vacancy rates	- 0.6		
Reintroduction of CQIA	- 0.9		
Unfunded Pension Changes	- 0.4		
Higher inflation (by 2%)	- 0.2		
Cost of change	- 0.3		
Unable to release IHC reserves	- 0.1		
	- 9.8		2.4
Key:			
	High probability		
	Medium probability		
	Low probability		

Five-Year Financial Plan

A five-year financial plan has been produced, based on several assumptions and extrapolated from the 24/25 budget. This plan assumes financial balance in all years, in line with the previous five-year plan.

Key assumptions include; no funding uplift from SG in future years, IHC income increases by 3% year on year, pay uplifts are fully funded by SG and there is no Delta House rental income from 2026.

	2023/24 Forecast (£000s)	2024/25 Budget (£000's)	2025/26 Budget (£000's)	2026/27 Budget (£000's)	2027/28 Budget (£000's)	2028/29 Budget (£000's)
Baseline Funding	33,100	33,800	33,800	33,800	33,800	33,800
Allocation Funding	8,123	7,494	7,494	6,783	6,783	6,783
IHC Income	1,357	1,587	1,635	1,684	1,734	1,786
Grant Income	489	203	203	203	203	203
Other Income	154	177	177	0	0	0
Total Income	43,223	43,261	43,309	42,470	42,520	42,572
Total Pay Costs	36,191	37,609	35,601	35,426	35,155	35,060
Total Non Pay Costs	7,032	8,198	7,883	7,315	7,460	7,609
Total Operating Expenses	43,223	45,807	43,484	42,741	42,615	42,669
Savings Target	0	(2,546)	(175)	(271)	(95)	(97)
Reported Underspend / (Overspend)	0	0	(0)	0	(0)	0
Capital Expenditure	79.0	76.0	76.0	76.0	76.0	76.0
Total WTE	529.5	488.2	488.2	488.2	488.2	488.2

Assumptions

SG uplift	2%	0%	0%	0%	0%	0%
Staff wage inflation	2%	0%	0%	0%	0%	0%
Fixed costs CPI	5%	5%	3%	2%	2%	2%

To achieve financial balance, savings of £3.1m are required over the next five years (9.2%) on a recurring basis. If savings made in 24/25 are sustained, then the savings target for year 25/26 onwards is significantly smaller, ranging from 0.3% to 0.7% and HIS will once again be in a position of recurring balance.

Many risks remain to this plan, including the funding of pay awards and uncertainty on core funding from SG without further cuts.

Assessment considerations

Quality/ Care	The budget enables HIS to control spending, monitor expenses, and stay focused on our strategic aims and objectives, which ultimately impacts on the quality of care and services.
Resource Implications	The financial implications are detailed in this paper. There are significant changes to WTE as result of this budget as detailed in the WTE section. The paper requires the delivery of savings to achieve a break even position in 24/25.
Clinical and Care Governance (CCG)	The information contained within this report may have an impact on Clinical and Care Governance (CCG) where there is a potential impact on delivery.
Risk Management	The management of the organisation's finances is covered on the strategic risk register.
Equality and Diversity, including health inequalities	This budget supports the Public Sector Equality Duty, the Fairer Scotland Duty and the Boards Equalities Outcomes.

Communication, involvement, engagement and consultation	This report has been prepared by the Finance, Planning & Governance Team and was presented at the Board Seminar (24 th January 2024), Executive Team (25 th January 2024) and the draft Annual Delivery Plan was presented to Quality & Performance Committee on 28 th February 2024.
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4 Recommendation

The Board are asked to approve the 2024/25 financial budget and the 2024-2029 five-year plan.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Performance Report, Quarter 4 23/24
Agenda item:	5.1
Responsible Executive:	Angela Moodie, Director of Finance Planning & Governance
Report Author:	Jane Illingworth, Head of Planning & Governance
Purpose of paper:	Assurance

1. Introduction

This report provides the Board with a high level progress summary against Healthcare Improvement Scotland's (HIS) [Strategic Plan 2023-28](#), Annual Delivery Plan 2023-24 and Key Performance Indicators covering the quarter 4 (Q4) period, January – March 2024. An overview of key achievements over the year aligned to the Strategy is also included at **appendix 1**.

2. Performance Measures

2.1. Key Performance Indicators (KPIs)

By the year end, **9** out of 22 KPIs did not meet their annual target, as follows:

- **Independent Healthcare Inspections:** 35 inspections were moved into a different quarter based on risk assessment-based prioritisation. Staff availability (vacancy and absence) has also impacted inspection numbers.
- **Healthcare Staffing Programme:** two tools have been delayed due to boards' capacity to engage in the development process and will be carried forward into 24/25.
- **Scottish Medicines Consortium:** timelines continue to be affected by the backlog of medicines to be assessed. There has been a considerable reduction in the backlog (3 in Q4 compared to 21 in Q1) as a result of recruitment to increase capacity and adoption of the abbreviated pathways where appropriate.
- **Learning Events Delivered / Published improvement resources:** Movement of our improvement teams has impacted on delivery with reduced capacity from inability to recruit.
- **Engagement:** Publication of two reports in Q4 delayed until April per Scottish Government (SG) request.
- **Equality Assessment:** vacancies within the Equalities team resulting in limited current capacity to support other teams with understanding and undertaking assessments.
- **OneTeam:** The One Team KPI focusses on raising awareness and engagement with the programme and was measured through staff surveys. Following feedback from staff, One Team communications moved towards business as usual and an emphasis

on the benefits of One Team. No further staff surveys on One Team recognition were issued which impacted the end of year KPI outturn.

- **iMatter**: reported once yearly, and the employee engagement index score was under target for 23/24.

A refreshed set of KPIs is being developed for 24/25 and a draft was approved at the May meeting of the Quality and Performance Committee (QPC), with a view to implementation in Q1 reporting. In a change to previous years, KPIs will be in place at both Corporate and Committee level to ensure an appropriate level of focus on different aspects of delivery. The draft corporate KPIs are attached at **appendix 2**.

2.2. Work Programme Status Report

62 programmes were active at the end of Q4 which is the same as Q3. 50 (81%) programmes were on track, and 12 (19%) were reporting with RAG status amber (moderate impact on delivery), with a slight increase in programmes on track from the last quarter. No programmes reported with a RAG status of red (significant impact on delivery).

Our overall position has remained relatively stable across the year and much of our work carries over into 24/25, however it should be noted that several programmes are being reconfigured/combined to enable efficiencies, as set out in the 24/25 Annual Delivery Plan.

2.3. Value for Money

In Q4 we reviewed Hospital at Home, the Scottish Medicines Consortium (SMC) and Adverse Events, in accordance with the 4Es approach to assessing base value and linking each to the NHSScotland [Value Based Health and Care Action Plan](#).

The reviews concluded that as a key delivery partner, the return on investment for HIS in Hospital at Home is positive, with significant progress and contribution to reducing pressures on the acute front door. For SMC, while it delivers significant value across the NHS, it was noted that the programme resources are not delivering to expected performance metrics and that further changes will be required to keep up with demand without additional investment. Investment is also required to support the pace of change in the adverse events programme, and consideration will need to be given to the prioritisation of resources given increased pressures across the NHS.

3. Key Achievements and Challenges

Highlights during the quarter include publication of the final report of the **Neonatal Mortality Review** and delivery of a joint national learning session of the **Scottish Patient Safety Programme (SPSP) perinatal & SPSP paediatric** collaboratives. We hosted the Ministerial Launch of the Mental Health and Substance Use Protocol Programme and held the first **What Matters to You** National Networking Event. The **SIGN** Type 1 diabetes toolkit was published as were two reports from the **unpaid carers improvement programme** which support involvement in hospital discharge.

Three **Safe Delivery of Care** unannounced onsite inspections were carried out and three safe delivery of care inspection reports were published in Q4. One **mental health infection prevention** control inspection took place and we also undertook **joint inspections** of prisoner healthcare, police custody suites, and adult services (focused on people experiencing mental illness).

Responding to Concerns (RTC): In Q4, we received four new concerns. An in-depth review of our RTC process is being undertaken and an update on the current caseload and the review of existing processes was provided to QPC at its May meeting.

3.1. Annual Delivery Plan (ADP)

In developing the ADP for 24/25, we have reviewed our programmes of work, and identified opportunities to apply efficiency savings and/or pause or stop work from 1 April 2024 to reduce the risk to HIS, particularly across our additional allocations. Moving into Q1, no allocations have been confirmed so **all allocation-funded programmes are at risk**.

HIS' [Annual Delivery Plan 23/24](#) was approved by SG and published in September 2023. An update for Q4 was submitted in May and reflects the progress outlined above. Feedback from SG on our quarterly progress will be reviewed on receipt and we will continue to work with the sponsors to develop our reporting to maximise the value of this as well as the feedback process for both HIS and SG.

3.2. Very High and High Operational Risks

At the end of Q4 there were **9** high and **1** very high operational plan risks. The **very high risk** reported is in relation to the **Healthcare Staffing Programme** and the ability to comply with its legislative duty to monitor Boards compliance with the Health and Care Staffing Act (risk increased from medium to very high). **Risks upgraded to high** since last quarter:

- Responding to Concerns: unable to respond appropriately to concerns raised about the quality and safety of care (from medium to high)
- National Cancer Medicines Advisory Group (NCMAG): risk to the progress and perception of the programme while we await clarity from SG medicines policy leads (new).

4. Forward Look

4.1. New Commissions

There are **two** pieces of work received in Q4 that we are considering through the new commissions process (palliative care guidelines and standards work on the Sexual Assault Response Coordination Service (SARCS)). These were not included in our ADP or budget submission. Given our anticipated operational constraints for 24/25 and beyond, we will ensure robust consideration of all additional pieces of work, including stringent requirements of funding confirmation and where required, decision making and alignment with SG regarding any further prioritisation of work required.

Across the year, a total of **20** commissions were received and progressed (including 5 carried into 23/24 from 22/23).

4.2. Q1 24/25 and Beyond

We submitted our Annual Delivery Plan, Three Year Plan and financial plan to SG in March 2024. We received written confirmation of agreement of our financial plan and continue to engage with SG regarding prioritisation and the areas that will need to be paused/refocused to meet the commitments of our financial plan. Once we receive feedback from SG, we will report back to the QPC and the Board on the final sign off of the ADP and any changes to be made.

Review of safety and quality of care at Queen Elizabeth University Hospital (QEUE) Emergency Department

As the Board is aware, following consideration of concerns raised through our Responding to Concerns process, we are undertaking a review of safety and quality of care at the Emergency Department at QEUE.

Community Engagement

The volume of service change activity continues to grow in response to system pressures, particularly as a result of the increasing financial pressures in boards. Discussions have continued with SG to define processes for proportionate assurance of engagement and an updated version of Planning with People covering these changes was published in May 2024.

5. Quality and Performance Committee consideration

At the QPC meeting on 22 May, the following points were discussed in relation to the Q4 performance report:

- The Committee approved the report and welcomed in particular the section on strategic priorities and the work underway to refresh KPIs.
- The new high risk in relation to the Healthcare Staffing Programme was discussed and it was noted that the Director of Nursing and System Improvement was engaging with SG on expectations in relation to monitoring.
- It was noted that a paper regarding the detail of the risk in relation to NCMAG would be brought to the August QPC meeting.
- The Committee noted that SG sign-off of the 24/25 ADP had not yet been received and that any significant decisions arising from that would need to be brought back to QPC.
- The Committee noted the forward look transition into 24/25 and recognised the uncertainty and challenges presenting in Q1 which may impact performance.

6. Assessment Considerations

Quality / Care	The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver.
Resource Implications	Workforce constraints are highlighted in various programmes of work where applicable.

