

Public Board Meeting

Wed 23 March 2022, 10:30 - 14:30

MS Teams

Agenda

10:30 - 11:15 **1. OPENING BUSINESS**

45 min


1.1. Welcome and apologies

10.30 *Chair*

1.2. Register of interests

10.35 *Chair*

Paper

 Item 1.2 Register of Interests.pdf (2 pages)

 Item 1.2 Appendix 1.pdf (5 pages)

1.3. Minutes of the Public Board meeting held on 8 December 2021

10.40 *Chair*

Paper

 Item 1.3 Draft Board Minutes.pdf (13 pages)

1.4. Action points from the Public Board meeting on 8 December 2021

Chair

Paper

 Item 1.4 Action Point Register.pdf (2 pages)

1.5. Chair's Report

10.45 *Chair*

Paper

 Item 1.5 Chairs Report.pdf (3 pages)

 Item 1.5 Appendix 1.pdf (4 pages)

1.6. Executive Report

10.55 *Chief Executive*

Paper

 Item 1.6 Executive Report.pdf (15 pages)

11:15 - 13:25 **2. SETTING THE DIRECTION**

130 min

2.1. COVID-19 Latest Operational Update

11.15 *Director of Finance, Planning and Governance*

Verbal

11.20 - 11.30 Screen break

2.2. Integrated Planning including:

11.30

2.2.1. Integrated Planning 2022-23

Director of Finance, Planning and Governance

Paper

 Item 2.2.1 Integrated Planning 22-23.pdf (21 pages)

2.2.2. Digital Investment

Director of Evidence

Paper

 Item 2.2.2 Digital Investment.pdf (3 pages)


 Item 2.2.2 Appendix 1.pdf (18 pages)

2.2.3. Business Cases for Approval


Director of Finance, Planning and Governance


Paper


 Item 2.2.3 Business Cases.pdf (2 pages)

 Item 2.2.3 Appendix 1.pdf (8 pages)

 Item 2.2.3 Appendix 2.pdf (15 pages)

 Item 2.2.3 Appendix 3.pdf (17 pages)

 Item 2.2.3 Appendix 4.pdf (12 pages)

 Item 2.2.3 Appendix 5.pdf (34 pages)

2.3. Scrutiny and Assurance Activity 2022-23

12.20 *Director of Quality Assurance*

Paper

 Item 2.3 Scrutiny and Assurance Plan 2022-23.pdf (4 pages)

 Item 2.3 Appendix 1.pdf (6 pages)

12.40 - 13.25 Lunch break


13:25 - 13:50
25 min


3. ASSESSING RISK

3.1. Risk Management: strategic risks

13.25 *Chief Executive*

Paper

 Item 3.1 Risk Management Strategic Risks.pdf (3 pages)


 Item 3.1 Appendix 1.pdf (6 pages)

3.2. Risk Management Strategy

13.35 *Director of Finance, Planning and Governance*

Paper

 Item 3.2 Risk Management Strategy.pdf (3 pages)

 Item 3.2 Appendix 1.pdf (17 pages)

13:50 - 14:05
15 min

4. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

4.1. Organisational Performance Report including:

4.1.1. Quarter 3 Performance Report

Director of Finance, Planning and Governance


Paper

 Item 4.1.1 Q3 Performance Report.pdf (18 pages)

4.1.2. Finance Report

Director of Finance, Planning and Governance

Paper


 Item 4.1.2 Financial Performance.pdf (9 pages)

4.1.3. Workforce Report

Director of Workforce

Paper

 Item 4.1.3 Workforce Report.pdf (2 pages)

 Item 4.1.3 Appendix 1.pdf (12 pages)

14:05 - 14:25
20 min

5. GOVERNANCE

5.1. Governance Committee Chairs: key points from the meeting on 9 February 2022

Chair

Paper

 Item 5.1 Governance Chairs Key Points.pdf (1 pages)

5.2. Audit and Risk Committee: meeting held on 16 March 2022; approved minutes from the meeting on 24 November 2021

Committee Chair

Paper

 Item 5.2 ARC Minutes.pdf (10 pages)

5.3. Quality and Performance Committee: key points from the meeting on 23 February 2022 and approved minutes from the meeting on 3 November 2021

Committee Chair

Paper

 Item 5.3 QPC Key Points.pdf (2 pages)

 Item 5.3 QPC Minutes.pdf (10 pages)

5.4. Scottish Health Council Committee: key points from the meeting on 17 February 2022 and approved minutes from the meeting on 11 November 2021

Committee Chair

Paper

 Item 5.4 SHCC Key Points.pdf (1 pages)

 Item 5.4 SHCC Minutes.pdf (11 pages)


5.5. Staff Governance Committee: key points from the meetings on 24 January and 9 March 2022, and approved minutes from the meetings on 27 October 2021 and 24 January 2022

Committee Chair

Paper

 Item 5.5 SGC Key Points Jan.pdf (2 pages)

 Item 5.5 SCG Key Points Mar.pdf (1 pages)

 Item 5.5 SGC Minutes Oct.pdf (9 pages)

 Item 5.5 SGC Minutes Jan.pdf (7 pages)

5.6. Succession Planning Committee: key points from the meeting on 25 January 2022 and approved minutes from the meeting on 21 September 2021

Committee Chair

Paper

 Item 5.6 SPC Key Points.pdf (1 pages)

 Item 5.6 SPC Minutes.pdf (6 pages)

14:25 - 14:30 6. ANY OTHER BUSINESS

5 min

14:30 - 14:30 7. DATE OF NEXT MEETING

0 min

Next meeting will be held on 29 June 2022

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Register of Interests
Agenda item:	1.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Decision

1. Situation

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

2. Background

Board members have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct. This requires that declarations of interests are made by Board members, co-opted members and senior staff, and that these are held on a central Register of Interests which is published on the website. The Register was last considered by the Board at its meeting on 8 December 2021.

3. Assessment

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

Following the Cabinet Secretary for Finance and the Economy's announcement supporting recent sanctions imposed on Russia, HIS has undertaken a review of all business interests, to ensure we are consistent with the Scottish Government's stance. At HIS we have identified no commercial relationships, investments or links to Russia. The Board are asked to consider this position when reviewing the Registers of Interests.

Assessment considerations

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

4 Recommendation

The Board is asked to scrutinise the Register and approve it for publication on the website.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Register of Interests (March 2022)

REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2021/22

NAME	CATEGORY	INTEREST	Date interest commenced (if in FY 2021/22)
CHAIR			
Carole Wilkinson	1	*Lay Member, General Teaching Council	
	1	Board Member, Care Inspectorate	
	1	**Ad hoc advice and consultancy work for David Nicholl, On Board Training	
	1	Vice Chair of NHS Board Chairs Group	August 2021
Note: *Remuneration available but not claimed / ** Remuneration is a small hourly fee			
NON-EXECUTIVE BOARD MEMBERS			
Jackie Brock	1	Chief Operations Officer at The Promise Scotland	May 2021
	7	Chair, Independent Child Protection Advisory Group, Scottish Football Association	
	7	Appointed to the National Community Lottery Scotland Committee	
Keith Charters	1	Director & Owner, Strident Publishing Limited	
	1	Self-employed as author, presenter & book event chair (trading as Keith Charters)	
	7	Wife is employed by NHS Greater Glasgow & Clyde in a non-managerial, clinical Allied Health Professional role	
	7	Trustee, East Kilbride Athletic Club SCIO	
Suzanne Dawson	7	Director and Charity Trustee, Eastgate Theatre & Arts Centre	
	7	Brother in temporary administrative post in NHS Borders	May 2021
	7	Charity Trustee, Borders Further Education Trust	

NAME	CATEGORY	INTEREST	Date interest commenced (if in FY 2021/22)
	7	Fellow of Chartered Institute of Marketing	
	7	Member of Law Society of Scotland Admissions Sub-Committee	
Dr Zoë M. Dunhill MBE	1	Sole proprietor own Child Health Consultancy	
	1	Invited reviewer Royal College of Paediatrics and Child Health	
	1	Professional Advisor CQC England in Paediatrics	
	7	Honorary Fellow Royal College of Paediatrics and Child Health	
	7	Fellow of Royal College of Physicians of Edinburgh	
	7	Director Children's Health Scotland	
	7	Member British Medical Association	
	7	Member of the Board of Governors of the Dean and Cauvin Trust	
	7	Case review, NHS Ayrshire & Arran/NHS Greater Glasgow & Clyde	
Paul Edie	1	Chair of the Care Inspectorate	
	1	Non Executive Member of the Scottish Social Services Council	
	7	Member of the Scottish Liberal Democrats	
	1	Board Member of Scottish Police Authority	1 April 2021
John Glennie OBE	1	Non Executive Board Member, NHS24	
Gill Graham		No declared interests	
Nicola Hanssen	1	Director of Hensikt Consulting	1 August 2021
	1	Tayside NHS Volunteering Scoping Exercise funded by NHS Tayside NHS Trust to VHS who contracted Hensikt Consulting to undertake the work.	4 October 2021

Rhona Hotchkiss	7	Partner is a Non-executive Director at NHS Ayrshire & Arran and Vice Chair of the Golden Jubilee National Hospital	
	7	Trustee and Associate Fellow of The Queen's Nursing Institute Scotland	
	7	Board Member, North Ayrshire Women's Aid	8 December 2021
Christine Lester	1	Member, Accounts Commission	
	7	Volunteer Adviser, Citizens Advice Bureau	
Evelyn McPhail	7	Governor – Fife College	
	7	Fellow of the Royal Pharmaceutical Society	
	7	Registration with the General Pharmaceutical Council	
Duncan Service	1	Evidence Manager, SIGN	
	7	Director and Company Secretary, SHU East District Ltd	
	7	UNISON Steward	
	7	Treasurer, Guidelines International Network (G-I-N)	
	7	Co-Chair, UK Grade Network	
Dr Abhishek Agarwal – Co-opted Member of the Quality and Performance Committee	1	Associate Professor, Edinburgh Napier University	18 August 2021 (when co-option commenced)
	1	External Examiner, University College London	
	2	Board Chair, Grampian Housing Association	
	4	Owner of residential properties (not relevant to role with HIS)	
	7	Member of The Educational Institute of Scotland	
EXECUTIVE BOARD MEMBER			
Robbie Pearson	1	Chief Executive, Healthcare Improvement Scotland	
	7	Sister-in-law is nurse at St Columba's Hospice (regulated by HIS)	
	7	Vice Chair, NHS Board Chief Executives Group	
	7	Chair, NHS Scotland Planning Board	
	7	National Boards Implementation Lead	

	7	Nephew's wife is a paediatrician working in NHS Greater Glasgow and Clyde.	February 2022
SENIOR STAFF MEMBERS			
Sybil Canavan	1	Director of Workforce	
	7	Member of Unite (Trade Union)	
Lynsey Cleland	1	Director of Quality Assurance	
	7	*Lay Member, General Teaching Council for Scotland	
Note: *Remuneration available but not claimed.			
Ruth Glassborow	1	Director of Improvement	
	7	GenerationQ Fellow with Health Foundation	
	7	Member of Managers in Partnership (MiP) Union	
	7	SciAna Network Alumni*	
	7	Member of The Promise Oversight Board	
Note: *Participation is funded by the Health Foundation.			
Ann Gow	1	Director, Nursing, Midwifery and Allied Health Professionals	
	7	Member of Royal College of Nursing (RCN)	
	7	Fellowship of the Queen's Nursing Institute	May 2021
	7	Chair of Scottish Executive Nurse Directors group	Aug 2021
	7	Professional advisor to the RCN Foundation grants committee	Sept 2021
Ruth Jays	1	Director of Community Engagement	
	7	Seconded from the Scottish Government Health Directorates, previously Unit Head of the Person Centred and Participation Unit	
	7	Member of Prospect Union	
	7	Spouse is Head of Public Affairs and Strategic Communications at the British Medical Association Scotland	
Angela Moodie	1	Director of Finance, Planning and Governance	
	7	Trustee and Treasurer of Edinburgh Napier Students' Association	
	7	Director and 50% shareholder in Moodie Properties Ltd	
Safia Qureshi	1	Director of Evidence	

	7	Spouse is CTO and VP Technology Innovation, Innovation & Technology Group, Leonardo MW Ltd	
Simon Watson	1	Medical Director	
	7	Honorary Consultant Physician, NHS Lothian Health Board	
	7	*Recently Director NHS Lothian Health Board, attending Board Meetings (April 2016-April 2020)	
	7	*Recently Consultant Physician, NHS Lothian Health Board (December 2008-April 2020)	
	7	Married to Consultant Physician, NHS Lothian Health Board	
	7	Fellow of the Royal College of Physicians of Edinburgh	
	7	Member of the British Medical Association	
	7	Member of the UK Renal Association	
	7	Member of the American Society of Nephrologists	
	7	Section Leader, UK Scout Association (voluntary work)	
	7	Honorary member of the University of Edinburgh Medical Education Faculty, providing clinical teaching to students	
	7	Honorary member of the University of Edinburgh Medical Education Faculty, providing clinical teaching to students	

Explanation of Categories

Category Number	Category Type
1	Remuneration
2	Related Undertakings
3	Contracts
4	Houses, Land and Buildings
5	Interest in Shares and Securities
6	Gifts and Hospitality
7	Non-Financial Interests

MINUTES – Draft

Public Meeting of the Board of Healthcare Improvement Scotland

Date: 8 December 2021

Time: 10.30 – 14.10

Venue: MS Teams Videoconference

Present

Carole Wilkinson, Chair

Jackie Brock, Non-executive Director

Keith Charters, Non-executive Director

Suzanne Dawson, Non-executive Director

Dr Zoë M Dunhill MBE, Non-executive Director

John Glennie OBE, Non-executive Director

Gill Graham, Non-executive Director

Nicola Hanssen, Non-executive Director

Rhona Hotchkiss, Non-executive Director

Christine Lester, Non-executive Director

Evelyn McPhail, Non-executive Director

Robbie Pearson, Chief Executive

Duncan Service, Non-executive Director

In Attendance

Sybil Canavan, Director of Workforce

Lynsey Cleland, Director of Community Engagement

Ruth Glassborow, Director of Improvement

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

Ben Hall, Head of Communications

Roberta James, SIGN (Scottish Intercollegiate Guidelines Network) Programme Lead (Deputy for Director of Evidence)

Ruth Jays, Interim Director of Community Engagement

Angela Moodie, Director of Finance, Planning and Governance

Simon Watson, Medical Director

Apologies

Paul Edie, Non-executive Director

Safia Qureshi, Director of Evidence

Board Support

Pauline Symaniak, Governance Manager

Declaration of interests

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

Registerable Interests

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

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's welcome and apologies	
	<p>The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance, including those in the public gallery.</p> <p>The Chair welcomed Ben Hall, attending his first Board meeting since his appointment as Head of Communications. The Chair also welcomed Roberta James as deputy for the Director of Evidence.</p> <p>The Chair wished to record publicly her congratulations to Laura McIver, Chief Pharmacist, on her appointment as a Fellow of the Royal Pharmaceutical Society (RPS) for Distinction in the Profession of Pharmacy. The Chair asked the meeting to note that it is one of the highest accolades that can be paid and it recognises the significant contribution she has made in her pharmacy career.</p> <p>Apologies were noted as above.</p>	
1.2	Register of Interests	
	<p>The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the Register must be provided to the Planning and Governance Office within one month of them occurring. Any interests should be declared that may arise during the course of the meeting.</p> <p>The register was approved for publication on the website.</p>	
1.3	Minutes of the Public Board meeting held on 29 September 2021	
	<p>The minutes of the meeting held on 29 September 2021 were accepted as an accurate record.</p>	
1.4	Action points from the Public Board meeting on 29 September 2021	
	<p>The action point register was reviewed. An amendment was provided to action 1.6 about the submission of the app approval process to the Audit and Risk Committee. The action register will be revised.</p> <p>There were no matters arising.</p>	Governance Manager
1.5	Chair's Report	
	<p>The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement.</p> <p>The Chair drew the Board's attention to the Annual Review which was held on 2 December 2021. It was a very positive review attended by Maree Todd, Minister for Public Health, Women's Health and Sport. The Minister was very interested in the work of the organisation and discussions covered our contribution to the pandemic response, health and wellbeing of our staff, the National Care Service, community engagement and the work of our Evidence Directorate.</p> <p>The Chair of the Scottish Health Council added the following points:</p> <ol style="list-style-type: none"> a) The Minister was very supportive of our work in community and public engagement. She was particularly interested in the benefits of Citizens Panels especially in relation to policy development and 	

	<p>in the lessons learned from NHS Lanarkshire’s engagement for the Monklands replacement programme.</p> <ul style="list-style-type: none"> b) The hope is that next year it will be possible for the Annual Reviews for all Boards to be held in public as this was currently not possible due to the pandemic. c) She attends the weekly Cabinet Secretary meetings and the regional Chairs’ meetings where possible and these provide an opportunity to reinforce the message about the importance of public engagement. <p>In response to questions from the Board, the following clarification was provided:</p> <ul style="list-style-type: none"> d) The meeting with the Chief Executive of NHS Golden Jubilee covered the importance of both organisations working closely together and clarifying their individual roles in respect of the work of the Centre for Sustainable Delivery. Mapping work is progressing and a further meeting will soon be held to discuss it. This will aid clarity of roles and joint working. e) The Annual Reviews were held in public before the onset of the pandemic enabling stakeholders and members of the public to attend. <p>The Chair of the Scottish Health Council extended her thanks to Dave Bertin, member of the Scottish Health Council Committee, for sharing his insights at the staff huddles in November.</p> <p>The Board noted the report.</p>	
<p>1.6</p>	<p>Executive Report</p>	
	<p>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</p> <p>The Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> a) HIS submitted a response to the National Care Service consultation and will respond to further developments as appropriate. b) There are a range of sustained additional pressures in the Quality Assurance Directorate including reviews in relation to cervical screening, the Queen Elizabeth University Hospital and an Adult Support and Protection matter in Angus Health and Social Care Partnership. c) The update to the national guideline on managing the long term effects of Covid-19 was published in November and is an excellent demonstration of the strength of the organisation’s role in the UK. <p>In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:</p> <ul style="list-style-type: none"> d) Regarding the detail of the commission for the review at the Queen Elizabeth University Hospital, there are a number of different reviews in place at this time but HIS has been asked to gain assurance in relation to current infection prevention and control procedures. This includes considerations related to aspergillus but is also wider than this. The work is being scoped and any additional expertise required is under consideration. 	

- e) The process to understand the cost of development and delivery of the Quality Improvement Capacity & Capability internal training includes benefits mapping and will not impede in any way delivery of the programme.
- f) The HIS review at the Queen Elizabeth University Hospital is a request from Scottish Government and is a separate process from the inquiry.
- g) Regarding the complaint that was escalated to the Scottish Public Services Ombudsman (SPSO), the complaints toolkit gives people the option to take their complaint to HIS first and then to the SPSO if they remain unhappy. The original complaint was upheld and there was a very detailed investigation and action plan. As HIS doesn't get sight of the complaint to the SPSO, it is not possible to know what the concern is. However, we are confident that the complaint was fully investigated and appropriate action taken.
- h) Regarding the resource required to respond to complaints in relation to the regulation of independent healthcare, this is part of the true cost of regulation and is being built into financial modelling. Additional administration support has been secured to support the work to deal with the increasing complaints. Many of the increasing complaints arise from independent healthcare providers but we are also treating some types of enquiry as complaints that we wouldn't have dealt with in this way previously.
- i) Regarding any themes arising from complaints, it is difficult to ascertain this because not a lot of complaints are upheld and a significant number are from independent healthcare providers who are unhappy with the outcome of an inspection.
- j) In relation to developments with the National Care Service, a key stakeholder reference group has been formed. It has representation from the NHS Board Chief Executives and the intention is to have HIS representation on the group as well. Analysis of the consultation is awaited and a bill is expected in June 2022. It will be important to ensure that HIS is involved as development progresses and a meeting with Scottish Government will be held that day to discuss this.
- k) It will also be important to ensure that HIS' role in evidence and data is a key part of the Care and Wellbeing Programmes. We are working closely with the sponsor division in Scottish Government in relation to capacity for improvement activities in NHS Boards and Health and Social Care Partnerships.
- l) A joint proposal with the Care Inspectorate has been submitted to Scottish Government for an improvement programme in response to recommendations in the report from the Independent Review of Adult Social Care. The improvement programme needs a connection to the National Care Service but is not dependent on its structure and can therefore start immediately.
- m) Regarding the adaptations made to acute hospital inspections in light of pressures in the system, assurance is provided that these will continue to be effective. The approach will involve observation and examination of data but there will continue to be an element of onsite work with frontline staff, although, we will be guided on the timings of this by frontline staff to ensure there is no impact on delivery of care. The first inspections using the new model were being delivered that day and there will be refinements to the approach based on lessons learned.

	<p>n) With regard to the Healthcare Staffing Act, it is expected that enactment of the Act will still be a further year away. However, many of the nursing workforce tools have been mandated for approximately 10 years and real time staffing tools have been developed during the Covid-19 pandemic. There is also ongoing engagement with the medical profession as the legislation covers all professions. The Healthcare Staffing Programme team are working closely with inspectors and publication of some of the data will begin soon.</p> <p>o) It was clarified that there is only one key stakeholder reference group for the National Care Service development work although, there are sub groups of this. There is significant representation of lived experience and from the Third Sector as well expertise in public involvement.</p> <p>The Board examined in detail the report from the Executive Team and the additional information provided above, and were content with the information reported.</p>	
2.	SETTING THE DIRECTION	
2.1	COVID-19 Latest Operational Update	
	<p>The Director of Finance, Planning and Governance who is lead for the Covid-19 response, provided a paper setting out the latest developments in the pandemic response and highlighted the following:</p> <ul style="list-style-type: none"> a) Given the new variant of Covid-19, restrictions are changing and the situation will likely remain fluid. b) The Executive Team have cancelled their face to face Christmas meal and are encouraging staff to undertake risk assessments for any gatherings. c) The new ways of working launch date of 17 January 2022 is under review and will be discussed at the Partnership Forum the following week. d) To date, the total number of HIS staff who have experienced a Covid-19 related cumulative absence is 10% of the workforce. <p>The Board considered the latest position and were assured by the actions in place to continue to work within the context of the pandemic and to ensure staff wellbeing.</p>	
2.2	Integrated Planning 2022-23	
	<p>The Director of Finance, Planning and Governance provided a paper which set out the approach and principles for creating the budget for 2022-23 in tandem with the development of the operational plan. The following points were highlighted:</p> <ul style="list-style-type: none"> a) Financial targets will be set at the start of the process and the aim is to identify new areas of spend and activity in the budget. b) Development of the plans will involve close work with the Internal Improvement Oversight Board. c) Materiality will be introduced into the budget as it will support flexibility in the budget into the 2023-24 operational year. With this in mind, budget holders will be empowered to spend budgets to deliver programmes but with sufficient financial controls in place. d) An update is due to the Remobilisation Plan number 4 at the end of January and the sign-off letter from Scottish Government for the plan is included in the paper. 	

	<p>In response to questions from the Board, the following points were clarified:</p> <ul style="list-style-type: none"> e) In terms of achieving financial stability, there is a shortfall this year in the budget for the regulation of independent healthcare but an overall underspend for the organisation. Whilst these could offset each other, this would set a precedent and the preference long term is to secure adequate funding for the regulation of independent healthcare from Scottish Government. f) A three year operational plan will be created in 2022 alongside a five year budget which will support the plan for financial stability. g) The intention is not to have a centralised, corporate savings target but rather to achieve savings at directorate level. h) The majority of the planning templates have been received from programme teams so the work is broadly on target and confirmation of the date for submitting the draft plan is awaited from Scottish Government. <p>The Chair of the Audit and Risk Committee advised that the External Auditors are supportive of five year financial planning.</p> <p>The Board considered the report presented and were content with the financial forecast set out.</p>	
2.3	Healthcare Improvement Scotland's Future Strategy - Update	
	<p>The Board received a paper from the Chief Executive providing an update on the development of the organisation's future strategy. The Chief Executive proposed a revision to the timeline for development, consultation and approval of the strategy given that the NHS remained on an emergency footing, the ongoing uncertainty and the spread of Omicron, the new variant of Covid-19.</p> <p>In response to a question from the Board about how long it is reasonable to delay the strategy, the Chief Executive advised that this could not be too long given the changing landscape in which HIS operates. Therefore the position will be reviewed in March 2022 and the Board will be kept up to date on progress.</p> <p>The Board considered the update provided and were content with the revised timeline subject to the comment above.</p>	
2.4	Clinical and Care Governance Integration	
	<p><i>Jane Boyd, Programme Manager, and Laura McIver, Chief Pharmacist, joined the meeting for this item.</i></p> <p>The Medical Director and the Deputy Chief Executive/Director of NMAHP provided a paper to the Board which set out a description of work to fully integrate the Clinical and Care Governance (CCG) Framework into all HIS programmes. The Directors highlighted the following points through a short presentation:</p> <ul style="list-style-type: none"> a) The focus on CCG in the system has arisen over recent years in response to significant system failures that have caused harm to patients. b) Effective CCG within HIS should significantly reduce the risk that we cause harm, give false assurance or poor judgements, lead low impact or irrelevant interventions or provide incorrect or 	

	<p>unhelpful guidance. It will ensure that HIS delivers its core purpose.</p> <ul style="list-style-type: none"> c) There have been a number of developments since 2018 to integrate CCG into our work including clearer leadership and management of complaints and public protection issues. There have also been regular reports to the Quality and Performance Committee. d) The CCG short life working group has created an operational guide as part of phase one of its work. e) Phase two from January to March 2022 will include development of reporting systems for directorates, the Quality and Performance Committee, and the Board. There will also be testing of self-assessment tools and alignment with other governance arrangements. f) Phase three from April 2022 into 2023 will see embedding of CCG across all programmes. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> g) The work to embed CCG within HIS is not paused while the Short Life Working Group is in operation but is still ongoing within directorates and the improvement work underway seeks to make it function more effectively in future. h) Each directorate holds its own CCG Framework and there is a CCG management group which reports to the Quality and Performance Committee which in turn reports to the Board. i) A key message from the work is that CCG is everybody's responsibility and not just that of clinicians. j) Work is underway to look at CCG risks to ascertain if they are recorded appropriately on the risk register and how they relate to other risks on the register. Some CCG risks are recorded as reputational risks. k) The CCG Framework is being updated incrementally while the work progresses. Whilst the Quality and Performance Committee is the Committee which will seek assurance on this work, there are overlaps. For example, with Staff Governance Committee in relation to staff training. The work is also similar to recent activity by the Scottish Health Council Committee to monitor community engagement in programmes. <p>The Board considered the paper and endorsed the work being delivered.</p> <p>CCG will be added to the Governance Committee Chairs' agenda as a cross-committee item and will be reflected in revisions to Committee terms of reference. A future update will be provided to the Board.</p>	Governance Manager
2.5	New Ways of Working	
	<p>The Director of Workforce provided a paper which set out the latest position in relation to work by the Internal Improvement Oversight Board (IIOB) to progress the future ways of working vision. The Director highlighted the following points:</p> <ul style="list-style-type: none"> a) The vision is set out in the paper and has been developed in partnership and with staff engagement. b) The approach reflects the learning from the pandemic. c) Principles have been developed for the operating approach and the test of change period although, the start date is dependent on 	

	<p>the state of the pandemic and Scottish Government guidance.</p> <ul style="list-style-type: none"> d) Work is underway with staff to understand their preferred working styles but effective delivery of the business will be central to the process. e) Training has been delivered to assist with challenging discussions about individual preferences versus the needs of the business. f) More work is still to be done on health and safety aspects and the challenges presented by the dispersed offices of the Community Engagement Directorate which are located in NHS Boards. g) The definition of hybrid working has been agreed but does not include a set number of days per week. <p>The Chair of the Staff Governance Committee advised that an additional meeting of the Committee is scheduled for January in light of the stage the work is at. However, it will be likely that many issues will not be resolved until the test of change period begins.</p> <p>In response to questions from the Board, the following answers were provided:</p> <ul style="list-style-type: none"> h) The ways of working staff huddles brought staff together to discuss the changes and raised a number of queries that require further reflection. i) Regarding support amongst staff for new ways of working, there are some concerns about moving back into offices. However, we have been clear that the move to agile working has always been the vision of HIS. j) It has been made clear during engagement that the emphasis is on business delivery being maintained. k) Staff will be able to book space to attend the office but it is not expected that all staff will be in every day and it will be up to teams to determine staff availability. A bandwidth of 07.30 to 18.30 has been set during which staff can deliver their working hours. l) Changes during the test of change period are not contractual. m) Thought will be given to staff who need or want to be in the office more often as the key principle is that staff work in the place where they are most effective. Managers will play a key role in discussing this with staff. <p>The Board noted the update and were assured by the work in place to make the transition to new ways of working whilst maintaining effective business delivery.</p>	
3.	ASSESSING RISK	
3.1	Risk Management: strategic risks	
	<p>The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised the following:</p> <ul style="list-style-type: none"> a) The report now included a six months trend plus a graph to summarise the changes in risk scores. b) There are 11 strategic risks on the register including the four new ones approved by the Board at its previous meeting. c) The scoring has increased for the risks related to the impact of Covid-19, number 1072, and the finance strategy, number 635. 	

	<p>In response to questions from the Board, the following additional points were made:</p> <ul style="list-style-type: none"> d) The scoring of risk 635 has increased to reflect the longer term constraints and pressures on the budget as well as funding challenges in future years although, the budget position is fine this year. e) The performance report is still under development and the version for quarter 3 will show better cross-referencing of risks on the register. f) Risk 999 in the performance report at agenda item 4.1 relates to the Scottish Medicines Consortium (SMC) and the volume of new submissions. The risk is being mitigated by ongoing improvements, streamlining and by looking at different options for prioritisation. Consideration will be given as to whether it should be a very high operational plan risk or a strategic risk. The Deputy for the Director of Evidence will arrange for the Board Members interested to observe an SMC meeting. g) Risk 1163 captures the impacts of the pandemic on public engagement and is a reputational risk for the whole organisation, therefore the wording will be updated to reflect this. h) The scoring of risk 634 in relation to securing the right skills will be reviewed in the current context as this risk may need to be scored higher. The accelerated recruitment exercise being delivered will provide information to support this and it will be factored into workforce planning. <p>The Board considered the strategic risk register and, subject to the comments above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated.</p>	<p>Deputy for Director of Evidence</p> <p>Director Community Engagement</p> <p>Director of Workforce</p>
4.	HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES	
4.1	Organisational Performance Report Quarter 2 including Workforce Report	
	<p>The Board received the latest information about organisational performance as at quarter 2 which included the workforce report and the high/very high operational plan risks.</p> <p>The Director of Finance, Planning and Governance highlighted the following information from within the report:</p> <ul style="list-style-type: none"> a) The report was presented to the Quality and Performance Committee meeting on 3 November 2021 and will undergo further development for quarter 3. b) A total of 102 projects were active including IIOB at the end of quarter 2, which is a net movement of four less than the last quarter. 73 projects were on target and 29 were at risk. Five projects were completed. c) The status of 14 projects moved from ‘on track’ to ‘at risk’ with the main reason being system pressures within health boards preventing progress. d) Section 2 of the report shows progress against the Key Delivery Areas and there has been one new commission since quarter 1. <p>The Board welcomed the new format of the report and agreed that it sets out performance information in a much clearer way. In response to their questions, the following additional information was provided:</p>	

4.2	Mid Year Financial Forecast	
	<p>The Director of Finance, Planning and Governance provided the Board with a mid year financial forecast for 2021/22 and highlighted the following points:</p> <ul style="list-style-type: none"> a) The paper sets out most realistic, best case and worst case scenarios in relation to financial management this year. b) In the best case scenario the baseline target would be met and £1m of additional allocations would be rephrased in agreement with Scottish Government. c) In the worst case scenario there would be a underspend on the baseline by £2.4m and £2m in additional allocations, although, re-phasing would be considered here also. d) The most realistic scenario is a £2m underspend. e) Regarding additional allocations, 40 projects are experiencing an underspend totalling £2m but discussions are ongoing with Scottish Government to re-phase these funds into the next financial year. <p>In response to questions from the Board, the additional information below was provided:</p> <ul style="list-style-type: none"> f) There is optimism of achieving the best case scenario although, this will not be easy. Accelerated recruitment will have a big impact although, it is challenging to deliver it in the timescales. Alongside this, it will be very important to ensure the underspend does not worsen. g) It will be also be important to communicate effectively to staff that we have moved from a predicted overspend position to an underspend. <p>At this point, the Chair of the Audit and Risk Committee advised that the Committee had considered the financial forecast in detail at its most recent meeting and noted the need to use any underspend to deliver work that has a positive impact or to make the financial position easier in the subsequent year.</p> <p>The Board considered the financial forecast and were content with the work underway to manage the underspend.</p>	
5.	GOVERNANCE	
5.1	Governance Committee Annual Reports Action Plan Update	
	<p>The Board received from the Director of Finance, Planning and Governance a paper which provided updates to the actions identified by the Committees in their 2020-21 annual reports. She asked the meeting to note that actions were either complete or a progress update provided.</p> <p>The Chair of the Audit and Risk Committee advised that achieving recurrent savings was an ongoing challenge for the organisation but the Director of Finance, Planning and Governance is seeking ways to address this.</p> <p>The Board noted the action updates.</p>	
5.2	Governance Committee Chairs: key points from the meeting on 30 November 2021	

	<p>The Chair provided key points from the meeting on 30 November 2021 and advised that this meeting was an extra one added to the schedule. The focus of the meeting was new ways of working and how these impact board and committee meetings plus cross-committee matters such as independent healthcare. The recent review of Non-executive Directors' remuneration was also discussed.</p> <p>The Board noted the key points.</p>	
5.3	Audit and Risk Committee: key points from the meeting on 24 November 2021 and approved minutes from the meeting on 15 September 2021	
	<p>The Committee Chair highlighted the following:</p> <ul style="list-style-type: none"> a) Independent healthcare was discussed at the recent meeting and will feature in the Board's reserved session that day. b) The Committee were updated about work underway around Information and Communications Technology (ICT). The Committee were assured by the governance in place for this and the direction of travel. <p>In response to a question from the Board about ensuring it is sighted on the outcome of the Committee's deep dive into ICT risks, it was agreed that this will be reported to the Board via the three key points report from the next meeting.</p> <p>The Board noted the key points and minutes.</p>	Governance Manager
5.4	Quality and Performance Committee: key points from the meeting on 3 November 2021 and approved minutes from the meeting on 18 August 2021	
	<p>The Committee Chair highlighted the following points:</p> <ul style="list-style-type: none"> a) The Committee received a very informative deep dive presentation from the Chair of the Scottish Intercollegiate Guidelines Network (SIGN) and were content with progress and the SIGN guidelines recently delivered. b) CCG was discussed in detail at the last meeting and this has been covered earlier in the Board meeting agenda. c) The Committee noted the impact on our work programmes of the current pressures in the health and care system <p>The Board noted the key points and minutes.</p>	
5.5	Scottish Health Council Committee: key points from the meeting on 11 November 2021 and approved minutes from the meeting on 9 September 2021	
	<p><i>Nicola Hanssen left the meeting for this item due to a conflict of interest.</i></p> <p>The Committee Chair advised that the Committee received an update on the national volunteering programme which has undergone a lot of change due to Covid-19. A volunteering strategy is being developed and will be provided to HIS for review and approval.</p> <p>In response to a question from the Board about whether HIS will take an overview of the changes in volunteering during the pandemic, the Chair of the Scottish Health Council advised that she will look into this matter.</p>	

	The Board noted the key points and minutes.	
5.6	Staff Governance Committee: key points from the meeting on 27 October 2021 and approved minutes from the meetings on 28 July and 16 August 2021	
	<p>The Committee Chair highlighted the following points:</p> <ul style="list-style-type: none"> a) The Career Ready programme which is part of the Workforce Plan has been delayed as it can only be delivered effectively when the offices are open again. b) The equality networks are progressing well and the disability network will be launched soon. c) The Committee received an update on whistleblowing in HIS including detail of the review by internal audit and progress with training. <p>The Board noted the key points and minutes.</p>	
5.7	Succession Planning Committee: next meeting will be held on 25 January 2022	
	<p>The Committee Chair advised that this Committee had not met since the previous Board meeting but the meeting in January will focus on Non-executive recruitment in respect of the three upcoming vacancies and planning meetings are already scheduled for these</p> <p>The Board noted this verbal update.</p>	
6.	ANY OTHER BUSINESS	
	There were no items of other business.	
7.	DATE OF NEXT MEETING	
7.1	<p>The next meeting will be held on 23 March 2022</p> <p>Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.</p>	
	<p>Name of person presiding: Carole Wilkinson</p> <p>Signature of person presiding:</p> <p>Date:</p>	

DRAFT ACTION POINT REGISTER

Meeting: Healthcare Improvement Scotland Public Board Meeting
Date: 8 December 2021

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.4	Action points from the Public Board meeting on 29 September 2021	An amendment to be made to action 1.6 about the submission of the app approval process to the Audit and Risk Committee.	Immediate	Governance Manager	Complete – action register revised and re-issued
2.4	Clinical and Care Governance Integration	Clinical and Care Governance will be added to the Governance Committee Chairs' agenda as a cross-committee item and will be reflected in revisions to Committee terms of reference.	31 January 2022	Governance Manager	Complete – added to cross-committee section of agenda. Review of terms of reference ongoing
3.1	Risk Management: strategic risks	Scottish Medicines Consortium: arrange for the Board Members interested to observe an SMC meeting.	31 January 2022	Deputy for Director of Evidence	Complete – dates arranged for interested members
		Risk 1163, impacts of the pandemic on public engagement, is a reputational risk for the whole organisation. Wording will be updated to reflect this.	Immediate	Director of Community Engagement	Complete – Risk 1163 closed and replaced with a new risk with updated wording.
		The scoring of risk 634 in relation to securing the right skills will be reviewed in the current context as this risk may need to be scored higher.	Immediate	Director of Workforce	Complete – risk scoring increased to reflect current workforce context.