Clinical and Care Governance	The performance report is a key part of corporate governance which in turn ensures appropriate clinical and care governance requirements and considerations.
Risk Management	The performance report is compiled with reference to programme risks and key risks on the organisational risk register.
Equality and Diversity	There are no equality and diversity issues as a result of this paper.
Communication, Involvement, Engagement and Consultation	The detailed Q4 performance report was considered and endorsed by the Executive Team, then approved by QPC on 22 May 2024.

7. Recommendation

It is recommended that the Board accept the following Level of Assurance from this performance report regarding the progress against the delivery of HIS' Strategy 2023-26, Annual Delivery Plan 2023-24 and Key Performance Indicators covering the Q4 period:

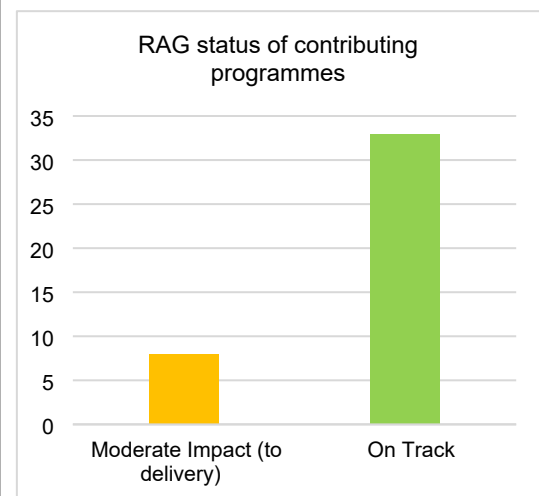
MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Appendix 1 - Strategic Overview

This provides an overview of the main contributing work programmes, initiatives and opportunities for each strategic priority area. For Q4 we have provided examples of key achievements over the course of the year.

Strategic priority 1: Enable a better understanding of the safety & quality of health and care services and the high impact opportunities for improvement

41 contributing programmes



Four KPIs:

- Inspections
- Independent Healthcare inspections
- Death Certification Review Service
- Healthcare Staffing Programme (HSP)

Q4 activity looking ahead to 2024-25:

- ✓ design and development of a Perinatal (Maternity and Neonatal) Quality Management System for implementation in 2024-25
- ✓ development and approval of 2024-25 scrutiny and assurance plan

Active Governance: a focus on the right things Q4: Quality and Performance Committee

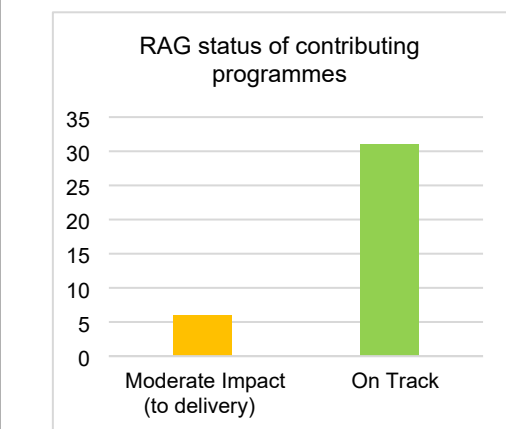
- ✓ Safety Network update
- ✓ Scottish Patient Safety Programme Overview
- ✓ Responding to Concerns 6 monthly report

Key milestones achieved in 2023-24:

- ✓ HSP readiness for monitoring and compliance of implementation of Act from 1 April 2024
- ✓ Sharing Intelligence Network replaced SIHCG; Operating Framework being revised for approval by all Network members
- ✓ Published Neonatal Mortality Review
- ✓ Carried out 12 safe delivery of care inspections; 11 reports were published
- ✓ Launch of Scottish Patient Safety Programme (SPSP) paediatric and perinatal
- ✓ First data overview report of the National Hub for Reviewing and Learning from the deaths of children and young people in Scotland

Strategic priority 2: Assess & share intelligence and evidence which supports the design, delivery and assurance of high-quality health and care service

37 contributing programmes



Five KPIs:

- SIGN guidelines
- Scottish Medicines Consortium (SMC) advice
- Research & Information Service
- Scottish Health Technologies Group (SHTG) reviews
- Standards and Indicators

Active Governance: a focus on the right things Q4: Audit and Risk Committee

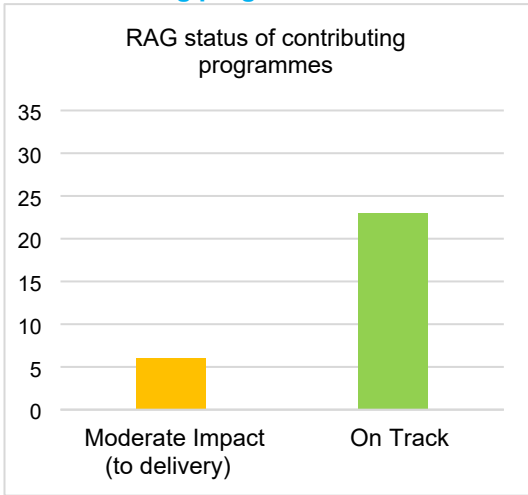
- Corporate website update
- #### Quality and Performance Committee
- Right Decision Service update
- #### Scottish Health Council
- Evidence for Engagement Overview

Key milestones achieved in 2023-24:

- ✓ Transfer of the Right Decision Service (RDS) to HIS from the Digital and Health Innovation Centre
- ✓ Published seven SIGN guidelines and participated in first ever collaborative where all UK nations and Ireland came together to publish a joint guideline, on stroke
- ✓ SHTG published 12 pieces of advice and continued to be a key partner in the Accelerated National Innovation Adoption (ANIA) Pathway
- ✓ SMC published 87 pieces of advice, produced the 'Forward Look' tool and two briefing reports on priority areas. 69 SMC patient group submissions were received in 23/24.

Strategic priority 3: Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care

29 contributing programmes



Three KPIs:

- Service change
- Engagement policy areas
- Equality Assessment

Active Governance: a focus on the right things Q4: Scottish Health Council

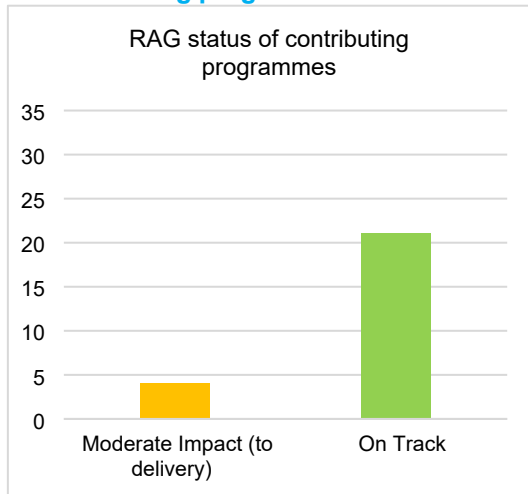
- New process for assessing engagement in non-major service change
- Assurance of equalities, inclusion and human rights duties and programmes
- Assurance of Engagement programme (covering service change, equalities duties and HIS Governance for Engagement)
- Evidence for Engagement programme (covering gathering views from people and communities)

Key milestones achieved in 2023-24:

- ✓ Development and testing of an assurance approach for service change that does not meet the threshold for major service change. This new process has been shared with SG and it is anticipated it will be added to the Planning with People guidance in May 2024.
- ✓ To support engagement practice, we launched our [Quality Framework for Community Engagement and Participation](#).
- ✓ Our [Citizens' Panel](#), which has 1,028 members representing the population of Scotland, published reports covering organ and tissue donation, the regulation of independent healthcare, attitudes towards vaccination after the pandemic and attitudes towards vaping and tobacco.

Strategic priority 4: Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland

25 contributing programmes



Three KPIs:

- Improvement support programmes with logic model
- Learning events delivered
- Published improvement resources

Active Governance: a focus on the right things – Q4: Quality and Performance Committee

- Medical Workforce Model

Key milestones achieved in 2023-24:

- ✓ Agreement of future approach to Continuous Quality Improvement Allocation as part of 2024-25 budget and work programme setting process.
- ✓ Published five sets of standards and indicators.
- ✓ Continued to expand Hospital at Home; the combined number of Hospital at Home beds in Scotland is now similar to a hospital the size of University Hospital Wishaw and larger than Raigmore Hospital in NHS Highland.
- ✓ Scottish Antimicrobial Prescribing Group updated nine guidance and resource documents and published four new documents.
- ✓ Our Primary Care Improvement Programme supported over 100 primary care teams to improve access over a rapid seven-week programme.
- ✓ The Mental Health and Substance Use (MHSU) team worked with six pathfinder sites to develop pathways of care for people experiencing concurrent substance use and mental health issues; the next phase of this work, the MHSU Protocol programme, was launched by SG Ministers in March.

Appendix 2 – Corporate KPIs 2024-25

KPI	23/24	Target
Safety & Quality of Health & Care Services		
NHS inspections – % of follow up inspections carried out within agreed timescales	n/a	100%
Independent Healthcare inspections- % of services inspected within service risk assessment timeframes	n/a	80%
Adverse Events - % NHS Boards using the adverse events Community of Practice and sharing learning by April 2025	n/a	75%
SPSP Essentials of Safe Care – review completed	n/a	TBC%
Assess & Share Intelligence & Evidence		
Responding to concerns – % of cases with initial assessment undertaken within agreed timescales	n/a	90%
New medicines advice – decisions communicated within target timeframe	54%	75%
Practical Support for Sustainable Improvement		
Responsive support – number of commissions undertaken	n/a	4
Primary care improvement programme – number of learning events held at demonstrator sites	n/a	TBC
Mental health reform – percentage of supported NHS boards with an improvement plan in place	n/a	80%
Voices & Right of People & Communities		
Service change engagement – number of NHS board / IJB service change engagement plans influenced by our advice and assurance	n/a	60
Governance for engagement – percentage of directorate self-assessment engagement plans completed by agreed timescales	n/a	100%
Annual stakeholder survey – response rate	n/a	50%
Organising Ourselves to Deliver		
Complaints - % upheld with an improvement plan	n/a	100%
iMatter - employee engagement index score	80	80
Recurring savings	£1.4m	£2.5m
Communications - proactive coverage across print, online and broadcast media to monthly, quarterly and annual targets	n/a	TBC

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Financial Performance Report (FPR)
Agenda item:	5.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning, Governance
Report Author:	Karlin Rodgers, Head of Finance & Procurement
Purpose of paper:	Decision

1. Situation

This report provides the Board with the financial position at 31 May 2024 and a summary of consideration of the report at the Audit and Risk Committee on 18 June 2024.

2. Background

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

3. Assessment

Financial Performance Report

At 31 May 2024, total expenditure was £6.6m against a budget of £6.9m, driving a £0.3m underspend. This was mainly driven by non-pay underspends. Pay costs were behind budget by £0.1m, but this was offset by an increase to the annual leave accrual.

We have achieved £0.7m towards our savings target of £2.5m by P2 (28%), mainly due to the unplanned savings in non-pay costs.

To date, funding has been received for only one programme – part funding of £0.9m for Primary Care Improvement (the remaining £0.7 is expected from Scottish Government (SG) later in the year as opposed to a cut in funding). It is unlikely any further confirmations will be forthcoming in Q1, with SG revising their timescales to early July. Spend on our all our allocation funded programmes to 31 May 2024 was £0.9m.

The full Financial Performance Report at 31 May 2024 is available in Appendix 1.

Update from Audit & Risk Committee (ARC)

At the ARC meeting on 18 June 2024, the following points were discussed:

- The underspend position was considered and there was an ask from ARC for teams not to get complacent about unplanned savings seen to date, as the challenges being faced around ensuring the organisation finds itself in recurring financial balance still remains.
- ARC discussed the risk to allocations and in particular those programmes still awaiting confirmation of funding from SG. This will be considered further in the reserved Board meeting on 25 June.

Assessment considerations

Quality/ Care	The recruitment delays and uncertainty in the funding may impact on the initiatives we can deliver with the aim of improving quality of care in Scotland.
Resource Implications	There are no financial implications beyond the information detailed in the paper.
	We have lower resource than budgeted at present so our plans to ensure we remain in budget is likely to impact/ increase resource levels.
Clinical and Care Governance (CCG)	The report has a limited direct impact on CCG but the activity driving the underspend position may result in an impact on delivery of our Annual Delivery Plan.
Risk Management	The appropriate risks are included in the strategic and operational risk registers where relevant.
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 a detailed version of the 31 May 2024 FPR was considered by the Audit & Risk Committee on 18 June 2024.

4 Recommendation

It is recommended that the Board accept the following Level of Assurance with regards to the Financial Performance Report for period 2:

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

5 Appendices and links to additional information

Appendix 1: Financial Performance Report 31 May 2024.

Financial Performance 31 May 2024

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

Year to Date - Performance Summary – P2

At 31 May 2024, total income was £6.9m and total expenditure was £6.6m, driving a £0.3m underspend at P2 (4%). This was up from a £0.2m underspend at P1.

A breakdown of the YTD position is at **Appendix 1**.

	Annual Budget (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£43.1	£6.9	£7.0	(£0.1)
Pay	£36.6	£6.0	£6.0	-
Non Pay	£6.5	£0.6	£1.0	£0.4
Under/(over) spend	-	£0.3	-	£0.3

	YTD Actual WTE	YTD Revised Budget* WTE	YTD Variance WTE
Baseline WTE	404.9	407.8	2.9
Allocation WTE	78.7	83.3	4.6
Grant WTE	0.7	2.8	2.1
IHC WTE	21.3	23.4	2.1
Total	505.6	517.3	11.7

WTEs at the end of May were 506 which was 3 down from P1.

Compared to budget, WTEs are behind by 12 (5%), mainly due to vacancies in NSI (15).

There are currently 8 staff on the redeployment register, with 20 roles being advertised externally.

A breakdown of the YTD WTE position is at **Appendix 1**.

Performance by Funding Source

Year to Date – P2

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)
Income	£5.5	£1.1	£0.3	£0.0	£6.9
Pay	£4.9	£0.8	£0.3	£0.0	£6.0
Non Pay	£0.5	£0.1	£0.0	£0.0	£0.6
Under/(over) spend	£0.1	£0.2	-	-	£0.3

Full Year Budget

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)
Income	£33.8	£7.5	£1.6	£0.2	£43.1
Pay	£29.1	£5.9	£1.4	£0.2	£36.6
Non Pay	£4.7	£1.6	£0.2	-	£6.5
Under/(over) spend	-	-	-	-	-

Underspend YTD driven by:

- Non-pay underspends in Healthcare Staffing programme (£0.1m)
- Underspend in IT spend (£0.1m)
- Rates refund received (£0.1m)
- Pay costs were behind budget by £0.1m due to lower WTEs, but this was fully offset by an increase in the annual leave accrual.

Confirmed funding:

Baseline funding confirmed at £33.8m

Grants income £0.2m

Unconfirmed funding:

Additional allocations £7.5m

Allocations and Grants - Actuals

Additional Allocations and Grants	24/25 Budget Submission (£000s)			Closing WTE	24/25 YTD - P2			
	Phase 1	Phase 2	Total		Expected Income	Expenditure	Variance	WTE
Health and Care Staffing Act	800		800	7.9	154	123	31	9.9
Right Decision Services	680		680	4.6	107	46	62	4.1
Additional Depreciation for Delta House	516		516	0.0	-	34	(34)	-
Scottish Medicine Consortium (SMC)	290		290	3.9	54	88	(34)	6.0
National Cancer Medicines Advisory Group (NCMAG)	210		210	3.1	35	59	(24)	4.4
Hospital At Home	290		290	5.0	49	19	30	1.8
Adult Support and Protection	280		280	4.3	47	23	24	2.3
Police Custody	170		170	2.3	28	28	(0)	2.3
Primary Care Improvement Portfolio	400	1,154	1,554	18.6	240	152	88	15.5
Drug and Alcohol Improvement Portfolio	550	1,004	1,554	22.7	253	128	125	11.3
Mental Health Reform Programme - CETC	120	355	475	7.0	79	136	(57)	14.4
Mental Health Reform Programme - QAD	120	360	480	7.0	80	60	20	5.5
Total - Budget Approved Allocations	4,426	2,873	7,299	86.4	1,125	896	228	77.6
Accelerated National Innovation Adoption Pathway	168		168	2.6	3	3	-	0.5
Global Health Partnership	25		25	0.2	1	1	-	0.2
Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)	10		10	0.0	5	5	-	-
Total - Budget Approved Grants	203	-	203	2.8	9	9	-	0.7
Palliative Care Guidelines	-	-	-	-	-	12	-12	0.1
Unpaid Carers	-	-	-	-	-	14	-14	1.0
Excellence in Care	-	-	-	-	-	-1	1	-
Total - Allocations Not in Budget	-	-	-	-	-	26	-26	1.1
Total - Allocations and Grants	4,629	2,873	7,502	89.2	1,134	932	202	79.4

- Spend on allocations to date is £0.9m, which is £0.2m behind the budgeted position (18%)
- At P2 we have not received any additional allocation funding from SG. Confirmation is not expected until July, missing the commitment from SG to confirm 80% of allocations in Q1.
- Income has been recognised on an accrued basis at P2 and in line with budget.

Savings Targets

	Full Year Budget	P2	Remaining savings to be made
Savings target - budget	2.5	0.4	2.1
<u>Pay savings:</u>			
Remove posts	0.6	0.1	0.5
Hold vacancies	1.1	0.2	0.9
Undefined	0.1	0.1	-
<u>Non-pay savings:</u>			
OD&L	0.1		0.1
Travel and events	0.1		0.1
IT & Digital - undefined	0.2	0.1	0.1
Undefined	0.3	0.2	0.1
Savings target - actuals	2.5	0.7	1.8
<u>Split by:</u>			
Planned savings	1.9	0.3	
Unplanned savings	0.6	0.4	

- We are exceeding our savings target but due to unplanned activities, mainly in non-pay costs.
- The £2.5m annual savings target has reduced to £1.8m at end of P2.
- In line with our budget plan we will look to ‘bank’ these savings at the end of each quarter during 24/25.

Appendix 1 – YTD Financial Position

HIS - View All	Actual (£000s)	Budget (£000s)	Variance (£000s)
Baseline Income	5,480	5,480	0
Allocation Income	1,125	1,211	(86)
IHC Income	239	267	(28)
Grant Income	10	42	(32)
Other Income	41	32	9
Total Income	6,895	7,031	(136)
Pay Costs	5,973	6,006	35
Pay Savings Targets	0	(27)	(27)
Total Pay Costs	5,973	5,980	8
Travel & Subsistence	31	79	49
Rent, Occupancy & Office Costs	41	119	78
Communications	12	3	(10)
Miscellaneous	89	63	(26)
IT Costs	163	231	69
Training	4	34	30
Professional Fees And Charges	65	154	89
Payments To Other Organisations	188	343	156
Non Pay Savings Targets	0	(104)	(104)
Depreciation	36	128	92
Total Non Pay Costs	628	1,051	423
Total Operating Expenses	6,601	7,031	430
Reported Underspend / (Overspend)	294	0	294

	Actual WTE	Revised Budget WTE	Variance WTE
Baseline WTE	404.9	407.8	2.9
Additional Allocations WTE	78.7	83.3	4.6
Grant WTE	0.7	2.8	2.1
IHC WTE	21.3	23.4	2.1
Total WTE	505.6	517.3	11.7

Directorate Expenditure	Actual (£000s)	Budget (£000s)	Variance (£000s)
Medical And Safety	590	610	20
Community Engagement & Transformational Change	990	1,057	66
Nursing And Systems Improvement	1,048	1,282	233
One Team	87	129	42
Quality Assurance	1,270	1,333	63
Chief Executive	72	78	6
IT + Digital	291	348	57
Evidence	1,313	1,304	(9)
People + Workforce	176	175	(1)
Property	152	238	85
Areas for Investment	15	42	26
Finance Planning + Governance	328	328	0
Corporate Provision	268	110	(159)
Total Operating Expenses	6,601	7,031	430

Directorate WTE	Actual	Affordable	Variance
Medical And Safety	46.2	43.7	(2.5)
Community Engagement & Transformational Change	95.3	98.7	3.4
Nursing And Systems Improvement	90.4	105.8	15.4
One Team	6.5	7.8	1.3
Quality Assurance	79.4	75.7	(3.7)
Independent Health Care	21.3	23.4	2.1
Chief Executive	3.7	3.1	(0.6)
IT + Digital	16.7	17.7	1.0
Evidence	102.4	97.3	(5.1)
People + Workforce	15.9	15.8	(0.2)
Areas for Investment	-	1.0	1.0
Finance Planning + Governance	27.7	27.3	(0.4)
Corporate Provision	-	-	0.0
Total WTE	505.6	517.3	11.7

‘Payment to other organisations’ is underspent due to lower costs on HSP (£0.1m)

Underspend in Nursing and Systems Improvement driven by vacancies (£0.2m).

Corporate provisions are over budget due to a £0.1m increase in the annual leave accrual.

Some Directorate expenditure is understated due to non-pay accruals recognised to Corporate Provisions where POs have not been raised/receipted – impact as follows:
M&S £30k
IT & Digital £47k

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Workforce Report
Agenda item:	5.3
Responsible Executive/Non-Executive:	Sybil Canavan, Director of Workforce
Report Author:	Sybil Canavan, Director of Workforce
Purpose of paper:	Assurance

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 monthly to Executive Team colleagues. This report provides Board members with several high-level key workforce metrics across the organisation.

3. Assessment

Our current workforce comprises of a headcount of 566 staff as at the end of **May 2024**. 532 are on our payroll as directly employed staff, a whole time equivalent of 497.6 (w.t.e.) and 34 (headcount) secondees into the organisation, a w.t.e of 12.9 people. This is a reduction in overall staffing numbers from the preceding months.

During the current financial year (24/25) eleven people have left the organisation, and six individuals have joined Healthcare Improvement Scotland representing an overall turnover rate of 1.9% to date. This is a slight reduction in turnover compared to the same period last year. The organisation ended the previous financial year (23/24) with a turnover level of 15.7% which was a reduction on the previous financial year.

Current absence levels are **4.6%**, as compared to 3.0% for the same period last year. This represents a continuing increase in absence across the organisation. Detailed information regarding current absence has been shared with the Executive Team and the HR team are continuing to provide input to ensure staff and managers are getting appropriate support and guidance to enable a focus on reducing absence levels. Healthcare Improvement Scotland has historically reported absence levels well below the NHS Scotland target of 4% and so this requires continued focus over the coming months to endeavour to bring our levels of absence back into line with previous years. The majority of the long-term absence continues to be attributed to anxiety, stress, or depression.

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.
Clinical and Care Governance (CCG)	This report includes detail on sickness absence information which links to the requirement from the Clinical and Care Governance Framework to have a supported, involved and engaged workforce.
Risk Management	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	The report is intended to inform how the workforce is developing in relation to previous periods and track our skill mix across the organisation. An impact assessment has not been completed because this information is from one of a series of regular monthly management information.
Communication, involvement, engagement, and consultation	People and Workforce Directorate use local and national systems to monitor and report workforce data.