4.1	Organisational Performance Report Quarter 2 including Workforce Report	The list of all projects currently being delivered is included at Appendix 1 and this will be sent as a separate document to the Member who requested it.	Immediate	Director of Finance, Planning and Governance	Complete
		The Chair and Chief Executive will discuss priorities with the Scottish Government sponsors.	Immediate	Chief Executive	Chair and Chief Executive will discuss prioritisation of HIS work at forthcoming sponsorship meeting with Scottish Government on 29 March 2022.
		The days in post figure to be checked to advise if it relates to working days.	Immediate	Director of Workforce	The 'average Days to Hire' detailed in the workforce report relates to a full 7 day week as opposed to a 5 day 'working week'.
5.3	Audit and Risk Committee: key points from the meeting on 24 November 2021 and approved minutes from the meeting on 15 September 2021	Regarding the Committee's deep dive into Information and Communications Technology risks, the Board to be sighted via the three key points report from the next meeting.	16 March 2022	Governance Manager	Complete – separate ICT deep dive session arranged and all board members invited to attend.

SUBJECT: Chair's Report

1. Purpose of the report

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

2. Recommendation

The HIS Board is asked to:

- receive and note the content of the report.
- approve the appointments of new chairs for the Quality & Performance Committee and the Audit & Risk Committee

3. Strategic issues

a) NHS Scotland Board Chairs Group

There have been meetings of the Chair's Group on 24 January and 21 February 2022. Their work continues to focus on the current pressures in the health and care system.

The Board Chairs' private meeting has also considered the Once for Scotland approach to implementing the new Code of Conduct from the Standards Commissioner, the development of the National Workforce Strategy for Health and Social Care, and the introduction of action learning sets which will be focussed groups of Chairs examining specific aspects of health governance. Once ready, the new Code of Conduct requires approval by the HIS Board but the timeline will likely fall between the March and June meetings in which case it will be dealt with electronically.

The Chairs' meeting with the Cabinet Secretary on 24 January also covered the system pressures, the Population Health and Wellbeing Programmes and an update on the National Care Service.

The weekly meetings that I lead for the National Board Chairs have moved to fortnightly and I continue to join the weekly meeting with the Regional Group Chairs.

b) Covid-19 Inquiry

In December the Scottish Government announced the appointment of a Chair and [terms of reference](#) for the public inquiry into the handling of the Covid-19 pandemic in Scotland. We have since been approached by the Scottish Government's Central Legal Office (CLO) to determine HIS' interests in the Inquiry and representation requirements. We are also now considering the internal structures and processes which will need to be put in place ahead of the Inquiry formally commencing.

4. Stakeholder engagement

Joint Engagement with the Chief Executive

a) Engagement with Members of the Scottish Parliament (MSPs)

The Chief Executive and I have held a number of very positive meetings with MSPs that enabled us to share the work that the organisation is delivering.

- **Dr Sandesh Gulhane**, Shadow Cabinet Secretary for Health and Social Care, on 9 December 2021. We discussed healthcare workforce matters and our inspection work.
- **Jackie Baillie**, Deputy Leader of Scottish Labour, on 2 February 2022. Discussions focussed on the HIS contribution to the pandemic response, especially the roll out of Hospital at Home.
- **Gillian Mackay**, regional MSP for Central Scotland, on 11 February 2022. We discussed the Redesign of Unscheduled Care and a SIGN guideline for Cerebral Palsy.

As well as these meetings, Maree Todd, Minister for Public Health, Women's Health and Sport, joined our all staff huddle on 22 February 2022. She extended her thanks to staff for their contribution to the pandemic response, noting in particular the support for the vaccination programme and our work with Hospital at Home. The Minister also reflected on the positive impact of a number of our programmes including the Scottish Patient Safety Programme. She then answered questions from staff.

b) Social Care Resilience Meeting, 18 January 2022

This meeting was held with the Deputy First Minister, Cabinet Secretary for Health & Social Care and Cabinet Secretary for Social Justice, Housing & Local Government and was attended by NHS Chairs and Chief Executives, Council Leaders, COSLA and Integration Joint Board Chief Officers. The meeting explored what can be done nationally and locally to support the whole system response for the demand for social care services.

c) Public Partners' Conference

The Chief Executive, the Chair of the Scottish Health Council and I attended this conference on 10 March 2022. The focus was "what matters to you" as Public Partners and we also shared an update on the development of the organisation's strategy.

Other Engagement

d) Nursing and Midwifery Council

On 14 December 2021 I met with David Warren, Chair of the Nursing and Midwifery Council. We discussed areas of joint working and regulation of healthcare professionals.

e) General Medical Council

I continue to keep in touch regularly with the General Medical Council and on 14 December 2021 I met with Professor Dame Carrie MacEwen, the Interim Chair. We discussed joint areas of interest and I shared information about annual reports from the Sharing Intelligence for Health & Care Group, and the Death Certification Review Service.

f) Engagement with Staff

Along with Non-Executive Directors, I attended the monthly All Staff Huddles in December, January and February. With the Chief Executive, I joined the corporate induction session on 20 January 2022 and I continue to hear from staff by taking part in the randomised coffee trials.

I met with our Pride Network on 1 February 2022 and took away practical suggestions to mainstream our equalities work and engage further with Board Members in terms of wider involvement.

g) Future Engagement Activities

Looking ahead, there is a joint ministerial session for Chairs and Chief Executives on 28 March 2022; the next quarterly meeting with Scottish Government sponsors on 29 March 2022; and a session for Whistleblowing Champions and Board Chairs on 28 April 2022 with Scottish Government and the Independent National Whistleblowing Officer. The next MSP meeting will be held with Alex Cole-Hamilton, Leader of the Scottish Liberal Democrats on 18 March 2022.

5. Our governance

a) Annual Review 2021

Our Annual Review was held on 2 December 2021 with Maree Todd, Minister for Public Health, Women's Health and Sport. The letter subsequently received from the Minister is attached at appendix 1. The actions from the Annual Review will be progressed and considered via our quarterly strategic meetings with our sponsor unit in Scottish Government.

b) Board Vacancies

Regarding upcoming Board vacancies, the early engagement meeting for the panel with the Public Appointments Team was held on 20 January 2022 and the planning meeting was held on 28 February 2022. The person specifications have been drawn up and a publicity plan for the adverts has been drafted that includes actions to increase the diversity of the candidates. Interviews will be held on 17, 18 and 19 May while the appointment start dates will be 1 July 2022.

Given that two of the Board Members whose appointments are ending are Committee Chairs, I am seeking approval from the Board to appoint Gill Graham as Chair of Audit & Risk Committee, and Evelyn McPhail as Chair of the Quality & Performance Committee. If approved, they will take up their positions from 1 June 2022.

c) Board Seminar and Active Governance

A Board Seminar was held on 26 January 2022 which included an Active Governance session delivered by the NES Board Development Team as well as updates on operational planning and risk appetite. The Active Governance session looked at the use of data for Non-Executive Directors and while it was more aimed at territorial Boards, members nonetheless found the session useful. An action plan has been created with action points related to board development and presentation of information in governance papers.

Carole Wilkinson

Chair

Healthcare Improvement Scotland

Ministear airson Slàinte Phoblach, Slàinte
Bhoireannaich agus Spòrs
Maree Todd BPA



Scottish Government
Riaghaltas na h-Alba
gov.scot

Minister for Public Health, Women's Health and Sport
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Carole Wilkinson
Board Chair
Healthcare Improvement Scotland
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Our ref: A35648491

23 December 2021

Cc. Robbie Pearson
Suzanne Dawson
Jane Illingworth
SG HIS Sponsorship Team
(to fwd. to - SG/HIS Internal
Network, inc. Health Finance)

Dear Carole

Healthcare Improvement Scotland's Annual Review 2020/21

Thank you very much for updating me at our meeting on Thursday 02 December 2021 regarding the performance of Healthcare Improvement Scotland (HIS) since April 2020 and for your follow up letter dated 10 December 2021.

Overnight many of us have had to work in different environments and volunteer to do different jobs. I am particularly pleased at how HIS has continued to flex to help us in responding to the pandemic. Please pass on my thanks to everyone working within HIS. I understand that many clinical staff in HIS have recently come forward to support the vaccine roll out. Please relay my special thanks to the individuals involved. It is so important to have the right people, in the right place, at the right time, to enable this to happen.

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I was reassured to hear about staff well-being and pleased to understand that collaboration within HIS is increasing. I do recognise that some meetings need to be held face to face, but it sounds like the regular Huddles are well attended, allowing for choice when appropriate in terms of working location. It was good to hear that HIS is using iMatter and WoW for its own purposes and I was reassured to understand that the organisation is keen to attract staff as well as retain and nurture existing skills and capabilities.

Patient safety remains paramount and the recent issues in relation to the QEUH Campus made me reflect on the importance of the Scottish Patient Safety Programme. The pandemic would have been much harder to navigate without the Quality Management System (QMS) mechanisms in place as a result of this programme. I am very grateful to HIS for this, and look forward to seeing the QMS being deployed not just across health.

I am pleased that HIS has managed to engage with the initial consultations around the National Care Service, but as discussed, I am keen to see HIS *'in with the bricks and designing the National Care Service'*. HIS' experience of driving national improvement programmes will be key to effective development of the National Care Service and HIS will also need to be a key organisation in the delivery that service too. I completely agree that investing in social care staff should be the priority here and that decisions for design need to be driven by evidence. It may also be worth looking at where models of such a service haven't worked and learning from them too. I am reassured to learn that Robbie will be meeting with Donna Bell and Linda Pollock as a priority and I await the outcome of these discussions via the Sponsor Team.

It was good to hear from Suzanne Dawson about HIS' variety of different approaches to "Community Engagement" including the Citizens Panel. I appreciate that at present Boards' capacity to engage in this is limited, but as you know I feel very strongly about the importance of engaging people and communities early and proportionately, using the method of random selection. I believe that if HIS is able to help Boards achieve this, we will not only have health and social care services that the people of Scotland truly need, but it will also prevent issues for Boards further down the line. I reiterate my offer of support to HIS in helping the wider SG and Boards hear more in this area – please do get in touch with the Sponsor Team should you wish to follow through on this offer.

It was good also to hear about Hospital at Home and NHS Near Me. As I mentioned, despite some negative media coverage around this, I have had many constituents approach me about the need to be offered the choice of not having to travel a long way to see a GP and the desire to remain in the comfort of their own surroundings where they feel more empowered talking about their own health matters. It is so important that the whole of our NHS is able to offer such choice and enable patients to be more empowered. It would be good if HIS can help the wider NHS learn from such experiences.

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As you know Mental Health remains a key priority for the Scottish Government, both in responding to the challenges of the pandemic and in the longer term. I believe that mental health needs to have the same status as physical health and it is therefore vital, that mental health remains one of HIS's top priorities. I look forward to hearing more about how HIS continues to work with SG on the mental health standards and their integration.

I acknowledge the system pressures that the whole NHS are facing and understand that HIS is adapting its approach to inspection in the context of service pressures while ensuring HIS continue to deliver their statutory functions. The Cabinet Secretary and I both agree that it is vital that we do not lose sight of the need for continuous improvement, particularly in relation to patient safety. We also understand that due to the pressures upon us that recommendations may not be able to be acted upon in as quick a manner as normal. I am very grateful for HIS' efforts and flexibility in this independent role and for responding to Ministerial asks for independent assurance.

I was pleased to hear about the HIS Evidence Directorate and how this directorate is central to HIS' work and the wider Health and Social Care system. I would like to thank SIGN for its continued efforts to develop and refresh guidelines for Scotland. This is helping to ensure that our clinicians have the latest primary guidance in the correct policy context. I was particularly impressed with SIGN's rapid review work and the influence SIGN has had on the wider UK landscape.

I was pleased to learn that work is underway to review costs in relation to Independent Healthcare. It would be good to have a timescale for reaching an agreed model with SG. It might also be helpful to look at how registered healthcare professionals such as pharmacists enable on-line access.

I was reassured to understand that HIS delivered a balanced position in 2020/21 after the receipt of funding from the SG to meet the additional pressures arising from the Covid-19 pandemic response. I was particularly pleased to hear that HIS delivered savings of £2M in 2020/21, in line with your financial plan.

I recognise that the forthcoming winter is likely to be a real challenge for the entire health and social care service and really appreciate the flexibility that HIS staff are continuing to display. Please do relay my personal thanks to everyone at HIS for their continued effort in responding to the pandemic and their tireless work on remobilisation. HIS' agility and resilience is supporting front line NHS staff at a time of great need - for which I and the Cabinet Secretary are very grateful.



Maree Todd MSP

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EXECUTIVE REPORT TO THE BOARD – March 2022

PURPOSE OF THE REPORT

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

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

RECOMMENDATION

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

REPORT FROM THE CHIEF EXECUTIVE

Review of Operating Framework between Healthcare Improvement Scotland and Scottish Government - The Operating Framework between Healthcare Improvement Scotland (HIS) and Scottish Government (SG) was agreed in December 2018 and is due to be reviewed every 3 years. The Board received a presentation on the Framework at its Development Session on 17 November, where the positive impacts of the Framework were discussed, and it was noted that a number of factual aspects are required to be updated, for example in relation to changes to HIS' statutory powers, the external strategic environment, and in relation to performance management arrangements. Since then work has been underway to further develop the Operating Framework, including a new section on principles in relation to commissioning new work and greater emphasis on engagement across different policy teams in SG. An initial draft has been shared with the Executive Team and discussions are ongoing with the SG sponsor unit. Wider engagement within SG is planned and it is the intention that an updated Operating Framework will be presented to the HIS Board for approval in June.

National Care Service - Consistent with the commitment made by the Minister at our Annual Review for us to be 'in with the bricks' in building a National Care Service (NCS), myself and Ruth Glassborow had a meeting on 3 March with senior officials in SG to discuss our contribution to advancing the objectives related to this policy ambition. Whilst the development of the NCS is still in its very early stages, and its scope still to be determined, there was strong support from SG for us to be taking forward our Quality Management System in designing new models of care for the National Care Service. We will consider the scope for us to provide leadership and align current efforts to supporting 'pathfinder' initiatives for the NCS and a further report will be brought back to the board.

Centre for Sustainable Delivery - We continue to work closely with a range of aspects of the work of the Centre for Sustainable Delivery (CfSD). This has been particularly important in developing a more systematic approach to the adoption of technological innovation, ensuring that it is informed by our evidence expertise (via Scottish Health Technologies Group) and in developing evidence informed pathways. This work is at an early stage.

There has also been a broader joint piece of work to map the range of work between HIS and the CfSD which has been led, on our behalf, by Ruth Glassborow, and this is now reaching a conclusion.

Microsoft Office 365 Chair appointment - I have been asked to chair the implementation board for the embedding of Microsoft Office 365 in NHS Scotland and ensuring that the benefits are fully realised.

Scottish Mental Health Law Review - The Director of Quality Assurance and I attended a stakeholder meeting regarding this review on 24 February. The Mental Health Law Review is being led by John Scott QC with the aim of examining current legislation with regard to the rights and protections of people with a mental disorder. The meeting was focused on the scrutiny of mental healthcare, and was attended by a range of bodies such as the Mental Welfare Commission and Audit Scotland. A consultation is due to be launched in the next couple of weeks which we will have an 8 week response time.

Scottish Hospice Leadership Group - The Director of Quality Assurance and I were invited to attend the Scottish Hospice Leadership Group on 25 February. We both valued the opportunity to meet with hospice leaders from across Scotland and welcomed the open and constructive discussion we had about not only current challenges, but also the opportunities for us to work together to share learning and support ongoing improvements care. We discussed dual registration and regulation of hospices, Quality Improvement and collaborative working and agreed next steps.

Complaints - In the last period (December-February) the Complaints Team received seven inquiries. Five of these were referred to other organisations to investigate. Two were investigated by HIS. One related to a requested refund of fees paid to the organisation. This was investigated and closed at stage 2 level. The complaint was not upheld. The other related to a decision not to investigate a complaint made regarding a service HIS regulates. This was resolved with the complainant locally at stage 1 level.

DIRECTORATE ACHIEVEMENTS & CHALLENGES

Community Engagement Directorate

Author: Ruth Jays

Key Achievements

- 1. Citizens' Panel** - The 8th Citizens' Panel was published on 10 March 2022, <https://www.hisengage.scot/informing-policy/citizens-panel/eighth-panel-report> It dealt with dentistry services, planned and unplanned care services and the role of the Patient Safety Commissioner, and contained a number of recommendations for the SG and NHS Scotland. The content of the 9th Panel will consider public engagement in health and social care service design and change, COVID-19 vaccination, and COVID Status Certification and will report in June 2022. The SG has approved a new three year funding commitment for the citizens' panel which will deliver two full panel surveys per year as well as a refresh of panel membership to ensure the panel is robust and representative of the Scottish population.
- 2. Volunteering** - During 2021 a review of current functions of the Volunteering in NHSScotland Programme and stakeholder engagement with SG, National Group for Volunteering in NHSScotland, Strategic Leads for Volunteering and Volunteering Teams in NHS Boards took place. A need for a national approach to governance for volunteering in NHSScotland was identified. As a result a new Volunteering in NHSScotland Strategy has been approved which will see the Volunteering in NHSScotland programme develop in five key areas over the next five years: Quality, Improvement, Collaboration, Influencing, Evidence & Impact.
During the Omicron wave, national governance arrangements were developed to support the supply of volunteers from the National Volunteer Co-ordination Hub into hospital settings. The development was led by the Volunteering in NHSScotland Programme, and involved a wide range of senior stakeholders from SG and NHSScotland. These governance arrangements will continue to be applied in any future emergencies or times of pressure.
The volunteering programme is testing the concept of a discharge support volunteer with NHS Tayside, and partnering with National Education Scotland (NES) on the training offer to support it. This is to support patients who are medically fit to be discharged, and do not require a care package, but who staff are often reluctant to discharge as they need some extra support. Volunteers will bridge the gap between hospital and home for some patients by calling them at home following discharge, checking in on wellbeing, practical support needs and acting as a connector to local community based services. A project group has been established to risk assess the role, develop referral pathways and operational processes and volunteer training and to put in place data collection and evaluation plans.
- 3. Equality and Diversity** - As part of our Equality and Diversity Mainstreaming Action Plan we committed to setting up three staff networks to support and learn from colleagues from minority ethnic backgrounds, colleagues with LGBT+ identities and colleagues who are disabled or have a long term health condition. These networks have now been set-up and each has actively engaged staff, established a presence in the organisation, has an Executive Team sponsor and is progressing a range of work. A new Equality Impact Assessment template has been created for the organisation with the resource now available on the Source.
- 4. People's Experience Volunteer Programme** - We are conducting a pilot to recruit a diverse range of people to a new volunteer role. The People's Experience Volunteer Programme will complement and enhance our other engagement activities with people and communities and mean that volunteer opportunities are open to a more diverse group of people, enabling us to have a more diverse and rapid public input to our work at the earliest possible stage. Volunteer recruitment is underway in Fife, led by our local Engagement Office. Our intention is to test the programme there, asking a small number of volunteers to answer questions about our work and giving them the opportunity to help us shape how the new role might be rolled out to other areas.

From April – June we hope to roll out testing in Grampian and Tayside and then spread as quickly as is practical across Scotland, with volunteers recruited and supported by Engagement Officers. The People's Experience Volunteers could be offered opportunities to:

- Share views on HIS ideas, improvements, work themes and programmes to give us a better public view of what is important to people in their area
- Work with us to help us find out how people read and understand our reports, websites or information about health and care, and
- Work with us when we are thinking about how to engage with people across Scotland on a topic or change.

5. Engagement in Service Change and Redesign - A paper on Rethinking Meaningful Engagement has been developed, setting out a range of actions to raise awareness of our role and to support NHS boards and integration authorities to take forward meaningful engagement, and being clear about the need for them to meet their legal requirements. The paper is aimed at ensuring the rapid pace of service change since the onset of the pandemic is matched by meaningful community engagement.

6. Accessibility - There is a recognised need within the Community Engagement Directorate to build capacity in relation to understanding and delivering accessible materials and events and to be able to accommodate diverse needs including different languages, Plain English and Easy Read formats.

A project is underway to develop guidance to support directorate staff to engage with diverse communities, including: people with learning disabilities, people with low literacy, people whose first language is not English and deaf users of British Sign Language. The project is aimed at increase the knowledge, skills and resources of Healthcare Improvement Scotland - Community Engagement staff around accessible community engagement practice that meets the needs of a diversity of stakeholder groups. It will also see the development of a Standard Operating Procedure to guide accessibility considerations in community engagement and public involvement activities.

Key Challenges

1. Accommodation - Discussions are ongoing with territorial NHS boards to ensure that accommodation is available for regionally based staff once the Test of Change period begins in April. Agreements are now in place with many territorial boards. In other areas discussions are ongoing where the office space which was available prior to the pandemic is no longer available, to ensure that Community Engagement staff can have access to office space on the same basis as other staff across the organisation.

Key Stakeholder Engagement/External Activities

1. Strategic Engagement, Capital Investment Projects - Discussions have been held with lead policy officials for capital investment at the SG about ensuring meaningful public engagement is embedded into capital projects within NHSScotland. The Director of Community Engagement (CE) will attend future meetings of the Capital Investment Group, and HIS-CE will provide advice about engagement expectations around capital projects.

2. Gypsy/Traveller Webinar - A [webinar](#) was held in February to highlight how directorate staff have meaningfully engaged with Gypsy/Traveller communities. The event was very well attended and provided an insight into the people, the culture and real life stories he barriers that have been overcome the learning and the relationships made.

3. Public Partners Conference - The annual Public Partners Conference was held virtually on March 10th. The event provided an opportunity to thank Public Partners for their support and contribution over the past year, as well as to present certificates to Public Partners reaching the end of their terms, and to welcome new Public Partners.

Communications Team

Author: Ben Hall

Key Achievements

- 1. Supporting safety inspections** – We supported refocussing of the initial safety inspection reports so that the tone of voice, the focus and the summary of findings are relevant and the external story is clear. This is a work in progress and we will continue working closely with colleagues in the Quality Assurance Directorate to help shape reports on both routine inspections and bespoke reviews.
- 2. Communications strategy development** - Development work has continued on a new Communications Strategy for the organisation. Initial drafts have been well received by the Executive Team and currently individual director meetings are helping to shape the strategy. The strategy will come to the board for review in due course.
- 3. Promotion of three Communications team members to more senior roles** - This demonstrated our ongoing commitment to developing and valuing our staff and giving them meaningful opportunities for career progression. The Head of Communications' direct report cohort is now complete which will add future resilience to the team and allow delivery of the new communications strategy.
- 4. Communications campaign to support our new Ways of Working (WoW)** -The Communications Team has worked closely with the Executive Team, Partnership Form, the Internal Improvement Oversight Board and staff members to develop, implement and communicate about our new Ways of Working including the use of new communication tools such as SharePoint, OneNote and new channels in MS Teams. As we near the test of change phase of our new Ways of Working, further communications are being rolled out including all staff messages and a series of 'Sofa Sessions' to address any concerns or anxieties staff might have.

Key Challenges

- 1. Migrating the staff intranet: The Source** - The current staff intranet is running slowly and encountering storage capacity issues which means that at times it cannot be updated. The intranet is a key platform for communicating information to staff; technical issues are meaning a decrease in usage by staff. The technical issues are due to the age of the server that it sits on. Work is currently nearing completion to move it to a new server which will be faster for staff and more stable for staff.
- 2. Team Resilience** - While we continue to recruit and shape the communications team, resilience remains a concern particularly during times of sick absence. The team is showing great commitment in working across our portfolio as the need arises in the interim.

Key Stakeholder Engagement/External Activities

- 1. Promotion of Scottish Intercollegiate Guidelines Network (SIGN) Eating Disorders Guideline** - Media and social media coverage achieved with BBC Scotland, including website, Good Morning Scotland and BBC TV news. The coverage raises the profile of the importance of our work and how our work can have a genuine impact on real people. The communications team will seek to learn from how the story was pitched and presented to the BBC and what we can do differently in order to achieve additional opportunities in the future.
 - BBC website news story: <https://www.bbc.com/news/uk-scotland-60575939>
 - Scotsman Feature Article: <https://www.scotsman.com/news/opinion/columnists/new-scottish-guideline-offers-hope-for-a-life-beyond-an-eating-disorder-3581313>

Key Achievements

- 1. Access to technologies-** to support people with managing diabetes is a key priority within the SG's Diabetes Improvement Plan. Scottish Health Technologies Group (SHTG) [published recommendations](#) for NHSScotland on the use of closed loop systems and the artificial pancreas for the management of type 1 diabetes. Closed loop systems have the potential to transform the lives of people living with type 1 diabetes.
SHTG [published recommendations](#) for NHSScotland on the use of mesh for hernia repair. The Chief Medical Officer wrote to all NHSScotland Health Board Chief Executives and Medical Directors to ensure that SHTG's advice was considered across Scotland.
- 2. The Forensic Medical Services (FMS) (Modification of Functions of HIS and Supplementary Provision) Regulations 2022** - are currently progressing through the Scottish Parliament and will have implications for HIS' statutory functions. HIS' involvement in this area to date has been via development of national standards and quality indicators for healthcare and FMS for people who have experienced rape, sexual assault or child sexual abuse.
At a meeting of the Health, Social Care and Sport Committee on 1 March, the Cabinet Secretary explained that the regulations made amendments to the National Health Service (NHS) (Scotland) Act, with a technical instrument giving HIS functions similar to those it currently held in relation to wider health services, including a general duty of improving the quality of services provided under the FMS (Victims of Sexual Offences) (Scotland) Act and functions on providing information to the public on services'. He further said it would extend the inspection power of HIS to any service provided under the act, and represented a backstop power only expected to be used if there was a significant issue of continued concern which had not been resolved through existing health board governance and assurance processes.
- 3. SIGN** - published the first rapid guideline to be developed using the new rapid development [methodology](#) established following changes made during the pandemic. [SIGN 163 - Prevention and management of venous thromboembolism in COVID-19](#).
SIGN published an outcomes-focused report on the British guideline on the [management of asthma](#). The report covers the two most recent versions of the guideline published in September 2016 (SIGN 153) and July 2019 (SIGN 158). The full report can be found on the [SIGN website](#).
- 4. The [sexual health standards](#)** - were published on 26th January 2022. The aim of the standards is to improve access to sexual health care and reduce inequalities in sexual health outcomes.
- 5. Innovative Licensing and Access Pathway (ILAP)** - January 2022 marked the first full operational year of ILAP and too reflect on and learn from the first year of ILAP, two separate 'summit' events were held in January. Feedback showed that the collaborative partnership approach is working extremely well and is regarded as a significant success by industry. There were 76 applications for an Innovation Passport (the entry point to the pathway) in 2021.

Key Challenges

- 1. Scottish Medicines Consortium (SMC)** - The most fundamental challenge for SMC is balancing demand and capacity. The number of applications for ILAP significantly exceeded expectations and is creating challenges for all partners in managing the workflow. In addition, there has been a 30 % rise in new medicine submissions in 2021 compared to previous years because of the strong global pharmaceutical pipeline, this is expected to continue over the foreseeable future. In recognition of the long term substantial increased workload in SMC, a business case has been submitted to the Executive Team for consideration prior to discussion with sponsor division in SG.

Key Stakeholder Engagement/External Activities

1. **Public and parliamentary scrutiny of mesh** continues, and SHTG's advice has been referenced during recent Citizen Participation and Public Petitions Committee meetings.
2. **Standards and Indicators** are planning, with support from the National Oversight Function, workshops with the screening community to determine the approach for reviewing extant standards including scheduling, scope and methodology. The workshops will be held in March 2022, with a summary report available in early summer 2022.
3. **SHTG** is playing a key role in the new Accelerated National Innovation Adoption (ANIA) for Health and Social Care. The purpose of ANIA is to facilitate partnership between key organisations with complementary capabilities across NHS Scotland and SG to identify, develop and deliver high impact innovations for deployment at scale, for the benefit of patients across NHS Scotland. SHTG will ensure that the evidence surrounding innovations is taken into account within the ANIA pathway. All innovations considered for ANIA should be subject to scrutiny to ensure they offer effective, safe, patient-centred, and best value use of limited healthcare resource. Successful delivery will require additional resource, and SHTG has been invited to submit a business case to SG.
4. **Barnahus Model in Scotland** - Standards and Indicators (S&I) are working with the Care Inspectorate to develop a set of standards for a Barnahus model in Scotland. S&I have awarded grants to six groups who work with children and young people to work with us throughout the drafting process to uphold their rights and facilitate participation. This will ensure S&I provide meaningful opportunities for children and young people, and their non-abusing families, to participate in our processes.

Digital Services Group

Safia Qureshi

Key Achievements

1. **The Digital Transformation Programme** (working in partnership with Comms and Scottish Ambulance Service Procurement) has prepared a user requirement specification for discovery work for a new corporate website and identified a shortlist of companies that could take this on.

The Systems Development team has migrated two of the four on premise Customer Relationship Management (CRMs) to the Cloud. Community Engagement and Freedom of Information CRMs went live on 7th February 2022. Work continues on the CRMs for Scottish Medicines Consortium and Quality Assurance Directorate.

Key Challenges

1. The challenge will be to balance finances, competing demands of the security, resilience and development programmes and capacity.

Key Achievements

- 1. The 2022/23 budget** has been completed and submitted to SG. A detailed paper will be shared with the Board later in this meeting.
- 2. Board Vacancies** - A cross-organisational group is supporting recruitment activity for the upcoming Board vacancies. This includes ensuring that the process encourages equality and diversity and aims to attract a broader range of prospective candidates. This work supports the terms of reference of the Board's Succession Planning Committee which has the aim of increasing the diversity on the Board.
- 3. New Ways of Working** - We have agreed in partnership to the re-opening of our offices and commencement of our new Ways of Working from 4 April. Guidance has been created, covering working safely in our offices, using the facilities and practical steps on moving to hybrid working.
- 4. A revised Risk Management Strategy** has been drafted and will be presented to Audit and Risk Committee for approval. This is part of our risk maturity journey, with some new concepts introduced and others simplified. Training and communication to the wider organisation will follow in early 22/23.

Key Challenges

- 1. As part of the review of HIS' Operating Framework with SG**, we also continue to review and improve our process for the management of new work commissions. Our internal auditors are undertaking a review of the current process to support identification of further improvements.

Key Stakeholder Engagement/External Activities

- 1. A new organisational performance report** and supporting work programme data collection mechanisms are being implemented. These will provide greater alignment to financial management reporting and to reporting of progress against HIS' Remobilisation Plan (RMP4) to SG. Our Q3 report against RMP4 was submitted to SG on 8 February 2022.
- 2. The 2021/22 annual accounts and external audit** has commenced with this being the last year of Deloitte's appointment. The Performance and Accountability Reports have been drafted with the aim of sharing with the Board towards the end of March for initial review and comments.
- 3. Our Active Governance action plan** is now live, with a redesigned Executive Report and Corporate Paper Template now live. Committee terms of reference will be reviewed as part of the annual report writing process and early stage design has started on our key performance indicators linked to our draft strategy.

Key Achievements

- 1. Quality Improvement (QI) Support** - We were approached in November 2021 to provide some rapid QI support to the Royal Infirmary of Edinburgh (RIE) in the face of rising patient numbers and significant bed planning issues. We worked over five face-to-face days with a wide team including hospital site director, service improvement staff, ward staff, clinicians and board senior management exploring current processes, identifying improvement work already underway and bringing this together to provide RIE with a coherent picture of current status in back door pressures. We identified new tests of change such as a discharge planning checklist and new processes between the Acute Medical Unit, two wards and the discharge lounge and supported various staff to undertake, record and share learning at each stage. These changes are now being scaled up to other wards across the hospital. We are currently undertaking a write-up of the work for NHS Lothian which we will also share with other boards and will present this work to the NHS Lothian senior leadership team in April 2022.
- 2. Responding to the increasing pressures on GP practices across Scotland** - We worked in collaboration with six general practice teams over six weeks to review demand and identify opportunities for improvement. Building on the work of our Access QI programme, we adapted and prototyped a range of demand, capacity and activity tools to support practice teams to collect, present and interpret practice demand and activity data in order to quickly identify key improvement priorities to support patient access, free up team capacity and improve staff morale. On 10th February we published the GP Access Tools and a series of summaries capturing the learning and insights from the participating teams and potential ideas that practices might try when getting started. Since launch, the tools have been downloaded more than 400 times and clusters are being offered the opportunity to participate in one of six 30-day sprints over spring 2022.
- 3. Hospital at Home Guiding Principles (H@H)** - Since the development and publication of the H@H Guiding Principles in January 2020, the Community Care Portfolio has continued to support the national spread and implementation of Hospital at Home (H@H) services, working with SG, Boards and Health and Social Care Partnerships to expand or develop services from seven to 20. In December 2021, responding to increasing delayed discharges and the potential rise of Omicron, H@H was identified as one of the priorities to address the projected shortfall of hospital beds by increasing virtual capacity in the community. We have supported existing services to optimise current service delivery through small tests of change, better understanding of their capacity and activity and securing additional funding for new short-term posts. This has resulted in an increase of virtual bed capacity from 223 to 272. We are currently helping all sites to develop their business cases to secure additional funding in order to maximise capacity with an aim of doubling virtual beds by March 2023.
- 4. Access QI** - We have secured extension funding and agreed with SG that the next phase will focus on three specialties which have particularly long waits: Ear, Nose and Throat (ENT), Gynaecology and Urology. These specialties were selected due to the risk of irreversible harm associated with long waits, the size of the current national waiting lists and the potential to make improvements. We will use the collaborative spread methodology that underpins our work in Scottish Patient Safety Programme (SPSP). This will enable us to move from impact at individual team/service level to demonstrating impact at a Scotland wide level. The programme will be delivered in partnership with National Education Scotland (NES) and we are also working closely with the CfSD linking into the specialty networks that they lead in these three areas.
- 5. Quality Management Framework** - We have published a new resource which provides additional information on our Quality Management Framework. This is aimed at individuals who are interested in understanding more about the thinking that underpins the framework: <https://ihub.scot/improvement-programmes/quality-management-system-portfolio/>

6. **The Scottish Patient Safety Programme (SPSP)** - Current systems pressures have highlighted variability in the focus, content, delivery and impact of hospital safety huddles and briefs across the country. The Scottish Patient Safety Programme (SPSP) and SG are undertaking rapid development of a simplified and focused Hospital Huddle and Safety Brief with the aim of producing guidance and tools to support NHS boards in the daily management of quality, safety and flow through their hospital settings during this period of significant pressure.
7. **Portfolio Lead** - We have taken the opportunity of a vacant Portfolio Lead post in Community Care to restructure and move our Dementia improvement work to sit alongside our work on frailty.

Key Challenges

1. **Vacant Portfolio Lead (PL) roles** - We currently have two vacant PL roles in key strategic areas: Mental Health and Primary Care. Interim arrangements are in place with some cross cover being provided to Primary Care by the Access QI PL alongside the Unit Head acting down. There is an acting up arrangement in Mental Health with the Director of Improvement continuing to act down to cover the Unit Head role. Both posts are progressing through the recruitment process; though this is the second time advertising the Primary Care role following an unsuccessful campaign towards the end of last year.
2. **Eco-cycle Planning Framework** - We have recently mapped all our programmes against the [eco-cycle planning Framework](#) and this has highlighted that we have a disproportionate amount of work in redesign and/or set-up phase. This is in part driven by the changing context which has meant we have had to refocus/redesign a range of work programmes to ensure maximal impact. We have also had a significant number of new commissions. The amount of work in redesign and set-up does raise the risk of stretching the senior leadership attention too thinly as work in these stages tends to require more senior input.

Key Stakeholder Engagement/External Activities

1. **Climate Emergency** - Alongside colleagues from the Evidence Directorate, we have met with SG health leads for the climate emergency to explore the HIS role. We have also been involved in a number of meetings with SG colleagues and the Institute for Healthcare Improvement (IHI) on this topic area.
2. **HIS currently chairs a National Organisations Integration Huddle ('the Huddle Group')** - At this group, national organisations meet to share updates on current activity with Integration Joint Boards (IJB)/Health and Social Care Partnerships (HSCP) and any new commissions in the pipeline. The focus is on better alignment and co-ordination of work between national bodies. Partners on this group, including HIS, have worked collaboratively to develop and test a Joint Account Management approach to engagement with HSCP Chief Officers annually. These meetings aim to provide an opportunity for national organisations to understand the HSCPs priority issues and potential support needs to then inform the development of national improvement support offerings. They also provide an opportunity for the national organisations to increase visibility of what they offer to the wider health and care system. This collaborative approach to engagement with HSCP Chief Officers will be tested for 12 months, then evaluated to understand the impact of the approach and how it can be further improved.

Key Achievements

- 1. A cross-organisational network to support the Safety Key Delivery Area** had its first meeting on 24th January and will meet every 6 weeks. The network will collate, review and analyse intelligence that we possess on safety to produce recommendations and actions based on these analyses, and to inform the strategic direction of the organisation.
- 2. Clinical and Care Governance** - In partnership with Nursing, Midwifery and Allied Health Professionals, our directorate are continuing their work to develop and improve Clinical and Care Governance (CCG) organisation wide. Phase One of this work, completed via a Short Life Working Group, was presented to the Quality and Performance Committee in February and received positive feedback and approval to continue with the next phase. Phase Two will run until October 2022 and will include: the development of a communications and engagement plan to ensure HIS staff are informed, engaged and have ownership of CCG; development of next iteration of Operational Guide; identification of key organisation wide policies related to CCG and exploration of further integration of CCG with other governance arrangements; and testing the Directorate Audit Improvement Planning Tool and CCG Operational Guide.
- 3. The SG Chief Medical Officer's Directorate (CMOD)** commissioned HIS to: "Create an ethical support and learning forum (ESLF) for chairs of the health boards' ethical advice and support groups to help achieve the national consistency in ethical decision making."
The Medical Directorate have been working with a small team in ihub to take this forward, and have secured support from the Mason Institute at Edinburgh University in the form of expertise in the interface of ethics, healthcare delivery, society and the law.
In January we reached out to all NHS Scotland Boards via Chief Executives. Seven boards opted in to being involved in the voluntary forum, and all engaged to various degrees across scoping/introductory calls and two ESLF sessions (10th and 24th February). The sessions were facilitated by ihub, with Mason Institute in attendance. There are no further planned meetings of the ESLF. At present, ihub and the Medical Directorate are compiling a report for CMOD which will include input from the Mason Institute, and cover key learning, emerging issues and recommendations. This report will be completed by end March and will be shared with the HIS Board.
- 4. Cancer Medicines** - SG have approved additional funding for our Cancer Medicines programme to support the National Recovery Plan. Our bid, "Clinical Leadership for Systemic Anti Cancer Therapy (SACT) Governance", has been pooled together with similarly themed bids from the three Regional Cancer Networks to form a National Bid for SACT improvement and redesign initiatives. This National bid has been successfully selected as part of SG's Recurring General funding stream.
- 5. Directors of Pharmacy (DoP) Development Session** - The DoPs Development Session was held on 10th February 2022. The topics covered in the discussions were reduction of drug related deaths and Medication Assisted Treatment (MAT) Standards.