4 Recommendation

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

It is recommended that the Board accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

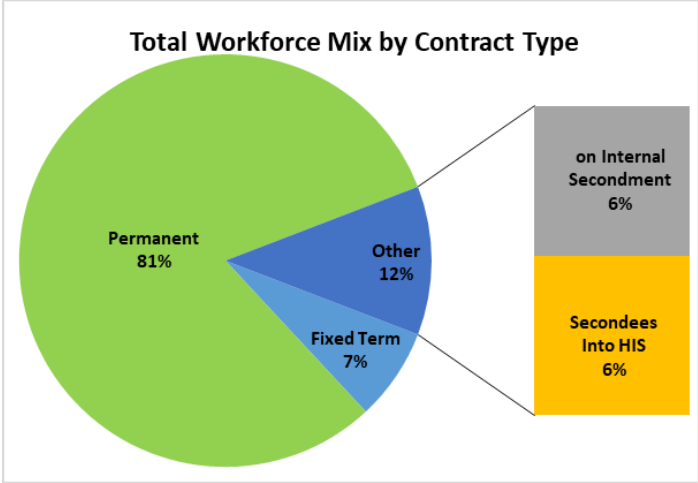
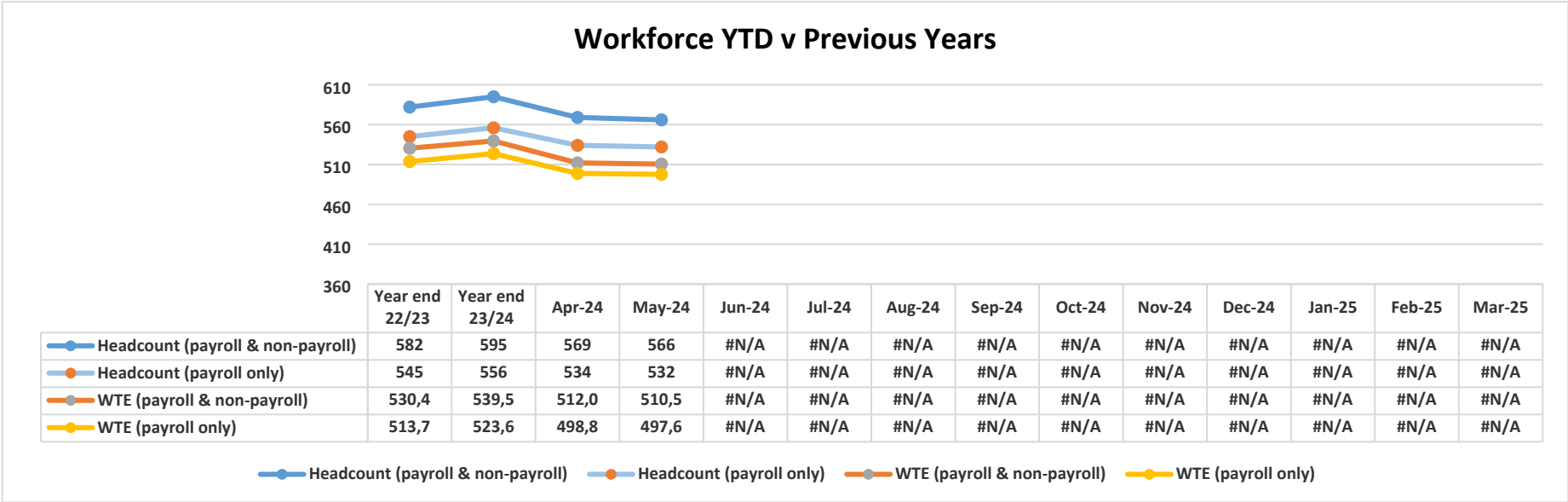
As described earlier in the paper, there is a range of specific work and focus on absence across Directorates to ensure that the appropriate steps and support is in place for those off sick and managers supporting individual members of staff. This is essential to ensure we can facilitate the return to work for staff where this is possible.

5 Appendices and links to additional information

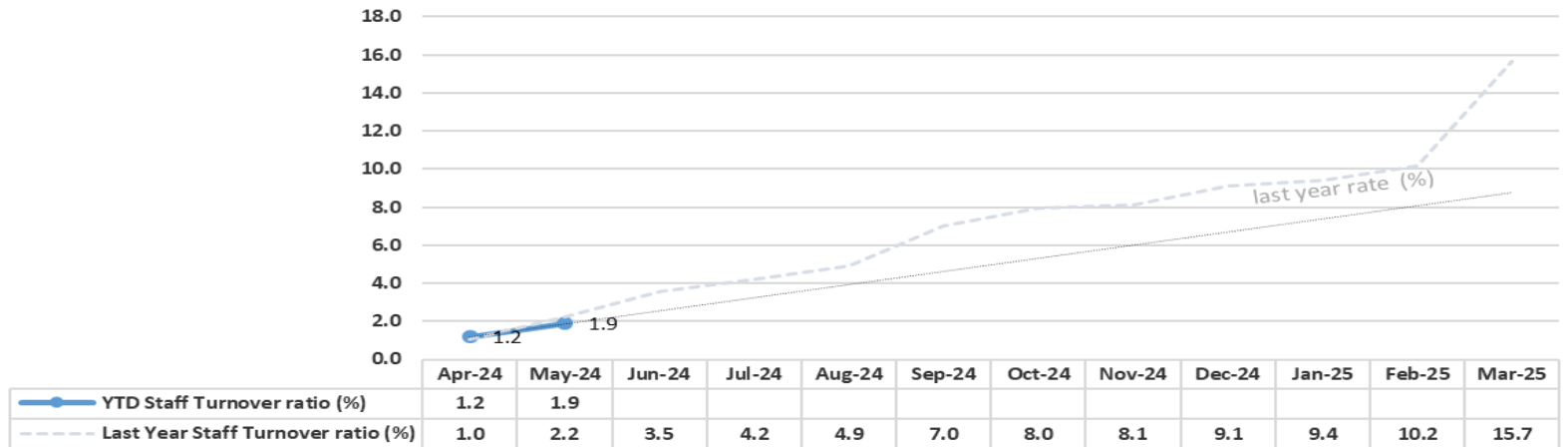
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

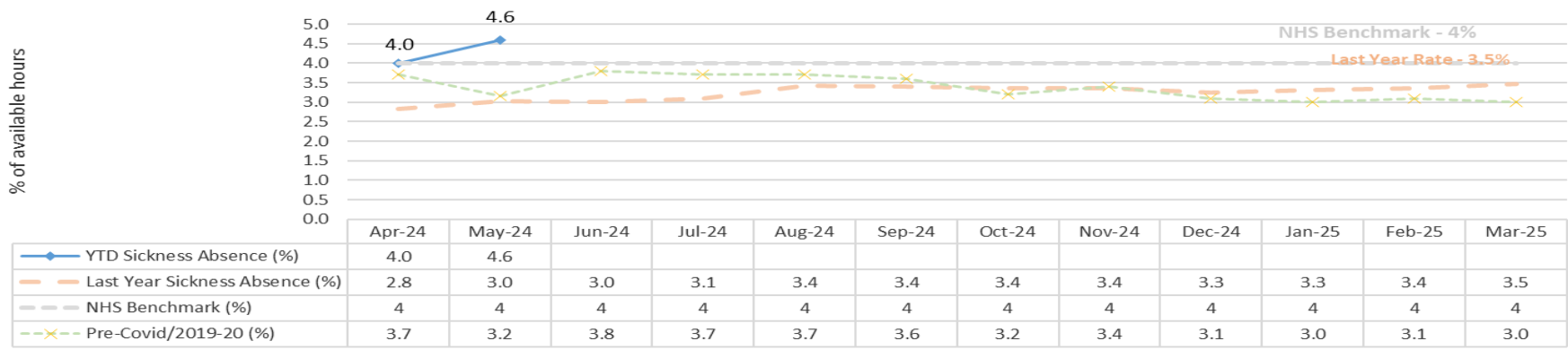
Appendix 1 – Workforce Report



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



Sickness Absence Rate (%) YTD by Month



Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Risk Management
Agenda item:	6.1
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Paul McCauley, Risk Manager
Purpose of paper:	Assurance

1. Situation

The Board is asked to review all of the strategic risks as at 13 June 2024 (Appendix 1).

2. Background

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

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

3. Assessment

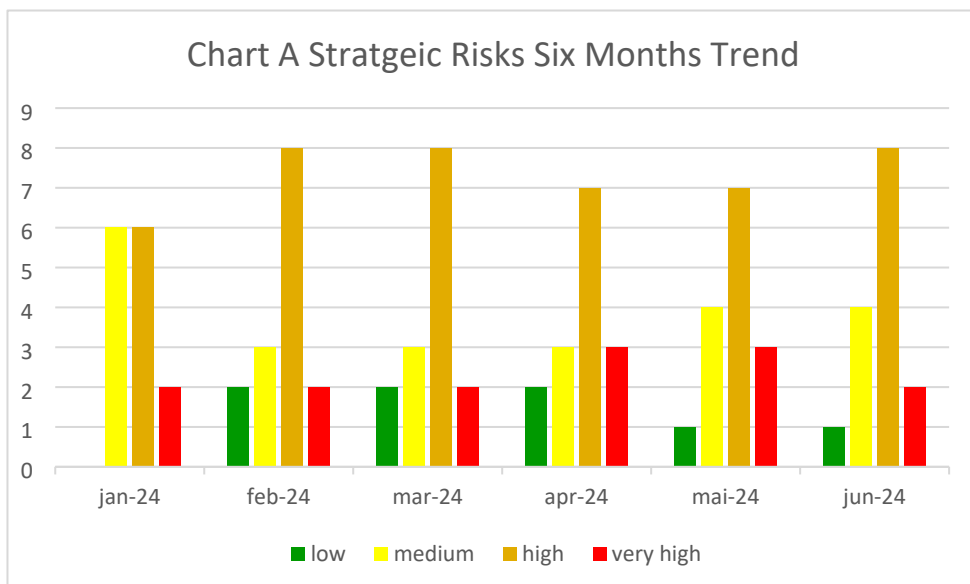
Strategic Risks

There are currently 15 strategic risks, the same as the last quarter. There are two very high, eight high, four medium and one low rated risks. Six risks are out of appetite and nine are within appetite.

During the month the strategic risk on service change moved to within appetite. We worked with Scottish Government (SG) to agree updates to the Planning with People guidance which was published by SG/COSLA on 29 May 2024. The updates include a new assurance process for engagement on all service changes, clarification on engagement responsibilities for national service change, and clarity on Integration Joint

Boards' (IJB) engagement duties. The updates were communicated by SG/COSLA to all NHS boards and IJBs, and we have followed up with meetings for board engagement leads. Alongside this, we have published a simple flowchart providing an overview of how engagement on service change is assured. Boards have asked us for additional resources for the public and politicians to provide information about engagement on service change which we are now working on. In addition, we have restructured our team to provide greater assurance of engagement: this comprises appointing three regional Strategic Engagement Leads and the development of an Assurance of Engagement Programme. The new structure has enabled us to reduce timelines within our assurance processes in order to be more reactive to boards' service change activity.

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



Out of Appetite Risks

The six risks out of current appetite are summarised below:

Out of appetite risks	Residual score	Maximum in appetite score
Cybersecurity	16	8
Inspections & assurance activities	16	8
Independent Healthcare	12	8
Workforce skills & availability	15	12
Safety of patient care	15	8
Data Breach	9	8

The respective risk directors are continuing to work on actions which will bring their risks into appetite or further towards appetite and these will be reported to the relevant Governance Committees. Updates are noted below.

Cyber Security: Although the annual Network and Information Systems Regulations (NISR) compliance score has improved, HIS remain exposed to the wider international cyber threat landscape and this does not go away. With the recent attacks on other public sector bodies in Scotland and a core NHS Scotland supplier and now the attack on NHS Dumfries and Galloway, where it is suspected that hackers could have acquired a "significant quantity" of patient and staff data, the threat remains significant and the risk scoring must remain the same.