Nursing Midwifery & Allied Health Professionals Directorate (NMAHP)

Author: NMAHP Directorate Management Team

Key Achievements

- 1. NMAHP Professional issues** - we launched Clinical Supervision in January 2022. 45% of registrants are currently engaged within the process. In addition, we have secured placements for two midwifery students as part of a 10 week elective placement. Discussions for further placements are underway with University West of Scotland and Glasgow Caledonian University.
- 2. Public Protection** - the Scottish Government have commissioned NES to develop an e-learning "Once for Scotland" Public Protection resource for all NHS staff. The Public Protection and Child Health Service Lead is working with NES two days per week as the public protection subject expert from early January 2022 until the end of March 2022.
- 3. The Excellence in Care team (EiC)** has introduced a new Governance Process to ensure the timely review of the EiC Quality Measures to ensure they remain reflective of current evidence base and continue to meaningfully inform quality improvement activity at all levels of the organisation. The Healthcare Staffing Programme (HSP) team have completed a high level review of the HIS' suite of workload and workforce planning tools to identify changes required to update the tools in line with the latest evidence and best practice.
- 4. New Ways of Working** - with an agreed date of 4th April for the beginning of the 6 months Test of Change for our new Ways of Working, the Internal Improvement Oversight Board (IIOB) team has been moving at pace to ready accommodation and prepare staff with what they need to know to gain access and make the most of the new working environments

Key Challenges

- 1. NMAHP Student Placements** - HIS has insufficient Practice Assessors and Supervisors, Nursing, Midwifery and Allied Health Professional (AHP) registrants would need to complete NES modules, circa 16-hours of study, to undertake the Practice Assessor or Supervisor role.
- 2. Excellence in Care** - there are ongoing challenges within the territorial Boards in submitting data for Care Assurance Improvement Resource due to the e-health support for EiC being re-purposed to support the immediate COVID-19 priorities such as vaccinations and the challenge in wards changing location and purpose.

Key Stakeholder Engagement/External Activities

- 1. Excellence in Care** - a positive meeting was held with the Vale of Leven families who are members of the Programme Board. The meeting looked at the work undertaken to date by Excellence in Care along with the future direction of the programme

Key Achievements

- 1. The role of Associate Director of Workforce** has recently been advertised with a high level of response despite a competitive job market at this time. The recruitment process will be concluded by the end of March and, given the field of applicants, it is anticipated that the successful applicant will join the team to provide support and capacity to the wider Directorate in the coming months.
- 2. A key success area for the Organisational Development and Learning (OD&L)** team has been in continuing the cultural shift towards a more planned and strategic approach to investment in organisational development and learning, through the progression of HIS Campus; this concept (which is in development) aims to simplify the organisational development and learning landscape, create a single virtual channel for accessing opportunities and create a better user experience.
- 3. A further area of achievement for the HR team** has been the conclusion of the accelerated and bulk recruitment process which has had a significant impact on the team. This has successfully enabled recruitment to a range of roles, supported the financial position for the organisation and has also enabled additional capacity and changes to working arrangements within the team.
- 4. The Facilities team**, along with our Health and Safety Advisor, have continued to support the work to re-open both Delta House and Gyle Square, whilst continuing to support staff working at home. Working alongside a range of colleagues this has been an essential contribution in terms of delivery of Ways of Working.

Key Challenges

- 1. For Organisational Development & Learning (OD&L)** the main challenges relate to expansion of responsibilities and needs, alongside varied understanding of what the team is resourced to provide. Much of the work is developmental and resource intensive (such as HIS Campus, procurement, stakeholder engagement etc), and the team is required to support major pieces of business change, at the same time as carrying out core work for the organisation, and undergoing change itself, within a very limited resource. This may mean that activity which could be considered as OD&L, may be funded and progressed in other parts of the organisation.
- 2. For the wider HR team** we have a busy period of management of fixed term contract arrangements whilst maintaining recruitment and retention of staff. This is essential to seek to maintain stability and resilience across a range of service delivery areas.
- 3. Looking forward**, a key challenge for the whole Directorate will be the transition into the Ways of Working test period. We will need to reflect on wider organisational needs from our corporate service whilst balancing the opportunity for a more flexible approach to working arrangements.

Key Achievements

- 1. The Hospital Inspection Team** have made changes to our inspection methodology to focus on the safe delivery of care in the context of the changing risk considerations and sustained service pressures associated with the pandemic over recent months. A largely observational approach has been adopted to reduce requests on frontline staff over the course of an inspection, whilst still providing targeted and proportionate assurance on the quality of care. The team have worked at pace to deliver this new methodology and two safe delivery of care acute hospital inspections have been undertaken to date. Whilst still at an early stage, these inspections are identifying areas of good practice that others can learn from, as well as highlight matters requiring action in order to maintain safe delivery of care in challenging circumstances. An increased focus on reporting the context in which services were operating at the time of inspection has been particularly welcomed.
- 2. The National Hub for Reviewing and Learning from the Deaths of Children and Young People** agreed a process in January 2022 for receiving death registration data from National Records Scotland (NRS) for all deaths of children and young people. We have received backdated data covering the period from 1 October 2021 when the new National Hub review process was implemented and will now receive a weekly data report from NRS on deaths that have been registered during the previous week. From February 2022, we began issuing this data to the relevant NHS boards and local authorities. This will ensure that these organisations are aware of all deaths of children and young people who are residents in their local area, as well as those who are not resident, that die in their local area.
- 3. Two key reports** have been published since the last Board meeting. In December 2021 we published our report of the follow up review the [Beatson West of Scotland Cancer Centre enquiry visit](#) which sets out our findings on progress made against the recommendations from the initial 2015 enquiry visit. The [Adverse Events Notification System Update Report](#) was published in January 2022. This report provides an update on the progress of the notification system and sets out plans for the next phase of work, the main focus of which will be supporting NHS Boards with the establishment of an agreed national approach to standardising all aspects of the notification system and patient safety incident reporting.

Key Challenges

- 1.** In response to recent **new commissions for external quality assurance**, the directorate has been redeploying resources to ensure the necessary skills and expertise are in place to support these key assurance priorities. This is requiring us to not only flex staff resources, but also review and where necessary revise existing work programme deliverables in order to balance a range of competing priorities.
- 2. Death Certification Review Service (DCRS)** Although all advance registration requests in the first year of the pandemic had been processed by the DCRS within the 2 hour key performance indicator specification, the service recently had a case which was 40 minutes outside that timescale. While the reasons for this were multifactorial, we are acutely aware of the impact that any delay can have on bereaved families and have taken this opportunity to conduct a root and branch review of current processes and to involve all stakeholders, including representatives of minority faith groups, to try and ensure arrangements remain fit for purpose.

Key Stakeholder Engagement/External Activities

- 1. The Prisoner Healthcare team** contributed to, and supported, the recent independent review into deaths in police custody, working with a range of partner agencies. In November 2019, the Cabinet Secretary for Justice asked Wendy Sinclair-Gieben (Her Majesty's Inspectorate of Prisons for Scotland) to undertake a review, and make recommendations, on how to improve the response when someone dies in one of Scotland's prisons. A report of the findings, entitled '[Independent Review of the Response to Deaths in Prison Custody](#)', was published in November 2021.

2. A Joint Inspection of Services for Adults reference group has been established and held its first meeting. The reference group comprises a range of representatives involved in the planning and delivery of integrated health and social care services for adults. The overarching purpose of the reference group is to support, inform and promote the joint inspection programme, which going forward will focus on the contribution of integrated health and social care to people's experiences and outcomes.

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Integrated planning 22/23
Agenda item:	2.2.1
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Decision

1. Situation

This paper presents the budget and work plan for 22/23 alongside the five-year financial plan.

The budget is presented in line with Scottish Government (SG) funding allocation and the +/- 1% tolerance at £31.6m. In addition to this, £6.7m of additional allocation funding has been agreed in principal with SG and £1.4m income from the regulation of Independent Healthcare.

The budget was presented to Audit and Risk Committee on 16 March 2022, with the following observations noted:

- The Committee noted its disappointment that only one recurring savings initiative had been identified in the budget, which placed a high amount of reliance and therefore risk on this project to deliver savings in 22/23 and beyond.
- The Committee noted the reliance on People & Workforce to deliver the recruitment ask, especially regarding additional allocation Whole Time Equivalent (WTE). This presents a risk to the delivery in our commissioned work, resulting in a reputation risk for HIS.

The Board are asked to approve the budget and work programme for 22/23 and the five-year financial plan.

2. Background

During December 2021, budget holders compiled their five-year financial plan alongside their work programme for the forthcoming year. This first version of our budget was shared at the board Seminar on 26 January 2022 and submitted in draft form to SG on 18 February 2022.

In recent years, HIS has been at risk of a significant underspend due to ambitious work plans, workforce growth and more recently changing priorities due to the pandemic. For

22/23 the budgeting process aimed to reduce this risk by reviewing trends, ensuring a seamless transition from year to year and if required, restricting growth, to still an ambitious but realistic trajectory.

Also for 22/23 budget targets were set at a Directorate level from the outset. This was to allow clear sight of the financial constraints and baseline funding published by SG. HIS' budget allocation for 22/23 is £31.3m as published by SG on 9 December 2021 and approved by the Scottish Parliament on 10 February 2022.

3. Assessment

3.1. 22/23 Budget assumptions

The budget has been developed in consultation with Directors and Budget Holders and has applied planning assumptions, some of which have been discussed with SG and across the Corporate Finance Network. These include:

- Baseline Funding uplift from the SG of 2%;
- Pay and non-pay costs inflation of 2%;
- Decrease in staff turnover from 9.1% in 21/22 to 5.8%, with the financial impact of this included in the budget for the first time this year;
- Increase in Employer's National Insurance as a result of the Health & Social Care Levy of 1.25% with effect from April 2022, at an additional cost of £0.3m;
- Recruitment assumptions, resulting in £0.6m of savings, including;
 - Starting the year with 444 baseline WTE in post
 - 70 days average time to recruit against vacancies
 - Cap of recruiting no more than 10 WTE net additional posts for the baseline in any one month
- Commencement and spend on additional allocations included in the budget from 1 April, removing the requirement for SG funding to be received before progressing with the allocation.

With regards to the £31.3m baseline funding from SG the following items have been confirmed, as either included in baseline funding or excluded and therefore cost have to be accommodated within the baseline uplift.

Included in baseline award	Excluded from baseline award
Baseline uplift of 2% (£0.7m).	Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) payments above the £25k cap (little risk to HIS)
Assumed 1.9% AFC pay settlement, with any additional amounts as a result of the pay negotiations, being subsequently funded (£0.5m).	Boards should make appropriate provision for pay awards above 1.9% for medical, dental and other staff groups

Increase in employer national insurance costs arising from the UK Health & Social Care Levy (£0.3m).	Staff and Software as a Service costs for E-rostering (£0.1m)
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3.2. Budget Overview

The consolidated final budget for HIS is presented below, with a small overspend of £0.4m (1.2%), which is slightly over the 1% tolerance.

This balanced budget includes baseline spend, additional allocations agreed with SG, Independent Healthcare, new areas for investment and recurring savings.

	2021/22 Budget	2021/22 Forecast	2022/23 Budget	YOY Budget variance	YOY Budget v Forecast variance
	£000's	£000's	£000's	£000's	£000's
Baseline Funding	30,550	30,550	31,293	743	743
Baseline Costs	30,550	30,550	31,677	1,127	1,127
Net Deficit / (Surplus)	-	-	384	384	384
Additional allocations Funding	6,348	4,139	6,268	- 80	2,129
Additional allocations Expenditure	6,348	4,139	6,268	- 80	2,129
Net Deficit / (Surplus)	-	-	-	-	-
IHC Income	1,148	1,018	1,428	280	410
IHC Expenditure	1,148	1,018	1,428	280	410
Net Deficit / (Surplus)	-	-	-	-	-
Total Net Deficit / (Surplus)	-	-	384	384	384
Baseline WTE	445	444	487	43	43
Additional allocations WTE	92	70	98	6	28
IHC WTE	18	17	21	3	4
Total WTE	555	531	607	51	75

The total WTE has increased from 531 to 607, which is a 75 WTE increase (14%). Whereas the majority of additional roles are current vacancies in the baseline rolling forward from 21/22 (43 WTE, 10%), the largest proportional increase is in additional allocation with 28 WTE - a 40% increase year on year.

Whereas the budget includes recruitment constraints, this level of growth remains one of the largest risks to delivery of the financial budget for 22/23.

3.3. Baseline

The budget submission for the baseline totals £31.7m, which is marginally over the £31.3m SG confirmed funding by 1.2%.

£000's	Budget 21/22	Forecast 21/22	SG Funding 22/23	Budget 22/23	Over / (Under) 000s	
Chief Executive	1,225	981	1,123	1,113	- 10	-1%
Community Engagement	2,861	2,541	2,649	2,631	- 18	-1%
Corporate Provisions	- 934	393	771	165	- 606	-79%
Corporate Services Recharge	- 590	734	586	904	- 318	54%
Evidence	6,372	6,055	6,316	6,661	345	5%
FPG	1,124	1,153	1,109	1,152	43	4%
iHub	8,349	7,732	8,168	8,346	178	2%
Internal Improvement	669	320	304	297	- 7	-2%
IT & Digital	1,417	1,346	1,405	1,466	61	4%
Medical	1,047	1,025	1,075	1,137	62	6%
NMAHP	1,741	1,381	1,703	1,732	29	2%
QAD	4,895	4,887	5,038	5,203	165	3%
People & Workplace	983	981	1,007	940	- 67	-7%
Property	1,206	1,137	1,210	1,213	2	0%
Areas of Investment			-	549	549	100%
Recurring Savings			-	24	24	100%
Grand Total	30,366	29,198	31,293	31,677	384	1.2%

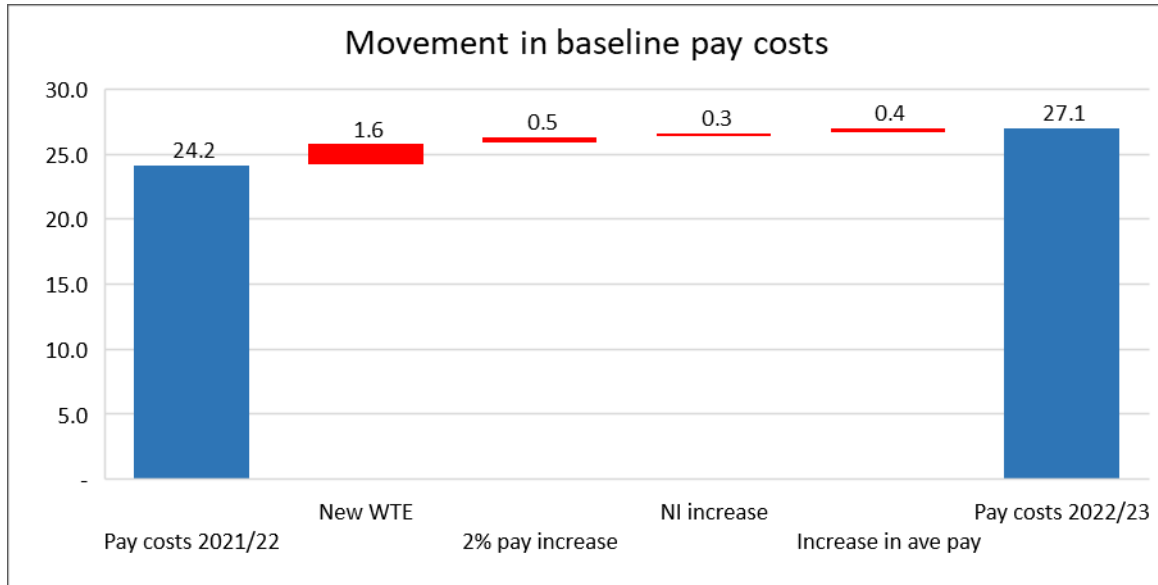
Most directorates have submitted a budget close to their target. Where there is an immaterial overspend, the director has agreed to take this risk into 22/23 and absorb during the year.

Baseline pay costs & WTE

The average baseline WTE in 22/23 has been budgeted at 475 (21/22: 414). WTEs are expected to start the year at 444 rising to 487 by year-end – an increase of 43 WTE (10%) during the year. The new roles consist of 6.5 WTE in Information and Communications Technology (ICT) as a new area for investment and 0.6 WTE for a Risk Manager in Finance, Planning and Governance.

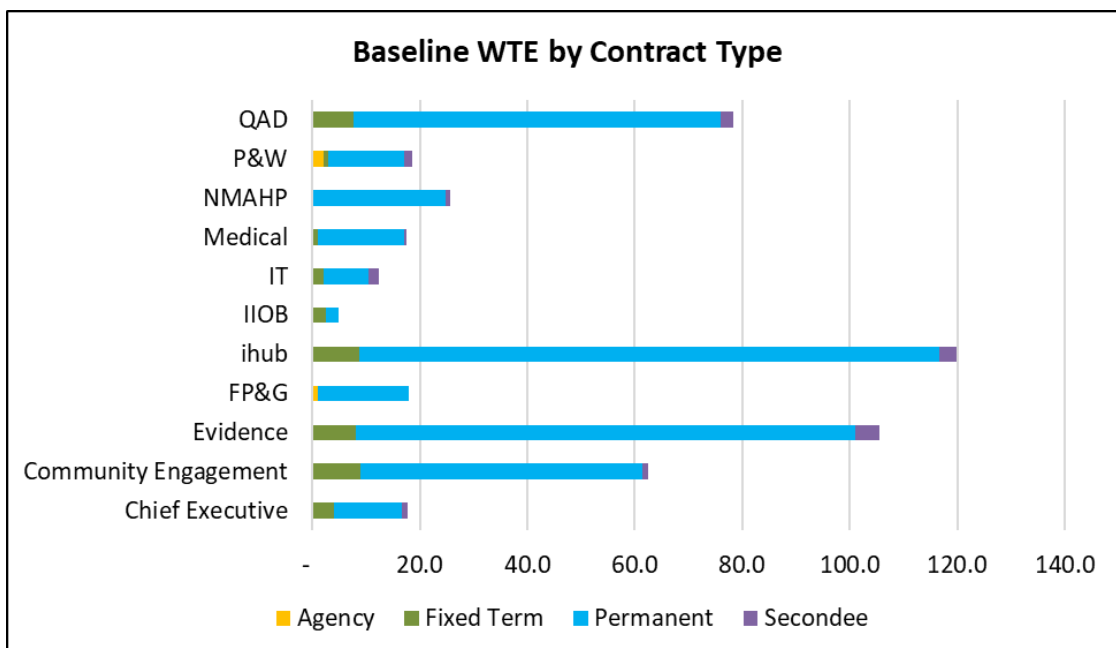
Directorate	Actuals Jan-22	Forecast Mar-22	Budget Mar-23	YOY Movement	% Movement	New posts
Chief Executive	13.5	13.5	17.6	4.1	30%	
Community Engagement	50.6	51.6	62.4	10.8	21%	
Evidence	96.8	99.8	105.4	5.6	6%	
FP&G	20.8	20.8	17.9	(2.9)	-14%	0.6
iHub	109.6	112.6	120.0	7.4	7%	
IIOB	6.3	5.3	4.8	(0.5)	-9%	
IT & Digital	9.6	11.6	12.4	0.8	7%	
Medical	12.9	16.9	17.6	0.7	4%	
NMAHP	22.1	23.1	25.7	2.6	11%	
People & Workforce	18.9	18.9	18.6	(0.3)	-2%	
QAD	69.5	70.5	78.4	7.9	11%	
Areas for Investment			6.5	6.5	-	6.5
Total Baseline	430.6	444.6	487.2	42.6	10%	7.1

Baseline payroll costs year on year are increasing £2.9m (7%). This is split between the cost of additional WTE of £1.6m and an increase in average pay of £1.3m.



The average salary costs has increased from £55k to £57k (4%) which consists of a 2% assumed pay increase, 1.25% increase in NI and the remainder is to due additional roles in budget being at a higher average salary.

The split between baseline permanent roles and fixed term roles is 87% v 13% for 22/23, which is a change from the December 2021 position that was 82% v 18%. The split by Directorate at March 2023 is shown below:



Baseline non-pay costs

Non-pay costs have decreased by 3% to £4.3m in 22/23 mainly driven by a higher corporate services recharge as a result of more additional allocations and the removal of a savings target of £400k that was included in the previous year.

Excluding these factors, non-pays costs have increased year on year, with the largest growth seen in ihub as external activities increase following the lifting of Covid restrictions.

£000's	Budget 21/22	Forecast 21/22	Budget 22/23	Movement YOY
Chief Executive	80	116	82	2
Community Engagement	112	98	101	- 11
Corporate Provision	- 137	181	165	302
Corporate Services Recharge	- 600	-	904	- 304
Evidence	324	304	310	- 14
FPG	139	147	221	82
ihub	1,671	1,759	1,887	216
Internal Improvement	500	108	-	- 500
IT & Digital	900	783	917	17
Medical	16	7	4	- 12
NMAHP	15	16	32	17
QAD	148	172	215	67
People & Workplace	90	138	57	- 33
Property	1,164	1,137	1,213	49
Areas of Investment			40	
Grand Total	4,422	4,966	4,339	(123)

3.4. Additional Allocations

Additional allocations which have been formally or verbally confirmed have been included in the budget. These total £6.3m, which is a significant increase of £2.5m (65%) compared to the forecasted outturn for additional allocation projects in 21/22 of £3.8m.

Description			21/22 Budget	21/22 Forecast	22/23 Budget Return	22/23 Budget Proposed	v2 22/23 Status	WTE at P12
Value Management	Existing	ihub	622,460	622,460	702,201	702,201		4.9
SP Mental Health Substance Use	Existing	ihub	365,491	104,269	217,941	156,974		8.2
National Review Panel - NRP	Existing	Medical	51,351	48,265	51,351	51,351		1.1
Cancer Medicine NCMAG/ SACT	Existing	Medical	223,427	166,591	344,301	314,801		4.7
HEPMA Learning Commission	Existing	Medical	50,000	31,327	30,000	30,000		-
EiC-External	Existing	NMAHP	142,098	83,658	269,547	245,947		3.8
Neurological Services	New	QAD	0	0	38,600	38,600		1.0
Early Interventions in Psychosis (EIP)	Existing	ihub	246,187	204,921	272,506	272,506		4.4
Personality Disorder	Existing	ihub	127,266	79,005	503,754	413,779		7.9
Dementia in Hospitals	Existing	ihub	132,091	119,710	145,655	145,655		2.7
SIGN - External	Existing	Evidence	50,000	36,699	55,346	25,846		3.0
SMC	Existing	Evidence	90,000	110,504	51,215	51,215		2.5
Unpaid Carers	Existing	ihub	0	0	153,298	115,931		2.6
National Hub	Existing	QAD	253,835	197,517	254,620	200,000		4.4
Barnahus standards	Existing	Evidence	34,268	32,250	100,000	100,000		1.0
TEC Pathfinders	Existing	ihub	30,000	29,253	30,000	30,000		0.5
Access QI	Existing	ihub	260,000	253,984	327,353	327,353		5.2
MCQIC external	Existing	ihub	44,000	38,000	44,000	44,000		0.4
Collaborative Communities (External)	Existing	ihub	289,086	6,171	389,408	226,000		3.9
MAT Standards Implementation	New	ihub	0	0	301,658	273,141		4.7
Designing and Improving Residential	New	ihub	0	0	581,425	535,208		9.6
SHTG SG commissions	Existing	Evidence	236,511	221,560	256,511	256,511		3.1
SUDI	Existing	QAD	61,009	46,570	63,471	63,471		1.2
Cervical Screening Review	New	QAD	0	0	150,410	150,410		2.3
Adult Support & Protection	Existing	QAD	268,967	243,989	278,374	278,374		4.7
PNCP	Existing	CE	12,545	7,945	12,700	33,471		0.2
HSP - External	Existing	NMAHP	704,436	200,637	794,392	745,225		6.8
Police Custody (ext)	New	QAD	0	0	186,803	186,803		3.0
FOD Clinical Faculty	Existing	ihub	7,789	7,093	13,003	13,003		0.2
Additional Depreciation Delta House	Existing	Corporate	83,333	83,333	240,411	240,411		-
			4,386,150	2,975,711	6,860,255	6,268,190		97.9
Independent Healthcare	New	QAD	317,000	385,000	260,000	260,000		4.0

The average additional allocations WTE in 22/23 has been budgeted at 93 (21/22: 58), an increase of 35 WTE (60%).

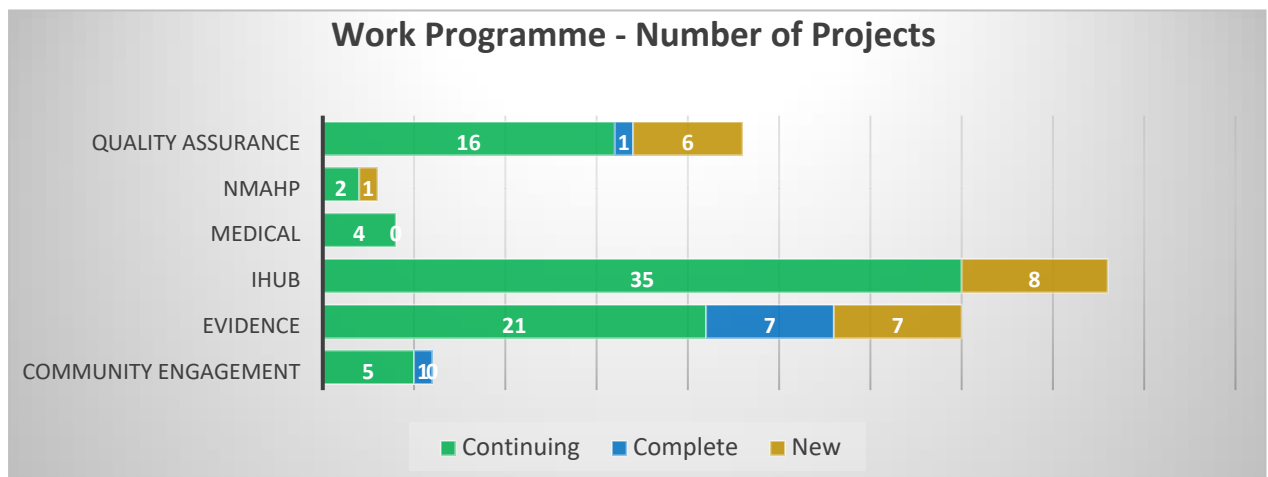
There are also a number of other additional allocations under development. These have not been included in the budget, but will be as the year progresses, the business case is finalised and if approval is granted from SG. These additional allocations are shown below.

Description			21/22 Budget	21/22 Forecast	22/23 Budget Proposed	v2 22/23 Status	WTE at P12
HEI Mental Health	New	QAD	0	0	297,879		10.5
Volunteering Systems	Existing	CE	20,100	15,900	20,230		-
What Matters To You SG	Existing	CE	9,100	279	11,000		-
SMC - External	Existing	Evidence	90,000	110,504	957,574		28.5
SHTG SG commissions	Existing	Evidence	0	0	275,553		8.0
PCIP (allocation)	Existing	ihub	113,156	107,668	150,000		-
FOD CC External	Existing	ihub	58,704	48,477	123,288		3.5
Improving Service Models of Dementia	New	ihub	0	0	197,009		4.6
SPSP MCQIC C-section	New	ihub	0	0	TBC		
			322,152	310,980	2,032,533		55.1

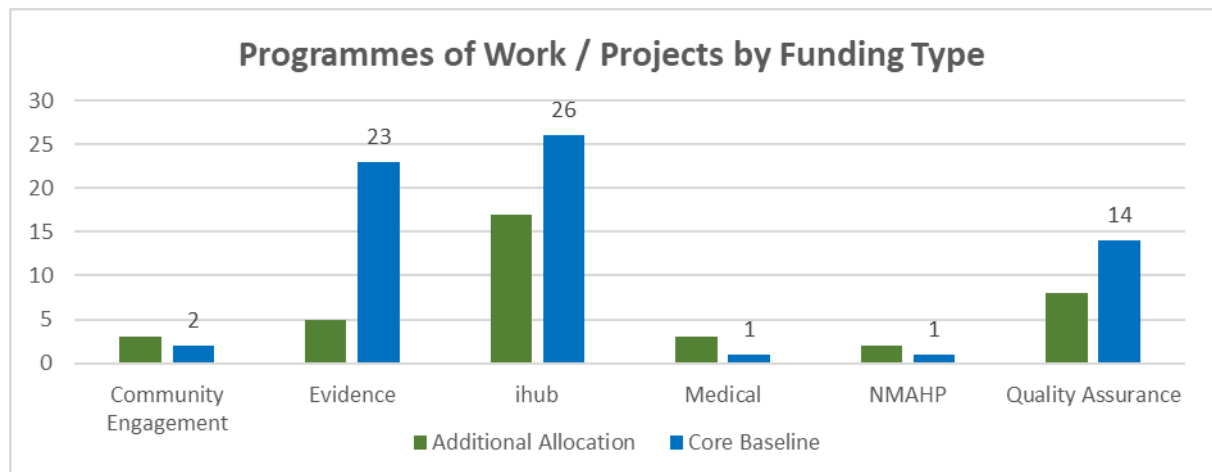
It should be noted that inclusion of these allocations, would result in a significant increase in our allocations activity to a total of £8.3m with 157 WTE (21/22: £3.8m with 70 WTE). There is a risk to delivering this, given the operational capacity required for this level of growth.

3.5. Work programme 22/23

As part of the integrated planning for 22/23, a programme of our external work was compiled, consisting of both additional allocations and baseline funded projects. 105 projects were identified, increasing from 101 in the previous year. This is made up of 83 continuing projects from the previous year and 22 new projects.



The chart below shows the number of programmes of projects by directorate and funding type.



The material changes to the work programme have been included in Appendix 1, with the full detail of the work programme included at Appendix 2.

3.6. Independent Healthcare (IHC)

IHC budgeted income for 22/23 is static year on year. Income includes a 4% increase in fees, as previously agreed by the board, and higher income from clinic registrations, but this has been offset by a reduction in continuation fees relating to hospitals and hospices.

The budget includes £260k of SG funding for the wider public benefit element of IHC, which has been confirmed by SG.

Pay costs have increased by 26% due to the full year impact on new roles appointed in 21/22. WTEs for the year increase from 17 to 21 during the year. The new roles are for Inspector positions.

The bad debt provision has remained static at 5% of income, with the provision recognised for the first time in 21/22 at £51k and no further movement in 22/23.

£000s	Forecast 2021/22	Outturn 2021/22	Budget 2022/23	Variance
B/fwd reserves	93	93	241	148
Fee Income	953	1,033	1,033	0
SG funding	317	150	260	110
B/fwd reserves			136	136
	1,269	1,183	1,429	246
Pay costs	1,247	974	1,231	257
Non pay costs	5	9	198	188
Bad debt movement	51	51	-	51
	1,303	1,035	1,429	394
Surplus / (deficit)	- 34	148	0	- 148
C/fwd reserves	59	241	105	0
% reserves of regulatory income	6%	23%	10%	
WTE at year-end	17	17	21	4

3.7. Areas for Investment

Initially eight areas for investment were identified at a cost of £2.0m for 22/23. These costs were in addition to our baseline budget and therefore it was agreed that any spend in these areas for investment would be offset by savings identified and/or targets.

The business case for each initiative was considered by ET, with four areas approved to progress to the board for consideration as immediate priorities. These are:

- 1. Strengthening of the ICT team (£136k in 22/23, £172k annually).** This is an increase in the ICT team from 11.6 to 15.6 WTE (35%). These new posts will focus on routine support tasks to free up more experienced ICT Support Analysts to concentrate on core delivery function. This enhancement of our ICT team will mitigate against strategic risk 1122: "ICT Team will be unable to perform its function of supporting either the day to day business of the organisation nor its digital development."
- 2. Digital Delivery (£126k in 22/23, £133k annually).** This investment is for 2.5 new WTE. These roles will focus on delivery of our organisational statutory requirements and ambitions in relation to Business Continuity, Sustainability, Climate Change and the increased number of national audits such as the National Information Systems Regulations audit (NISA).
- 3. Cybersecurity (£40k in 22/23, £10k annually).** This investment is to enhance and improve our cybersecurity posture, increasing pro-active defence of our internal networks and server estate. This spend would be used on professional services from a third party company to review our estate, systems and procedures with a view to

licensing and deploying third party software to pro-actively monitor our internal systems and server estate.

- 4. Website – phase 1 (£247k in 22/23, £30k annually).** This mainly non-recurring investment is to modernise, consolidate and improve the functionality of the web estate. Currently our websites are underperforming and beyond their useful life in terms of being able to present modern and engaging content. This investment will present the work of HIS in a positive way as a digitally enabled organisation. The total investment for the website is £463k, but this project has a check point mid way given the level of spend. Whereas the project cannot be stopped half way, if financial constraints materialise then spend may have to be slowed or spread across financial years.

The total costs across these four areas for 22/23 is £549k, which equates to an annualised commitment of £345k.

£000s	22/23		23/24+	WTE
	Recurring Costs	Non Recurring Costs	Annualised costs	
IT investment:				
Strengthen ICT Team	136		172	4.0
Digital Delivery	126		133	2.5
Cybersecurity	10	30	10	
Website - phase 1	30	217	30	
Total costs	302	247	345	6.5

Further areas for investment remain, however at this stage in the year we cannot progress with them all and deliver within our funding allocation and risk appetite. Therefore it is proposed a quarterly checkpoint is established, where a review of our financial position will potentially allow further investments to be made. This allows us to work within our financial constraints and the unknown non-recurring savings that may present during the year. The items which remain on the investment list for consideration during 22/23 are listed below.

Investment list - subject to quarterly review £000s	22/23		23/24+	WTE
	Recurring Costs	Non Recurring Costs	Annualised costs	
IT investment:				
Website - phase 2		217		
Digital Intelligence		20		
Data Environment	50	150	50	
OD&L	100		100	2.0
QAD investment	150		150	3.0
National Care Service		50		
Medical directorate changes	20		40	0.4
Net costs	320	437	340	5.4

Full business cases will be required and approved in line with current governance arrangements at each quarterly check in point before progressing.

3.8. Recurring Savings

Given the scale of the financial challenge across the NHS for 22/23 and beyond, there is a need to focus on financial improvement and the identification of savings.

One key area identified for HIS is streaming of key processes. The aim of the project is to create capacity in the organisation through process re-engineering. By documenting each process, identifying opportunities to remove wastage, efficiencies will be found resulting in pay costs savings that would be delivered through natural attrition.

The initiative is included in the budget as a placeholder at this stage, until the details around process prioritisation, staff capacity and timescales are considered. The assumptions for this placeholder is it will be an 18 month project and will require investment of £69k as costs for a lean black belt expert to lead the process mapping. On delivery, it is expected to create savings of £846k being the equivalent of 18 WTE.

Savings have been calculated based on a set of assumptions equally applied to each Directorate, as opposed to a corporate level. When the process mapping commences and the actual opportunities are identified, savings by Directorate may change. The delivery of this is intended to ensure appropriate savings are released by efficiency gains in work processes and systems, rather than more unfocused savings targets being set at the Directorate level.

3.9. Capital Spend

In the budget allocation for 22/23, SG awarded HIS a capital budget of £79k. This is flat compared to our prior year allocation, excluding the Delta House refurbishment.

Our capital spend for 22/23 has been identified as £200k for investment in critical, resilient ICT architecture per the NISA audit and £300k roll forward for Delta House/Gyle Square refurbishment. A request has been made to SG to increase our capital allocation.

3.10. Risks and Opportunities

There are a number of risks to the current baseline budget assumptions which may materialise through the year. These can be summarised as follows:

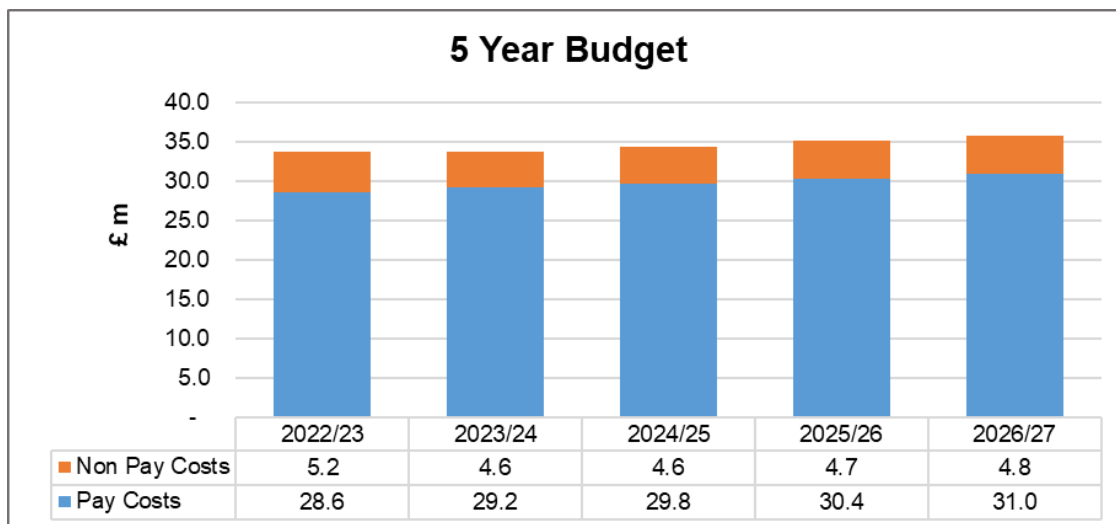
<u>Risk Item</u>	<u>Worst Case</u> <u>(£m)</u>	
Slower recruitment in 2022/23	0.9	Underspend
Lower travel & events	0.8	Underspend
Higher attrition +2%	0.6	Underspend
Delay to 2021/22 recruitment in Q4	0.2	Underspend
Higher non pay inflation +2%	-0.2	Overspend
Medical, Dental & Other Pay Groups pay award	-0.2	Overspend
E-rostering costs	-0.1	Overspend

If all our risks materialise and cannot be offset, then a financial risk of between an underspend of £2.5m (8%) and an overspend of £0.5m may occur. Monitoring and undertaking a rolling forecasting throughout the year will mitigate this impact, but it should be noted that the balance of risk lies towards an underspend at this point in time.

In addition to the financial risk, there is also a risk of lack of capacity across the organisation to deliver the work plan, especially with the forecasted growth in additional allocations, which may affect our delivery ability.

3.11. Five-Year Outlook

Whereas the first year of the budget has been constructed on a detailed monthly basis, a higher level annual approach has been taken for years two to five. The graph and table below shows the summary of the next five years.



£m	2022/23	2023/24	2024/25	2025/26	2026/27
Baseline Funding	31.3	31.9	32.6	33.2	33.9
Pay Costs	27.3	27.9	28.3	28.9	29.5
Non Pay Costs	4.3	4.2	4.3	4.3	4.4
Total Expenditure	31.7	32.1	32.6	33.2	33.9
Underspend / (Overspend)	- 0.4	- 0.2	- 0.0	- 0.0	- 0.0
% overspend	-1.2%	-0.5%	-0.1%	-0.1%	-0.1%

Assumptions include:

- 2% increase in annual baseline funding from SG.
- Non-pay costs inflationary increase of 2% per annum.
- Non-recurring spend for 22/23 are removed from future years.
- Recurring savings from process mapping are realised from end of year one onwards.
- WTE remain at a static level from P12 22/23 onwards at 487.
- Any pay increases >2% are fully funded by SG.
- Any further areas for investment in 23/24 onwards are fully offset by savings initiatives.

Assessment considerations

Quality/ Care	The budget enables HIS to control spending, monitor expenses, and stay focused on our strategic aims and objectives, which ultimately impacts on the quality of care and services.
Resource Implications	There are significant changes to WTE as result of this budget as detailed in the WTE section and therefore reliance on
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 Team and previously shared with the Executive Team and Audit and Risk Committee.

4. Recommendations

The Board are asked to approve the 22/23 budget.

5. Appendix

Appendix 1: Material change in the 22/23 work programme

Appendix 2: Detailed work programme for 22/23

Appendix 1: Material change in the 22/23 work programme

Directorate	New Programmes of Work / Projects
Evidence	Supporting National Screening Oversight Revision of Older People Standards Assessment of Covid-19 in Primary Care Stroke Polypharmacy Long-Acting Buprenorphine (SG) Rapid C-19 Guidance
ihub	Personality Disorder Improving our Response to People with Mental Health & Substance Use Support Needs in Scotland Access, Choice, Support : Medication Assisted Treatment (MAT) Standards Designing & Improving Residential Rehabilitation Pathways National Improvement Programme for Adult Social Care Reform Rethinking Unscheduled Care Community Treatment & Care (CTAC) Short-Term / Time Limited Improvement Advice to RIE (Discharge Planning)
Nursing, Midwifery, Allied Health Professionals (NMAHP)	Global Health QI
Quality Assurance	Cervical Screening Review Inspection of Mental Health Units Commission for Wider Independent Assurance Joint Inspection of Policy Custody Suites Angus Significant Case Review P19 Quality Assurance Support for Neurological Services

Directorate	Completed Programmes of Work / Projects
Community Engagement	Person Centred Virtual Visiting
Evidence	Cost Conscious (COCO) Care Screening Programmes Covid-19 Initiated SIGN Eating Disorders Guideline SIGN Epilepsy in Children Patient Booklet SIGN Urinary Tract Infection (UTI) Patient Version
Quality Assurance	National Thematic (Beatson Review)

Appendix 2: Detailed work programme for 22/23

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
				Start Date	End Date	
1 COMMUNITY ENGAGEMENT						
1.2	Community Engagement	Participation network	Improvement support	01/04/16	21/03/23	Core Baseline
1.2.1	Community Engagement	Citizen's Panel	Influencing policy	01/04/16	21/03/23	Additional
1.4	Community Engagement	What Matters To You (WMTY)	Improvement support	01/04/21	31/03/23	Additional
1.5	Community Engagement	Community engagement programme	Improvement support	01/04/16	31/03/23	Core Baseline
1.5.1	Community Engagement	Gathering views	Influencing policy	01/04/16	31/03/23	Core Baseline
1.6	Community Engagement	Service change	Advice, Quality Assurance Reports	01/04/16	31/03/23	Core Baseline
1.6.1	Community Engagement	Quality framework for community engagement	Improvement support	01/04/21	31/03/23	Core Baseline
1.7	Community Engagement	Volunteering in NHS Scotland (VIS) - Internal	Improvement support	01/10/11	31/03/23	Core Baseline
1.7.1	Community Engagement	Volunteering Information System (VIS)	Improvement support	01/10/11	31/03/23	Additional
2 EVIDENCE						
2.2	Cross Directorate	Covid-19	Guidance	01/05/20	31/03/23	Core Baseline
2.3	Data Measurement & Business Intelligence	Set of indicators	Advice	01/04/20	31/03/23	Core Baseline
2.7	Knowledge & Information	Barnahaus Standard	Standards	01/02/19	19/12/22	Additional
2.9	Knowledge & Information	Bowel screening	Standards	01/10/19	31/12/22	Core Baseline
2.10	Knowledge & Information	Healthcare Associated Infection (HAI) standards (now Infection Prevention & Control (IPC) standards)	Standards	01/10/19	16/05/22	Core Baseline
2.12	Knowledge & Information	Development of Congenital Heart Disease (CHD) standards	Standards	03/06/19	31/03/23	Core Baseline
2.13	Scottish Antimicrobial Prescribing Group (SAPG)	Scottish Antimicrobial Prescribing	Guidance	01/04/15	31/03/23	Core Baseline

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation
						Type
2.14	Scottish Health Technologies Group (SHTG)	SHTG SG commissions (external)	Advice	04/07/19	31/03/23	Additional
2.15	Scottish Health Technologies Group (SHTG)	SHTG programme (internal)	Advice	01/04/16	31/03/23	Core Baseline
2.16	Scottish Medicines Consortium (SMC)	SMC programme	Guidance	01/04/16	31/03/23	Core Baseline
2.17	Scottish Medicines Consortium (SMC)	SMC Horizon scanning	Guidance	01/04/20	31/03/23	Core Baseline
2.18	Scottish Medicines Consortium (SMC)	Innovative Licensing & Access Pathway (ILAP)	Guidance	01/10/20	31/03/23	Additional
2.21	SIGN	Covid-19 SG Clinical Cell Advice	Guidance	01/05/20	31/03/23	Core Baseline
2.24	SIGN	Type 2 Diabetes Prevention Guideline	Guidance	01/02/20	31/03/23	Core Baseline
2.25	SIGN	Diabetes Type 1 Guideline	Guidance	01/01/20	31/03/23	Core Baseline
2.26	SIGN	Diabetes in Pregnancy Guideline & Patient Version	Guidance	01/06/19	31/03/23	Core Baseline
2.27	SIGN	Management of Long Term Effects of Covid-19	Guidance	01/10/20	31/12/22	Core Baseline
2.29	SIGN	Diabetes in Pregnancy Guideline & Patient Version	Guidance	30/07/20	31/03/23	Core Baseline
2.30	SIGN	Refresh SIGN 139 : Care of Deteriorating Patients	Guidance	31/10/20	25/01/23	Core Baseline
2.31	SIGN	SIGN / British Thoracic Society (BTS) Asthma Guideline Collaboration	Guidance	01/05/20	25/04/24	Core Baseline
2.32	SIGN	Dementia	Guidance	01/04/21	17/04/23	Core Baseline
2.34	Knowledge & Information	Supporting national screening oversight	Standards	01/04/22	31/03/23	Core Baseline
2.35	Knowledge & Information	Revision of Older People Standards	Standards	01/04/22	31/03/23	Core Baseline
2.37	SIGN	Assessment of Covid-19 in primary care	Guidance	01/11/21	31/12/22	Core Baseline
2.38	SIGN	Stroke	Guidance	01/08/21	28/02/23	Core Baseline
2.39	SIGN	Polypharmacy (SG)	Guidance	01/08/21	31/07/22	Additional
2.40	SIGN	Long-Acting Buprenorphine (SG)	Guidance	01/10/21	31/12/22	Additional

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
2.41	Scottish Medicines Consortium	Rapid C-19	Guidance	01/04/20	31/03/23	Additional
3 IHUB						
3.1	Access QI	Improving planned care pathways	Improvement support	01/04/21	31/03/23	Additional
3.2	Access QI	National Learning System	Improvement support	01/04/21	31/03/20 3	Additional
3.3	Acute Care Portfolio	Scottish Patient Safety Programme (SPSP) Acute Adult	Improvement support	05/07/05	31/03/23	Core Baseline
3.4	Acute Care Portfolio	Value management	Improvement support	01/05/19	31/03/24	Additional
3.6	Cross Directorate	Frailty Improvement Programme	Improvement support	01/11/20	31/03/23	Core Baseline
3.7	Cross Directorate	Essentials of Safe Care	Improvement support	01/03/21	31/03/23	Core Baseline
3.8	Focus on Dementia	Dementia Learning System	Improvement support	01/04/20	31/03/23	Core Baseline
3.9	Focus on Dementia	Dementia Post Diagnostic Support (PDS)	Improvement support	01/11/17	31/03/22	Additional
3.10	Focus on Dementia	Dementia Care Co-Ordination	Improvement support	01/11/17	31/03/22	Additional
3.11	Focus on Dementia	Dementia in hospitals	Improvement support	01/11/17	31/03/23	Additional
3.12	Living Well in Communities	Hospital at Home Programme	Improvement support	01/10/20	31/03/23	Core Baseline
3.13	Maternity & Children Improvement Programme	SPSP Maternity & Children	Improvement support	04/01/13	21/03/23	Core Baseline
				01/04/22	31/03/23	Additional
3.14	Mental Health	Early Intervention Psychosis (EIP)	Improvement support	01/04/19	31/12/23	Additional
3.15	Mental Health	Mental Health Access	Improvement support	01/04/16	31/03/22	Core Baseline
3.16	Mental Health	SPSP Mental Health	Improvement support	04/01/12	21/03/23	Core Baseline
3.17	People Led Care	New models for Day Support for People with Learning Disabilities	Improvement support	01/04/20	31/03/23	Additional
3.18	People Led Care	Commissioning Community Solutions	Improvement support	01/04/17	31/03/23	Additional
3.19	People Led Care	Unpaid Carers Improvement Programme	Improvement support	01/04/20	31/03/23	Additional

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
3.20	People Led Care	Person Centred Design & Improvement	Improvement support	06/01/15	31/03/23	Core Baseline
3.22	Housing & Homelessness in Healthcare	Housing & Homelessness in Healthcare	Improvement support	01/04/17	31/03/23	Core Baseline
3.23	Primary Care	SPSP Medicines	Improvement support	01/04/17	31/03/22	Core Baseline
3.24	Primary Care	SPSP Dentistry	Improvement support	01/04/17	31/03/22	Core Baseline
3.25	Primary Care	Anticipatory Care Planning (ACP)	Improvement support	01/04/17	31/03/23	Core Baseline
3.26	Primary Care	Pharmacotherapy	Improvement support	01/04/17	31/03/23	Additional
3.27	Primary Care	GP Cluster 90 Day Learning Cycle	Improvement support	01/04/21	31/03/23	Additional
3.28	Primary Care	Primary Care Learning System	Improvement support	01/04/17	31/03/23	Additional
3.29	Primary Care	Practice Administration Staff Collaborative	Improvement support	01/04/17	31/03/23	Additional
3.30	Primary Care	SPSP Primary Care	Improvement support	01/04/17	31/03/23	Core Baseline
3.31	Quality Management System	QI Scotland Networking	Improvement support	01/04/16	31/03/23	Core Baseline
3.33	Quality Management System	QI Connect	Improvement support	01/04/17	31/03/23	Core Baseline
3.34	Quality Management System	NES QI Skills Development	Improvement support	01/04/17	31/03/23	Core Baseline
3.35	Quality Management System	Continuous Quality Improvement (CQI) Allocations	Improvement support	01/04/17	31/03/23	Core Baseline
3.36	Strategic Planning	Children & Young People's Mental Health Wellbeing Improvement Programme	Improvement support	01/09/20	31/03/23	Core Baseline
3.37	Strategic Planning	Reducing Reliance on Mental Health In-Patient Services	Improvement support	01/09/20	30/06/23	Core Baseline
3.38	Strategic Planning	Improving Good Practice in Strategic Planning Programme	Improvement support	01/04/17	31/03/23	Core Baseline
3.39	Mental Health	Personality Disorder	Improvement support	05/01/22	31/03/23	Additional
3.40	Strategic Planning	Improving Our Response to People with Mental Health & Substance Use Support Needs in Scotland	Improvement support	01/05/21	31/03/24	Additional

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
3.41	Housing & Homelessness in Healthcare	Access, Choice, Support : Medication Assisted Treatment (MAT) Standards	Improvement support	01/11/21	31/03/25	Additional
3.42	Housing & Homelessness in Healthcare	Designing & Improving Residential Rehabilitation Pathways	Improvement support	01/11/21	31/03/25	Additional
3.43	People Led Care	National Improvement Programme for Adult Social Care Reform	Improvement support	01/11/21	21/05/22	Core Baseline
3.44	Cross Organisational	Rethinking Unscheduled Care	Improvement support	01/09/21	TBC	Core Baseline
3.45	Primary Care	Community Treatment & Care (CTAC)	Improvement support	01/04/21	31/03/23	Additional
3.46	Operational	Short term / time limited improvement advice to RIE with a specific focus on discharge planning	Improvement support			Core Baseline
4 MEDICAL						
4.1	Medicines & Pharmacy	Prison Pharmacy	Improvement support	01/07/19	31/03/23	Core Baseline
4.2	Medicines & Pharmacy	Management of Controlled Drugs	Audit / Review Report	04/01/12	31/03/23	Core Baseline
4.3	Medicines & Pharmacy	Area Drugs & Therapeutic Committee Collaboration (ADTCC) including HEMPA & NRP	Improvement support	20/05/19	31/03/23	Additional
4.4	Medicines & Pharmacy	Cancer Medicine (to include OLCM & National Cancer Medicines Advisory Group (NCMAG))	Improvement support	01/08/19	31/03/23	Additional
4.4.1	Medicines & Pharmacy	Cancer Medicine (SACT)	Improvement support	01/08/19	31/03/23	Additional
5 NURSING, MIDWIFERY & ALLIED HEALTH PROFESSIONALS (AHP)						
5.1	Nursing, Midwifery & AHP	Healthcare Staffing Programme	Improvement support	01/04/19	21/03/23	Additional
				01/06/21	21/03/25	Additional
5.2	Nursing, Midwifery & AHP	Excellence in Care (EIC)	Improvement support	01/02/18	TBC	Additional
				01/02/18	TBC	Core Baseline

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
5.3	Nursing, Midwifery & AHP	Global Health QI	3 or 5 year strategy developed	01/04/21	21/03/22	Core Baseline
			Improvement support	01/05/21	21/03/26	Core Baseline
6 QUALITY ASSURANCE						
6.1	Diagnostic	Sharing Intelligence	Process documentation	08/01/14	31/03/22	Core Baseline
6.2	Diagnostic	Responding to Concerns (RTC)	Assessment documentation	04/01/13	31/03/22	Core Baseline
6.3	Operational	Joint Inspection of Prisoner Healthcare	Inspection Reports	01/04/15	31/03/22	Core Baseline
6.4	Operational	Regulation of Independent Healthcare (IHC)	Inspection Reports	04/01/11	31/03/23	Additional
6.5	Operational	Ionising Radiation (Medical Exposure) Regulations IR(ME)R	Inspection Reports / notification investigations/support improvements	01/10/18	31/03/23	Core Baseline
6.6	Operational	Hospital inspections	Inspection Reports	01/06/18	31/03/23	Core Baseline
6.7	Strategic	Joint Inspections Children's Services	Inspection Reports	04/01/12	31/03/22	Core Baseline
6.8	Strategic	Joint Inspections Adult Services	Inspection Reports	01/04/15	31/03/22	Additional
6.9	Strategic	Quality Assurance System	Quality Assurance of Support & Processes	01/12/18	31/03/23	Core Baseline
6.10	Strategic	Adult Support & Protection Inspections (ASP)	Inspection Reports	01/09/19	31/03/23	Additional
6.11	Thematic	Sudden Unexpected Death in Infancy (SUDI)	Audit / Review Report	02/12/09	31/03/23	Additional
6.12	Thematic	National Hub Reviews / Child Deaths	Audit / Review Report	01/01/19	31/03/23	Additional
6.13	Thematic	Death Certification Review Service	Improved quality of MCCDs, public health & clinical governance	13/05/15	31/03/23	Core Baseline
6.15	Thematic	Management of Adverse Events	Improvement support	09/01/12	31/03/22	Additional
6.16	Thematic	Review of National Screening Programmes	Audit / Review Report	01/04/20	31/03/22	Core Baseline
6.17	Thematic	External Quality Assurance of Cancer Quality Performance Indicators (QPIs)	Audit / Review Report	02/04/15	31/03/23	Core Baseline
6.18	Thematic	Cervical Screening Review	Audit / Review Report	01/11/21	31/12/22	Additional

Ref	Service Area	Project / Workstream Title	Outcomes	Project / Workstream		Funding Allocation Type
6.19	Operational	Inspection of Mental Health Units	Inspection Reports	01/04/22	31/03/23	Additional
6.20	Operational	Commission for Wider Independent Assurance	Audit / Review Report	TBC	TBC	Additional
6.21	Operational	Joint Inspection of Police Custody Suites	Standards & Inspection Reports	02/08/21	31/03/23	Core Baseline
				01/12/21	31/03/23	Additional
6.22	Thematic	Angus Significant Case Review P19	Improvement support	01/01/22	31/03/24	Core Baseline
6.23	Cross Directorate	Quality Assurance Support for Neurological Services	Improvement Support	01/04/22	31/03/24	Additional

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Digital Investment
Agenda item:	2.2.2
Responsible Executive/Non-Executive:	Safia Qureshi, Director of Evidence
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Decision

1. Situation

The Board are asked to approve the elements of the digital investment business case prioritised by the Executive Team.

2. Background

In October 2019, the Board reviewed trends in technological advances and agreed HIS should become a role model in the appropriate use of digital technology. Following this, a review of Information and Communications Technology (ICT) capabilities and ambitions was undertaken with the support of the Digital and Security division of NSS. The resulting ICT Review and Recommendations report was approved by the Board in September 2020 and developed into the first digital strategy for HIS.

The digital vision for Healthcare Improvement Scotland is “to drive the use of technology across HIS – from rethinking our products, to automating routine work, to using data to drive to decisions – to help us achieve our strategic goals.”

3. Assessment

The Digital Services Lead undertook a review of the existing ICT infrastructure and working with the newly formed Digital Services Group, created a programme of work to improve the safety and security of the current infrastructure and to allow the organisation to develop digitally. The programme requires additional investment to proceed. The aim of this investment is to ensure a cyber-secure, resilient and functional infrastructure, provide an online showcase for the work of HIS and deliver the resources needed to enable HIS to meet our digital ambitions.

The development programme has been split into four investment objectives:

- 1. Internal infrastructure**, to ensure ongoing cybersecurity and infrastructure resilience.
 - 1.1. Investment in critical, resilient ICT architecture to address the current weakness in business resilience that was picked up as an external audit failing, to mitigate a corporate risk and provide HIS with the resilient and secure ICT architecture required before any digital development or transformation can take place. The ability of the business to develop is constrained by the current architecture

- 1.2. Enhance and improve our cybersecurity posture to meet national standards and ensure the ongoing cyber safety of the organisation
- 2. New systems to support intelligence led ambitions**
 - 2.1. Provide the required baseline, structured data environments that will enable us to leap forward as an intelligence led organisation
 - 2.2. Present and deliver our advice, guidance and intelligence in a more digitally connected manner to strengthen the reach and impact of our work
- 3. New website**, with the functionality to support access to those we do the work for
 - 3.1. Modernise, consolidate and improve the functionality and use to the end user of the disparate HIS web estate, which in its current form is incapable of supporting the organisation's ambitions and has reached the end of its useful life
- 4. Staff to deliver work in these areas**
 - 4.1. Strengthen the ICT Team to so that it is fit for purpose for an organisation the size of HIS, providing the ICT support needed to meet growing business requirements and thereby mitigate a corporate risk
 - 4.2. Provide adequate Programme Management resource for National resilience requirements and Business Analyst and Project Officer support for the Digital Delivery Programme

The total investment ask across these areas is £1.2m for 2022/23, with £0.8m being one off costs. The annualised commitment of this investment would be £0.4m with an additional 6.5 Whole Time Equivalents (WTE), taking the ICT team to 19 WTE.

£000s	22/23		23/24+	WTE
	Recurring Costs	Non Recurring Costs	Annualised costs	
Strengthen ICT Team	136		172	4.0
Digital Delivery	126		133	2.5
Cybersecurity	10	30	10	
Website	30	433	30	
Digital Intelligence		20		
Data Environment	50	150	50	
Architecture - capex		200		
Total costs	352	833	395	6.5
Total costs 22/23	1,185			

The budget includes the investment areas highlighted in green above. The website investment has been split into two phases, with the budget including spend against the first phase with a checkpoint for the second phase. This allows us to review the progress of both the digital investment and other spend across HIS to work within our financial constraints and the unknown non-recurring savings that may present during the year.

On the £200k capital investment for our ICT Architecture, our budget allocation from Scottish Government (SG) was £79k, but we have requested an increase to this.

Attached at Appendix 1 is the full business case for the digital investment.

4. Recommendations

The Board are asked to approve the elements of the digital investment business case prioritised by the Executive Team.

5. List of appendices

The following appendices are included with this report:

- Appendix 1: Digital Investment Business Case

BUSINESS CASE –Investment in Cybersecurity, ICT Resilience and Digital Transformation

Section A: CONTACT INFORMATION

Author: Kevin McInnery
Responsible Exec: Safia Qureshi
Date: 16th February 2022
Version: 0.6

Section B: SUMMARY OF WORK TO BE UNDERTAKEN

In October 2019, at a strategy development day, the HIS Board reviewed trends in technological advances and challenged the Executive Team to become a role model in the appropriate use of digital technology. Following this, a review of ICT capabilities and ambitions was undertaken with support of the Digital and Security division of NSS. The HIS ICT Review and Recommendations report was approved by the Board in September 2020. The review and recommendations were developed into the first digital strategy for HIS.

The digital vision for Healthcare Improvement Scotland is “to drive the use of technology across HIS – from rethinking our products, to automating routine work, to using data to drive to decisions – to help us achieve our strategic goals.”

This is underpinned by five digital ambitions. Two are aimed at improving our offering to the service by delivering intelligent products that are accessible from anywhere. They focus on the functionality and accessibility of our work via our website and potentially other national health delivery platforms.

Realising this vision, these ambitions and to put in place the operational business dependencies requires investment in four areas:

1. internal infrastructure, to ensure ongoing cybersecurity and infrastructure resilience
2. new systems to support intelligence led ambitions
3. a new website with the functionality to support access to those we do the work for
4. staff to deliver work in these new areas

The role of Digital Services Lead was created to deliver the HIS Digital strategy, including a more comprehensive review of the existing HIS ICT infrastructure and to create and oversee the newly formed Digital Services Group.

The aim of this programme of investment is to ensure a cyber-secure, resilient and functional infrastructure, provide an online showcase for the work of HIS and deliver the resources needed to enable HIS to meet our digital ambitions.

Overall Objectives:

Investment area 1: internal infrastructure, to ensure ongoing cybersecurity and infrastructure resilience

1. Investment in critical, resilient ICT architecture to address the current weakness in business resilience that was picked up as an external audit failing, to mitigate a corporate risk and provide HIS with the resilient and secure ICT architecture required before any digital development or transformation can take place. The ability of the business to develop is constrained by the current architecture
2. Enhance and improve our cybersecurity posture to meet national standards and ensure the ongoing cyber safety of the organisation

Investment area 2: new systems to support intelligence led ambitions

3. Provide the required baseline, structured data environments that will enable us to leap forward as an intelligence led organisation
4. Present and deliver our advice, guidance and intelligence in a more digitally connected manner to strengthen the reach and impact of our work

Investment area 3: a new website with the functionality to support access to those we do the work for

5. Modernise, consolidate and improve the functionality and use to the end user of the disparate HIS web estate, which in its current form is incapable of supporting the organisation's ambitions and has reached the end of its useful life

Investment area 4: staff to deliver work in these new areas

6. Strengthen the ICT Team to so that it is fit for purpose for an organisation the size of HIS, providing the ICT support needed to meet growing business requirements and thereby mitigate a corporate risk
7. Provide adequate Programme Management resource for National resilience requirements and Business Analyst and Project Officer support for the Digital Delivery Programme

Section C:
STRATEGIC ALIGNMENT

connected and digitally-enabled	✓	<ul style="list-style-type: none"> • Resilient critical ICT architecture is essential for current systems to remain connected and reliably functional and is a prerequisite for any further development. • Enhanced cybersecurity is essential to ensure both safe systems and safe connections to these systems. • Resilient critical ICT architecture and enhanced cybersecurity minimises the chance of an event or failure impacting on business delivery and reduces our 'time to recovery' in the event of a failure or incident. • Additional resilience in the ICT Team is essential to match the growth in size of the organisation – See Appendix 1. • Modernising, consolidating and improving the functionality and use to the end-user of our web estate is the fundamental first step in making HIS a digitally enabled organisation. • Improving internal systems, security and our web interface are essential to the provision of new data environments that will link up across directorate functions and open up to NHSS, including any new system for Intelligence Sharing both across HIS and with national agencies.
integrated response	✓	<ul style="list-style-type: none"> • New data environments that link up directorate functions and open up to NHSS will support the key delivery area approach and streamline the HIS response to major health and social care priorities. • A new system for Intelligence Sharing both across HIS and with national agencies will create the capability for an integrated response by HIS.
evidence, data and intelligence	✓	<ul style="list-style-type: none"> • New and linked data environments strengthens both our intelligence capability and potentially that of NHSS as a whole. • A new system for Intelligence Sharing both across HIS and with national agencies will be a fundamental enabler. • A transformed website will increase ease of access to our advice, guidance and intelligence for healthcare professionals and the general public and so the impact of our work. • More digitally connected presentation and delivery of our advice, guidance and intelligence will strengthen its reach and impact.
consistent and meaningful engagement	✓	<ul style="list-style-type: none"> • A fully accessible, easy-to-use website will provide access to information for a wider range of users and enable them to be fully informed in the design and delivery of their care.
acceleration of further improvements	✓	<ul style="list-style-type: none"> • As we become a hybrid organisation with a significant proportion of staff working from home every day, any improvement work will depend on secure and reliable ICT systems.

to scaling up and spreading	✓	<ul style="list-style-type: none"> As above, as we become a hybrid organisation with a significant proportion of staff working from home every day, all our work will depend on secure and reliable ICT systems.
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Section C:
ACTIVITIES, OUTPUTS, OUTCOMES & TIMESCALES
Support is requested for 7 specific projects:
1. Investment in critical, resilient ICT architecture

The National Information Systems Regulations Audit in 2021 identified the lack of a second Data Centre as an urgent risk to HIS and we have committed to responding to this finding. There is a clear and present issue for the HIS ICT infrastructure as evidenced by the repeated data server failures in December 2021 and February 2022 and ongoing server issues with the Source, which are all a result of the lack of hardware resilience in HIS.

- Sourcing an additional Data Centre location plus additional hardware to provide hardware resilience across multiple Data Centres
- This will mitigate corporate risk 1150 – Risk of hardware failure
- Timeframes - The Digital Services Group (DSG) needs time to investigate the options fully and not invest in technical debt. DSG have a 10 week piece of work exploring options with both SAS and NSS and also have Microsoft analyse our systems.
- Delivery - The options will be presented to the HIS Executive Team and then the recommended option will be scoped, planned and delivered during 22/23
- Milestones – Paper to Executive Team, recommendation agreed and then milestones will be driven out of the 10 week scoping and planning exercise
- Dependencies – Project 3 (ICT Staffing)

2. Modernise, consolidate and improve the functionality of the disparate HIS web estate

HIS has an old fashioned and disparate web estate, spread across 12 sites, all with limited functionality and interlinkages and which attract only around 75,000 visits per month across all twelve sites. These sites are underperforming and beyond their useful life in terms of being able to present modern and engaging content. They do not present the work of HIS in a positive way and nor do they present HIS as a digitally enabled organisation.

- During FY 22/23 a User Requirement Specification (URS) for the new website and associated functionality will be developed by HIS and a consultant led team. A competitive tender exercise will be carried out to select a supplier to build the website based on the URS. Once built, a contract will be entered into with NSS for them to host, support and manage any future developments of the website whilst HIS manages the content.
- This will mitigate corporate risk 1177 – Risk of HIS website failing leading to a permanent loss of function and information stored and accessed on the website
- Options – This approach was agreed by the HIS Exec Team in December 2021

- Timeframes – URS developed by June 2022. Preferred supplier for website build, appointed late summer 2022. Timeline for website delivery will be agreed with the supplier as part of the tender process.
- Key milestones – Delivery of the agreed URS end of June 2022, and preferred supplier for website build, appointed late summer 2022
- Dependencies – Delivery of the agreed URS by May 2022, Creation of HIS Project Board. Project 3 (ICT Staffing) and Project 5 (cybersecurity)

3. Strengthen the ICT Team to so that it is fit for purpose for an organisation the size of HIS

The creation of three new roles in ICT (Helpdesk Manager, additional ICT Support Analyst and ICT Security Manager) along with the review and upgrading of the existing ICT roles was agreed by the HIS Executive Team in November 2021. Subsequently, it was identified that an administrative role was required for the ICT Team to carry out routine support tasks and free up the ICT Support Analysts to concentrate on their core delivery function.

- This will mitigate corporate risk 1122 - ICT Team will be unable to perform its function of supporting either the day to day business of the organisation nor its digital development
- New job descriptions are needed for the Helpdesk Manager and ICT Security Manager roles, approved by the HIS Agenda for Change panel, advertised and recruited to. The job descriptions for both the ICT Support Analyst and Senior ICT Support Analyst need to be updated and submitted to the HIS Agenda for Change panel to be appropriately graded (in line with other Boards). The additional ICT Support Analyst role will need to be advertised and recruited to. A standard job description for an Administrative Officer will be used.
- Timeframes – The updated job descriptions for the ICT Support Analyst and Senior ICT Support Analyst are expected to be submitted to the HIS Agenda for Change panel in March 2022. The two new job descriptions will be started in April 2022 and are expected to take three months to work through the internal HIS approval process. The Administrative Officer role could be recruited to in April 2022.
- Key milestones – Advertisement of Administrative Officer role in April 2022, approval of ICT Support Analyst by May 2022 and approval of Helpdesk Manager and ICT Security Manager roles by June 2022
- Dependencies – Approval of job descriptions at the correct banding, for successful recruitment, by the HIS Agenda for Change panel

4. Provide adequate Programme Management resource for National resilience requirements and Business Analyst and Project Officer resource for Digital Delivery Programme

Creation of two new Programme Management roles is required to properly deliver organisational statutory requirements and ambitions in relation to Business Continuity, Sustainability, Climate Change and the increased number of national audits such as the National Information Systems Regulations audit.

Currently 1 WTE manages and delivers this additional workload on top of their existing responsibilities. This is unsustainable. An inability to meet statutory requirements in

these areas is unacceptable to the organisation and also has the potential to impact on business areas and be a major reputational issue for HIS with the SG.

- Creation of a Business Analyst role to develop methods and contents for the Right Decision Service. This will be a two year project with half of the funding for this role being provided by the Digital Health and Care Innovation Centre (DHI).
- Creation of a shared Project Officer resource with the Internal Improvement Oversight Board (iiOB) (0.5 WTE) and the Digital Delivery Programme (0.5 WTE). The iiOB have already allocated this 0.5 WTE in their baseline budget for FY 22/23.
- The iiOB and Digital Delivery Programme work in partnership and already share Project Officer and Administrative Officer resource on the above basis.
- This role is required to provide resilient project support to both iiOB and Digital Delivery Programme as the digital development projects are initiated during FY 22/23.
- Timeframes – The Digital Services Group is preparing job descriptions for the two Programme Manager roles and plan to recruit as soon as possible. These must be permanent posts and continued funding will be required for them from 22/23 onwards. DHI and DSG will jointly recruit the Business Analyst role in June 2022. iiOB and DSG will jointly recruit the Project Officer role in April 2022.
- Key milestones – Programme Manager: Approval of eRAFs February 2022, advertisement of roles March 2022 and appoint April/May 2022 (dependent on notice periods). Business Analyst: Work on the Job Description will start in February and will take until April 2022 to progress through the HIS new role process, advertise in May and in post June/July (dependent on notice periods). Project Officer : Approval of eRAFs March 2022, advertisement of roles April 2022 and in post April/May 2022 (dependent on notice periods).
- Dependencies – These roles will need to be approved by the HIS eRAF process.

5. Enhance and improve our cybersecurity posture

The Digital Services Group is already enhancing laptop and mobile security with the deployment of InTune and Mobile Device Management. However, pro-active defence of our internal networks and server estate also needs to be improved. Recent cyberattacks have taught us that it is a matter of ‘when we will be attacked’ and not ‘if we will be attacked’. The time from initial intrusion is continually reducing and is currently a matter of a few days, thereby vastly reducing the chances of our current systems and process being able to detect an intrusion in time.

We need systems that are able to minimise the ‘time to recover normal operations’. Additionally, the introduction of the National Information Systems Regulations by the Scottish Government (SG), means that if HIS are affected by a cyberattack and found to have been at fault then financial penalties of up to £17 million can be applied. See Appendix 2 – “Network and Information Systems Regulations infographic”. DSG is planning further discussions with the NHSS Cyber Security Centre of Excellence (CSCoE) and to procure professional third party services to review our estate, systems and procedures with a view to licensing and deploying third party software to pro-actively monitor our internal systems and server estate.

- Timeframes – Discussions with NHSS CSCoE by June 2022, procurement of professional services from a third party company by August 2022, review of HIS

systems by September 2022 and deployment of additional security layer by October 2022.

- Key milestones – Discussions with NHSS CSCoE June 2022, procurement August 2022, review September 2022 and deployment October 2022.
- Dependencies – Discussions with NHSS CSCoE by June 2022, Project 3 (ICT Staffing) and Project 1 (improved architecture).

6. Present and deliver our advice, guidance and intelligence in a more digitally connected manner to strengthen the reach and impact of our work

Currently HIS presents the results of its work in a very document-centric manner, publishing outputs on a web estate (that is not fit for purpose) in the form of booklets, PDFs and posts. This limited approach to publishing undersells our work. Our ambition is to move to a COPE approach – Create Once, Publish Everywhere, an approach that allows us to efficiently use the same work across many digital/social media platform and to link work.

Due to the combination of an under-performing web estate and an out-of-date publishing strategy, health and care professionals across Scotland are not easily able to access the latest advice, guidance and intelligence

HIS will partner with a third party organisation to benchmark content strategies from online medical publishers, including other Boards, NICE, Cochrane, Mayo, Johns Hopkins, NEJM and BMJ. Set up a SLWG to understand implications for HIS publications, reports and guidance, pilot within Evidence and prepare a paper for ET on recommended actions.

- Timeframes – Procurement June 2022, Benchmarking August 2022, SLWG September 2022, Pilot in Evidence December 2022 and paper to ET February 2023.
- Key milestones – Procurement complete end of June 2022, Benchmarking complete end of August 2022, SLWG complete end of September 2022, Pilot in Evidence complete by end of December 2022 and paper to ET in February 2023.
- Dependencies – Successful procurement, HIS resource for SLWG and Evidence resource for pilot programme and Project 3 (ICT Staffing), Project 1 (improved architecture) and Project 2 (Modernise, consolidate and improve the functionality of the disparate HIS web estate).

7. Provide the required baseline, structured data environments that will enable us to leap forward as an intelligence led organisation

A programme of work is underway to migrate all the existing on-premise CRMs (QUAD, SMC, CE and FOI) to the Cloud, this is due to complete end of FY 21/22.

A programme of work for FY 22/23 is required to develop and provide new functionality for the migrated SMC and CE CRMs. Additionally, new CRMs and analytical environments are required for Medical, DMBI, SIGN and iHub.

The vision is that all these data stores will be interoperable and accessible across the organisation, with the appropriate information governance and information security rules built in to ensure the appropriate access rights.

Providing these new connected data environments will support the key delivery area approach and streamline the HIS response to major health and social care priorities. For example, developing a new system for Intelligence Sharing both across HIS and with national agencies will create the capability for an integrated response by HIS.

This will mitigate corporate risk 1044 – Internal intelligence sharing

- Timeframes – Initial discussion are due to take place with the NSS Data Services, Architecture and Solutions Team February/March 2022 to ensure alignment with NHSS and look at options for a new system for Intelligence Sharing. Development work on the CRMs, by TrueNorth IT, is due to start in April 2022 and run through to January 2023.
- Key milestones – SMC CRM enhanced June 2022, Medical CRM July 2022, DMBI system July 2022, CE CRM enhanced September 2022, SIGN system November 2022 and iHub CRM January 2023
- Dependencies – HIS staff availability and NSS DaS availability. Project 1 (improved architecture), Project 3 – ICT staffing and Project 4 (Programme Management resource)

Section D: GOVERNANCE AND REPORTING

Safia Qureshi, Director of Evidence and Executive Lead for Digital, is accountable for the overall delivery of this work within Healthcare Improvement Scotland.

Kevin McInnery, Digital Services Lead, is responsible for operational delivery of this work within Healthcare Improvement Scotland

HIS will monitor progress with delivery of this work through its internal performance monitoring arrangements which report to the HIS Board through its Committee structures, this will include Project Boards for the Website and Intelligence led organisation projects. This business case will go to the HIS Executive Team and the HIS Audit and Risk Committee.