Inspections and Assurance Activities: Several actions have been underway to seek to reduce the likelihood of this risk and bring it within appetite. A new Directorate structure and ways of working were introduced in December 2023 to enable better flexing of resources across inspection, regulation and review programmes in response to changing risk considerations and scrutiny imperatives. Clinical care governance arrangements have been reviewed and continued to be strengthened and the quality assurance system has been implemented across all assurance programmes to support a robust and consistent scrutiny approach. However, the following concerns about the way in which the organisation responded to concerns about safety and quality of care at the Emergency Department of the Queen Elizabeth University Hospital, a review of our Responding to Concerns processes is underway. In addition, there are resource considerations associated with ongoing vacancies across key assurance work programmes and additional responsive review work has required the redirecting of stretched resources and expertise meaning that the risk rating cannot be adjusted at this stage. Ongoing actions to bring this risk within appetite include:

- reviewing and adjusting scrutiny and assurance plans to reflect available resource
- repurposing existing baseline resources in order to provide additional investment in assurance and scrutiny activity.
- an ongoing external review of Responding to Concerns processes, with interim executive lead oversight arrangements in place while this review is completed.

Independent Healthcare: Much of the mitigation for this risk lies out with HIS and requires wide ranging legislative reform which will not be achieved in the short term, particularly where changes to primary legislation may be required. We are continuing to engage with the SG on this, with some legislative changes in relation to independent healthcare services provided by pharmacy professionals and the regulation of independent medical agencies due to come into effect in Summer 2024. Other legislative changes due to come into effect in the summer include the ability to remove services from the register that do not pay annual fees and changes to current fee caps to reflect the costs of regulating the sector. A deep dive of current ways of working, processes, policies and distribution of workload across HIS regulatory functions is also underway to ensure we continue to regulate the independent healthcare sector in a robust, proportionate and effective way.

Workforce Skills: The revision of the workforce plan and the budget and work prioritisation process has delayed plans to bring this risk to within appetite. However, work has been underway to populate the detail of the 2024-26 plan, including detail in relation to future workforce and service design based on plans currently under development. The draft plan will be completed by the end of June and presented to the Partnership Forum

and the Executive Team before discussion at the next Staff Governance Committee meeting in August. We will then be in a better position to outline when this risk can be brought to within appetite.

Safety of Patient Care: The Safety Network is very engaged in workshops and related activities to reduce this risk. The clear direction of travel is to a more robust safety intelligence capture, analysis and action-focused group. Key outputs would be regular internal safety bulletins and, potentially, publications on safety in the system for a wider external audience. The formal plan to realise this is still in development. As this aspect of the Network’s work is still in the conceptual phase, we feel the committee can only take limited assurance in this area at this time.

Data Breach: Directorate governance reviews were scheduled to begin in March but were delayed to May due to a substantial increase in statutory information requests. One review is outstanding and work continues on all work streams. The status of security controls is being reviewed with asset owners during these review sessions and when any remedial actions are taken the risk will be reassessed next month.

Assessment considerations

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

4 Recommendation

The Board is offered a **limited** level of assurance on the strategic risks which are out of appetite with the exception of data breach which is marginally out of appetite and is therefore considered to be within tolerance. Regarding the risks which are within appetite the Board is offered a **significant** level of assurance when the residual score is medium or low and a **moderate** level of assurance when the score is high.

The Board is asked to review the attached paper to:

- Assure themselves that the levels of assurance provided are reasonable.
- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.

5 Appendices

The following appendix is included with this report:

- Appendix 1, Strategic Risk Register

Strategic Risk Register June 24

Strategic Risk Register June 24

Strategic risk register June 24

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level							Appetite Level In/Out
										Current	mai-24	apr-24	mar-24	feb-24	jan-24	des-23	
Reputational / Credibility	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1072	Robbie Pearson	There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS.	VH 25	We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections. The wider changes in HIS will seek to provide a platform for us building a more flexible and cohesive response to the challenges facing the system. The annual delivery plan 2024-25 is being developed in the context of the operational and financial challenges facing the system and progress on it will be reported to the Quality and Performance Committee, Board and Scottish Government. The process for managing new work commissions in HIS has been redesigned to ensure a stronger collective response to the requests from SG. In the meantime the ET and the Board are having to make decisions with regard to priorities in the context of a lack of clarity re additional allocations.	Our new strategy marks a significant shift in our approach as an organisation, with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure we are meeting the needs of the health and social care system. The Board will continue to consider how best to flex resources within our baseline to secure out strategy and that will require difficult choices, and potentially different choices given political movements, for 2024-25 and future years. In the meantime, work is underway to identify the specific milestones to be achieved between now and the end date of the strategy in 2028.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Cautious In Appetite
Financial / Value for Money	Finance Strategy	635	Angela Moodie	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend.	VH 20	The financial context and associated uncertainty creates a challenging set of circumstances for 24/25. Financial monitoring continues to be a key control in our ability to deliver financial balance. Work plan prioritisation, within the affordability envelope, has, and will be key to ensure a balanced budget for next year, alongside detailed and achievable savings plans. In addition, current financial controls will be key to ensure all spend is authorised and within approved budgets in 24/25. We have been transparent with SG on our position regarding allocation funding and continue to highlight the risk and impact on our ADP.	HIS is committed to delivering at balance budget in 24/25 with a £2.5m (8%) savings target. By the end of P1 savings of £1.9m have been identified and £0.4m delivered (£0.1m recurring and £0.3m non recurring). Without savings plans which are achievable and implemented in 24/25, there is a risk we become reliant on non-recurring savings to achieve balance, basically removing HIS from the position of recurring financial balance which was achieved in 23/24. It is becoming unlikely that any allocation funding will be confirmed in Q1, meaning the full £7.5m remains at risk. Whereas this increases the likelihood of this risk, the underspend position at P2 and assurance from SG funding confirmation will follow in July, offsets and therefore the residual risk remains the same.	3	4	H 12	H 12	H 12	H 12	M 9	M 9	M 9	Cautious In Appetite
Reputational / Credibility	ICT Strategy	923	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage.	VH 20	Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates. HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly. Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.	Although the annual Network and Information Systems Regulations (NISIR) compliance score has improved, HIS remain exposed to the wider international cyber threat landscape and this does not go away. With the recent attacks on other public sector bodies in Scotland and a core NHS Scotland supplier and now the attack on NHS Dumfries and Galloway, where it is suspected that hackers could have acquired a "significant quantity" of patient and staff data, the threat remains significant and the risk scoring must remain the same. Given the current situation in the Ukraine there is a strong possibility that this risk could occur and it has happened to both Scottish Environmental Protection Agency (SEPA) and the Irish Health Service and should it occur HIS will experience a sustained loss of business services.	4	4	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	Minimalist Out of Appetite
Reputational / Credibility	Information Governance Strategy	759	Safia Qureshi	There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner).	VH 16	Staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule; Staff training and awareness; review of the information asset register for compliance gaps on quarterly basis; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework on annual basis; Implementation of One Trust governance module; adverse event report training;	Training sessions with key staff who will be users of the OneTrust governance platform have commenced. Data protection audits have commenced. Supplier management annual checks commencing July 24. Ongoing improvements to the process are underway through discussion with Procurement and Digital Services Group.	3	3	M 9	M 9	M 9	M 9	M 9	M 9	M 6	Minimalist Out of Appetite
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1160	Lynsey Cleland	There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.	VH 20	The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Ensuring there are sufficient staff to deliver the annual scrutiny plan together with responsive reviews or inspections. Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate. Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns. We have taken steps to strengthen intelligence sharing across relevant programmes within QAD and with other agencies. QAD Clinical and Care Governance Group ensures monitoring of CCG issues and management of relevant risks, and QAD also reports into HIS CCG.	Annual scrutiny plan for 2024/25 has been approved by the HIS board. However additional responsive work that was not included in the scrutiny plan has been agreed to address emerging issues. This additional work includes a quality and safety review of the QEUH ED and redesign of our Responding to Concerns process. Staff and workload is being reallocated to accommodate this, and the impact on the planned scrutiny activity in the annual plan is being assessed. Additional work is also ongoing with regard to regulation of independent healthcare services, with the initial phase of a planned deep dive now focusing on priority areas. This has coincided with an increase in other demands, including responding to FOI requests. As resources are further stretched, the risk of impact on the delivery and quality of work increases, and the risk likelihood has been increased from 3 to 4 as a result. However, implementation of the new structure and ways of working that were agreed as part of the QAD transformational change process has ensured clearer structure and reporting lines, and enables greater visibility of demands across the directorate to support prioritisation. The organisational change will support us to ensure that our systems and processes are continuously improved to enable us to deliver robust quality assurance programmes. We are reassessing learning and development requirements to support change implementation.	4	4	VH 16	VH 16	VH 16	H 12	H 12	H 12	H 12	Minimalist Out of Appetite