Section E: RESOURCES & FINANCIAL INFORMATION
Project 1 - Investment in critical, resilient ICT architecture

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)

	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
ICT architecture			£200,000	
Total Non pays			£200,000	

NOTE: This £200K spend fits the description of expenditure that could be capitalised and as such, should the CAPEX budget allow for it, HIS would look to capitalise this cost.

The benefits of the project are as follows:

- Enable our current systems to remain secure, connected and reliably functional
- Reduce the chance of a failure impacting on business delivery

- Reduce the risk that we will not be able to deliver work as expected by our stakeholders
- Reduce our 'time to recovery' in the event of a failure
- Cost and efficiency savings – reduced downtime
- Reduced frustration and maintenance of staff confidence in Digital Services Group delivery
- Maintain Scottish Government confidence in HIS
- External audit finding will be addressed
- Mitigation of corporate risk 1150 - Risk of hardware failure.

	Annualised	22/23
Total costs		£200,000
Total benefits/mitigation of inefficient cost		
Net benefit		
Pay back period		25 months

Note: Benefit mitigation is difficult to quantify, however in this financial year there have been two business continuity events, of 3 working days each, due to hardware issues. When multiplied by WTE affected the costs are not insignificant and these issues will be removed, and the risk of reoccurrence mitigated, if this investment is made.

Project 2 - Modernise, consolidate and improve the functionality of the disparate HIS web estate

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)				
	HIS baseline funded (annualised)	External Funding (annualised)	HIS baseline funded (22/23)	External Funding (22/23)
	£	£	£	£
Develop User Requirement Specification			£100,000	
Modernise web estate			£333,000	
Hosting and support	£30,000		£30,000	
Total Non pays	£30,000		£463,000	

Note: £53,000 of the HIS baseline funded for 22/23 was initially expected to come from the iHub FY 21/22 budget. However, due to the timeline and not being able come from the FY 21/22 budget this £53,000 will either have to come from the iHub baseline budget for FY 22/23 or another source of funding.

The benefits of the project are as follows:

- This is a fundamental first step in making HIS a digitally enabled organisation
- Increase ease of access to our advice, guidance and intelligence for healthcare professionals and the general public
- Provide access to information for a wider range of users and enable them to be fully informed in the design and delivery of their care
- There will be efficiency savings by having a single contract for all web hosting and support instead of the myriad of different contracts with multiple suppliers, in

some instances support for a website is provided by one organisation and hosting by another

- Make HIS a more desirable place to work for potential employees
- Mitigation of corporate risk 1177 – Risk of HIS website failing leading to a permanent loss of function and information stored and accessed on the website
- Mitigation of cybersecurity risk where Windows 7 and Internet Explorer 8 need to be used to update the HIS website

	Annualised	22/23
Total costs	£30,000	£463,000
Total benefits (financial)		
Net benefit		
Pay back period		

Note: There are costs associated with supporting, maintaining and hosting the current websites which will be removed when the new website is brought online. DSG are currently working with SAS Procurement to understand the current contract costs.

Project 3 - Strengthen the ICT Team to so that it is fit for purpose for an organisation the size of HIS

Pays	WTE	Band	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
ICT Support Analyst	1.0	5	£36,206		£30,172 (starting June)	
Helpdesk Manager	1.0	6	£44,995		£29,997 (starting August)	
ICT Security Manager	1.0	7	£55,524		£37,016 (starting August)	
Administrative Officer	1.0	4	£30,281		£27,758 (starting May)	
Total Pays			£167,006		£124,942	

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)				
	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
Laptops, mobile phones, soft tokens and software licensing	£5,328		£10,671	
Total Non pays	£5,328		£10,671	

The benefits of the project are as follows:

- A stronger guarantee of business resilience and capacity for business development as the ICT Team will be able to support both day to day business and digital development, which it cannot with current resource
- Reduced likelihood of ICT staff absence due to stress
- Reduced frustration and increased staff confidence in Digital Services Group delivery
- ICT Team will be able to allow professional development time for all staff
- Improved and more efficient service for staff
- Ability to address multiple findings from the National Information Systems Regulations (NISR) Audit
- Mitigation of corporate risk 1122 - ICT Team will be unable to perform its function of supporting either the day to day business of the organisation nor its digital development

	Annualised	22/23
Total costs	£172,334	£135,613
Total benefits (financial)		

Net benefit		
Pay back period		

Note: *benefits are based on avoidance of staff sick leave due to plus benefit to the organisation through the provision of: more ICT staff, that are better trained, resulting in quicker resolution of calls; the ability to address all the findings from the NISR audit along with the upcoming demands of adopting more tools from the National M365 environment. This will enable the transformation of the ICT Team from reactive problem resolution to proactive, planned and managed delivery. It is not possible to quantify the wider financial business benefits of a resilient ICT Team.*

Project 4 - Provide adequate Programme Management resource for National resilience requirements and Business Analyst and Project Officer resource for Digital Delivery Programme

Pays	WTE	Band	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
Programme Manager	1.0	7	£55,524		£50,897 (starting May)	
Programme Manager	1.0	7	£55,524		£50,897 (starting May)	
Business Analyst	0.5	7	£27,762		£20,822 (starting July)	
Project Officer	0.5	5	£18,103		£16,594 (starting May)	
Total Pays			£156,913		£139,210	

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)				
	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
Laptops, mobile phones, soft tokens and software licensing	£5,328		£10,671	
Total Non pays	£5,328		£10,671	

The benefits of the project are as follows:

- Removal of a single point of failure for this key national work
- HIS are properly able to respond to these key SG initiatives
- HIS business areas are not adversely affected and the required data environments are provided

- Processes, content and skills for Right Decision Service are developed within HIS in partnership with DHI for NHSS
- HIS develops greater knowledge in the digital sphere through a symbiotic relationship with DHI
- Reputational risks to HIS are avoided

	Annualised	22/23
Total costs	£162,241	£149,881
Total benefits (financial)		
Net benefit		
Pay back period		

Note: *benefits include the avoidance of the loss of the sole person in post for national audits; reputational benefit to the organisation through participation in national SG audits; benefit to the organisation through the provision of the required data environments; development of the Right Decision Service for NHSS; digital partnership with DHI and project coordination and synergies with iiOB.*

Project 5 - Enhance and improve our cybersecurity posture

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)				
	HIS baseline funded (annualised)	External Funding (annualised)	HIS baseline funded (22/23)	External Funding (22/23)
	£	£	£	£
Software	£10,000		£10,000	
Professional contractors			£30,000	
Total Non pays			£40,000	

The benefits of the project are as follows:

- Reduction in the chance of an event impacting on business delivery
- Reduction in our 'time to recovery' in the event of an incident
- Ability to address multiple findings from the National Information Systems Regulations Audit
- Less likelihood of being subject to fines of up to £17 million from the SG, through the National Information Systems Regulations.
- Reputational risks to HIS are avoided
- Mitigation of corporate risk 923 - ICT systems could be disabled because of a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage

	Annualised	22/23
Total costs	£10,000	£40,000
Total benefits (financial)		
Net benefit		

Pay back period		
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Note - Benefit mitigation is difficult to quantify, however in this financial year there have been two business continuity events, of 3 working days each, due to hardware issues. When multiplied by WTE affected the costs are not insignificant. Although a different root cause from a cybersecurity incident the business impact is the same. The potential business impact and associated reputational impact will be reduced, and the risk of occurrence mitigated, if this investment is made.

Project 6 - Present and deliver our advice, guidance and intelligence in a more digitally connected manner to strengthen the reach and impact of our work

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)

	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
Professional contractors			£20,000	
Total Non pays				

The benefits of the project are as follows:

- In Scotland, HIS leads the field as an online source of accessible and useful information, available at the point of need
- HIS keeps pace with NICE, Cochrane and similar organisations

	Annualised	22/23
Total costs		£20,000
Total benefits (financial)		
Net benefit		
Pay back period		

Project 7 - Provide the required baseline, structured data environments that will enable us to leap forward as an intelligence led organisation

Non Pays (eg IT, software, website development, travel & subsistence, hardware, capex/opex?)

	HIS baseline funded (annualised) £	External Funding (annualised) £	HIS baseline funded (22/23) £	External Funding (22/23) £
Professional contractors	£50,000		£200,000	
Total Non pays				

The benefits of the project are as follows:

- Providing new data environments with the potential to link up across directorate functions and open up to NHSS will support the key delivery area approach (integrated response) and streamline the HIS response to major health and social care priorities.

- Developing a new system for Intelligence Sharing both across HIS and with national agencies will create the capability for an integrated response by HIS. A process map of the current manual 'copy and paste' approach is listed in Appendix 3 - Current Intelligence Sharing process map
- Presenting and delivering our advice, guidance and intelligence in a more digitally connected manner will strengthen the reach and impact of our work.
- Mitigation of corporate risk 1044 - Internal intelligence sharing

	Annualised	22/23
Total costs	£50,000	£200,000
Total benefits (financial)		
Net benefit		
Pay back period		

Note: benefits would be based on cost and efficiency savings for Intelligence Sharing and of cost and efficiency savings combined with new insights into healthcare improvement through linking data across directorate functions and with the wider NHSS.

Section F:
RISKS
This programme of work will mitigate the following corporate risks:

- 1150 - Risk of hardware failure
- 1122 - ICT Team will be unable to perform its function of supporting either the day to day business of the organisation nor its digital development
- 923 - ICT systems could be disabled because of a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage
- 1044 - Internal intelligence sharing
- 1167 - There is a risk that there is insufficient resource (workforce and financial, including capital funding) available to achieve the HIS Digital Strategy
- 1177 – Risk of HIS website failing leading to a permanent loss of function and information stored and accessed on the website

If not delivered then the following operational, financial, workforce, reputation and clinical and care risks may occur:

Operational risks

- Impact on business delivery as a result of a hardware failure event
- Enlongated 'time to recovery' in the event of a hardware failure event
- Inability to present website content in a more modern and user focused manner
- Continued cybersecurity risk of needing to use a virtual PC with an out-of-date operating system (Windows 7) and out-of-date browser (Internet Explorer 8) to update the HIS website
- Inability of HIS to contribute to mandated national audits
- Impact on business delivery as a result of a cybersecurity incident
- Enlongated 'time to recovery' in the event of a cybersecurity incident
- Unable to deliver our advice, guidance and intelligence in a more digitally connected manner

- Unable to create the capability for an integrated response by HIS for Intelligence Sharing both across HIS and with national agencies
- Unable to support the key delivery area approach (integrated response) by not providing new data environments with the potential to link up across directorate functions and open up to NHSS

Financial risks

- Financial penalties of up to £17 million from the SG, through the National Information Systems Regulations, in the event of a cybersecurity incident where HIS are deemed to have been at fault. See Appendix 2 – “Network and Information Systems Regulations infographic”
- Increased costs as a result of system downtime due to a hardware failure event
- Increased costs as a result of system downtime due to a cybersecurity incident
- Unable to realise the cost and efficiency savings that would be achieved by developing a new system for Intelligence Sharing both across HIS and with national agencies
- Unable to realise the cost and efficiency savings that would be achieved by providing new data environments with the potential to link up across directorate functions and open up to NHSS

Workforce risks

- Loss of staff confidence in HIS ICT capabilities
- Inability to recruit and retain staff as HIS are perceived to be a digitally backward organisation
- Increased staff frustration with an increasing number of hardware failure events
- Loss of staff confidence in the commitment to invest in Digital and deliver the Digital strategy
- Inability to retain staff arising from there being no commitment to investing in Digital and delivering the Digital strategy
- Increased staff frustration with the inability to present content properly on the HIS web estate
- Increased ICT staff frustration if the previously agreed additional ICT posts are not created
- Loss of HIS ICT staff due the growing quantum of work and no corresponding increase in ICT staffing levels
- In the event that any of the ICT team leave then HIS will be unable to recruit replacements as the ICT Job Descriptions are not banded appropriately
- Loss of staff due to unsustainability of HIS approach to management of national audits
- In the event of a loss of staff HIS it will be difficult to recruit a single person who could manage the system development work and the management of national audits
- Increased staff frustration with an increasing number of cybersecurity incidents
- Increased staff frustration with their inability to deliver our advice, guidance and intelligence in a more digitally connected manner

Reputational risks

- This investment and programme of work is to enable HIS to deliver on its Digital Strategy. Without this investment HIS will be unable to deliver on the following clear commitment from Draft version of the 2022 HIS strategy - *“we will invest in our digital capability and infrastructure to ensure that we can engage and work in contemporary ways, and are future-ready.”*
- Inability to respond to the National Information Systems Regulations Audit 2021 where the lack of second Data Centre was identified as an urgent risk to HIS and
- Inability to respond to the National Information Systems Regulations Audit 2021 where the creation of the ICT Security Manager role was declared by HIS as being the key enabler to resolving many of the risks
- Impact on HIS stakeholders as a result of system downtime due to a hardware failure event
- Insufficient staffing levels to participate in key national audits from the SG
- Impact on HIS stakeholders as a result of system downtime due to a cybersecurity incident
- HIS seen as a digitally backward organisation due to: (i) our current ways of working; (ii) lack of formal, structured data systems; (iii) a web estate that has reached the end of its useful life and (iv) our inability to deliver our advice, guidance and intelligence in a more digitally connected manner

Clinical and care risks

- Health and care professionals are unable to easily access the latest advice, guidance and intelligence
- Users are not able to be fully informed in the design and delivery of their care
- Right Decision Service is not developed for NHSS

Section G:
APPROVALS

Healthcare Improvement Scotland seeks support for the:

- strategic aims, objectives and outcomes of this business case
- timeframes for delivery of this work
- additional funding to support delivery of this business case throughout the lifecycle of this work

Signatories:

On behalf of FP&G	
Signature	
Date	

On behalf of PAW	
Signature	
Date	

Operational Officer (main contact)	
Signature	
Date	

Director	
Signature	
Date	

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Business Cases for Approval
Agenda item:	2.2.3
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Decision

1. Situation

The Board are asked to approve the following business cases:

- Value Management
- Designing & Improving Residential Care
- Healthcare Staffing Programme (HSP)
- Inspection of Mental Health Units
- Scottish Medicines Consortium (SMC)

2. Background

The Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

Included in our Code of Corporate Governance, the Standard Financial Instructions states that strategic plans and policies with resource implications greater than £500,000 shall be reserved for agreement by the Board (section 4, part J, 2.0).

In accordance with these instructions, four business cases have been brought to the Board for approval.

3. Assessment

The five business cases all relate to additional allocation funding (as opposed to baseline funding) totalling £4.6m for 2022/23, with £1.4m of costs being pass-through costs to other NHS Boards.

Description			21/22 Budget	21/22 Forecast	22/23 Budget Proposed	v2 22/23 Statu	WTE at P12
Value Management	Existing	ihub	622,460	622,460	702,201		4.9
Designing and Improving Residential	New	ihub	0	0	535,208		9.6
HSP - External	Existing	NMAHP	704,436	200,637	1,776,264		6.8
HEI Mental Health	New	QAD	0	0	646,831		10.5
SMC - External	Existing	Evidence	90,000	110,504	977,999		28.5
			1,416,896	933,601	4,638,503		60.3

Three of the allocations were included in the 2022/23 Budget (Value Management, Designing & Improving Residential Care, HSP), albeit the allocation against HSP has increased since. The business case for Inspection of Mental Health Units and SMC were noted in the budget as a potential allocations but were unapproved at the time pending the finalisation of the business cases and/or discussion with Scottish Government.

The budget for additional allocations currently stands at £6.2 with 98 Whole Time Equivalent (WTE). Inclusion of these business cases takes our total additional allocations to £8.9m with 137 WTE – a 40% increase.

4. Recommendations

The Board are asked to approve the attached business cases.

5. List of appendices

The following appendices are included with this report:

- Appendix 1: Value Management Allocation Business Case
- Appendix 2: Designing & Improving Residential Care Allocation Business Case
- Appendix 3: HSP Allocation Business Case
- Appendix 4: Inspection of Mental Health Units Allocation Business Case
- Appendix 5: SMC Allocation Business Case

Value Management Collaborative

Proposal for extension

September 2021

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Commissioning of the Value Management Collaborative

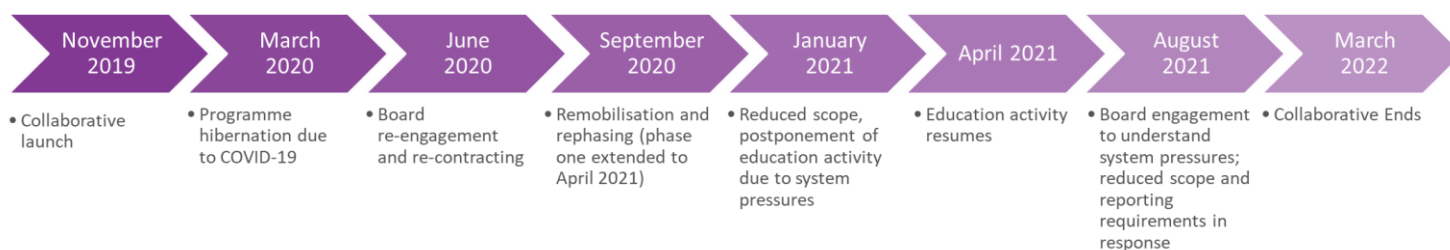
Healthcare Improvement Scotland, in partnership with NHS Education for Scotland and the Institute for Healthcare Improvement were commissioned by the Scottish Government to deliver the Value Management Collaborative to test and spread a value management approach across NHS Scotland. The collaborative was launched in November 2019 and is currently planned to complete in March 2022.

Six NHS boards were selected through a competitive process and a partnership agreement established which set out expectations for testing and implementation of value management, namely:

- by November 2020 (phase one), each board would implement value management in three pilot teams
- by March 2022 (phase two), each board would spread value management throughout their organisations.

How collaborative delivery was modified in response to system pressures

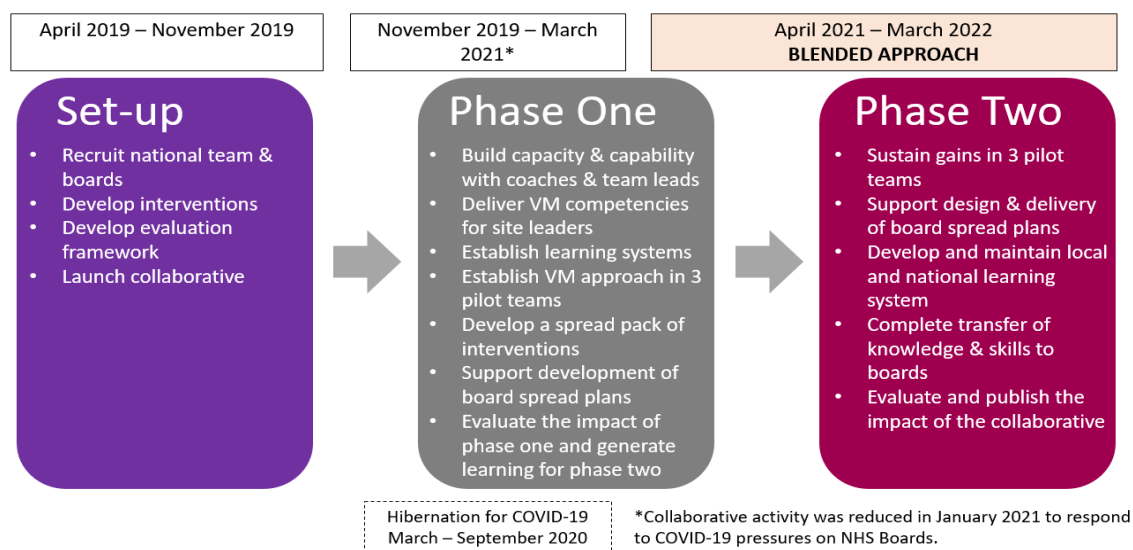
In March 2020 the collaborative was hibernated due to the COVID-19 crisis to release capacity in the health and social care system. This also included the partnership working that was underway with the Realistic Medicines Policy Team in Scottish Government to explore how Value Based Healthcare, a core part of the Realistic Medicines programme, could align with Value Management. The timeline below outlines the setbacks the collaborative has faced due to COVID-19, which have resulted in delays of at least ten months:



Ongoing system pressures continue to impact collaborative activity. Fluidity in the improvement coach situation for many participating boards has further set back teams in progressing their value management work.

These challenges have meant that most participating boards have not reached the required milestones to be able to support spread and engage in phase two beginning April 2021. A blended approach to collaborative phasing is therefore now being taken (see figure A).

Figure A – A Blended Approach to Collaborative Phasing:



The potential of a Value Management approach

Prior to the outbreak of COVID-19 in March 2020, collaborative teams had just started to gain momentum with value management. Understandably, following hibernation of the collaborative, participating boards have needed to reform and relaunch pilot teams, and in some cases change selected teams. The scope of what could be achieved by the end of March 2022 is therefore significantly reduced.

If funding for the collaborative concludes on 31 March 2022, there is a risk that:

- the benefits of the collaborative will not be fully realised in relation to the original ambition to sustainably spread a value management approach in participating NHS Boards
- the collaborative learning system will not have matured enough to effectively support participating boards to spread value management in a sustainable way.

An extension to the collaborative would provide the opportunity to deliver phase two, and:

- enable local and national learning systems to be fully developed
- provide support to NHS boards to spread and implement Value Management beyond their pilot teams
- develop additional national resources to support implementation and spread in remaining NHS Boards across Scotland
- reinstate the joint working across two key policy areas of Value Management and Realistic Medicine to sustain a value management approach.

Additional time would allow us to build on the impact to date outlined in the [Value Management Interim and Learning Report](#) and [a series of case studies](#). Successful implementation of the approach has evidenced the following positive impact to date:

- ✓ Evidenced an **increase in coach knowledge and skills** required to support teams to implement a value management approach.
- ✓ NHS Tayside's Catering Team have shown a **15% decrease in milk costs (£10,185)** between financial years at Ninewells Hospital.
- ✓ Patients at the Day Medicine Unit at NHS Forth Valley were able to receive **care closer to home at increased value** (with an indicative cost reduction of £69, 720).
- ✓ Philipshill Spinal Unit in NHS Greater Glasgow and Clyde focused on Joy at Work during COVID-19 which resulted in **improved team cohesion and staff morale**.
- ✓ Easter Ross Community Mental Health Team in NHS Highland achieved a **15% reduction in referrals returned to GPs**.
- ✓ Enabled the **inclusion of finance colleagues in improving value and quality**.
- ✓ Early indications that the approach provides a **mechanism for aligning different improvement and assurance programmes** at team and board level.

Value management methodology supports improvement that focuses on quality, capacity and cost. With Boards already beginning to spread, a funding extension would maximise the impact that the value management approach could achieve, whilst providing a reliable method to support NHS Boards to respond to the NHS Recovery Plan 2021-2026 and deliver a safe, sustainable, high quality health and social care support system which is rooted in individual and staff wellbeing.

Proposal for an extension to the Value Management Collaborative

We are requesting that the collaborative be extended a further two years from the original end date of 31 March 2022, and therefore conclude on 31 March 2024, with an opportunity for review in March 2023.

We will continue to work in partnership with NHS Education for Scotland (NES) and the Institute for Healthcare Improvement (IHI) to spread a value management approach across NHS Scotland. IHI will transition to the role of critical friend during Year 2 of the extension as NHS boards embed, spread and deliver improvements using Value Management methods.

This would allow us to:

- Support pilot teams to ensure they are equipped for spread by providing adequate time, improvement coach resource and national support to teams
- Reintroduce support for NHS Board leaders to create the conditions for quality management through organisational culture, leadership and infrastructure interventions
- Develop additional national resources to support implementation and spread beyond pilot teams and to remaining NHS Boards across Scotland
- Further explore how the value management method aligns to other programmes of work such as Realistic Medicine , Scottish Patient Safety Programme, Excellence in Care and Access QI, and
- Advocate value management as an approach to support recovery of NHS Boards following the COVID-19 pandemic.

The additional two years will consist of the following activity:



Resource required

Cost Element	01 April 2022 to 31 March 2023	01 April 2023 to 31 March 2024
PAYS (HIS only)*	£232,702	£242,002
NON-PAYS (NES Principal Lead and board funding)**	£469,499	£100,032
IHI commission	£14,330	£10,170
Total	£716,531	£352,204

* PAYS costs are based on current postholder payscale information at an inflation rate of 4%.

** Year one costs include band 7 improvement coach funding per NHS Board. This funding is reduced in year two as we move towards board level ownership of value management, when boards will receive £1,500 each to support the development of their local learning systems.

A further breakdown of the cost involved is included in Appendix 1.

Contact

Please direct any questions in relation to this document to Claire Mavin, Portfolio Lead for Acute Care, ihub, Healthcare Improvement Scotland.

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Appendix 1

1a: Cost breakdown for HIS PAYS and NON-PAYS

Year one of the extension (April 2022- March 2023)	
Description	Estimated outturn
Band 4 Office Services (1WTE)	£31,975
Band 5 Office Services (1WTE)	£35,330
Band 7 Office Services (1WTE)	£58,344
Band 8a Office Services (1WTE)	£70,831
Band 7 Information Sys/tech (0.2WTE)	£11,669
Band 5 Data analyst (0.7 WTE)	£24,554
Band 8b Office Services (NES Coach) (1WTE)	£70,605
Purchase Computer Software	£300
Travel Subsistence	£1,300
Collaborative communications resources	£1,000
Training and development	£500
Room hire for networking events	£5,000
National learning sessions	£14,500
6 Band 7 Improvement Coaches	£370,294
Payments to boards for local learning events	£6,000
Total	£702,201

Year two of the extension (April 2023- March 2024)	
Description	Estimated outturn
Band 4 Office Services (1WTE)	£33,254
Band 5 Office Services (1WTE)	£36,741
Band 7 Office Services (1WTE)	£60,678
Band 8a Office Services (1WTE)	£73,664
Band 7 Information Sys/tech (0.2WTE)	£12,131
Band 5 Data analyst (0.7 WTE)	£25,534
Band 8b Office Services (NES Coach) (1WTE)	£73,432
Purchase Computer Software	£300
Travel Subsistence	£1,300
Collaborative communications resources	£1,000
Training and development	£500
National learning sessions	£14,500
Payments to boards	£9,000
Total	£342,034

Published September 2021

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Please contact our Equality and Diversity Advisor on 0141 225 6999
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Business Case

Redesigning Residential Rehabilitation Pathways

We will improve the long term health outcomes for people who seek recovery from addiction. We will achieve this by redesigning pathways into, through and out of residential rehabilitation.

January 2022

1. Background

Healthcare Improvement Scotland (HIS) is increasingly recognised and respected as being able to deliver against the high priority policy area of supporting a reduction in drug-related deaths. In recent years HIS has been commissioned to support people with multiple complex needs through the ADP and Homeless Programme: Reducing Harm, Improving Care and to improve our response to people with mental health and substance use needs.

This work to **support local systems to redesign pathways into, through and out of residential rehabilitation** will build on critical learning from our work with ADPs to drive improvements in care for people who have multiple and complex needs.

This business case follows a previous business case and presentation to the Executive Team in relation to Improvement Support for MAT (Medication Assisted Treatment) Standards Implementation and will form a further part of HIS's portfolio of work around Recovery Oriented System of Care (see Appendix A for an overview of this work).

1.1. Strategic priority

Scotland has the highest levels of [drug related deaths](#) in Europe. The [national mission](#) to reduce drug deaths, launched in January 2021, aims to save and improve lives through driving change in drug and alcohol services in Scotland. One of the ways in which this aim will be achieved is through **increased capacity in and use of residential rehabilitation**.

Following the launch of the national mission a national Residential Rehabilitation Working Group (RRWG) of experts across the system was established. The RRWG has made a series of [recommendations](#) to improve access to treatment and utilisation of existing residential rehabilitation capacity. The RRWG recommendations are as follows.

- **Access:** there should be access to residential treatment on an equitable basis across Scotland.
- **Capacity planning:** there is a clear understanding of need, demand, and capacity.
- **Best value:** funding models for residential treatment need to ensure value for money.

- **Standardisation:** a standardised approach to support good practice should be developed.
- **Pathways:** referral pathways should be clear, consistent, and easy to navigate.
- **Research:** the approach to providing residential treatment should be underpinned by the evidence.
- **Models of delivery:** the diversity of residential treatment interventions across Scotland needs to be understood.
- **Support to the Drugs Deaths Task Force:** the work to improve access to residential treatment should support the work of the Drug Deaths Task Force.

Following the recommendations of the RRWG the Scottish Government's Pathways Programme has undertaken initial work to understand and map the strategic context and to develop a [Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland](#), including development of a universal pathway.

1.2. Quality and access issues

There are 20 facilities based across the country to support abstinence-based recovery; 48% of residential rehabilitation services are provided by the voluntary sector, 33% by private companies and at 6% by statutory services.

Research into residential rehabilitation in Scotland evidences a significant level of variation of provision, funding, governance, and assurance. [Scottish Government research](#), published in November 2021 identifies the key issues in respect of pathways into, through and out of residential rehabilitation, including:

- Funding of residential rehabilitation varies, the vast majority of places are self-funded with less than 10% funded by Alcohol and Drug Services in Scotland. There are longer waiting lists for statutory funded residential rehabilitation placements versus their private, self-funded, counterparts evidencing the level of inconsistency of access based on funding arrangements.
- Governance and assurance of residential rehabilitation in Scotland also varies. Some services are regulated by the Care Inspectorate and others are regulated by HIS (as independent healthcare providers). All residential rehabilitation must adhere to [Health and Social Care Standards](#) which is the basis of regulatory frameworks across both HIS and the Care Inspectorate. As services have become increasingly integrated, the regulatory function remains unchanged with assurance delivered by separate regulatory bodies. This can drive variation because there is a need to design services that meet two different regulatory frameworks. We will continue to engage with our Quality Assurance Directorate regarding the impact of regulation on residential rehabilitation pathways.
- Alcohol and Drug Services [Quality Principles](#) outline the expectations of care and support and this is measured across two distinct data sets: HEAT (Health Efficiency Access and Treatment) targets and [DAISy \(Drugs and Alcohol Information System\)](#). There are a set of key measures that evidence the extent to which people who seek treatment get access within three weeks. However, the data collected is only part of a wider story about user experience and treatment availability.
- There is a need to minimise structural barriers to reduce the inequity of access to residential rehabilitation. In particular for the following groups:
 - **People experiencing homelessness** – National Record of Scotland [data](#) evidences that in 2020 59% of all homeless deaths were drug-related; however people experiencing homelessness may find it more challenging to access treatment, in particular residential rehabilitation.

- **People with mental health co-morbidities alongside addiction** – poor mental health compounds issues such as housing instability, domestic violence and those leaving the justice system and can impact access to treatment.
- **Women** – women may face barriers to accessing treatment due to their role as care givers, and/or due to fleeing domestic abuse and violence.
- **Young people** – inequalities have also been highlighted in terms of access for young people due to thresholds for accessing services.

Understanding the extent to which patients can choose their recovery path and control how this is delivered is key to embedding a human rights-based approach in recovery.

2. What are we aiming to achieve, how will we deliver it and how will we measure impact?

2.1. Programme aim

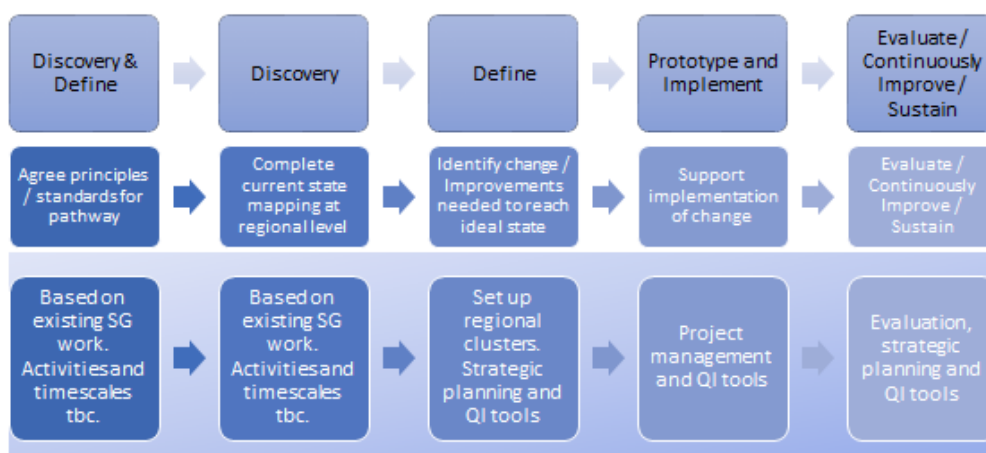
The overall aim of this programme is to improve the long term health outcomes for people who seek recovery from addiction by redesigning pathways into, through and out of residential rehabilitation.

The programme will bring together experts in experience and delivery to understand the journeys that people take to abstinence-based recovery. This programme will transform pathways into, through and out of residential rehabilitation to ensure equitable access to effective, appropriate, person-centred, quality care and aftercare solutions.

2.2. Deliverables

Our blend of Quality Improvement (QI) and Service Design ensures the application of an iterative approach to improvement. The model below outlines our high level process for change:

Process for Change



This programme will build on the work undertaken by the Scottish Government's Pathways Programme understand and map the strategic context and to develop a Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland, including development of a universal pathway.

SET UP

- Establish regional '**Residential Rehabilitation Pathways**' clusters.

DISCOVER

Using the Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland, and the universal pathway, work with regional clusters to:

- **Understand and map existing pathways** at an operational level, including those that emerged during Covid-19.
- Consider the **demand and capacity** of residential rehabilitation across the regional system.
- Support the regional system to understand **how the universal pathways can be applied** in the regional context.
- **Engage with lived experience**, recovery communities and families to understand barriers to access, care pathways and returning home following treatment.

DEFINE

- Undertake a **gap analysis** to review existing pathways against the universal pathway to identify the focus areas for improvement (at system, pathway and process level).
- Via EQIA identify any **protected groups** that are underrepresented and challenges in providing residential services to people with protected characteristics.

DEVELOP

- Identify **specific changes** that are required (commissioning, service changes and clinical changes) to close the gap and what is required to make those changes.

DELIVER

- Provide **QI support and tools** to prototype and test local adaptations of the universal pathway.
- Nurture regional clusters to establish a self-sustaining **learning system**.
- Support **building of local QI capability** to undertake continuous quality improvement work in relation to residential rehabilitation, once the programme ends.

2.3. Anticipated outcomes (including measurement and evaluation)

In line with the HIS logic model framework, the table below presents an overview of the anticipated outcomes that this programme will deliver. An initial priority in the set-up phase of this work, once resources are allocated, will be the development of the measurement plan which will include operational definitions for each of these outcomes.

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
WHAT THE PEOPLE WE WORK WITH GAIN FROM THE PROGRAMME	WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
<p>Organisations delivering services gain:</p> <ul style="list-style-type: none"> • Increased understanding of the existing local recovery system and access to residential rehabilitation. • Increased understanding of demand and capacity of residential rehabilitation within the local area. • Access to support around how to use QI tools to prototype new pathways of care and drive change. • Support for the testing of a multi-disciplinary approach for people who have multiple, complex needs. <p>People with lived experience:</p> <ul style="list-style-type: none"> • Feel their choices are taken into consideration. <p>Other national organisations gain:</p> <ul style="list-style-type: none"> • Input to the national data set that examines the accessibility and quality of residential rehabilitation. 	<p>Organisations delivering services:</p> <ul style="list-style-type: none"> • Embed interconnected system mapping when designing new services. • Use demand and capacity tools to explore pressure points and failure demand of existing services to reduce waste. • Contribute to understanding shared workforce pressures and good practice. • Work with allies to contribute to a learning system to build good practice and learn from each other. • Facilitate the contribution of people with lived experience in prototyping new pathways of care. • Ensure commissioned services offer aftercare as required. • Work alongside partners to build integrated multi-disciplinary teams to design pathways to rehab. • Work with partners to embed the local pathways to residential rehabilitation <p>Commissioners and providers:</p> <ul style="list-style-type: none"> • Jointly review and commission services. 	<p>Reduction in “did not attend” treatment offers.</p> <p>Increased number of residential rehabilitation places in Scotland.</p> <p>Improved quality of pre-care and aftercare for residential rehabilitation services.</p> <p>Reduction in overdose statistics following residential rehabilitation.</p> <p>People with lived experience contribute to understanding the performance of commissioned residential rehabilitation.</p> <p>HSCPs and ADPs can evidence a reduction in waste, streamlined pathways and reduced waiting times for residential rehabilitation.</p> <p>Residential rehabilitation is part of a suite of choices in the treatment of addiction.</p> <p>People who use services have an improved and person-centred experience.</p>

2.4. Scope and exclusions

This programme will build on the work undertaken by the Scottish Government’s Pathways Programme understand and map the strategic context and to develop a Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland, including development of a

universal pathway. As such this programme will not undertake further national/strategic mapping but will focus on using this work to support change at the regional level.

The scope of this programme is the pathways into, through and out of residential rehabilitation. The programme will:

- Establish regional hubs.
- Identify progress so far in the developing pathways to residential rehabilitation.
- Provide support to regional hubs to design and prototype of regional pathways into and from residential rehabilitation, based on the universal pathway.
- Evaluate impact of improved regional pathways.

The programme will not directly address the wider pre-determinants of addiction; however, the learning from this work may usefully inform future public health policy.

3. Governance and programme management

3.1. Governance structures

Governance arrangements are still to be established. This work will follow the governance framework for transformational programmes:

- A Sponsor Group with representation from Scottish Government and HIS will be established. This group will provide strategic direction to, and oversight of, the programme and will report to the Scottish Government.
- Programme board to be managed by the Scottish Government will include HIS and other partners delivering on Residential Rehabilitation projects (e.g. PHS on monitoring, evaluation and research work and Scotland Excel on National Commissioning) so that there is communication between projects and opportunities to work together and avoid duplication.
- The RRWG Subgroup on Pathways will act as the advisory function for this programme ensuring representation from key stakeholders to provide expert views and guidance as required across all phases of the work.

In addition:

- With drugs and alcohol being a key delivery area for Healthcare Improvement Scotland, this programme will be part of the existing Multiple and Complex Needs Forum along with other drug and alcohol related projects to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.
- The project will report through the Housing, Homelessness and Healthcare Portfolio in the ihub, and will be managed through existing HIS governance arrangements, with oversight and scrutiny being provided by the Quality and Performance Committee.
- The project team as outlined at Appendix C will act as a delivery group to drive forward project progress and deliverables.

3.2. Clinical and care governance

The programme will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place to support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland.

The programme team will include a National Clinical Lead (0.3 WTE) to support our clinical and care governance. During the programme development we hope to utilise their peer networks alongside a strong connection to the Scottish Government RRWG.

The below table sets out the principles of the HIS Clinical and Care Governance Framework and the arrangements we will put in place to ensure the safe and effective delivery of the project objectives.

PRINCIPLE	GOVERNANCE ARRANGEMENT
We have a supported, involved and engaged workforce	<ul style="list-style-type: none"> Regional redesign teams for residential rehabilitation will be a mix of local change makers, front line providers and people with lived experience.
There are clear lines of leadership and accountability	<ul style="list-style-type: none"> Establishment of a clearly defined programme governance structure as outlined in section 3.1 above. The programme plan will ensure transparent planning of activities against resource. The National Clinical Lead and National Professional Lead will support effective clinical and care governance.
We involve the people and communities who use services in all our programmes of work	<ul style="list-style-type: none"> We will have a robust involvement plan that includes the scope of our work, how we keep people psychologically safe and incentives, where appropriate. The programme will have two embedded Public Involvement Advisors to ensure the contribution of people who use services, families and carers who coordinate care. To protect those who are engaging with us we will seek to ensure all team members are trauma informed.
There is transparent and informed decision making	<ul style="list-style-type: none"> Establishment of a clearly defined programme governance structure as outlined in section 3.1 above.
All clinical and care risks are identified, managed and acted upon	<ul style="list-style-type: none"> Recruitment of a National Clinical Lead to ensure clinical and care risks are identified, managed, and acted upon. The ADP Clinical Leads group will support and engage with our National Clinical Lead. Establishment and maintenance of robust risk management, monitoring and escalation processes. Our partnership agreement with will ensure there is adequate clinical and care governance structures in place across partner organisations.
We will uphold and demonstrate professional ethics, values and standards	<ul style="list-style-type: none"> Recruitment of a National Clinical Lead to ensure professional ethics and values are upheld.

	<ul style="list-style-type: none"> This programme will conduct an Equality Impact Assessment.
We will continually share knowledge and learning with all out stakeholders	<ul style="list-style-type: none"> A key programme deliverable is establishment of a national learning system to identify, share and spread good practice, innovation and learning about “what works” Scotland-wide.

3.3. Interdependencies

This programme has key interfaces with the following existing work:

INTERFACE	MANAGEMENT ARRANGEMENT
INTERNAL	
ihub Programmes <ul style="list-style-type: none"> Improving Our Response to People with Mental Health and Substance Use Support Needs in Scotland ADP and Homeless Programme: Reducing Harm, Improving Care Improvement Support for MAT Standards Implementation 	<ul style="list-style-type: none"> The project will be part of the existing Multiple and Complex Needs Forum to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made. Some project team members will work across multiple drugs and alcohol related projects, ensuring synergy and connectivity of the work.
Quality Assurance Directorate Assurance of residential rehabilitation facilities	<ul style="list-style-type: none"> The clarity of assurance around residential rehabilitation is critical to supporting this work so we will work closely with QAD to identify key challenges with the independent health care team.
EXTERNAL	
Medication Assisted Treatment Standards	<ul style="list-style-type: none"> This programme will sit within the overall work in relation to recovery orientated systems of care adding value to the Improvement Support for MAT Standards Implementation programme.
Drug Deaths Taskforce	<ul style="list-style-type: none"> This programme is commissioned by the RRWG which sits as a structure under the national mission.
Care Inspectorate Assurance of residential rehabilitation facilities	<ul style="list-style-type: none"> Connections will be sought from colleagues in Quality Assurance Directorate as appropriate.

3.4. Risks

The following risks and mitigations have been identified at this stage of the programme; a fuller list of operational risks will be identified during our understand phase.

RISK	MITIGATION
<p>There is a risk that due to the high profile and high priority nature of this work at Scottish Government level there is an increased level of scrutiny, political and media/public interest. This may result in media requests, parliamentary briefings for multiple policy areas and a higher level of visibility across political leaders.</p>	<ul style="list-style-type: none"> • Ensure all risks are managed and updated with colleagues involved in our governance. • Robust communication plan with agreed sign off process, if required, built in. • All dates in relation to parliamentary briefings are planned in to ensure visibility. • Monthly update reports are available and stored centrally for ease of access for senior members of management.
<p>There is a risk that our drugs related work could be impacted by the recent resignation of the chair and deputy chair of the Drugs Deaths Taskforce resulting in a change of focus or priorities.</p>	<ul style="list-style-type: none"> • Regular and ongoing engagement with Scottish Government Policy Leads. • Ongoing connections to the RRWG via governance arrangements.
<p>There is a risk that ADPs are overwhelmed and confused by the number of improvement programmes currently being offered in relation to drugs and alcohol resulting in a lack of engagement or confusion regarding objectives and outcomes.</p>	<ul style="list-style-type: none"> • Internal coordination within HIS to ensure synergy between programmes, consistent messaging and avoidance of duplication where possible.
<p>There is a risk that Covid-19 impacts our programme, resulting in reduced capacity for colleagues to engage in our improvement activities resulting in delays to agreed deliverables and milestones.</p>	<ul style="list-style-type: none"> • Ensuring flexibility in operational planning to adapt agreed deliverables as required. • Track engagement of the workforce across workshops and events. • Ensure a clear line of communication between clusters and the programme team to predict, as best we can, demands on the system.
<p>There is a risk of lack of buy-in from local systems (e.g. HSCP Chief Officers and ADP Coordinators) into regional clusters.</p>	<ul style="list-style-type: none"> • Engagement events (Jan-Mar 22) will include engagement with senior leaders and workshops to determine who needs to be represented within the regional hubs. • Utilise governance structure within Scottish Government and HIS to lever senior leadership engagement – National Mission Implementation Group and Delivery Board.

3.5. User Involvement

User involvement will be a key element of this work. An involvement plan that ensures the voice of lived experience is a key perspective in the design of pathways to residential rehabilitation will be developed.

Managing risk as well as supporting the drug and alcohol system to embed their user involvement agenda, as outlined in [Rights, Respect and Recovery](#) will be ongoing across the life of this

programme. We will bring key contributors together to form a core-group to offer peer support, recognition, and opportunities to discuss findings. This will allow the co-production of learning materials to empower people to get involved in service redesign.

Appendix C provides a list of key stakeholders.

3.6. Equality and ethics

The programme will embed equality and ethics in the following ways:

- Our involvement of people with experience of using services will be underpinned by an involvement plan.
- An Equality Impact Assessment (EQIA) will be completed and regularly reviewed to ensure that we are addressing actions and learning from new and emerging evidence.
- A Data Protection Impact Assessment (DPIA) will be completed to ensure our data processing is legal and ethical (including types of processing that may result in a risk to the rights and freedoms of individuals).
- The programme will be conducted in line with the principles set out in the HIS Clinical and Care Governance Framework.

3.7. Programme management arrangements

This programme will follow the standard approach to improvement programmes focused on re-design. Our detailed programme steam structure and recruitment planning is outlined in Appendix C. This is balanced against the current context and built into our operational planning.

Wider programme planning and management will be developed upon successful appointment of the workforce. Our detailed programme plan and documentation will include.

- Logic model
- Driver diagram
- Measurement plan
- Involvement plan
- Programme risk and issues log
- Communication plan
- Exit plan

4. Resources

Funding is available from Scottish Government to support this work. Indicative budget and staff resource requirement below.

Post	WTE	Band	Start date	Annual cost £ 2022-23 per WTE (including on- costs at mid- point of band)	Annual cost £ 2023-24 per WTE (including on- costs at mid- point of band and inflation increase of £%)	Annual cost £ 2024-25 per WTE (including on- costs at mid- point of band and inflation increase of £%)	Annual cost £ 2024-25 per WTE (including on- costs at mid- point of band and inflation increase of £%)
Senior Improvement Advisor	1.0	8a	Q1	69,342	71,422	73,565	75,772
Programme Manager	1.0	7	Q1	57,646	59,375	61,156	62,991
Improvement Advisor	3.0	7	Q1	172,937	178,125	183,468	188,972
Strategic Planning Advisor	1.0	7	Q2	43,234	59,375	61,156	62,991
Service Design Advisor	1.0	7	Q3	0	0	0	0
Social Researcher	1.0	7	Q2	0	0	0	0
Data and Measurement Advisor	1.0	7	Q2	43,234	59,375	61,156	62,991
Knowledge and Information Skills Specialist	1.0	6	Q2	0	0	0	0
Public Involvement Advisor	1.0	6	Q1	46,700	48,101	49,544	51,031
Public Involvement Advisor	1.0	6	Q2	35,025	48,101	49,544	51,031
Clinical Lead (SU - medical)	0.3	9	Q2	32,659	44,852	46,198	47,584
Professional Lead (social work?)	0.3	8c	Q2	22,635	31,085	32,018	32,978
TOTAL	12.6			477,195	599,811	617,806	636,340

Non Pay	2022-23 cost £	2023-24 cost £	2024-25 cost £	2025-26 cost £
Travel costs for 11 team members	2,640	2,640	2,640	2,640
Publication of resources, etc.	2,200	2,200	2,200	2,200
National learning events	1,000	1,000	1,000	1,000
Band 7 0.5 WTE Data Analyst towards PHS commission for data set development	28,823	29,688	30,578	31,496
Band 6 0.5 WTE Data Analyst towards PHS commission for data set development	23,350	24,051	24,772	25,515
TOTAL	58,013	59,578	61,190	62,851

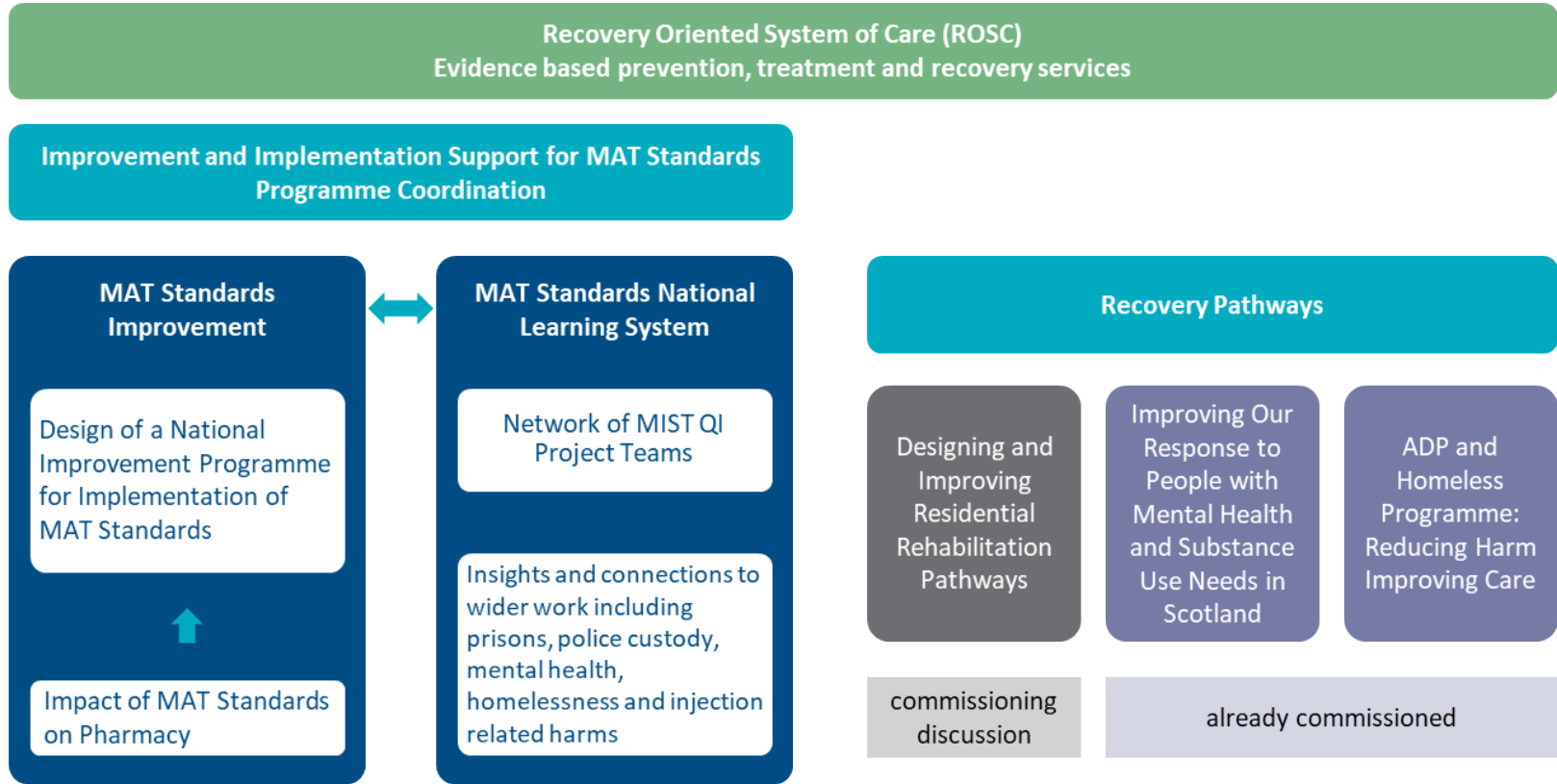
TOTAL COSTS	2022-23 cost £	2023-24 cost £	2024-25 cost £	2025-26 cost £
Pay	477,195	599,811	617,806	636,340
Non-pay	58,013	59,578	61,190	62,851
	535,208	659,390	678,996	699,191

Note: due to the four year duration of this programme, posts will be recruited to on a permanent basis. This will also support with the management of risk in relation to a significant turnover of staff due to short, fixed-term contracts. The organisation liability is low as there is a high probability that skills within the team will be required by the organisation to deliver future work.

Appendix A

Recovery oriented systems of care

Improvement and Implementation Support for Drugs and Alcohol



Appendix B

Stakeholders

There are a range of stakeholders that will be involved in the designing and delivery of a pathways to residential rehabilitation, based on the Quality Management System, including:

- People Who Use Services
- Families and Carers Who Support People to Use Services
- Recovery Communities
- Scottish Government
- Alcohol and Drugs Partnerships
- Health and Social Care Partnerships Chief Officers
- Voluntary Sector Organisations
- Independent Care Providers
- Local Authorities
- Care Inspectorate
- Scottish Prison Service

We will follow a relationship-based approach to engaging with stakeholders, ensuring a range of ways to engage with our work, either through governance structures, advisory functions or more directly locally. A mapping exercise will aim to understand the local change drivers and operational insights as well as key stakeholders at a national level.

Appendix C

Programme team structure, roles, and responsibilities

The roles responsible for delivering the programme are outlined below:

NAME	TITLE	PROGRAMME ROLE
Ruth Glassborow	Director of Improvement	<ul style="list-style-type: none"> Executive Sponsor
Diana Hekerem	Head of Transformational Redesign	<ul style="list-style-type: none"> Sponsor
Ruth Robin	Portfolio Lead	<ul style="list-style-type: none"> Strategic leadership and delivery Housing and homelessness expertise
To be recruited	Senior Improvement Advisor	<ul style="list-style-type: none"> Operational responsibility Relationship management Embed advisory group with Scottish Government and internal information sharing
To be recruited	Data and Measurement Advisor	<ul style="list-style-type: none"> Knowledge capture, development and sharing Support to develop learning system Strategic gap analysis research, analysis, and synthesis support Evidence and evaluation input to learning system Programme evaluation support
To be recruited	Knowledge and Information Skills Specialist	
To be recruited	Health Services/Social Researcher	
To be recruited	Public Involvement Advisor	<ul style="list-style-type: none"> Engagement and involvement expertise and support Programme contact point for service users Map service user needs and experiences in using the system
To be recruited	Improvement Advisor	<ul style="list-style-type: none"> Expert QI coaching Design regional clusters Support clusters to co-design pathway Feed into strategic planning and what good looks like in the commissioning of services Support the discovery phase with a suite of data and evidence on international models of care
To be recruited	Strategic Planning Advisor	
To be recruited	Service Designer Advisor	
To be recruited	Programme Manager	<ul style="list-style-type: none"> Support national network of clusters Support operational planning Support governance
To be recruited	National Clinical Lead	<ul style="list-style-type: none"> Clinical expertise and input (including clinical and care governance) National clinical leadership National practice knowledge
To be recruited	National Professional Lead	

Business case

Healthcare Staffing Programme 2022/23

The aim of the Health and Care (Staffing) (Scotland) Act 2019 is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality care and improved outcomes for service users. As evidence points to associations between safe staffing levels, staff wellbeing and patient outcomes^{1 2}, the legislation intends to ensure that the right people with the right skills are in the right place at the right time.

In 2022/23 the Healthcare Staffing Programme (HSP) at HIS will work with Boards and the Care Sector to support their preparation for the enactment of this legislation and redevelop selected workload and workforce planning tools and real time staffing resources to enable the use of contemporary workforce planning methodologies across multidisciplinary contexts.

1. Background

The Health and Care Staffing legislation and associated work of the Healthcare Staffing Programme aligns with the Healthcare Quality Strategy for NHS Scotland 2010 and key reports such as the 'Safe and Effective Staffing; nursing against the odds' 2017 policy report from the Royal College of Nursing. Support to Boards around improving their workload and workforce planning aligns with and underpins HIS' strategic priority area of enabling the provision of safe, reliable and sustainable care. The programme's recent shift in focus to respond to the covid emergency also aligns with key objectives within the NHS Recovery Plan 2021-2026.

HSP is a commissioned programme by the Scottish Government to support with the implementation of the Act. The enactment of the legislation was paused to enable boards to focus on the immediate priorities of responding to the covid pandemic. It is anticipated that the timescales for enactment of the legislation will be announced in the next 6 months. HIS is named within the Act and has the following duties:

- monitor the discharge, by every Health Board, relevant Special Health Board and the Agency (NSS), of their duties in relation to the Act
- monitor and review the common staffing method

¹ Jansson M, Ohtonen P, Syrjälä H, Ala-Kokko T. The proportion of understaffing and increased nursing workload are associated with multiple organ failure: A cross-sectional study. *Journal of advanced nursing*. 2020 Aug;76(8):2113-24.

² Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, Briggs J, Meredith P, Redfern OC, Kovacs C, Prytherch D, Smith GB, Griffiths P. What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of clinical nursing*. 2018 Jun;27(11-12):2248-59.

- monitor existing staffing tools and recommend their revocation or replacement where they consider they are no longer effective. They may also develop and recommend new or revised tools.
- consider a multi-disciplinary approach when reviewing existing and developing new staffing tools

In addition, the HSP will be required to provide significant support to Boards in preparation for the enactment of the staffing legislation. This will include providing access to updated and digitalised evidence-based workload and workforce planning tools and support to enable Boards to meet their duties around the application of the common staffing methodology and assessment of real time staffing and risk escalation. The programme will also provide expertise within the Quality Assurance Directorate to support their current inspections and responding to concerns work, provide education and training and co-develop future methodology to enable HIS to fulfil its duties in monitoring Boards compliance with their duties within the legislation.

It is recognised that these requirements will take significant additional resource both in terms of team capacity and capability and financial commitment, to the sum of £1.8M, which is reflected in the revised additional allocation request to the SG. This request has been discussed with senior policy and financial staff within the Scottish Government and they have advised the HSP to proceed with planning based on this figure while written confirmation is gained from their finance department.

The overall aim of this programme is to ensure the safe and effective delivery of high quality healthcare through the application of robust workload and workforce planning and the assessment of real time staffing risk

The programme will use our expertise in workload and workforce planning and together with other experts and key stakeholders across Scotland and beyond we aim to increase the knowledge, expertise and resources available to the Boards and the Care Sector.

2. What are we aiming to achieve? How will we deliver it? How will we demonstrate impact?

2.1 Our programme aim

2.2 Deliverables

Our blend of QI and workload/workforce planning expertise and digital innovation will ensure the application of an iterative approach to improvement.

Our key deliverables for the year are:

- Increase knowledge and capacity around workload and workforce planning in the Boards
- Redevelop high priority workload and workforce planning tools

- Develop a suite of real time staffing tools with NES on the Turas platform
- Identify a sustainable and digitally enabled solution for consistent workforce planning across disciplines
- Support QAD inspections and Responding to Concerns whilst increasing the knowledge and expertise within the QAD Directorate and developing the future methodology for monitoring health boards compliance with the legislation
- Increase stakeholder engagement and raise awareness of the programme and staffing legislation
- Support Boards in their preparations for the enactment of the legislation

2.3 Demonstrating impact

In line with the HIS logic model framework, the table below presents an overview of the anticipated outcomes that the Healthcare Staffing Programme will deliver. More detailed monitoring and evaluation plans are being developed for each project within the programme.

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
WHAT THE PEOPLE WE WORK WITH GAIN FROM THE PROGRAMME	WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
Boards have access to a suite of digital and multi-professional workload and workforce planning tools	Boards are successfully using the tools and software to improve decision making, workforce planning and establishment setting and the management of risk	Greater workforce resilience and sustainability
Boards have access to a suite of digital and multi-professional real time staffing tools		Greater staff wellbeing
Boards have access to software that will combine workload and workforce data with real time staffing data and capture risks		Fewer incidents of missed care
	Boards are meeting their legislative duties	Improved patient outcomes

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
WHAT THE PEOPLE WE WORK WITH GAIN FROM THE PROGRAMME	WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
The Quality Assurance Directorate receives support to identify and interpret workforce planning and real time staffing issues and their impact on the delivery of safe and effective care during inspections and through Responding to Concerns	QAD are able to make informed recommendations that enable Boards to make improvements in key areas pertaining to workforce planning and safe staffing highlighted by inspection reports	Greater workforce resilience and sustainability Greater staff wellbeing
Boards have access to a set of educational materials on workload and workforce planning	Board staff have an increased knowledge and understanding around workload and workforce planning	Fewer incidents of missed care Improved patient outcomes
Access to a programme of support across Boards, to increase understanding around workforce requirements and upcoming legislation	Boards are incorporating the common staffing methodology and workload tools into everyday use Boards are supported to apply the legislation consistently	

2.4 Scope and exclusions

This programme will build on the work initiated by the Scottish Government's Nursing and Midwifery Workforce and Workload Planning Programme (NMWWPP) and the development of the safe staffing legislation and associated guidance. The scope spans all professional groups and all NHS services and therefore includes a focus on updating the existing set of nursing and midwifery workload and staffing tools to adapt them for use across all health and care professions. It also includes providing education and support across Boards to improve their workload and workforce planning practices.

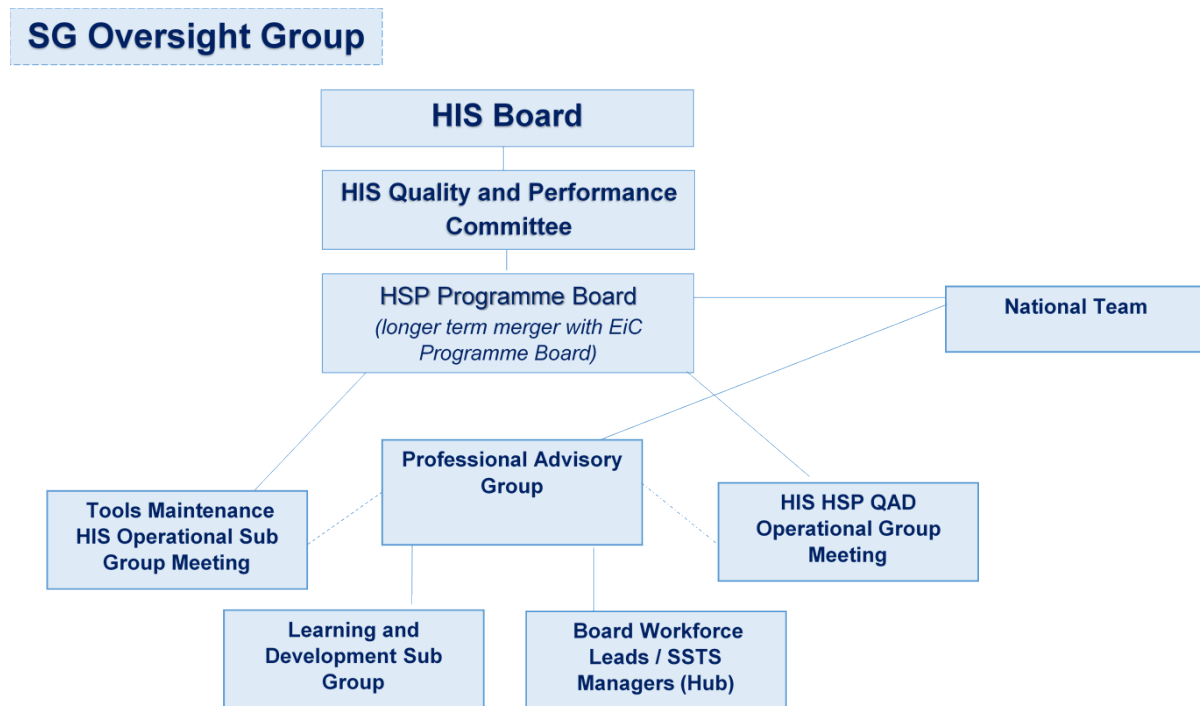
Currently, HIS' duties within the Health and Care (Staffing) (Scotland) Act 2019 relate to health services. However, the Healthcare Staffing Programme is engaging with the Care Inspectorate and supporting them to increase awareness around the legislation and good workforce planning practices within the Care Sector. It is recognised that HIS' legislative duties and scope of the programme may change as a result of the development of the National Care Service.

The programme does not include independent services with the exception of those commissioned by NHS services. It will not directly address the wider training and preparation of professional groups or wider workforce requirements at a national level. The preparation of workforce intelligence to influence government policies and strategies is also out-with the scope of the HSP.

3. Governance and programme management

3.1 Governance structure

The diagram below highlights the governance structure for the HSP. The Scottish Government’s Oversight Group is yet to be established and it is anticipated that it will be convened closer to the time of enactment of the legislation.



The Programme Board provides guidance on the overall strategic direction of the programme.

The Professional Advisory Group functions to provide professional advice on matters affecting the scope, management, organisation, functioning and development of the programme.

Both groups pull expertise from across a number of professions to reflect the multi-disciplinary ambitions of the programme.

3.2 Care and Clinical Governance

Care and clinical governance considerations within the programme are guided by the seven principles set out in the HIS Care and Clinical Governance framework and will be reviewed on a quarterly basis. This is to ensure that appropriate arrangements are in place to support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland.

PRINCIPLE	GOVERNANCE ARRANGEMENT
We have a supported, involved and engaged workforce	<ul style="list-style-type: none"> • HSP team members based around Scotland, closely linked in with key stakeholders in their Boards and working with strong and established relationships in many cases • Workforce Leads and other key staff around the Boards have access to training sessions, guidance and support and an opportunity to share learning and experiences through the learning system and series of Hub events
There are clear lines of leadership and accountability	<ul style="list-style-type: none"> • Clear governance structure as outlined in section 3.1 • Work-plan being developed based on objectives agreed with the Scottish Government with project leads assigned to each key project
We involve the people and communities who use services in all our programmes of work	<ul style="list-style-type: none"> • Key external stakeholders engaged in all aspects of the programme to promote a collaborative approach and draw on clinical and operational knowledge and expertise • The most appropriate means in which to involve service users within the programme is being considered to ensure workload and workforce planning tools and methodology are developed that enables services to deliver care that meet the needs of the people and communities
There is transparent and informed decision making	<ul style="list-style-type: none"> • Maintenance of a clearly defined programme governance structure as outlined in section 3.1 above
All clinical and care risks are identified, managed and acted upon	<ul style="list-style-type: none"> • Regular directorate clinical and care governance meetings held and CCG risks captured in a short report • Maintenance of robust risk management, monitoring and escalation processes • Professional Advisory Group kept updated on programme progress and invited to

	consider and advise on risks, challenges and opportunities
We will uphold and demonstrate professional ethics, values and standards	<ul style="list-style-type: none"> • Recruitment of National Workforce Leads across different professional areas to help ensure that professional ethics and values are upheld • The programme will conduct an Equality Impact Assessment for all aspects of the programme that are identified as requiring this
We will continually share knowledge and learning with all our stakeholders	<ul style="list-style-type: none"> • Growth of a national learning system to identify, share and spread good practice, innovation and learning about safe and effective staffing • Regular Hub events provide a platform for sharing experiences and expertise • Requests for assistance process enables Boards to access specific education and training • Regular Board coaching meetings provides a platform for shared learning and increased knowledge • Knowledge will be shared through website development, education materials and stakeholder events

To ensure that the programme approach is in line with the Scottish Government's ambitions around safer staffing, the HSP team works closely with professional and policy advisors in the Scottish Government's Chief Nursing Officer Directorate. In addition, the Board Workforce Leads form a network of key stakeholders who champion workload and workforce planning and the legislation in their Boards and also provide guidance to the HSP as to where there could be provision of support in running tools, understanding the common staffing method etc.

3.3 Programme team

The Healthcare Staffing Programme team brings together expertise on workload and workforce planning through a team of Senior Programme Advisors and Programme Advisors who are aligned to specific pieces of work; providing support and training to their aligned Boards and supporting the redevelopment of the range of workload and workforce planning tools and resources. All programme work is supported by a team of Data and Information Analysts, led by a future 'Head of Data Measurement and Business Intelligence' role and a central hub consisting of a Portfolio Lead, Programme Manager, Project Officers and Admin Officers. The Programme is 'headed up' by the NMAHP Associate Director for Healthcare Staffing and Care Assurance.

Many of the roles are within the recruitment phases to ensure the programme has the necessary capacity and expertise to deliver the programme objectives.

The programme is also supported through a network of Board Workforce Leads funded by Scottish Government.

3.4 Interdependencies

This programme has key interfaces with the following existing work:

INTERFACE	MANAGEMENT ARRANGEMENT
INTERNAL	
<p>Excellence in Care programme</p> <ul style="list-style-type: none"> • Supporting Boards to incorporate care quality measures into their workload and workforce planning as part of the common staffing model • Development of a missed care measure for Care Assurance and Improvement (CAIR) dashboard • Development of a workforce measure for CAIR dashboard 	<ul style="list-style-type: none"> • Joint working between HSP and EIC staff on development of new quality measures • Oversight from single Portfolio Lead for both programmes
<p>Quality Assurance Directorate</p> <ul style="list-style-type: none"> • Support for acute inspections • Support for prisoner healthcare inspections • Education and training to QAD staff to increase knowledge and awareness of workload and workforce planning and the legislation • Providing support on responding to concerns • Co-production of new methodology to support current and future inspections and ensure HIS duty to monitor Boards compliance with the legislation met 	<ul style="list-style-type: none"> • Four team members providing support to QAD across the inspection preparation, on-site inspection and post inspection report-writing process; supporting Responding to Concerns activity; providing tailored education and training and developing new systems and processes for incorporating safe and effective staffing and the future legislative requirements. • Monitoring Boards' meeting of the Health and Care (Staffing) (Scotland) Act 2019 is one of HIS' legislative duties so HSP will provide on-going but reduced support after enactment of the legislation
EXTERNAL	
<p>NHS Education Scotland</p> <ul style="list-style-type: none"> • Co-producing real time staffing resources; HSP developing initial resource utilising programme and external stakeholder expertise which is then digitalised in partnership with NES digital 	<ul style="list-style-type: none"> • HSP Senior Programme Advisors leading on the development of individual real time staffing resources, supported by Programme Advisors, Data Analyst and Project Officer working closely with external stakeholders within the Boards and a team of product developers being recruited to NES

INTERFACE	MANAGEMENT ARRANGEMENT
<ul style="list-style-type: none"> Co-producing a set of educational materials to go alongside a knowledge and skills framework already developed jointly 	<ul style="list-style-type: none"> HSP Senior Programme Advisor leading development of educational materials with input from Educationalists from NES, supported by Programme Advisors and HSP Project Officer
<p>NSS and Nationally procured e-roster company</p> <ul style="list-style-type: none"> Potential integration of workload tool calculators into eRostering software Development of the real time staffing component to meet the requirements of the legislation 	<ul style="list-style-type: none"> e-roster Software been commissioned for use across Scotland by the Scottish Government, NSS implementing the roll-out over several years Initial testing of integration of calculators by HSP team along with NHS Tayside users of e-roster Software
<p>Atos (information solutions company)</p> <ul style="list-style-type: none"> Make adaptations to the workload tools based on advice from the HSP team 	<ul style="list-style-type: none"> Two timeslots each year for any tool changes to be made Costs of potential tool changes included in HSP budget each year

3.5 Risks

The following programme risks and mitigations have been identified as medium, high or very high. All programme risks are reviewed every month and key risks taken to DMT and added to COMPASS when appropriate.

RISK	MITIGATION
<p>Risk that the reputation and validity of the tools has been impacted as they were not able to be updated during the covid pandemic, resulting in an interest from some Boards in developing their own tools</p>	<ul style="list-style-type: none"> Delivery of a high level tool review and prioritisation of the redevelopment of 4 tools for 2022/23. Support provided to Chief Nursing Officer Directorate during pandemic to develop a suite of real time staffing resources.
<p>Risk that the HSP team will be unable to lead the development of workload tools due to the lack of capacity and capability within the team</p>	<ul style="list-style-type: none"> Learning needs analysis done within the team and areas identified for improving knowledge and understanding Sessions held with external consultant involved in original development of tools New Head of Data Measurement and Business Intelligence role, Data analysts and Senior Programme Advisors being recruited

Appendix 3

<p>Risk of confusion within Boards around the covid safety huddle template, Boards' existing safety huddle practices and future real time staffing developments</p>	<ul style="list-style-type: none"> • Feedback from template users in Boards on how the template has helped and how it aligns with existing processes • Safety huddle guidance included in the refresh of the Scottish Patient Safety Programme patient safety essentials • Strategy and vision for workload, workforce and real time staff tools being developed when Head of Data Management and Business Intelligence recruited
<p>Risk of reduced stakeholder engagement over a protracted period due to covid, resulting in slower progress against objectives and preparation for enactment</p>	<ul style="list-style-type: none"> • Programme planning in a way that is sensitive to the position of the Boards • Continue to regularly meet with key Board stakeholders and SG team to maintain engagement and programme continuity
<p>Risk of not obtaining baseline tool run data from PHS (as our previous project collaborators) resulting in data gap in which to inform tool redevelopment</p>	<ul style="list-style-type: none"> • Access secured to main database • Programme Manager negotiating release of remaining data from PHS • Consideration of different models of tool redevelopment may reduce or eliminate the need for this data
<p>Risk of reputational damage among medical stakeholders when knowledge and skills framework is released due to limited engagement with medical community</p>	<ul style="list-style-type: none"> • Recruitment underway for Medical National Workforce Lead • HSP Associate Director to join SG in roadshow around senior stakeholders including Medical Directors, to raise awareness of legislation
<p>Risk that without a future vision for the workload and workforce planning tools and systems, the tool re-developments may not fully address the Boards' requirements</p>	<ul style="list-style-type: none"> • Development of an options appraisal on the different potential solutions to a workload and workforce system • HSP Head of data Measurement and Business Intelligence being recruited to help steer the development of the vision
<p>Risk of tension among midwifery stakeholders invested in the re-development of the maternity workload tool as the high level review of the tools may not determine the maternity tool as high priority for redevelopment</p>	<ul style="list-style-type: none"> • Key stakeholders kept informed through Programme Board and HSP staff during tool review process • Maternity tool proposed to Professional Advisory Group for review in 2022/23 and awaiting approval • Maternity real time staffing template was developed and released in 2021/22
<p>Risk of an underspend in 2022/23 if NES Digital is not able to complete all digitalisation work on real time staffing resources or if there is insufficient capacity to develop 4 workload tools within the year</p>	<ul style="list-style-type: none"> • Timeline of the development of real time staffing resources mapped out with NES • Recruitment underway at NES for project team to deliver digitalisation work • Timelines scoped out for tool development and new SPAs being recruited

	<ul style="list-style-type: none"> • Regular updating to SG and finance team on progress and consideration of which projects would be temporarily scaled back in order to prioritise tool and template work if required
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3.6 User Involvement

NHS staff form this programme’s primary audience and users, with patients and service-users expected to benefit from the longer term outcomes, as described in section 2.3.

Involvement of Workforce Leads as regional champions for the programme, for workload and workforce planning and for the legislation, has been key to the success of the programme so far. These stakeholders have remained engaged with the HSP during covid, even when pressures in the system prevented their frontline colleagues from engaging with the work.

The workforce leads are now increasingly able to promote the use of the tools and methodologies within their boards and share opportunities for training sessions for Board staff. Many Board staff as well as Care Inspectorate staff, have actively contributed to the working groups that have developed real time staffing tools and the educational materials to ensure they are all suitable for varying contexts.

The HSP also intends to explore where Public Involvement Advisors could add the greatest value to the work programme across 2022/23 to ensure that patients and service users remain at the heart of the programme goals.

3.7 Equality and ethics

The programme will embed equality and ethics in the following ways:

- An Equality Impact Assessment (EQIA) will be completed and regularly reviewed to ensure that our programme is delivered taking cognisance of the different ways in which users may be impacted
- Our Data Protection Impact Assessment (DPIA) will be reviewed to ensure our data processing is legal and ethical
- Our exploration of where Public Involvement Advisors would best feed into the development of the tools, methodologies and educational materials

The programme will be conducted in line with the principles set out in the HIS Clinical and Care Governance Framework.

3.8 Programme Management arrangements

The HSP will be supported by the staffing arrangements outlined in section 3.3 and seeks to ensure robust planning and monitoring processes. 2022/23 will see:

- A finalised work-plan for the year; breaking down objectives agreed with the Scottish Government into deliverables, timelines and key milestones
- Increased monitoring and evaluation activity through the development of a monitoring and evaluation plan and increased use of mechanisms such as key performance indicators and baseline/endline evaluations
- Quarterly Review meetings with Scottish Government provide regular programme progress, risks and financial updates
- Internal Finance meetings, Directorate Management Team and NMAHP Quarterly review meetings provide regular opportunities to review programme performance and risk.
- The refresh of the previous logic model to ensure it remains current
- A 3 or 5 year strategy to inform programme activity including programme management and financial arrangements for the subsequent years
- A communications plan to map out the key messages for target audiences and the best mechanisms and timings for these

To support strong programme management there is a regular schedule of monitoring and reporting around finances and programme progress against objectives. Monthly financial review meetings are held with the HSP Management Accountant and quarterly finance reports sent to the Chief Nursing Officers Directorate. Quarterly progress review meetings are also held with the Scottish Government and associated quarterly reports shared with them.