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level								Appetite Level In/Out
										Current	mai-24	apr-24	mar-24	feb-24	jan-24	des-23		
Operational	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1131	Robbie Pearson	There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers. There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.	VH 16	We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement. We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts". We also continue to work with a range of partner organisations in designing the future priorities for improvement support in integrated health and social care services.	There have been substantial revisions to the proposals regarding the shape of the NCS following the publication of the Verity House agreement between Scottish Government and the Convention of Scottish Local Authorities (COSLA). In essence, local authorities will retain existing powers and functions in any new arrangements. We will continue to explore the implications of the revised proposals with regard to HIS whilst pursuing our current work such as in relation to supporting improvements in social care and community health services. A key issue is the design of the National Care Service Board and its relationship with the rest of the system.	5	2	M 10	M 10	M 10	M 10	M 10	M 10	M 10	M 10	Cautious In Appetite
Reputational / Credibility	NHS Scotland Climate Emergency & Sustainability Strategy	1165	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	VH 16	National Sustainability Assessment Tool (NSAT) annual assessment Development of an organisational Net-Zero Route map action plan. Active Travel Adaptation Policy. Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government. Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans, including Biodiversity reporting.	HIS are continually looking for opportunities to reduce our carbon footprint and collaborate more with other national health boards. We are attending a sustainability collaborative workshop which will be chaired by the Chief Executive Officer of National Services Scotland (NSS) and the director of NHS Assure on the 27th February to explore joint deliverables. HIS like all other health boards will be submitting its Annual Climate Emergency report to Scottish Government by the 28 February.	3	2	M 6	M 6	M 6	M 6	M 6	M 6	M 6	M 6	Cautious In Appetite
Clinical and Care Governance	Regulation of Independent Healthcare (IHC)	1159	Lynsey Cleland	There is a risk that HIS cannot effectively regulate the independent healthcare sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 25	The IHC Team are at full staffing in terms of the current model. Changes to the staffing model and ways of working are planned as part of the ongoing directorate transformational change process, but there will be dedicated leadership and programme support for to ensure key regulatory functions can continue to be delivered as the directorate transitions through the change process. A new approach to accessing the required clinical expertise and updating staff knowledge has been developed in partnership with the medical directorate and the Quality Assurance Directorate Clinical and Care Governance Group and is in the process of being adopted into the Quality Assurance System (QAS). HIS/SG Group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future. IHC now has dedicated management accountant working on forecasting, budgeting, fee setting and monthly management accounts and agreed annual baseline funding of £260K from SG. Work ongoing with main partners Central Legal Office (CLO) and NSS to improve debt recovery processes. The QAD Clinical Care Governance Group considers and monitors relevant risks and is seeking to ensure appropriate and timely clinical input. 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.	The IHC Deep Dive will review the working within the team. As a part of the directorate transformational change, the chief inspector is taking forward a detailed review of ways of working, policies, processes and distribution of workload across QAD's regulatory functions (IHC & Ionising Radiation Medical Exposure Regulations (IRMER) to ensure the effective and sustainable delivery of statutory duties in a way that makes best use of collective skills knowledge and expertise; reflects available resources; and ensures fair and achievable workloads. There is ongoing work and regular engagement with Scottish Government on regulatory reform proposals to close known loop holes. The regulation of independent healthcare services provide by pharmacy professionals and the regulation of independent medical agencies in expected to come into effect in spring/summer of 2024. Other anticipated legislative changes, include the ability to remove services from the register that do pay annual leaves and changes to the current fee caps to enable HIS to continue to collect sufficient fees to cover existing regulatory costs. However, significant legislative reform will take time, particularly where changes to primary legislation are required. In addition, The Chief Executive has written to sponsor colleagues at SG to detail patient safety concerns and set out the need for wider reform of IHC regulation and discussion with SG are ongoing in relation to this.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite
Reputational / Credibility	Service Change	1163	Clare Morrison	There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity.	VH 20	The Scottish Health Council and its Service Change Sub-Committee continues to provide governance over the issue (discussed at each meeting). Regular discussions with Scottish Government to monitor the risks. Revised Planning with People and Quality Framework for Engagement to support its implementation published in 2023. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS. Involvement in regional and national planning is helping to highlight the importance of engagement in planning decisions. This is being further enhanced by introduction of new Strategic Engagement Lead role to engage at board and regional level - posts to start on 1 April 2024. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG.	There is a continued growing concern that financial and workforce pressures will lead to a high volume of service change and impact boards' ability to meaningfully engage. We have reviewed the support we provide to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. In the first half of 2024 we have: appointed Strategic Engagement Leads and developed an Assurance of Engagement Programme to enhance our assurance processes; developed and tested a new assurance process for engagement on all service change activity; and worked with Scottish Government to update Planning with People to clarify this assurance process, engagement on national service changes, and IJBs' engagement responsibilities. These updates were approved by the Cabinet Secretary in May 2024 and the updated Planning with People guidance was published by SG/COSLA on 29 May 2024. We simultaneously published a new flowchart to provide clarity for boards on assurance of service change, including reducing our timelines by making our processes more efficient. We met with board engagement leads in June 2024 to discuss the updated Planning with People and flowcharts.	4	3	H 12	VH 16	VH 16	VH 20	VH 20	VH 16	VH 16	Cautious In Appetite	
Operational	Workforce Strategy	634	Sybil Canavan	There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives. Within this risk it is recognised that there is a risk in relation to executive remuneration and recruitment which is reflected in the operational risk register.	VH 16	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum. Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	The interim workforce plan is now being completed based on service and organisational decisions in terms of priorities for delivery. Within this it is already known that the workforce will need to be reduced to reflect the commitments in the ADP and financial plan, which will be achieved based on turnover and vacancy management. Continued updates in terms of the workforce plan will be shared with both the Partnership Forum and Staff Governance Committee on an ongoing basis. The new plan is to reflect the known need to change service delivery based on the HIS strategy, the evolution of the 'One Team' approach and the need to reshape our workforce as part of this activity. The revised plan is being worked on and will be presented to the SGC in May and then considered by the Board.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Cautious Out of Appetite

Strategic Risk Register June 24

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level							Appetite Level In/Out
										Current	mai-24	apr-24	mar-24	feb-24	jan-24	des-23	
Workforce	Workforce Strategy	1266	Sybil Canavan	There is a risk that the current and potential future organisational change activity within Healthcare Improvement Scotland will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 16	Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within Healthcare Improvement Scotland ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity.	The organisational changes for both QAD and Community Engagement and System Redesign (CESR) have been completed. Following receipt of the completed Organisational Change Review report, which provided a range of findings and learning in relation to both the recent processes but also consideration of future approaches, a number of the identified actions are now underway, including establishment of the Change Oversight Board. At this time there is continued oversight of the proposed strategic priorities for the organisation in light of the funding arrangements for 2024/25, and continued focus on the change requirements will be a central area of discussion with Partnership colleagues and all other appropriate forums. An update on the agreed actions will be provided to the Staff Governance Committee on an ongoing basis.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Cautious In Appetite
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1922	Simon Watson	In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public.	VH 20	We have a range of touchpoints with the wider health and care systems. These include representation on key leadership groups within the NHS - Chairs, Chief Execs, Medical & Nurse Directors and other functional lead groups. Safety intelligence is gathered in all these forums. HIS also has access to intelligence about safety through programme-specific forums, links to other national or UK groups and informal professional connections. In addition, HIS continues to play a leading role in the Sharing Intelligence Network of 16 national scrutiny and regulatory organisations. All of this intelligence will have some influence over our work programmes. However we lack a coherent system of capturing this 'fugitive' intelligence, analysing it for key themes and sharing useful outputs within the organisation.	The HIS Safety Network has taken a one team approach to designing a system that will enable robust cross organisational capture, analysis and distributing of key safety intelligence via internal bulletins for HIS. There is a further ambition to produce safety bulletins for an external audience. Work is underway to develop and resource a programme to deliver this system. For the time being, the Safety Network provides a forum for intelligence sharing between directorates. The Quality and Performance Committee (QPC) received an update on the work in February 2024.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Minimalist Out of Appetite
Operational	Information Governance Strategy	1258	Robbie Pearson	There is a risk that we fail to provide the required documentation or evidence to the UK and Scottish Covid19 Inquiries due to inadvertent destruction and an inability to locate and retrieve files due to non-compliant, person dependent document naming conventions and folder structures resulting in potential legal action against and reputational damage set in the context of HIS being in receipt of a 'Do Not Destroy' notice (by the Scottish Inquiry).	H 12	Continuity of senior oversight of our participation in both the UK and Scottish Covid Inquiries. Records management retention and disposal policy and guidance, along with other information governance good practice guidance. Ensuring an uninterrupted handover of the executive team lead for the Covid Inquiries which is likely to come at a time of peak activity for the UK Inquiry health hearings and ahead of the Scottish Inquiry's substantive investigations into NHS and care home sector activities. We continue to anticipate requests from both Inquiries by identifying key pandemic documentation and timelines of activity in advance, while trying to avoid overburdening staff who are already busy delivering our statutory functions.	The timeframe for these Inquiries is not in the hands of HIS. The two public inquiries are both undertaking activity later in 2024 that will potentially impact on HIS and require us to participate more actively. The UK Inquiry Module 3 (health sector) hearings are due to take place in October/November 2024 for which we have submitted a number of witness statements in response to Rule 9 requests from the UK Inquiry. These have proven to require a lot of detail, and have been on detailed subject matters we did not necessarily anticipate from our understanding of the published Terms of Reference. Hearings into NHS activity and the care home sector, for which HIS is a core participant, will not be held by the Scottish Inquiry until 2025 at the earliest. Turnover of staff (loss of those involved in the pandemic) makes the task of our response more challenging.	3	2	M 6	M 6	L 4	L 4	L 4	M 6	M 8	Minimalist In Appetite
Operational	Workforce Strategy	1323	Sybil Canavan	There is a risk of partnership working arrangements across the organisation being destabilised because of the need to respond to the financial position in 2024/25 and beyond which will require changes to service delivery which could result in a more challenging employee relations environment for Healthcare Improvement Scotland	VH 16	Healthcare Improvement Scotland has a long-established formal agreement regarding working in Partnership with both recognised Trade Union colleagues but also partnership representatives. This process is embedded in terms of the operation of the Partnership Forum (PF) and also the opportunity to respond to service issues and any potential changes on a partnership basis. The Partnership forum is co-chaired by the Employee Director and the Chief Executive of the organisation. Also the One Team Workforce Sub group is also chaired by the Director of Workforce and the Employee Director. There need for clear, consistent and transparent communication regarding any service issues or potential areas of change is actively managed and the recent Organisational Change review process has also provided further learning for HIS to ensure that further change or impact on staff reflects on the learning and utilises the established processes and policy frameworks in place.	HIS is currently actively engaging with the Partnership Forum and staff members regarding service planning and any potential changes which will impact on individual employees. Direct support is being offered by PF representatives, HR staff and also line managers.	3	4	H 12	H 12	H 12	H 12	H 12			Cautious In Appetite
Reputational / Credibility	ICT Strategy	1270	Ben Hall	There is a risk that our website is not available and online presence is removed due to the resilience of the site no longer being guaranteed because of technical issues and outdated technology, resulting in HIS being without a corporate web presence and unable to fulfil its statutory publishing duties.	H 12	A contingency plan has been enacted on our website estate, while the enduring solution is implemented towards bringing the entire web estate onto the WordPress content management system. The corporate website has moved to a new more secure and functional platform in Feb-24 thus significantly reducing the cyber security risk and the risk of failure.	A programme is now underway to move the other HIS websites onto the same platform following successful launch of the new corporate website in Feb-24. It is recommended this risk is moved to an operational risk for Q2 onwards.	3	1	L 3	L 3	L 3	L 3	M 9	M 9	M 9	Minimalist In Appetite

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	25 June 2024
Title:	Committee Annual Reports 2023-24/Updates to Code of Corporate Governance
Agenda item:	7.1
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning & Governance
Report Author:	Pauline Symaniak, Governance Manager
Purpose of paper:	Decision

1. Situation

Every year end the Governance Committees of the Board create an annual report of their activities over the year and review their terms of reference. This paper provides a summary of the actions that have arisen from the annual reports and sets out revisions to the terms of reference. It also provides proposed revisions for the Standing Financial Instructions (SFIs) which are part of the Code of Corporate Governance. Revisions to the terms of reference for the Board and the Governance Committee Chairs meeting are also presented to ensure all terms of reference are up to date going forward.

2. Background

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

3. Assessment

Annual Reports

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

their remit during 2023-24. Board Members also had an opportunity to review the annual reports and discuss the work of the Committees at the Board Seminar on 29 May 2024.

Terms of Reference/SFIs

Changes to the HIS Code of Corporate Governance are usually considered by the Audit & Risk Committee ahead of the Board. In consultation with the HIS Chair and the Committee Chair, it has been agreed to provide these changes directly to the Board on this occasion as the changes require approval by the full Board. A schedule of the changes proposed to terms of reference and SFIs is provided at Appendix 2. There are no changes proposed to the terms of reference for the Governance Committee Chairs or the following Committees: Audit & Risk; Staff Governance.

Assessment considerations

Quality/ Care	The Code of Corporate sets out the governance framework of the organisation and supports the delivery of good corporate governance. This in turns supports the best outcomes for our work programmes.
Resource Implications	The Standing Financial Instructions form part of the Code and ensure good stewardship of the organisation’s financial resources. Proposed changes are set out in Appendix 2.
	There are no direct impacts on staff but the Code includes terms of reference for the Staff Governance Committee which has oversight of staff governance matters.
Risk Management	There are no risks on the risk register related to this paper.
Clinical and Care Governance (CCG)	The Quality and Performance Committee has delegated remit for oversight of the CCG Framework, as detailed in the appendices.
Equality and Diversity, including health inequalities	The Code of Corporate Governance is a key component in achieving good corporate governance which ensures the best outcomes for our stakeholders.
Communication, involvement, engagement and consultation	Committee Chairs, Members and Lead Directors have been consulted on the revisions to the Committee terms of reference and on the content of the annual reports. Governance Committee Chairs reviewed their terms of reference and those for the Board to ensure alignment at their meeting on 29 May.