3.9 Budget

In 2021/22 the Scottish Government provided HSP with an additional allocation to the sum of £700,000 towards the delivery of the programme. This was reflective of the reduced programme activity and ability to develop the tools during the period of COVID related system pressures. However, the lack of capacity within the Boards to engage in the development of the workload and workforce planning tools and recruitment challenges the programme predict a significant underspend for 2021/22. Despite this, the release of an additional allocation for 2022/23 of £1.8M was discussed with the Scottish Government and HIS finance team. This was to cover further expansion to the programme team infrastructure due to anticipated programme activity and Board support as follows:

Following further discussion and agreement with the Scottish Government, the programme is now seeking an additional allocation of £1.8 million. This increased figure is based on the following factors:

- The expansion of the programme team infrastructure at a cost of £660K to:
 - provide a designated HSP Data Measurement team, prior to 2021 this had been provided by PHS with funding allocated to PHS directly by Scottish Government;
 - provide increased programme advisor and project support roles to support with the expansion of the programme to include the development of Real Time Staffing tools and supporting QAD associated activity and the anticipated increase in Board support requests in the run up to the enactment in the legislation;
 - Increased multi-professional national workforce leads to ensure the programme reflects the scope of the legislation beyond nursing and ensure wider stakeholder engagement in the lead up to enactment.
- The required maintenance and development of the current suite of workload tools which had been on hold during the pandemic. Prior to 2021 previous year's additional allocation had been around £800K for this work. To reflect the number of outstanding ATOS change requests and ambition to redevelop a number of the tools the additional allocation request for this work has been increased to £1.1M
- The agreed transition of the development and digitalisation of the Real Time Staffing resources, in partnership with NES, is new programme activity. In addition, the funding requirement for NES' role in this has been agreed with Scottish Government for 2022/23 who have advised that they will pay NES' costs for digitalisation directly to them.

The Scottish Government has advised the HSP to plan programme activity and recruitment based on the allocation of the requested £1.8M while the Chief Nursing Officer Directorate awaits written confirmation from their finance department.

3.9.1 Planned work for 2022/23

Tools maintenance

The existing suite of workload and workforce planning tools, on the SSTS platform, are due to undergo planned redevelopment in order to ensure they are fit for purpose and suitable for multi-professional use. Funds for this were agreed with the Scottish Government in previous years' budgets.

A high level tool review has been undertaken that has identified a significant number of tool changes that will require payment to ATOS in order to complete. In addition, an options appraisal will be conducted to explore a number of alternative options for tool redevelopments that would also require significant upfront costs.

Many of the roles supported through the additional allocation will be aligned to this work, particularly the data analyst and advisor roles.

Board support

Support to the Boards and Care Sector around preparations for the enactment of the legislation and the use of the tools and resources and with interpreting workload and workforce planning data will continue, and demand is anticipated to rise. This is with a view to increasing understanding and uptake around the common staffing method and the self-assessment template as we move towards legislation enactment. Many of the staff roles in this additional allocation will support this work.

Knowledge and skills framework and educational materials

The development of educational materials will continue as planned and will rely on costs included in this additional allocation in order to bring this to completion. This includes designated programme advisor resource and funding to NES for their educationalists input and digital developments on the TURAS/NES Platform

Stakeholder engagement

This will continue, and is anticipated to increase, working with the Scottish Government. There will be a particular focus on increasing awareness and understanding around the legislation, staffing tools and methodologies and the role HIS can play, among non-nursing and midwifery stakeholders. The new Pharmacy and Healthcare Science National Workforce Lead roles in this additional allocation will play a central role in this.

Development of learning system

As a response to covid, the HSP established a learning system on safe and effective staffing, over Teams and the HIS website, to allow for the sharing of resources developed by Boards during the pandemic. This has created a learning community where these resources are hosted in an easily accessible way and connections are being facilitated between Boards to discuss these and share experiences. It is anticipated that this will continue to be built on in 2022/23, with some maintenance required and the potential for the development of some of these Board resources into national resources. Programme infrastructure supported by the additional allocation will continue to support the learning system and the development of any National resources.

3.9.2 Additional work for 2022/23

Real time staffing tool development

In 2022/23 HSP will be adopting responsibility, from the Chief Nursing Officer Directorate, for the further development and digitalisation of a suite of real time staffing tools, in partnership with NES Digital. HSP has a crucial role to play in supporting Boards to meet their legislative duties, which will include the duty to have a real time staffing assessment in place. These resources not only enable Boards to look at real time staffing requirements and identify and escalate associated risks, but will serve as an interim solution while the national eRostering software is rolled out across Scotland and a real time staffing component embedded in this software by HSP and the system developer.

Quality Assurance Directorate support

When the legislation is enacted, HIS will have a duty to monitor compliance with staffing duties. To work towards this, the HSP has been working with the Quality Assurance Directorate (QAD) in HIS, to increase confidence and capability within QAD around identifying where workforce issues have been a contributing factor in challenges identified through inspections.

Although originally included as planned work, with a dedicated staff member to support this, the resource commitment required for supporting QAD on inspections and on 'responding to concerns' is greater than anticipated and is expected to continue into 2022/23 with a regular schedule of inspections and 'responding to concerns'. Dedicated staff time for this has been built into the additional allocation. There will also be training delivered to QAD team members over the course of this year, which will allow the HSP to play a more minimal role in this area when enactment of the staffing legislation is realised.

Development of an integrated digital workforce planning solution

The exploration around a future digitally enabled multi-disciplinary approach to workload and workforce planning, that connects existing and future Business Systems, will ensure the programme remains current and meets the needs of the Boards. Building on the evidence base and methodology from the current suite of workload tools whilst seeking opportunities to utilise data intelligence through the National eRostering roll out and the NES real time staffing digitalisation will ensure a contemporary approach to future workload and workforce planning. An options appraisal and the testing of various potential solutions be supported through the additional allocation, particularly the Head of Data Measurement and Business Intelligence and the Data Analyst team.

3.9.3 Costings

Appendix 3

The indicative budget and staff resource requirements are detailed below. These have been put to the Scottish Government with the request to confirm commitment to this allocation of £1,776, 264 to HIS for 2022/23.

Additional Allocation Pays	WTE	Band	Annual Cost 22/23	Annual cost 23/24	Annual cost 24/25
Senior Data & Measurement Advisor	1	8a	74,960	76,459	77,988
Data & Measurement Advisor	2	7	122,663	114,916	117,214
Data Information Analyst	2	6	110,316	112,522	114,772
Senior Programme Advisor	2	8a	149,920	152,918	155,976
Programme Advisor	1	7	65,017	66,317	67,643
Pharmacy National Workforce Lead	0.4	8c	36,086	36,807	37,543
Healthcare Science National Workforce Lead	0.4	9	60,742	61,956	63,195
Project Officer	1	5	37,560	38,311	39,077
Pays total			657,264	660,206	673,408

All of the above posts are either filled or at recruitment stage currently with a number of posts being appointed through a single or existing recruitment process. These are fixed term posts this year, with a view to extension if future additional allocations (or potential increased baselined funds) allow.

Additional Allocation Non-pays	Annual Cost 22/23	Annual cost 23/24	Annual cost 24/25
Redevelopment of the workload tools - including validation exercises	850,000	867,000	884,340
NSS (ATOS) additional changes to tools	250,000	255,000	260,100
Academic or Consultant support	10,000	10,200	10,404
Education and training sessions/venues	9,000	9,180	9,363
Total non-pays	1,119,000	1,141,380	1,164,207

Tool changes to go to Atos have already been identified but need progressed to Atos. Payments to Atos are anticipated to be recurring on an annual basis to enable the upkeep of contemporary and evidence-based tools.

The cost of redevelopment of workload tools is anticipated to be an ongoing requirement, in line with HIS duties within the legislation, with a projected (re)development of 3 or 4 tools each year, depending on individual tool complexity and the adaptations required to incorporate new calculators, make them accessible for multi-professionals, and other key criteria.

There are currently discussions with the Shelford Group to explore the possibility of purchasing a licence to their Safer Nursing Care Tool (at a preferential rate which acknowledges the input that Scotland has had to the development of this tool). This will accelerate the access to a wider suite of workload tools that will still require testing in a Scottish context. There are also ongoing discussions with NHS England around establishing a collaboration for the development of the Peri-Operative Tool.

An agreement is already in place between NES and the Scottish Government for the costs associated with the digitalisation of real time staffing tools. The SG provided funding for 2021/22 for NES digital development team to work on this. It has been agreed with SG that the development of these tools will be taken forward by HSP and NES together, from 1/4/22. The costs to NES of their digitalisation work on this, will be paid directly to them by the SG.

Total costs	Annual Cost 22/23	Annual cost 23/24	Annual cost 24/25
Pays	657,264	660,206	673,408
Non-Pays	1,119,000	1,141,380	1,164,207
	1,776,264	1,801,586	1,837,615

The request has also highlighted the possible requirement for the same level of funding per annum across 23/24 and 24/25 with a review towards the end of year 24/25. The Scottish Government indicated before the covid pandemic that on enactment of the legislation, there would be an agreement around baselining some or all of the additional allocation and this conversation will be revisited with the Scottish Government once the timelines for the enactment are established.

4. Recommendations

Recommendations are for ET to agree the expansion of the programme and the increase in the additional allocation.

Section A: CONTACT INFORMATION

[Details of manager responsible for operational delivery]

Name: Ian Smith
Job Title: Head of Quality of Care

Tel No: 07952440579
Email: lan.smith1@nhs.scot

Section B: SUMMARY OF WORK TO BE UNDERTAKEN**Quality Assurance Directorate - Inspection of Mental health units**

[Brief summary of work to be undertaken (to incl background, where the work originated from ie. who commissioned the work/evolution from another programme, aim(s), what is to be achieved through doing this work)]

As part of a range of actions to support and improve mental health care services in the context of the COVID-19 pandemic and beyond, Scottish Government colleagues requested that Healthcare Improvement Scotland scope the requirement for proportionate and intelligence led assurance and inspection activity of mental health units. Although the initial focus of this work is on Infection Prevention and Control (IPC), it will act as a lead into the wider consideration of the Strang 2020 report and its recommendations.

Whilst mental health reviews and inspection have taken place in the past there has not been a systematic inspection of IPC requirements in NHS mental health settings. However, Healthcare Improvement Scotland has extensive experience of carrying out IPC inspections of acute hospitals (HEI Inspections) and the regulatory function of Independent Healthcare inspection has built up a robust, rolling inspection programme of private psychiatric hospital and other independent mental health settings. This includes infection prevention and control, resulting in a knowledge in this area. We also look at IPC as part of the Prisoner Healthcare Inspection programme of work.

The mental health estate within NHS Scotland is varied, with inpatient and community services such as drug and alcohol addiction services, learning disability services and forensic services sitting under the banner of mental health services. In order to consider the size of the task and resource required, Public Health Scotland (PHS) provided numbers of inpatient mental health beds in Scotland. For the first version of this business case the 2019/20 figures were used, however

the most recent, provisional figures from [PHS for 2020/21](#) have been used in this version of the business case.

- Child and adolescent mental health – 57
 - Forensic mental health – 337
 - General psychiatry – 1, 638
 - Psychiatry of old age – 1, 518
- Total adult bed count – 3, 550**

The outbreaks of COVID-19 in hospital settings have been reported through the Antimicrobial Resistance and Hospital Acquired Infection (AR HAI) team to Healthcare Improvement Scotland on a regular basis. For the period covering September and October 2020 this submission was broken down into speciality for the first time. This showed that eight clinical areas, categorised as mental health and psychiatry of the elderly experienced a COVID-19 outbreak of various degrees.

As of December 2020 the at risk categories, defined by the Scottish Government, identified those at greater risk from COVID-19 and some of the risk factors may be present in the cohort of patients who reside in inpatient psychiatric areas.

High risk;

- Those classed as clinically vulnerable

Moderate risk;

- 70 years of age or older
- Those with a condition affecting brain or nerves.

Whilst there is a desire to look at all areas in a rolling programme of inspection, it would be prudent to consider a risk based and intelligence led approach to immediate inspection work. Considering these categories, and the outbreak data already provided by (AR HAI), it is recommended that an initial work plan of inspection should focus primarily on psychiatry of old age units and areas where outbreaks have been classified as red or amber. In addition the forensic estate should be considered as a priority due to the risks associated with the secure environment and the nature of service users.

Aim

To contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance of mental health units, focussed on identifying areas of good practice and where care can be improved. This work will initially specifically consider IPC as a lead in to wider considerations with regard to the safety and quality of care.

Assumptions about inputs and activities:

- Secure funding sources from Scottish Government to undertake this work.
- Able to recruit and retain staff as we do not have core staff to deploy to this programme.
- Sufficient non-pay funds.
- Resources and other outputs are credible and useful for local services.

Areas of Consideration

This paper is a business case for the commencement of this inspection work in April 2022 and has been developed by members of the HIS Quality Assurance Directorate. As already noted it may serve as a spring board to understanding the potential offering of HIS and partner agencies in the assurance of mental health services (Strang, 2020).

The key areas for consideration for the development of this work programme are as follows;

Standards

It is proposed that the Healthcare Improvement Scotland HAI Standards (2015) are used for the purposes of inspection. Whilst these are not specifically tailored for use in psychiatric inpatient environment, we believe that local board infection control teams use these standards to undertake audit of psychiatric units. A short life working group with representation from key stakeholders including infection prevention and control managers and mental health professionals, will be set up to look at the inspection methodology and inspection tools. The team will also undertake stakeholder engagement on this proposal with NHS boards and other organisations such as Care Inspectorate and Mental Welfare Commission who have experience of conducting inspections in mental health units. This, along with the approaches taken in our other inspection programmes, will inform development of the inspection methodology.

In order to prioritise inspection activity relevant data sources will be required including, nosocomial data, current and previous audit data and additional sources such as adverse events, care opinion and complaints could also be considered.

Contextualisation of the Therapeutic Environment

Whilst HEI inspections of acute hospital have long been established, the acceptable standards of environmental cleanliness must be considered in the context of what can be a complex therapeutic environment. Some of challenges faced by inspectors during our support of care home inspections in late 2020/early 2021 may be mirrored within this work stream; some long stay units will have a residential as opposed to an acute clinical/ hospital environment which must be considered. Likewise the nature of patient's conditions and the implications of IPC processes and standards on their wellbeing must be balanced.

In order to ensure that inspections are contextualised it will be vital that any team undertaking the inspection work is aware of the nuances of the therapeutic environment and the balance and the needs and safety of the patient. It is recommended that both registered mental health nurses and nurses with an infection control background are utilised as a core part of the inspection team.

Mental Welfare Commission (MWC)

The MWC undertake regulatory review of services, but this does not cover HAI, and would not be termed as inspection work. However, it is important to avoid any unnecessary duplication of activity, as well as ensure effective sharing of intelligence between HIS and the MWC. HIS will therefore make linkages with the MWC to ensure that they are sighted on work undertaken and intelligence is appropriately shared through established arrangements. HIS will establish these linkages as part of the stakeholder engagement before inspections commence.

Resource requirements (costings for these posts will be identified in Section E)

[List below the existing and new resources required for this work, delete/add roles required]

There are no existing internal resources to support the inspection of mental health services in the immediate or longer term as our existing staff are fully allocated to our other inspection programmes. If there was a decision to prioritise this work then other inspection activity which is considered critical by Scottish Government, would have to cease. Although some of our staff who have the relevant expertise may move over to this new work when it commences, backfill for those staff would be required to deliver our other inspection programmes.

New resources required

Staff	WTE	Description of role in programme
Inspection Manager	0.5	Overall leadership
Senior Inspector	1.0	Clinical leadership to HIS inspectors and delivery of the programme.
Inspectors	6.0*	Carrying out inspection activity including pre-inspection preparation, production of reports and follow up work eg reviewing action plans, following up on implementation of recommendations/requirements. Inspectors also input to development and management

		of the programme eg developing and maintaining inspection tools.
Programme Manager	1.0	Management of the programme and management of staffing for inspections. This includes planning, managing and delivering the programme of inspections, leading and supporting development activity within the programme eg developing and maintaining standard operating procedures, progress reporting (corporate and external), and governance of the programme.
Project Officer	1.0	Project management support to HIS inspection team including developing and maintaining inspection templates, supporting production of the inspection report, liaising with NHS boards on inspection timelines, and supporting development activity and governance of the programme.
Administrative Officer	1.0	Providing administrative support to HIS project management team. This includes organising accommodation and travel for the inspection team, publishing inspection reports, supporting development activity and governance of the programme.

Section C: ACTIVITIES, OUTPUTS, OUTCOMES & TIMESCALES

[Description of work to be undertaken/options for consideration, timeframes, phasings development, delivery, exit strategy,].

Methodology

It is proposed that a short life working group is formed, comprising key stakeholders and clinical experts to develop methodology and tools. If there is a need for a self-evaluation tool then this will be based on the HIS quality of care framework and specifically to be developed for inspection. Any tools and guidance developed would be discussed and agreed by the short life working group.

This work could commence in April 2022 once the inspection team is in place, with funding allocated in principle for 3 financial years. Initial discussions regarding this being a core funded programme are at an early stage and will resume once the programme is underway.

As part of the development phase, the inspection footprint which outlines the activities required for each inspection from pre-inspection through to publication of

the findings, and follow-up activity, will be developed and tested when inspections commence.

Inspections

It is proposed that the inspection team will aim to undertake 10-12 inspections of psychiatric settings per year. For each inspection, it is expected that there would be up to six inspectors with a senior inspector providing leadership and quality assurance of the inspection (depending on size of service being inspected).

The number of inspections is based on the average inspection footprint which takes between 16-18 weeks. This includes pre-inspection activity, the inspection itself which is generally 2-5 days, report publication and follow-up activity eg action plans, progress meetings.

The number and frequency of inspections per year will be reviewed regularly, and in particular, during the first set of inspections between August 2022 and March 2023. This will allow us to learn from each inspection, adapt the inspection methodology as required, and will allow us to start building a baseline picture of the findings during the first year of the programme.

Staff resource

Proposed costings have been based on current inspection work undertaken by the directorate and takes account of the number of inspections, size of inspection sites, number of staff and work required to develop, plan and manage an inspection programme of this size.

As it is increasingly difficult to recruit staff on a secondment basis due to pressures within the Boards, following discussion with the HIS Executive Team, it is proposed that the Senior Inspector and 6 WTE Inspectors be employed on a permanent basis, beginning in April 2022. This will ensure that we secure staff with the skills and experience required to undertake inspections, and although there will be a cost pressure for HIS whilst discussions about securing baseline funding for the programme, it will reduce the risk of being unable to recruit the required staff to begin work on the programme.

It is proposed that the programme staff (Programme Manager, Project Officer and Administrative Officer) are recruited on a 3 year fixed term/secondment basis whilst discussions on securing baseline funding for the programme continue, as our previous recruitment experience demonstrates that there are not the same difficulties in securing programme staff on a contract basis. This approach does still carry some risks for the organisation such as the nature of the recruitment market and ability to secure staff, and due to the annual process of confirming funding, if funding was stopped early for any reason, may leave HIS with a number of staff on contracts.

Recruitment for the programme commenced in late December 2021, and we are aiming to have the staff in place for April 2022. It will not be possible to commence the work prior to the team being recruited, due to our existing staff working at capacity on our other inspection programmes and a number of additional, high priority commissions that we have received since the original business case was submitted in December 2020.

Financial requirements

To commence this work, additional funding will be required to cover the pays and non-pays costs of this programme. Once funding is confirmed and relevant staff are in post, development work would be required to begin in April 2022 to scope the inspection programme with a view to inspections starting in August 2022. This will include;

- Undertaking all of the preparatory work required to start inspections such as agreeing the standards against which to inspect,
- Establishment of a short life working group and stakeholder engagement
- Development of the agreed footprint and prioritisation of inspections
- Recruitment of appropriately skilled staff and
- Shadowing and testing of the proposed inspection model and training inspectors to undertake the inspections.

Section D: GOVERNANCE AND REPORTING

[include in this section any external reporting requirements]

The Director of the Quality Assurance Directorate is accountable for the overall delivery of this work within Healthcare Improvement Scotland.

HIS will monitor delivery of its contribution to this work through its internal performance monitoring arrangements which report and provide assurance to the HIS Board, ensuring that its activities are in accordance with its stated remit and its statutory obligation. In addition to this the work stream will provide regular updates to the Scottish Government as agreed as part of the allocation of external funding. Reporting requirements and frequency will be agreed as part of the programme set up, and will take account of any existing reporting mechanisms.

Escalation of issues noted through inspection activity will be undertaken using the HIS agreed mechanisms and arrangements.

Section E: CLINICAL AND CARE GOVERNANCE

[Description of clinical and care requirements to support the planning, delivery and review of the work]

Please provide information on:

Clinical input/advice requirements (programme staffing, internal/external advice or input – including any clinical groups or committees that will be established or approached for input)

Costs associated with obtaining clinical input for this work (this information should also be included in the budget/resources section of the business case)

Training/education requirements if necessary

Recruitment if necessary

Any relevant national standards/guidance for this work

How clinical and care risks will be managed

Clinical and care governance considerations and risks will be managed through our established clinical and care governance mechanisms within the Quality Assurance Directorate. Scoping of the clinical and care governance aspects of the programme will begin in the lead up to the programme starting in April 2022, and will be reviewed as the programme develops.

Section F: FINANCIAL INFORMATION

[Outline the pays and non pays costs required. As required, split into phasings include total costs for each phase (eg development, delivery, ongoing financial years)]

Total Costs for financial year 2022/2023

*Costs are already calculated with post on costs

Pays	WTE	Band	HIS funded £	External Funding required £
Inspection Manager	0.5	8b		£41,855
Senior Inspector	1	8a		£69,342
Inspector	6	7		£345,876
Programme Manager	1	7		£57,646
Project Officer	1	5		£37,565
Administrative Officer	1	4		£31,547
Total Pays				£583,831

Non Pays (eg IT, software, website development, travel & subsistence, hardware)		
Travel and Subsistence (based on 12 inspection slots per year, team of 6 staff (accommodation @ £120pppn (2 nights)= £1440. Plus £50 travel pp per inspection = £300. Total £1740. Per inspection		£34,800
Phones, laptops & VPNs @ £500 pp x 11		£5,500
Surface tablets for use onsite to record inspection notes/evidence @£1,500 pp x7		£10,500
Training		£2000
PPE & testing equipment		£10,200
Total Non pays		£63,000

Total staff/non project costs	£646,831
Overall external funding requested	£646,831

Note: the travel and subsistence costs are based on previous inspection costs and take into account the differences in travel and subsistence requirements depending on the location of an inspection. For example, in an inspection year, there will be a mix of central belt inspections which may require little or no accommodation and inspections outwith the central belt where accommodation and travel eg flights, train fares is required. Over the course of the year, with this mix of inspection locations, the costs average out to those used in the table above.

The estimated costs of year 2 and 3 of the programme below are based on the 2022/23 pay scale information. Once the 2023/24 and 2024/25 pay information is available, an updated version of the costs will be submitted, but for planning purposes, we would expect pays costs to remain similar to year 1 as the same programme team will be required to run the programme in years 2 and 3. For the non-pays costs, the equipment costs would not be required for years 2 and 3, but any changes to travel and subsistence will need to be factored in. For planning purposes a lower figure of £47,000 has been used for years 2 and 3.

Year	Expected costs
Year 1 – 2022/23	£646,831
Year 2 – 2023/24	£630, 831 *update will be required to take account of 2023/24 pay scale when available. Non pays costs estimated at £47,000 but will require update to take account of any changes eg increase in travel costs
Year 3 – 2024/25	£630, 831 *update will be required to take account of 2024/25 pay scale when available. Non pays costs estimated at £47,000 but will require update to take account of any changes eg increase in travel costs

Section G: RISKS

[Describe any risks relating to this work that should be highlighted as part of the business case proposal]

Programme Delivery

The staffing resource required to undertake mental health unit inspections remains a high risk, particularly regarding the recruitment of appropriately skilled Registered Mental Health & Infection Control nurses. Failure to recruit staff with the required expertise may delay the commencement of the programme. If we are unable to recruit all 6 WTE inspectors when the programme commences in April, we will adapt any development activity with the staff available. Further recruitment and alternative methods of recruitment would be considered in order to fully staff the inspection programme.

Short term funding

There is a risk that short term funding will cease the programme of work, however if funding was placed into the baseline then mental health inspections can evolve into the inspection of other areas of mental health, similar to the review Healthcare Improvement Scotland undertook into Adult Community Mental Health Services in Tayside, (July 2020). This review was undertaken as a result of our intelligence indicating that there might be an issue in these services. We are increasingly moving

towards a data and intelligence-led, risk-based approach, which would enable us to focus our future inspections on areas of mental health services in Scotland which we identify would benefit most from external assurance. This involves gathering and analysing data available from a range of sources eg waiting times data, admissions data, AR HAI data, adverse events, NHS Board risk information which then allows us to build up a picture of service provision. This then allows us to make informed decisions about where to target our inspection activity. As part of the initial development phase of this work, we would be working with our Data Measurement and Business Intelligence colleagues within the organisation to establish data requirements as part of the inspection methodology.

Patient Care

The care of patients within mental health settings during the current pandemic (COVID-19) may be adversely impacted on by the infection control practices within those settings, ultimately resulting in COVID-19 outbreaks, and thus harm. This could have significant impact, including loss of life.

Service Impact

There is a risk that mental health services do not have the capacity to support inspections. This will be monitored closely.

COVID-19

Further waves or variant viruses may reduce the capacity available to undertake inspections. Likewise, there may be issues regarding lock down tiers and the ability for inspectors to travel etc.

Reputational Risk

There is a risk that lack of inspection in this area will cause reputational damage to HIS, Scottish Government and Ministers.

Section H: RECOMMENDED ACTION(S)

[Outline the recommended action(s) required. Include preferred option if more than one option has been described as part of this business case proposal.]

Through consideration of the ask and the reflections from other HIS work programmes, it is suggested that a similar approach to Prisoner Health Care inspection is undertaken however this would be fully scoped during the set up phase of the programme (April 2022 to August 2022). It is proposed that the following work be undertaken;

- Funding confirmation for 2022/23 to begin the recruitment of required staff with further discussion on whether this work will in future be funded to baseline
- A short life working group is established to develop a methodology, within the Quality of Care framework,
- Scoping of pertinent data cache, including nosocomial data, is undertaken and
- Agree a provisional work plan/inspection footprint.

Section I:

Healthcare Improvement Scotland seeks support for the:

- strategic aims, objectives and outcomes of this business case
- timeframes for delivery of this work
- additional funding to support delivery of this business case throughout the lifecycle of this work

Signatories:

Operational Officer (main contact)	
Signature	
Date	

Accountable Officer	
Signature	
Date	

Director	
Signature	
Date	

Business case to Scottish Government Health and Social Care Directorates: Medicines and Pharmacy Division

Request for resource to support sustainable SMC delivery of high quality, robust and early advice on new medicines to NHSScotland and expansion to include new access pathways

1. Context

The Scottish Medicines Consortium (SMC) was established in 2002 to provide Health Boards and their Area Drug and Therapeutics Committees (ADTCs) with 'Once for Scotland' advice on the clinical and cost-effectiveness of new medicines. It performs the difficult task of helping the NHS in Scotland to obtain value for money from recently authorised new medicines. For the past 20 years it has provided a fast, efficient, robust and independent process that has adapted to changing needs. As part of Healthcare Improvement Scotland's Evidence Directorate, SMC's processes are based firmly on the principles of evidence based medicine and health economics, using rigorous and widely accepted methodologies. The service SMC provides is highly valued by the NHS in Scotland and its processes are held in high esteem internationally.

The Scottish Government's [NHS Recovery Plan](#) in the context of COVID-19 sets out the key ambitions and actions for the next 5 years in order to meet peoples' ongoing healthcare needs. It notes that Healthcare Improvement Scotland, and a range of partner organisations are central to recovery and has approved Healthcare Improvement Scotland's Remobilisation Plan for 2021-22. SMC has an important part to play in the recovery, and its work aligns with key principles of Realistic Medicine: to reduce unwarranted variation, to reduce harm and waste, to improve a personalised approach to care and shared decision making.

It is vital that SMC maintains its well earned reputation for excellence, and continues to adapt to the expectations of patients, clinicians and the public, as well as other stakeholders such as the pharmaceutical industry.

- ***New medicine submissions, our core business, has increased by around 30% over the past few years, due to the strong global pharmaceutical pipeline; this additional work has been absorbed without a corresponding increase in resource.***
- ***SMC is the Scottish partner in the newly established Innovative Licensing and Access Pathway (ILAP), which is closely aligned with the Scottish Government's ambition to strengthen Scotland's innovation activities in health and social care, and is critical to ensuring that patients in Scotland can access effective new medicines following EU exit.***

To effectively address the challenges ahead and deliver our strategic aims will require significant new investment in staff. This business case sets out the additional permanent resource needed in response to the increase in core business and new key areas of work arising from the COVID-19 pandemic and EU exit.

With current resources it will not be possible to assess new medicine submissions at current rates, resulting in assessment of only some new medicines, and Scotland's participation in the UK-wide Innovative Licensing and Access Pathway (ILAP) will be compromised.

2. SMC strategic aims

Many, but not all, new medicines provide incremental benefit over current treatments, with a small number being genuinely transformational, enabling patients to live longer and/or experience a substantially better quality of life. Access to new medicines has always been a high profile issue within healthcare and, as a result of increased public interest, and at the request of Scottish Government, since 2013 there have been two independent reviews into access to new medicines in NHS Scotland. Following these reviews, SMC has implemented extensive process changes aimed at: increasing patient access to medicines used at the end of life and medicines for rare conditions; increasing transparency; and increasing patient and public involvement.

In responding to the recommendations from these reviews, SMC has demonstrated its ongoing commitment to continuous improvement, to increasing transparency and making the best decisions for NHS Scotland. While the health technology assessment (HTA) processes and methods have been significantly improved, the volume of new medicines submitted for review continues to increase, as does the complexity of the submissions, with new challenges for methodology and opportunities to collaborate, particularly in response to the COVID-19 pandemic.

To be proactive about these challenges, SMC has developed a strategy for 2020-23 (Appendix 3) which aims to maintain its reputation for excellence and to continue to adapt to the expectations of the NHS in Scotland, patients, the public and the pharmaceutical industry. We wish to reassess and streamline current processes following multiple changes over the years, to ensure consistency of approach and ensure SMC retains its place as a major player in global HTA. We will also explore how to rationalise SMC's options for flexibility in willingness to pay, ideally taking into account the public view on patient subgroups for whom flexibility is appropriate.

3. Rationale for additional resource requirements

a) Growth and Complexity

There has been a significant increase in core business for SMC (i.e. new medicine submissions) due to the strong global pharmaceutical pipeline that is expected to continue over the foreseeable future (see Table 1). Submission workload for 2021 is around 30% greater than the average of the previous 3 years. In addition, we are assessing more complex submissions, such as those for precision medicines and Advanced Therapy Medicinal Products, which require both novel methodology as well as being more resource intensive to evaluate. From 2022 onwards we will be re-assessing some medicines that have been accepted for interim patient access while additional clinical evidence is acquired (e.g. for ultra-orphan medicines). Consequently, additional highly specialised staff will be needed to manage the workload which is increasing in both volume and complexity. This will help to enhance the position of SMC at the forefront of global HTA and allow an effective Scottish contribution to the international collaborative networks that have emerged, and strengthened in the pandemic, to respond in an agile way to rapid advances in technology.

Table 1: Submissions received and advice published

Year	Full submissions received	Abbreviated submissions received	Total submissions received	Total advice published
2021	76	27	103	81
2020	46	17	63	60
2019	65	9	74	73
2018	56	17	73	65

As part of the pandemic response we introduced a number of fast track approaches on a temporary basis to maintain publication of timely advice. This demonstrated both agility and responsiveness while maintaining rigour and independence. Although these changes have created efficiencies for members of the decision making committee, the workload for the core staff team and executive team members has increased. We have committed to a review of these changes early in 2022 with a view to maximising efficiency for SMC and key stakeholders, including the pharmaceutical industry and patient groups.

b) Enhanced networks with regulators and other HTA agencies

RAPID C-19

Since April 2020 SMC has been a partner with the Medicines and Healthcare products Regulatory Agency (MHRA), the National Institute for Health and Care Excellence (NICE), the National Institute for Health Research (NIHR) and other partners in the Research to access pathway for investigational drugs for COVID-19 ([RAPID-C19](#)). This collaboration aims to ensure patients have early and safe access to promising new treatments.

RAPID-C19 activities include:

- Primary horizon scanning and initial stratification of medicines in clinical trials
- Preparation of briefing and rapid action plan documents
- Attending fortnightly RAPID-C19 oversight group meetings
- Exploring implications for health technology assessment processes

SMC has contributed to 27 written briefings as well as attending 75 meetings since April 2020. The resource required to support RAPID-C19 has reduced marginally over the past few months but is expected to continue into 2022. We have ensured that this work is connected into the Medicines Policy team at SGHSCD and it has been a key component of access to beneficial new medicines in the treatment of COVID-19. This new workstream has reduced the number of staff working on new medicines assessment and will continue to require resource as its focus evolves. In addition, we are currently exploring working with NICE on a joint multiple technology appraisal (MTA) of COVID-19 therapeutics to support their cost-effective delivery. This will require additional resource.

c) Impact of EU exit

Innovative Licensing and Access Pathway (ILAP)

The MHRA is now the sole regulator for medicines and medical devices in Great Britain (GB). To ensure that patients in Scotland continue to access effective new medicines following EU exit it is critical that SMC strengthens partnership working with the MHRA.

SMC is the Scottish partner in the [Innovative Licensing and Access Pathway](#) (ILAP), which was launched on January 1st 2021. Hosted by the MHRA, NICE and the All Wales Therapeutics and Toxicology Centre (AWTCC) are also partner agencies. This ambitious new approach aims to reduce the time to patient access for innovative new medicines, integrating the evidence base required for both approval and access, involving both regulatory and HTA agencies. Another key ambition is to ensure that access to new medicines is financially sustainable, which is vitally important in the context of the pandemic recovery. Maintaining GB as an attractive early marketplace to submit new medicines for approval is also an important driver. Patients in Scotland benefit from our Scottish voice within ILAP in terms of clinical trial design and relevant data collection.

The ILAP entry point is the award of an 'Innovation Passport' (IP) to an emerging medicine, which allows the applicant company to access a portfolio of activities through a Target Development Profile (TDP) or roadmap to patient access. The TDP encompasses multiple stages from pre-clinical development to post-licensing data collection. It is underpinned by a suite of toolkits to support all aspects of development and access, including the generation of real world evidence and patient involvement.

A recent MHRA Board paper (Appendix 4) highlights that the level of interest in ILAP from the pharmaceutical industry far exceeds initial expectations. Regulatory intelligence suggested there would be ~30 IP applications in the first year whereas in 2021 there were 76 applications. It is expected that interest and engagement with companies will continue to increase as evidence of the benefits of ILAP grows.

As the Scottish partner in the ILAP, SMC contributes to the Steering Group, TDP and most of the tools in the toolkit. The work involved in the development and initial launch of ILAP has been considerable for senior staff and the executive team. As ILAP becomes fully implemented there will be sustained pressure on the team to contribute effectively to this new pathway. We have reviewed work projections with NICE and MHRA colleagues to determine the additional posts required to support ILAP workstreams on an ongoing basis.

Resource will be required to support:

- ILAP steering group
- ILAP strategic sub group
- TDP (product specific engagement with applicant companies on clinical trials and evidence generation)
- Clinical trial tool
- UK HTA access forum tool
- Patient engagement tool
- Continuous benefit: risk assessment tool
- Horizon scanning tool

A TDP will be developed for most medicines granted an IP and it is expected that companies will then take advantage of various optional tools to help address key issues in relation to the evidence required. The new UK HTA access forum tool launched in February 2022; it is highly attractive to industry and may be

required for most medicines in the TDP. SMC and AWTCC will be part of these meetings, and NSS National Procurement will also be involved. Further engagement with pharmaceutical companies involving SMC and stakeholders such as National Procurement will follow the initial three nations meetings. The UK HTA access forum tool is a key mechanism to deliver the ILAP ambition for financially sustainable access to new medicines in NHSScotland, with equitable pricing arrangements across the three nations. SMC involvement will be a requirement for all the other tools above; the likely uptake of these optional tools is not known at this stage.

Discussions are also taking place with NICE and AWTTC on the potential to collaborate on joint scientific advice as a further component of ILAP. This would be a valuable initiative but we are not currently in a position to participate due to lack of capacity. Not having the additional resource to do this would be a wasted opportunity.

The Public Involvement team has been pivotal in the development of an ILAP Patient and Public Reference Group (PPRG). Public involvement staff have an ongoing key role to play in the Steering Group and development and implementation of the patient engagement tool.

Some of these ILAP related activities are likely to be progressed on a fee for service or cost-recovery basis with pharmaceutical companies, to allow system alignment with other partners. Planning work on cost recovery mechanisms has not yet begun, so income generated has not been factored into the resource requirements. This new area of activity will require business management or finance support.

The key role SMC plays within ILAP is an indication of the value the other partners such as NICE and the MHRA place on SMC input. However, there is a significant reputational risk if SMC fails to deliver on its commitments.