4 Recommendation

The Board is asked to:

- Review the Committee annual reports action plan and accept significant assurance that the Committees have delivered the remits assigned to them by the Board.
- Approve the changes to the terms of reference and the SFIs for inclusion in the HIS Code of Corporate Governance.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1, Committee Annual Reports 2023-24 Action Plan
- Appendix No 2, Schedule of Changes to Terms of Reference

Appendix 1: Summary of key actions for 2024-25 from the Governance Committee Annual Reports 2023

Strategic Priorities:

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

Committee	Action	Alignment to Strategic Priority	Status Update (to be updated mid year)
Audit and Risk	Continue risk deep dives, focusing on strategic risks which are out of appetite.	5	
	Continue to monitor and respond to ICT risks; take a strategic forward look of digital investment.	5	
	Continue to provide valuable assurance on the financial stability of the organisation in a time of economic uncertainty. In particular, the balance of delivery of work programmes against spend and the achievement of savings targets.	5	
	Continue to assess and monitor anti-fraud policies and processes.	5	
Executive Remuneration	Maintaining oversight of Executive appointments to the organisation.	5	
	Review of objectives and performance against objectives throughout the annual cycle.	5	
	The oversight and monitoring of TURAS.	5	
	Continued overview of senior leadership structures and any planned or potential arrangements to these arrangements.	5	
	Ensure continued oversight of our leadership capacity and resilience as an organisation.	5	
	Work with internal audit to implement recommendations from the audit carried out at the end of 2023.	5	
	Ensure due consideration of any appropriate circulars and other information from Scottish Government regarding matters of Executive and Senior manager pay and grading.	5	

Quality and Performance	Receive ongoing information from numerous work programmes including Responding to Concerns, Adverse Events and the Sharing Health and Care Intelligence Network to enable assurance about the safety and quality of care in the current operating context.	1	
	Maintain an oversight of levels of performance in light of financial constraints.	4	
	Oversee work to develop measures to determine outcomes/impact.	4	
	Maintain an oversight of the delivery of the new Key Performance Indicators.	4	
	Maintain an oversight of the development of mental health and maternal healthcare programmes.	4	
Scottish Health Council	We will assess and prioritise the risk and planned mitigations around the increasing volume of service change arising from financial challenges in NHS Scotland.	3	
	Increase the profile of the SHC within HIS so that it is understood to be a governance committee of HIS, with a remit and statutory function that reaches across the organisation.	2	
	Scrutinise and approve the new process for Governance for Engagement.	3	
	Scrutinise the elements of the ongoing establishment of the new Community Engagement & System Redesign directorate which relate to the delivery of HIS's statutory duties on engagement. This includes the vision, structure and updated risk register.	3	
Staff Governance	Oversight and monitoring of the Workforce Plan.	5	
	Oversight and understanding of the progress and impact of One Team.	5	
	Oversight of implementation of flexible working arrangements.	5	
	Oversight and monitoring of the organisational learning and development plan.	5	
	Oversight of the implementation of learning from the organisational change after action review.	5	
	Oversight of initiatives to develop organisational culture.	5	
Succession Planning	Publish our Succession Plan after further consultation with stakeholders and provide oversight of progress of the actions within it.	1	
	Continue our commitment to the Aspiring Chairs programme and host placements for as long as HIS is matched as a host board.	1	
	Set objectives for, oversee and monitor, the Board development plan drawing from the information provided from the skills matrix self-assessment refresh, conducted in February-March 2024.	2	
	Oversee the participation by HIS in national board development initiatives through strong links with NES.	2	
	Oversee progress with actions agreed following the audit on the Blueprint for Good Governance.	4	
	Learn from the experience of other Boards in their approach to succession planning, by inviting them to be guest speakers at committee meetings.	4	
	Prepare for future recruitment to the Board.	4	

Appendix 2 Code of Corporate Governance – Changes to terms of reference and SFIs

Reference	Subject	Change	Rationale for Change
Part B, page 17, section 2	Board Remit	<p>Added text - <i>The terms of reference are aligned to the five primary functions of governance set out in the Blueprint:</i></p> <ul style="list-style-type: none"> • <i>Setting the direction, including clarifying priorities and defining change and transformational expectations</i> • <i>Holding the Executive Leadership Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered</i> • <i>Managing risks to the quality, delivery and sustainability of services</i> • <i>Engaging with key stakeholders, as and when appropriate</i> • <i>Influencing the Board's and the wider organisational culture.</i> 	To set out five key functions of the Board and better show balance of internal vs external focus. Suggested by Governance Committee Chairs.
Part B, page 17, section 2	Board terms of reference	<p>Setting the Direction – text changed to:</p> <ul style="list-style-type: none"> • <i>Approval of the organisation's strategy.</i> • <i>Oversight and approval of high level plans that support delivery of the organisation's strategy and legislative duties such as operational plans, finance plan and workforce plan.</i> 	Improved clarity and removal of any confusion in relation to a number of operational plans that are considered by the Board.
Part B, page 17, section 2	Board terms of reference	Holding to Account – added <i>seek assurance that the organisation is delivering effective and efficient services.</i>	Strengthened to show Board ensures organisation is delivering effective and efficient services. Suggested by Governance Committee Chairs.
Part B, page 18, section 2	Board terms of reference	Engaging stakeholders - Added approval of specific plans <i>to comply with legislative duties and approval of the Operating Framework with Scottish Government.</i>	These are considered by the Board but were not called out in the terms of reference.
Part B, page 18, section 2	Board terms of reference	<p>Influencing culture</p> <ol style="list-style-type: none"> a) Added <i>approval of the Equality Mainstreaming Reports.</i> b) Added <i>Board ensure the organisational culture is in place.</i> 	<ol style="list-style-type: none"> a) This is considered by the Board but was not called out in the terms of reference. b) Make Board's role clear. Suggested by Governance Committee Chairs.

Part B, page 18, section 2	Board terms of reference	Finance and Resource - <i>Approval of the annual fees for regulation of Independent Clinics</i> changed to <i>Independent Healthcare Providers</i>	More accurately describes services. Suggested by Governance Committee Chairs.
Part B, page 18, section 2	Board terms of reference	Governance a) <i>Annual Report and Accounts, the Annual Report and the Governance Statement</i> changed to <i>Annual Report and Accounts</i> . b) Removed <i>monitoring of compliance with the Clinical and Care Governance (CCG) Framework</i> .	a) This is now one document. b) The CCG framework is devolved to Quality and Performance Committee.
Part, page 19, section 5	Board Meetings	Added Private Meeting to format of how Board meets with a definition: <i>A meeting attended by Board Members only (Non-executive Directors and the only Executive Board Member, the Chief Executive) to consider confidential business or receive briefings on sensitive topics. The meeting will be minuted. Draft minutes will be approved by Board Members as part of the subsequent board cycle but will not be published. On occasion, it may be appropriate for relevant Executive Directors to be in attendance for specific topics, as agreed with the Chief Executive.</i>	The Board have been holding private meetings as and when appropriate but this was not previously defined in the Code.
Part B, page 19, section 5	Board terms of reference	Board Development Session a) Added <i>topics will link with succession planning activities</i> . b) Added <i>masterclasses are a vehicle for delivering board development</i> .	a) Added to reflect role of succession planning in board development. b) Suggested by Governance Committee Chairs to avoid confusion with different formats.
Part B, page 20, section 6	Board terms of reference	Information requirements – added <i>approved minutes and key points reports from the Governance Committees except the Executive Remuneration Committee (ERC) which will provide key points only and abridged minutes to Non-executive Directors</i> .	Reflects new practice of ERC providing key points to the Board.
Part E, page 25, section 2	Executive Remuneration Committee terms of reference	Text in italics added to Remit - To support leadership succession planning arrangements for Healthcare Improvement Scotland in line with the Workforce plan and organisational requirements <i>and link in with the Succession Planning Committee once a year to check alignment</i> .	Committee has strengthened its remit relating to succession by agreeing to link in with the Succession Planning Committee once a year to check alignment for the Executive Cohort.

Part F, page 28, section 3	Quality and Performance Committee terms of reference	The following officers of HIS will be in attendance: • Medical Director- <i>Director of Safety</i> (Lead Director)	Medical Director's job title updated
Part G, page 29, section 2	Scottish Health Council (SHC)	Bullet point added to remit: <i>provide support and advice to the Community Engagement & System Redesign Directorate's Leadership Team.</i>	An additional point suggested by SHC around support for the Directorate Leadership Team.
Part J, page 33, section 3	Succession Planning Committee terms of reference	Attendance changed to: Staff from the following teams: Planning and Governance, Workforce, Organisational Development & Learning, Communications and <i>the community engagement aspects of the Community Engagement and Redesign Directorate</i> including the Equality & Diversity Advisor to bring additional expertise in relation to areas such as stakeholder engagement, equality and diversity and hard-to-reach groups.	Directorate name updated and clarity added that the community engagement aspect of the directorate will attend.
Part J, page 34, section 6	Succession Planning Committee terms of reference	Added to information requirements: <i>updates from NES board development activities.</i>	Reflects an action for 24-25 in the committee's annual report to oversee engagement by HIS in national board development activities.
Page 60, Part K, Section 7	Standing Financial Instructions	Updated Public Contracts (Scotland) Regulations 2015	Updates the amounts to £139,688 in line with new thresholds.
Page 65, Part K, Section 4.1	Standing Financial Instructions	Addition of cash losses over £5k	Cash losses over £5k should be approved by the Board.
Page 66, Part K, Section 4.3	Standing Financial Instructions	Addition of Overtime Payments	Clear approval route for overtime payments in line with Agenda for Change policy.

Page 67, Part K, Section 6.0	Standing Financial Instructions	Changes to the process for Absence Management	Updated in line with NHS Scotland Absence Management Policy.
Page 67, Part K, Section 7.0	Standing Financial Instructions	Changes to the process for Employee Capability	Updated in line with NHS Scotland Policy.
Page 68, Part K, Section 9.2	Standing Financial Instructions	Approval Routes for Staff Expenses	Updated in line with eExpenses approval guidance.

SUBJECT: Governance Committee Chairs' Meeting: 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' meeting on 29 May 2024.

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) Significant Risk Reviews

The Chairs referred to the paper that had been provided to the Quality and Performance Committee setting out a range of significant risk areas. They found the paper very useful as it had provided detail beyond that on the risk register and had captured live issues. However, there was a desire not to duplicate with the corporate risk registers and therefore the Chairs agreed not to proceed with similar papers for other committees. We would instead seek to strengthen scrutiny and discussion of the risks on the registers that are presented to committees.

b) Cross-cutting Themes including Levels of Assurance

A standing agenda item at our meetings is the discussion of themes that cut across committees. On this occasion, we agreed that equalities should be added to our cross-cutting list and we discussed where organisational culture might be reflected across the work of the Board and committees. We also discussed the implementation of levels of assurance within governance papers and agreed this should be in place for the quarter 2 meetings.

c) Tenures of Membership for Committees

The Director of Workforce joined the meeting for this item and advised us of a recommendation from the Internal Audit report on the Executive Remuneration Committee to introduce tenures of membership. The Chairs discussed the practicalities of this given the limitations in a small Board and the need for continuity on committees to ensure effective delivery of their remits. Considering this was also a low-risk recommendation, the Chairs agreed that it was sufficiently addressed through the annual appraisals of Non-executive Directors where committee membership can be discussed with the Chair and adjustments made as and when appropriate. The Director of Workforce agreed to update the Auditors on this decision.

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 18 June 2024. The approved minutes of the Audit and Risk Committee meeting on 7 March 2024 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) Finance Performance Report

The financial position at 31 May 2024 was presented. In particular the Committee discussed additional allocations funding, with a verbal update provided that the first allocation was now received, albeit not for the full amount, taking the total additional funding confirmed to date to 12%, short of the 80% commitment from Scottish Government with two weeks to go. The Committee discussed the budget commitment to pause and hibernate three of our larger programmes at 30 June 2024 if funding was not confirmed, and considered options as we approach the end of the quarter. The Committee agreed to endorse to the Board, the extension by one month the decision regarding whether to pause these programmes if funding has not been received. Although further information was requested regarding contingency plans and next steps if funding is not forthcoming, in particular the impact on our staff and the patients at the end of each of these programmes. It was agreed a paper would be prepared for the Board's consideration on 25 June.

b) Fixed Asset Management

KPMG presented their internal audit report on IT asset management, with a particular focus on governance, controls and physical verification. There were three medium and five low recommendations and an overall conclusion of 'significant assurance with minor improvements opportunities'. The Committee discussed the change post pandemic to remote working and that processes, especially around joiners, movers and leavers, required updates. Also it was recognised sample testing identified a small number of missing IT equipment, and although values were immaterial, this is a fraud risk and controls around fraud prevention should be tightened to ensure we are able to deter and detect fraud. The Committee welcomed the recommendations and proposed actions.

c) Risk Register

The Committee welcomed the updates on risk, especially on those risks out of appetite, but had concerns specifically on the operational risk register presented. The updates appear outdated, and mitigations and controls are not clearly articulated. The Chair requested that all Executive Directors take an action to ensure the operational register was reviewed and updated as a priority.

Gill Graham
Committee Chair

SUBJECT: Extraordinary Executive Remuneration 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 Extraordinary Executive Remuneration Committee meeting on 1 May 2024.

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) Outstanding Grading Matters

The committee reviewed outstanding grading matters currently under consideration by the National Evaluation Committee. Members discussed their concerns regarding continued delays and agreed appropriate contingency approaches should they be required.

b) Director of Quality Assurance and Regulation

The committee considered and supported the proposed recruitment process to appoint a replacement Director to this post following the resignation of Lyndsey Cleland. The committee discussed the breadth of responsibilities of the role and agreed the need for the new director to focus on prioritisation and delivery of the key responsibilities of the role and to ensure that the directorate leadership team fully shared the workload. It was agreed that a support programme be readied for the new appointee and that the Board be briefed.

Rob Tinlin
Committee Chair

SUBJECT: Executive Remuneration 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 Executive Remuneration Committee meeting on 4 June 2024.

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) Appraisals

The committee considered the annual appraisal reports for the chief executive and directors and agreed the outcomes, assessments and the recommended gradings for submission to NHS Scotland for ratification.

b) Leadership across the senior cohort

Arising from the consideration of annual appraisals, and recent consideration of both the recruitment programme for the Director of Quality Assurance and Regulation, and restructuring activity the committee discussed and agreed the need for further development and support activity to further embed consistent leadership approach across the senior cohort.

c) Succession planning

The committee reviewed the draft Succession Plan which has been prepared by the HIS Succession Planning Committee (SPC), its proposed approach for recruitment of future non-executive directors and its commitment to diversifying Board membership and reflected upon common themes for succession planning for both executive and non-executive directors. The committee commended the SPC on the draft plan.

Rob Tinlin
Committee Chair

SUBJECT: Quality and Performance Committee: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 22 May 2024. The approved minutes of the Quality and Performance Committee meeting on 7 February 2024 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) Key Performance Indicators (KPIs)

The Director of Finance, Planning and Governance provided proposals for the 2024-25 KPIs and a summary of the achievement of KPIs for 2023-24. Key principles for this year's KPIs include alignment to the strategy and Annual Delivery Plan; links to performance and outcomes; clearly defined. The Committee noted that some detail was still under development and there would be further refinement in response to our comments. We also welcomed the alignment of KPIs to their relevant Governance Committees. The Committee approved the KPIs subject to amendments suggested.

b) Healthcare Staffing Act

The Deputy Chief Executive/Director of Nursing and Systems Improvement updated the Committee on activity since enactment on 1 April 2024. We approved the Operational Framework which sets out how HIS will monitor Boards' compliance. We also noted that the programme is part funded by additional allocations which have not yet been received. If not received, there will be a review of what HIS can deliver. We discussed two risks. The first related to the staffing tools which had been impacted by the implementation of the 37 hour week. HIS is not responsible for updating the tools and they can only be updated twice per year under ministerial direction. The second risk related to activity being outwith HIS' current organisational approach to assurance because of insufficient detail in the Quality Assurance Framework and an update on this will be provided to our next meeting.

c) Scottish Patient Safety Programme: Mental Health and Paediatrics

The Committee was joined by colleagues from these programmes to provide updates. Regarding Mental Health, we heard about the positive impacts of our work through the 2020-23 programme and redesign plans for the 2024-27 programme. The Committee asked about resourcing and were advised that the programme is being designed within its allocation. We also asked about scope and took assurance that the scope was broad, covering inpatient and community services as well as transitions. Overall the Committee accepted moderate assurance from the plans set out. Regarding Paediatrics, the Committee were updated on plans to refresh the programme through an 18-month collaborative up to March 2025. We sought further information on the collation of data by Boards as not all are using electronic systems and we took moderate assurance on progress with this.

Evelyn McPhail
Committee Chair, Quality and Performance Committee

SUBJECT: Scottish Health Council: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the from the Scottish Health Council (SHC) meeting on 23 May 2024. The approved minutes of the SHC meeting on 29 February 2024 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) Engagement on Service Change:

The SHC was informed that an updated version of the *Planning with People* guidance on community engagement and participation had been signed off by the Cabinet Secretary and would be published by the end of May (now [published](#)). The changes stemmed from concerns HIS had raised with Scottish Government on three key issues: assurance of engagement on service change that does not meet the major threshold yet is still significant; engagement responsibilities on national service changes; and engagement responsibilities for Integration Joint Boards. HIS worked closely with Scottish Government to draft the new wording in *Planning with People*. This action had been prompted by working with boards to understand the challenges they faced. A new [flowchart](#) providing clarity on the engagement process for service change and timescales had also been produced, published and linked to within the new *Planning with People*. SHC noted that these actions demonstrated that HIS had been proactive in its early response to the service change challenges the system faced, and that HIS was now well placed to respond to these challenges.

b) Governance for Engagement:

The HIS Governance for Engagement process aims to provide assurance that HIS meets its legislative duties on engagement and equalities. The SHC had previously agreed that the process should be updated later in 2024 to reflect the new HIS Quality Framework for Community Engagement and Participation. However, this work was accelerated following reflections on the engagement within the HIS Responding to Concerns process. The SHC heard that the Governance for Engagement process will now involve a new self-assessment tool based on the Quality Framework which has been shared with all Directorates for early consideration, followed by supportive scrutiny by the Governance for Engagement sub-committee of SHC with meetings scheduled with all Directorates for this year.

c) Equalities, Diversity and Inclusion:

The SHC discussed progress on achieving outcomes in the current Equality Mainstreaming Report. The majority of HIS programmes requiring an Equality Impact Assessment now had one in place, although there remain some gaps which the equalities team are addressing by proactively engaging with programme leads. To enhance equalities work going forward, an SHC member has joined the HIS Equality, Inclusion and Human Rights Group to support its role in advising SHC and to ensure the SHC has a strong focus on equalities in all of its decisions. The SHC also discussed the balance between itself and the Staff Governance Committee on the governance of equalities duties, and it was agreed that the proposed idea of a joint development session for the two governance committees should be explored.



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 1 May 2024. The approved minutes of the Staff Governance Committee meeting on 28 February 2024 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) Interim Workforce Plan

The Director of Workforce provided the Committee with a paper on the interim Workforce Plan and provided more detailed information in a presentation to the Committee. Directorates have provided detailed information on current issues and areas of focus for workforce arrangements, this will be fed into the final Workforce Plan document.

There was detailed discussion regarding skill requirements, the HIS Employee and role requirements and the impact of digital changes and how this impacted on working arrangements and requirements. The draft plan will be presented to the August Committee meeting.

b) Development Day – Organisational Culture

Linked to the agenda items at this Committee meeting in relation to the Workforce Plan, the impact of Organisational Change and the further One Team activity across Healthcare Improvement Scotland there was a focus on the impact of these activities on the wider culture.

At the conclusion of the meeting, given the range of activities underway that will influence the organisational culture, it was agreed that a Development Day would be scheduled for the Committee to enable a focus on 'Organisational Culture'.

c) Pharmacy Revalidation

The Medical Director/Director of Safety provided information to the Committee to support the revalidation for pharmacists within HIS. The information provided, offered significant assurance that revalidation processes are in place. To work as a pharmacist within the UK, pharmacists must be registered with a General Pharmaceutical Council, and they must undergo an annual process of revalidation. It is essentially a reflection on practise and evidence of learning within the pharmacy profession. Furthermore, the Medical Director/Director of Safety provided assurance that the Chief Pharmacist checks the register to ensure everyone is revalidated and engaging with the process.

A further paper will be brought to the Committee in due course around the appointment of the new Chief Pharmacist. Interim arrangements for Chief Pharmacist will be put in place until recruitment activities have concluded.

**Duncan Service
Committee Chair**

SUBJECT: Succession Planning 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 Succession Planning Committee meeting on 25 April 2024. The approved minutes of the Succession Planning Committee meeting on 17 January 2024 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) Succession Plan

The committee considered the updated draft succession plan, which took account of feedback previously received from internal and external stakeholders. Quite a lot of work has been undertaken by the sub group to bring it to this stage. The committee made a couple of final suggestions to the draft, and it will be shared again with stakeholders and the committee hopes to agree the finalised version at its next meeting.

b) Board Skills Evaluation

A summary of the collated results from the self-evaluation skills assessment completed by Board members in February was shared with the committee. This was an anonymised, themed, report which will support future non-executive recruitment and help guide the focus for the Board development programme between now and 2026. The committee agreed to discuss it in more detail at the next meeting.

c) Blueprint for Good Governance Development Plan (Diversity Action)

The committee acknowledged ownership of the diversity action that was agreed by the Board last December as part of the development plan to respond to matters raised by the audit of the Blueprint for Good Governance. Several actions have already taken place to deliver it, while it was acknowledged that as an action this is more of a process without an end date as it may never be fully attained. To that end the committee agreed that milestones to mark progress would be relevant, including recruitment to the Board and the periodic renewal of the skills matrix (just completed in 2024). Diversity of the Board has also been the subject of major discussion at the committee, and the succession plan aims to define this. Diversity is a key strand of why we developed the succession plan, and the life experience of Board members forms a key component on how we will achieve diversity.

Carole Wilkinson
Committee Chair

SUBJECT: Succession Planning 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 Succession Planning Committee meeting on 30 May 2024. The approved minutes of the Succession Planning Committee meeting on 25 April 2024 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) Succession Plan

The committee considered the latest draft of the Succession Plan, along with the most recent comments received from stakeholders with whom the draft had been shared. The committee agreed to a number of final updates which would mean the drafting process was complete and the final version would be published on the HIS website. The committee also agreed to review the Plan after 12 months.

b) Board Recruitment & Skills Evaluation

The committee's second discussion on the completed skills evaluation focused on the forthcoming recruitment for a non-executive to enable the drafting of the application pack. The governance manager remains in touch with the Scottish Government Public Appointments Unit on the future timing of the recruitment campaign, which we now understand will be a joint one with another national board. (Post meeting note – now believe this to be the Scottish Ambulance Service).

c) Internal audit recommendation regarding issues register

The recommendation arising from the governance internal audit of the Executive Remuneration Committee (ERC) on use of an issues register was presented to the committee. The Succession Planning Committee (SPC) has been separately keeping an 'issues' register, but noted the auditors had recommended to the ERC that all risks should be managed on the corporate register. In discussing the implication of this, the SPC agreed to implement the recommendation and to end the keeping of the 'issues' register. Where risks were identified these would be added to the corporate register while other matters would be managed on the action point register.

Carole Wilkinson
Committee Chair