Appendix 1 describes the roles required to support ILAP activity on an ongoing basis.

d) Horizon scanning service

The recent changes to regulation have significant implications for how SMC works and we need to adapt our processes to reflect other MHRA approaches, outwith ILAP, which include:

- Recognition of EU centralised or mutual recognition licence decision as a transition arrangement (expected end date December 2022)
- Accelerated assessment procedure
- Rolling review procedure
- Global collaboration for regulation of medicines e.g. ORBIS and Access Consortium

The horizon scanning function in SMC is pivotal to submission management and the Forward Look reports are highly valued by Health Boards and Area Drug and Therapeutics Committees. There is a need to develop this work to ensure that it supports Scottish Government policy to improve and streamline access to new and innovative medicines and other relevant technologies e.g. genetic testing. Another identified gap is the need to improve process for service planning to support smoother and more efficient patient pathways and the implementation of advice from SMC and the National Cancer Medicines Advisory Group (NCMAG). SMC has also identified a need to engage with the Scottish Genomics Leadership Group (e.g. on companion diagnostics) and the Scottish Health Industry Partnership.

4. Resource requirements

Recommendation

The SMC core budget for 2021/22 is £2.7M, having increased by around £900k in total since 2015/16 specifically to allow implementation of the recommendations of the 2016 review into access to new medicines.

Without a significant increase in resource for 2022/23 onwards SMC will be unable to both sustain its current level of activity and deliver against new areas of work.

Scottish Government provided additional resource of £141K for 21/22 for one year only in February 2022 to support the delivery of new programmes introduced since the onset of the pandemic.¹

The Scottish Government Medicines and Pharmacy Division is asked to support the request for the additional resource outlined below. This level of additional resource is essential to ensure SMC can continue to provide the same level of timely and robust advice on new medicines, as well as being able to support the delivery of new workstreams relating to EU exit (the Innovative Licensing and Access Pathway and RAPID C-19).

Table 2 presents the posts and associated costs to deliver a sustainable resource model based on the significant increase in workload noted throughout this paper. Costs have been broken down into key areas of work and are requested on a recurring permanent basis. We have considered the optimal resource required to deliver all these outputs and also the minimum requirements. Workload data clearly illustrate a very significant increase in activity that is projected to continue. We request that the additional allocation is, eventually, baselined within the Healthcare Improvement Scotland allocation.

The posts identified in Table 2 are requested on a permanent basis from 2023/24, recognising the long term growth in SMC workload. Following discussions with HR and finance colleagues within Healthcare Improvement Scotland, a recruitment phasing model for 2022/23 has been created and can be found in Appendix 2. The phasing model for 2022/23 is in recognition of recruitment and onboarding timelines.

Without this additional resource to allow SMC to input to high profile activities related to EU exit, such as ILAP, and other key collaborations involving NICE and the All Wales Medicines Strategy Group, SMC will be unable to continue to support involvement in this work, resulting in a lesser service for patients in Scotland compared with patients in other parts of the UK and reputational damage that may devalue the position of SMC with the pharmaceutical industry. Scottish influence on medicines policy would be significantly downgraded. Without additional resource for new medicines assessment it will not be possible to maintain the current annual workload resulting in delayed patient access to new effective medicines.

NHS Scotland expenditure on medicines is ~£1.8bn per annum (Cost Book 2019-20). The requested budget uplift equates to 1% of that spend, which we believe to be an important investment, given the contribution SMC makes to ensuring cost effective medicines use.

December 2021

Table 2: Resource requirements Projected salary costs from 2023/24 (based on 2021/22 salary costs)

¹ These posts have been included again in this business case with a request that they are now baselined.

Description	Band	WTE required	Pays budget £ (mid-point)	Total budget (inc employer NI and pension) £
New medicines assessment				
Research analyst	6	1	34,637	45,465
Lead health services researcher	8A	1	50,965	67,458
Health services researcher	7	3	127,590	168,291
Programme lead for health economics	8C	1	73,506	97,821
Senior Health economist	8A	1	50,965	67,458
Pharmaceutical analyst	8A	1	50,965	67,458
Principal Pharmacist	8C	1	73,506	97,821
Programme manager	7	1	42,530	56,097
Medical writer	6	1	34,638	45,466
Business analyst	6	1	34,638	45,466
Sub- total recurring		12	573,939	758,801
Innovative Licensing and Access Pathway (includes TDP and all toolkits)				
Clinical adviser	secondee	10 sessions pw	177,020	177,020
Administrator	4	1	23,709	30,745
Programme manager	7	1	42,530	56,097
Public involvement advisor	6	1	34,637	45,465
Health services researcher *	7	1.5	63,795	84,147
Health economist *	7	0.5	21,265	28,049
Senior health economist	8A	2	101,930	134,916
Principal pharmaceutical analyst*	8B	1.5	91,988	122,121
Pharmaceutical analyst	8A	1	50,965	67,458
Admin / finance / business manager	7	1	42,530	56,097
Sub-total recurring		10.5	650,368	802,115
Horizon scanning (includes RAPID C-19)				
Health services researcher	7	1	42,530	42,530
Pharmaceutical analyst	8A	1	50,965	67,458
Co-ordinator	5	2	56,099	73,183
Sub-total recurring		4	149,594	183,171
Non-pays				
Non-recurring, year 1, IT hardware x3	n/a	n/a	1,113	3,339
Annual software licencing, SWAN token and mobile contract x27	n/a	n/a	1,313	35,451
Total recurring		26.5	1,373,901	1,779,538
Total non-recurring				3,339

* Posts included in previous business case

** Assuming other posts commence in 2022/23

Appendix 1: Posts required to support ongoing delivery of ILAP

Programme Manager – band 7

Senior administration support is required to support the development and maintenance of robust, consistent processes to manage the associated new workload. A key responsibility area for this postholder is to manage the organisation of multi-stakeholder meetings and associated actions. The post holder is expected to lead multidisciplinary teams to identify, analyse and evaluate practices, systems and policies to support roll out and, in time, improved processes for the ILAP.

Public Involvement Advisor – band 6

The Public Involvement Advisor will support the ILAP Patient & Public Involvement workstream. This involves working with ILAP partners to recruit, support, educate and maintain the ongoing work of the ILAP Patient and Public Reference Group. It also includes the development of new processes to ensure appropriate patient and public involvement at all stages of the ILAP and ensures this work dovetails with existing SMC Public Involvement Processes.

Health Service Researcher – band 7 0.5 WTE

The post is required to support the horizon scanning, literature review and critical appraisal associated with the new regulatory pathways and the RAPID-C19 work. **The Scottish Government has funded this role for one year.**

Health Economist – band 7 0.5WTE

The work associated with ILAP is complex and has significant implications for current HTA processes. Additional health economics capacity is critical to adequately support this work. An additional health economist will release senior expertise to develop and support the new initiatives and attend at regular ILAP and pharmaceutical company meetings. **The Scottish Government has funded this role for one year.**

Senior Health Economist - band 8A

TDP meetings have a significant requirement for senior health economist expertise, which will increase with the launch of the UK HTA and access toolkit. This post is required to provide ongoing technical economic evaluation input to key aspects of the ILAP process such as the TDP meetings and other toolkits.

Principal Pharmaceutical Analyst – band 8B 0.5 WTE

This post will ensure SMC can provide senior pharmaceutical input to the development of new processes and attendance at regular ILAP, Core Strategic Group, RAPID C-19 and pharmaceutical company meetings. **The Scottish Government has funded this role for one year.**

Pharmaceutical Analyst – band 8A

Additional capacity in the clinical assessment team is essential to ensure the full range of ILAP activities can be adequately supported and the volume of activities will expand considerably as roll out of the full suite of toolkits is embedded into the process. An additional pharmaceutical analyst will release senior expertise to develop and support the new initiatives and attend at regular ILAP and pharmaceutical company meetings.

Finance Business Manager – band 7

ILAP related activities are likely to be progressed on a fee for service or cost-recovery basis with pharmaceutical companies, to allow system alignment with other partners. Planning work on cost recovery mechanisms has not yet begun, so income generated has not been factored into the resource

requirements. This new area of activity will require business management or finance support to develop as well as ongoing management.

Clinical Advisor

Additional Clinical Advisor input is required in order to influence the evidence available for future health technology assessment. This expertise will influence company clinical trials to ensure evidentiary requirements of both the regulatory and HTA bodies are met. Input from condition specific experts is required to advise companies on matters including the most appropriate quality of life tools and on the optimum data collection fields to be incorporated into future trials and awareness of how emerging new medicines may evolve treatment pathways over time.

Appendix 2: Planned phased recruitment for 2022/23

Post Job Title	Band (only input the number of band)	Area		Apr pay	May pay	Jun pay	Jul pay	Aug pay	Sep pay	Oct pay	Nov pay	Dec pay	Jan pay	Feb pay	Mar pay
Clinical adviser (2 Sessions)	Other	ILAP		£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33	£ 2,950.33
Lead Pharmacist	8B	ILAP		£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44	£ 3,432.44
Lead health services researcher	8A	NMA		£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Health Services Researcher	7	ILAP		£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66	£ 2,250.66
Health Economist	7	ILAP		£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90	£ 2,401.90
Senior Project Officer	6	ILAP		£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20	£ 3,850.20
Programme Manager	7	NMA				£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79
Public involvement advisor	6	ILAP				£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70
Health services researcher	7	NMA				£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79
Health services researcher	7	NMA				£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79
Health Services Researcher	7	NMA				£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79
Principal Pharmacist	8C	NMA						£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26
Principal Pharmaceutical Analyst	8B	ILAP						£ 6,975.74	£ 6,975.74	£ 6,975.74	£ 6,975.74	£ 6,975.74	£ 6,975.74	£ 6,975.74	£ 6,975.74
Pharmacist	8A	HS						£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Admin / finance / business manager	7	ILAP						£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79	£ 4,803.79

Programme lead for health economics	8C	NMA								£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26	£ 8,383.26
Senior Health economist	8A	NMA								£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Medical writer	6	NMA								£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70	£ 3,891.70
Pharmaceutical analyst	8A	NMA									£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Pharmaceutical analyst	8A	ILAP									£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Senior Health economist	8A	ILAP										£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Senior Health economist	8A	ILAP										£ 5,778.50	£ 5,778.50	£ 5,778.50	£ 5,778.50
Health services researcher	7	HS											£ 4,803.79	£ 4,803.79	£ 4,803.79
Health services researcher	7	ILAP											£ 4,803.79	£ 4,803.79	£ 4,803.79
Co-ordinator	5	HS												£ 3,130.40	£ 3,130.40
Co-ordinator	5	HS												£ 3,130.40	£ 3,130.40
Clinical adviser (8 Sessions)	Other	ILAP													£ 11,801.33
Administrator*	4	ILAP													
Business Analyst*	6	NMA													
Research analyst*	6	NMA													

£ 20,664.03 £ 20,664.03 £ 29,359.52 £ 43,770.89 £ 59,129.89 £ 69,712.18 £ 87,765.64 £ 99,322.63 £ 110,879.62 £ 120,487.21 £ 126,748.02 £ 138,549.35

Total Pay £927,053

Total Non-Pay **£50,946**

Total **£977,999**

*Posts planned for recruitment April/ May 2023



Healthcare
Improvement
Scotland

SMC
Advice on new
medicines

Scottish Medicines Consortium

Strategy 2020-2023

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www.scottishmedicines.org.uk

1. Introduction

The Scottish Medicines Consortium (SMC) is part of the Evidence Directorate of Healthcare Improvement Scotland, a national health body accountable to the Scottish Government. SMC was established in 2001, and has provided advice to NHSScotland on all new medicines and licensed indications of medicines since then.² SMC ensures that all Scottish patients, clinicians and health boards have access to independent timely advice on the relative value of new medicines.

Since 2005 SMC has also supported health boards with financial planning for new medicines through the provision of an annual Forward Look horizon scanning report on new medicines in the pipeline.

- 1.1. NHSScotland spends ~14% of its total budget on medicines, equating to £1.8 billion in 2019-20. SMC is a lean organisation, employing ~35 staff, while assessing around 70 new medicines each year. The SMC annual budget is £2.3m, equivalent to 0.1% of the medicines spend. In comparison, in England, the National Institute for Health and Care Excellence (NICE) had an annual expenditure of £68m in 2019-20, with the Centre for Health Technology Evaluation budget being £11.9m.
- 1.2. SMC has been externally reviewed twice over the last decade, reflecting the importance of new medicines:
 - 2013 Reviews into Access to New Medicines (Routledge and Swainson Reviews)
 - 2016 Review of Access to New Medicines (Montgomery Review)
- 1.3. SMC has been committed to continuous improvement and innovation since its inception. Having implemented the changes arising from the Montgomery Review, a new approach to strategy was agreed by the SMC Executive in early 2020. The strategy will be formally reviewed and updated every three years (in line with the term of the Chair, and allowing both outgoing and incoming chairs to contribute). The SMC Executive will hold further annual strategy sessions in the spring of each year from 2022, to inform an annual report describing progress against the strategy.

2. COVID-19

- 2.1. In 2020, the world was struck with the COVID-19 pandemic, which reached Scotland in March. Our committee members and clinical advisers were fully occupied with the pandemic response and some of our staff were released to support other boards. It was reluctantly decided to stand down all committee meetings from April 2020.
- 2.2. The New Drugs Committee (NDC) restarted in June 2020 and the SMC committee in August 2020. This presented two new challenges: delivering the business of SMC in a virtual environment; and catching up with a backlog of work arising from the stand down. Some elements of our strategy have been accelerated as a consequence and others adapted to reflect the current context.
- 2.3. The SMC Executive wishes to thank the staff and members of SMC for their contribution to the pandemic response, and also for the tremendous effort and willingness to embrace rapid change which allowed us to restart the SMC functions so quickly.

² SMC does not review vaccines, generic medicines, pharmacy and general sales list medicines, blood products or diagnostics.

3. Development of the Strategy

- 3.1. A strategy session was held in February 2020, with all members of the executive invited, led by an external facilitator to assess the challenges faced by SMC and develop a longer term strategic view. The strategy is underpinned by a logic model, developed to support operational planning, and a work plan.
- 3.2. This document is the combined product of our strategy session, logic model and work plan. It was delayed by the pandemic response, but has been approved by the SMC Executive in February 2021. This strategy was supported by the Healthcare Improvement Scotland Executive team and Quality and Performance Committee in August 2021 and endorsement by Scottish Government Medicines and Pharmacy Team sponsor division in July 2021.
- 3.3 The Healthcare Improvement Scotland Evidence Directorate has a strategy for 2020-2023 encompassing all its evidence functions (SMC, Scottish Health Technologies Group [SHTG], Scottish Intercollegiate Guidelines Network [SIGN], Scottish Antimicrobial Prescribing Group [SAPG], Data Measurement and Business Intelligence [DMBI] and Standards and Indicators). The Evidence Directorate strategy sets out at high level how the Directorate will provide evidence-based advice for health and care services throughout Scotland, use evidence in support of the overall purpose and organisation objectives, and play our part in the delivery of the Healthcare Improvement Scotland strategy. The SMC senior team will work closely with the Director of Evidence and the evidence functions to strengthen collaborative working, to ensure that our work meets the needs of our stakeholders and to demonstrate the value and impact of our work in helping to improve the quality of health and care services across Healthcare Improvement Scotland's different functions.

4. Identified Drivers for Change

4.1. New medicines pipeline

The pipeline of new medicines in development is strong, with a continued focus on medicines for rare conditions and cancer. Advanced therapy medicinal products are a significant part of that: by 2025, it is expected that 10-20 new cell and gene therapies will be introduced each year. Additionally, innovations such as artificial intelligence and machine learning for drug discovery and early development are expected to put potential therapies on a faster track to marketing authorisation. SMC aims to support the early adoption of beneficial new medicines in Scotland in a way that is financially sustainable.

4.2. Early regulatory approval

Increasingly medicines are approved by regulators at an earlier stage of development, with less complete evidence of benefit to inform health technology assessment. This leads to greater uncertainty in submissions, and sometimes more complex submissions. It also raises the potential need for a lifecycle approach, with a more iterative approach to the assessment of some medicines once more evidence becomes available.

4.3. Ethical consistency

SMC is founded on the principles of utilitarianism (i.e. the greatest good for the greatest number of people) and justice. This aligns with the principles of Realistic Medicine, including the commitment to reduce harm and waste. It was felt that there was a need to reassess and simplify the layers of

flexibility that had developed following multiple changes over the years, to ensure that the approach was consistent.

4.4. Evolving methods in health technology assessment (HTA)

HTA agencies face similar challenges across the world, and HTA methods are constantly changing in response to these challenges. While context differs by jurisdiction, maintaining awareness of development in the methods used by other agencies is important to support learning through best practice. For example, England's NICE is undertaking a methods review that includes a commitment to faster assessment timelines and a review of decision modifiers. This may have implications for SMC and the wider Evidence Directorate.

4.5. Understanding of decisions

The review into access to new medicines in 2016 highlighted that the rationale behind our decisions was not always clear to those outside SMC. Confidentiality and communication of concepts such as opportunity cost are significant challenges. It is recognised that public, political and media understanding of SMC decisions could be improved with better communication and this is important for public confidence and adoption.

4.6. Demand-capacity mismatch

SMC needs to continue to ensure its processes are fast, flexible and responsive. Meeting our decision timelines has proven challenging due to the number of submissions received and workforce challenges. Increasing complexity of submissions has added to the workload.

4.7. EU exit

EU exit generates uncertainty about medicines regulation for the UK, and on whether or not pharmaceutical companies will continue to submit medicines for assessment in a timely way. SMC is a partner in the MHRA Innovative Licensing and Access Pathway that aims to accelerate the time to market, facilitating patient access to medicines. These medicines include new chemical entities, biological medicines, new indications and re-purposed medicines.

5. Strategic Themes

5.1. Policy and Process Improvement

5.1.1. Opportunity Cost

Opportunity cost is core to the function of SMC, but may be poorly understood outwith health economic circles. Most medicines currently accepted have an incremental cost-effectiveness ratio (ICER) that will lead to the displacement of more effective healthcare. The scale of this opportunity cost impact is also not routinely considered.

Previous policy changes increased the representation of various stakeholders at SMC, but arguably the one voice still not represented is that of the patients who may lose out on more effective health and social care interventions because of the opportunity cost of SMC decisions. Evidence from England suggests this includes older peoples' services, mental health and palliative care, all of which are priority areas for NHS Scotland.

R1. SMC should take steps to support better understanding of opportunity cost, for example by improving how it is presented in our outputs; and achieve better representation of those disadvantaged by displaced opportunity cost.

5.1.2. Transparency

SMC is committed to transparency in its processes. However, the need to adhere to company stipulations in relation to information that is academic-in-confidence and commercial-in-confidence decreases the usefulness of the published advice (known as the detailed advice document, or DAD) and may lead to reduced trust and understanding of our processes. There is also significant variation between companies' submissions in the degree of redaction. The European Medicines Agency (EMA) has confirmed that publication of academic-in-confidence information should not compromise subsequent publication in academic journals. The Canadian Agency for Drugs and Technology in Health (CADTH) and the Pharmacy Benefits Advisory Committee (PBAC) in Australia have both implemented methods to provide greater transparency of clinical and cost-effectiveness data.

R2. SMC should improve transparency by working with Area Drug and Therapeutics Committees and the User Group Forum to explore approaches to reduce the volume of information that is redacted in its outputs.

5.1.3. Addressing uncertainty

The increasing proportion of medicines targeting rare conditions, and the trend to regulatory approval earlier in the development pathway has increased the degree of uncertainty in the clinical and economic case presented to SMC.

SMC introduced a conditional acceptance decision option in 2018 as a way of addressing uncertainty in the context of early regulatory approval. The Committee can vote to accept a medicine on an interim basis when the EMA has awarded a Conditional Marketing Authorisation (CMA) with specific conditions. SMC has now gained some experience with conditional acceptance: of ten medicines with a CMA, seven had conditions imposed by the regulator that would allow an interim acceptance option. Of those, SMC used the interim acceptance option five times.

A new pathway for ultra-orphan medicines was introduced in 2018 in response to the Montgomery Review. The definition of an ultra-orphan medicine was refined to include the requirement for EMA orphan designation, that the condition is chronic and severely disabling and that the condition requires highly specialised management. Subject to a patient access scheme (i.e. a discount) and an agreed evidence collection plan, the medicine is made available to the NHS. After three years, SMC conducts a full assessment of the medicine. The first ultra-orphan medicine entered the pathway in November 2019, and will be reviewed with a final decision on access taken in 2022-23.

There are specific challenges with cancer medicines, including uncertainty, and the Scottish Government's Recovery and Redesign: An Action Plan for Cancer Services provides greater opportunities for SMC to work together with the National Cancer Medicines Advisory Group and the Cancer Medicines Outcomes Programme (CMOP). CMOP aims to explore utilisation of real world data (RWD) available via chemotherapy prescribing systems in Scotland. SMC will work

closely with CMOP to inform the potential role of RWD to address uncertainty in the assessment of new medicines.

R3. SMC should review experience with the conditional acceptance decision option and the ultra-orphan pathway with a view to possible extension of conditional approaches to more medicines.

5.1.4. Flexibility on willingness to pay

Although cost-effectiveness is a major determinant of SMC decisions, SMC does not have an explicit ICER threshold. Thresholds are by their nature arbitrary, and do not take into account the fact that the ICER is a point estimate of a probability distribution. The SMC process therefore intrinsically embeds flexibility on the willingness to pay. It should be recognised that higher ICER thresholds for one patient group means that more effective therapies are being displaced for other patient groups, so flexibility needs to be used carefully and based on evidence and ethical principles.

In 2012, SMC introduced a range of decision “modifiers” which would allow the committee some additional flexibility on the level of cost-effectiveness (in other words having a higher willingness to pay). These factors were:

- Orphan conditions (those with a prevalence of <1 in 2,000, or approximately <2,700 people in Scotland)
- Substantial improvement in life expectancy (e.g. at least a median gain of three months)
- Substantial improvement in quality of life
- Subgroup of patients derives specific or extra benefit
- Absence of other therapeutic options
- Possible bridging to a definitive therapy
- A licensed medicine replacing an unlicensed product

Conventionally in health economics, willingness to pay should be determined by the payer (i.e. the public, in a publically funded healthcare system). These modifiers were selected by consensus decision rather than based on evidence on the public’s view.

The Patient and Clinician Engagement (PACE) process was introduced in 2014 following the Routledge Review. This involves a structured meeting with clinicians and patient groups to explore the likely benefits of a medicine, especially those that are not readily captured by conventional health economics. Better insight into the impact of the disease on patients and their families is also obtained. The committee is expected to apply additional flexibility in decision making (with no stated upper ICER limit) for medicines used at the end of life and for rare conditions. PACE process is available for:

- End of life conditions (defined as median overall survival <3 years with conventional therapy)
- Orphan conditions (as defined above)
- Ultra-orphan conditions (those with a prevalence of <1 in 50,000, or approximately <100 people in Scotland).

These changes were implemented in response to patient group and political views. The public’s view was not directly assessed.

There are several justifiable reasons to allow flexibility on willingness to pay:

- The public values the impact of the condition more than other conditions allowing a higher willingness to pay.
- There are aspects of the patient and family’s experience of the condition that are not well captured by conventional health economic techniques, and so the ICER may actually be lower than calculated.
- Rarity means that collecting evidence is more challenging and so there is greater uncertainty about the central ICER estimate. This is not a justification for a higher ICER, but allows for greater uncertainty.
- Incentive to industry to develop medicines in these areas. This would be a crude mechanism for incentivisation.

Options to allow flexibility have been layered on SMC process, and there may be an opportunity to simplify them in line with our underpinning ethical principles, while respecting Scottish Government policy.

R4. SMC should rationalise its options for flexibility in willingness to pay and, in collaboration with the Healthcare Improvement Scotland Community Engagement Directorate and academic partners, explore the public view on patient subgroups for whom flexibility is appropriate.

5.1.5. Equality and diversity

Equality is intrinsic to the SMC’s processes. However, it is increasingly apparent that some groups in our society can be disadvantaged through conventional processes. Review of process with a particular focus on equality and diversity is essential to avoid any unintended impacts. This is particularly important as the COVID-19 pandemic has had a disproportionate impact on those already disadvantaged in society, emphasising the issue of health and wider inequalities.

R5. SMC should work with the Healthcare Improvement Scotland Community Engagement Directorate to ensure EQIA processes are fit for purpose and there are no unintended impacts on any groups in our society.

5.2. Efficiency

SMC needs to continue to produce rapid, responsive and relevant advice. Recognising the growing demands, it is important that staff and committee members’ time is used efficiently by focussing on where SMC adds value. However, health boards require advice on all medicines, or the effort will start to be replicated across boards, which would be a retrograde step. SMC has identified a number of areas where there is low risk to using a less exhaustive assessment process. In January 2020, we had already introduced a fast-track resubmission process, where the only change was a new or improved patient access scheme.

R6. SMC should identify other approaches to streamline assessments considered to be low risk

BOX 1: SMC COVID-19 Response – Increasing efficiency at pace

As part of the pandemic response, SMC introduced a number of fast-track approaches to ensure patients have access to new medicines in a timely way. These changes were put in place for six months in the first instance, then extended for a further six months.

- **Abbreviated submissions** are reviewed by the pharmacy assessor and approved by the SMC Executive (who have the option to refer to full process). Abbreviated submissions are rarely not recommended.
- **NDC accepted submissions** are accepted without further review at SMC main committee. As our technical committee, NDC is much more stringent in its threshold for accepting a medicine. It is extremely rare for SMC to not recommend a submission that has been provisionally accepted by NDC.
- **Prioritisation** of medicines was used during the recovery period to ensure that patients could access to medicines for new indications (“therapeutic gap”), or new classes of medications for a condition (“chemical gap”). Traditionally SMC assesses medicines largely in chronological order of submission.
- **Cost minimisation analyses (CMAs)** are assessed by the assessment team and approved by the SMC Executive (who have the option to refer to full process). The assessment team must be convinced that the medicines effectiveness is comparable to the relevant comparator, and that the medicine acquisition costs are no more than the comparator. This also allows a simpler and faster route for so-called “me-too” medicines which would not be prioritised during the pandemic.
- **Virtual meetings** were established using MS Teams (NDC) and Zoom (SMC). This has created savings in time for members, staff and other attendees, travel costs and room hire, with additional costs in digital support. We are very grateful to the NICE digital team for their assistance with the Zoom meetings.

SMC will review the impact of these changes, to determine which should be implemented as part of standard process in the longer term

5.3. Workforce

SMC is a knowledge organisation; our staff and members are our most important resource. Investing in our staff and members and ensuring successful recruitment and retention has to be a major focus for us. This aligns closely with the Evidence Directorate’s strategic objective on valued teams, which commits to understanding the needs and motivations of staff and committing resource to function, team and individual staff development.

SMC committee members are mostly employed by health boards, and are allocated time from their substantive posts to contribute to the SMC. The time required to prepare for and attend the committees is considerable, but there is variation in the amount of time allowed for members. If insufficient time is allowed this may act as a disincentive to join SMC.

Most of our members and staff work with us because they find the work interesting, and are committed to the underpinning ethical principles. We can provide additional support to them by providing or facilitating education and training in HTA. We already provide on-line modules for members and staff, and intermittent seminars. Helping staff and members to access more formal educational qualifications such as postgraduate certificates or masters, would both support them and help to build capacity for SMC and the wider NHS in Scotland.

SMC was at the forefront of HTA in health services when it was founded. We are now facing very complex

economic problems in our submissions, and it can be challenging for the team to review new methods while maintaining the throughput of a high workload. Building stronger links with academia, with joint training posts, will allow us to both keep our position at the forefront of developments while also generating a health economics workforce for the future.

We face particular challenges in recruitment of health economists, and to a lesser extent, statisticians. SMC will work with the Director of Evidence and the People and Workplace Directorate, through the Healthcare Improvement Scotland Workforce Plan, to support recruitment and retention of specialist staff and to support succession planning.

R7. SMC should continue to invest in its staff and members, supporting recruitment and development in collaboration with the Director of Evidence, the People and Workplace Directorate and through training and partnership with academia.

5.4. Networks

5.4.1. MHRA

As a consequence of EU exit, the MHRA is now the sole regulator of medicines in Great Britain (i.e. UK excluding Northern Ireland). It is essential that SMC strengthens its relationship with MHRA, so that we can inform and influence policy decisions at an early stage, to take into account the specific features of the Scottish healthcare system.

Involvement in the ILAP will allow earlier engagement with companies alongside the regulatory body and NICE to identify the medicines that will have the biggest impact and offer the greatest value to patients and the NHS.

5.4.2. International collaboration

Scotland, and even GB, is a small part of the global market for medicines. There is a risk that companies will prioritise their largest markets for medicines regulatory and HTA submissions, relegating GB and Scotland to a second tier, and leading to delayed access to new medicines for our patients and clinicians. Partnerships and collaboration will be critical to the maintaining SMC's place as a world leading HTA.

The main European collaboration was EUnetHTA, the European Network of HTA agencies, and UK countries are no longer part of this. SMC has had preliminary conversations about collaboration with the Beneluxai group of countries (Belgium, Netherlands, Luxembourg, Austria and Ireland). The FINOSE (Finland, Norway, and Sweden) group is also a potentially well-aligned group with whom to collaborate. Throughout the period of the COVID-19 pandemic SMC has been working with representatives from CADTH, PBAC and NICE to share knowledge and best practice to support advancement of policy and methodology in HTA. The initial focus was on COVID related activities but this collaboration is now being further extended. SMC continues to play an important part in the UK RAPID C-19 initiative, alongside NICE, NIHR, MHRA and NHSE and this has helped ensure early implementation of effective COVID therapeutics.

Collaborations such as these may reduce duplication of effort and are attractive to both healthcare and industry. One of the Healthcare Improvement Scotland Evidence Directorate strategic priorities relates to Fit for Purpose methods: a key objective is to participate in national and international initiatives on methods and embed the learning into our work. SMC, working with SHTG in particular, will collaborate with world leading HTA agencies to develop HTA methods to assess new technologies including medicines.

R8. SMC should build on its key external collaborations, with a particular focus on the MHRA, through the Innovative Licensing and Access Pathway, and world leading HTA agencies to share and learn from best practice to improve what we do.

5.5. Communications

SMC has to assess the breadth of all new medicines, at speed, based on sound and transparent principles and policies, and to a high technical quality. However, all of that work is for nought, if the assessments are not well communicated. SMC has worked to improve its communications, including launching a new website in 2018 and providing summaries of our assessments for patients and public. The future vision, in keeping with HIS digital ambitions, is to drive the use of technology and rethink our outputs to help us achieve our strategic goals.

5.5.1. SMC Outputs

The detailed advice document (DAD) is the main output of our work. Its primary audience is the health board area drug and therapeutics committees (ADTCs) who will implement its advice taking into account their local context. However, it is also a useful document for clinicians and researchers, and needs to be accessible to patients and the public if our decisions are to be accepted and understood.

The Forward Look report is the key horizon scanning output. This is provided on the SMC secure area as a word document with associated spreadsheets each October. Development of a dynamic report in digital format would maximise use and sharing of some of the data held in the horizon scanning records.

A key aim of the Healthcare Improvement Scotland digital ambitions is to reimagine our publications and 'create once, publish everywhere.' SMC will work alongside the Director of Evidence to ensure that the aims of the digital review are met.

5.5.2. Providing a new medicines portal

The DAD is an excellent web-based resource for clinicians to become familiar with the evidence on a new medicine, but there is limited awareness of it amongst most clinicians. Improving the readability of the DAD and promoting its existence amongst clinicians would add value to NHSScotland. A pilot project on the usefulness of the DAD has identified some areas for improvement that will be implemented e.g. more focus on uncertainty and the limitations of both clinical and economic case. Providing web links to other key resources (such as the EPAR, EMC or

FDA) for that medicine may also drive traffic to our website, and provide a new medicines portal for NHS Scotland. However, it is important that this adds value and does not detract from other NHS Scotland projects such as regional therapeutics handbooks.

5.5.3. Proactive communication

The SMC provides brief, objective communications in a monthly media release reporting its decisions. Providing these in a way which explains our decisions and the actual key issues for each medicine may allow a more nuanced public conversation. Engaging with social media may allow a broader reach than traditional media outlets.

R9. SMC should work with the Communications Team to develop its communications approach, and in line with Healthcare Improvement Scotland ambitions, to ensure maximum reach, clarity and usefulness for its users, including consideration of a digital format.

5.6. New Areas

5.6.1. Revisiting medicines decisions

SMC reviews medicines at the time of their marketing authorisation. With the exception of medicines accepted on a conditional basis and ultra-orphan medicines we do not revisit our assessments in the light of new evidence (e.g. real world evidence or a phase 3 randomised controlled trial), nor in response to significant pricing changes (as can happen with older medicines for their traditional uses, or when re-purposed for other indications). We also do not assess groups of medicines (i.e. multiple technology assessment). This can mean that the advice becomes less relevant over time, and may not fully meet the need of ADTCs, for example due to the availability of generic medicines after patent expiry or the increasing availability of biosimilar medicines. Other functions in the Evidence Directorate provide outputs that include advice and guidance on medicines, to underpin evidence-informed policy making across health and care in Scotland. The ADTC Collaborative (ADTCC), in the Healthcare Improvement Scotland Medical Directorate, brings together ADTCs to support them in delivering medicines governance. The Evidence Directorate has introduced a refreshed work programme that is aligned with service priorities and aims to respond to the needs of our stakeholders. SMC will work closely with other Evidence Directorate functions, engaging stakeholders, to harness synergies and provide high quality advice and guidance on medicines. However, such approaches may require additional resource to deliver.

R10. Healthcare Improvement Scotland Evidence Directorate, including SMC, should work with the Medicines Directorate (ADTCC and NCMA) to ensure a systematic approach to medicines advice and guidance for NHS Scotland to improve understanding and influence.

5.6.2. Single National Formulary

The Scottish Government made a commitment to deliver a Single National Formulary (SNF) to harmonise the medicines patients can access across the country. Such an approach is intrinsically linked to the SMC's mission. At present the SNF is adopting a regional model approaches and SMC will continue to engage as this work continues to progress to ensure consistent and seamless

advice for clinicians.

R11. SMC should work closely with the SNF to build a world class medicines information system for NHSScotland.

5.6.3. Scottish Medicines Intelligence Unit

Real world evidence (RWE) is an increasing feature of medicines submissions to SMC. NHS Scotland is in a strong position to harness that RWE, improving the assessment and use of medicines for our patients. However, there are some key barriers to effective use of RWE. As a response to the Montgomery Review, the Data Scoping Taskforce made five recommendations in 2018, to enhance the ability of NHSScotland to use RWE to inform clinical practice and research:

- Capture medicines use for patients in all clinical settings
- Include medicine indication in all prescribing systems
- Create a national laboratory data resource
- Improve recording of patient outcomes
- Create a Scottish Medicines Intelligence Unit (SMIU)

The creation of an SMIU was intended to drive and coordinate the changes required to maximise the use of RWE. SMC would be both a generator and user of such information. Collaboration with other stakeholders such as Public Health Scotland and academia would be essential. However, linking to the points above about seamless medicines information for clinicians, there may be synergies in hosting SMC, ADTCC, SNF and SMIU in one organisation.

R12. SMC should explore the possibility of establishing the SMIU with Healthcare Improvement Scotland, Public Health Scotland, the Scottish Government and other key stakeholders

6. Conclusion

SMC remains committed to its core purpose of providing a national source of timely advice on clinical and cost-effectiveness of all new medicines for NHS Scotland, so that the population of Scotland receives the best possible care for the resource available. This strategic review, which aligns closely with the Healthcare Improvement Scotland: Evidence strategy, has identified six key themes for improvement over the next three years:

- Improving our policies and processes
- Increasing the efficiency of SMC
- Investing in our staff and committee members
- Enhancing our networks with regulators and other HTA agencies
- Evolving our communications approach
- Innovating in new areas of medicines information

Some of these reflect ongoing programmes of work which pre-date this review, but others reflect new

directions of travel. Some of this work has been accelerated as a consequence of the pandemic. The pandemic has also generated one new efficiency work-stream on the use of virtual platforms.

Once finalised this strategy will be translated into a three-year work plan which will be reviewed at the annual strategy review in February 2022. The next formal strategy review will take place in February 2023.

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Medicines & Healthcare products
Regulatory Agency

BOARD MEETING HELD IN PUBLIC

16 November 2021

Title	What has the Innovative Licencing and Access Pathway delivered and how will it be developed?
Board Sponsor	Marc Bailey
Purpose of Paper	Strategic Direction

What has the Innovative Licencing and Access Pathway delivered and how will it be developed?

1. Executive Summary

- 1.1 Following the UK leaving the European Union, the Medicines and Healthcare products Regulatory Agency (MHRA) became a sovereign regulator, a change that has opened up significant opportunities. These opportunities have been capitalised on through the creation of a new ambitious expedited route to market for medicines, the Innovative Licensing and Access Pathway (ILAP).
- 1.2 The Board is asked to consider the ILAP activity to date, the proposed direction of travel and recommend any other areas for development.

2. Introduction

- 2.1 The Innovative Licensing and Access Pathway (ILAP) has been operational since the 1st of January 2021. ILAP offers a flagship Agency service, providing a platform for accelerating the time to market for innovative medicines. A key aspect is how the ILAP platform supports a novel framework for closer collaboration with ILAP permanent partners, the National Institute for Health and Care Excellence

(NICE), the Scottish Medicines Consortium (SMC) and more recently the All Wales Therapeutic & Toxicology Centre (AWTTC). The main components of the pathway are the Innovation Passport designation (IP), the Target Development Profile roadmap (TDP) and the tools of the TDP toolkit. ILAP covers the entire development programme from before First in Human Studies through to supporting a life cycle approach to approved medicines (real world data collection and new indications).

2.2 This paper provides an update on what the ILAP has delivered so far and the future operational and strategic aspects of the pathway. This includes a summary of the metrics of activity, the joining of a new partner (AWTTC), the integration of the patient voice and the future plans to continue to evolve the ILAP based on experience and alignment with policy documents such as the Life Sciences Vision. The paper asks the Board to note the progress so far and requests input on what additional features should be built into ILAP, where further efficiencies might be found and the future direction for development.

3. What has the Innovative Licencing and Access Pathway delivered?

Launch of a new visible pathway to access for medicines

3.1 The principles of ILAP were formed through strategic working groups as part of the preparations for leaving the EU regulatory framework and building on successful relationships and interactions in the wider healthcare ecosystem. The aim of the ILAP is to deliver safe and early patient access to innovative medicines, ensuring through the unique partnership working between MHRA and HTA bodies that products that are developed through ILAP are both regulatory and access ready.

3.2 The launch of the ILAP created a new visible and ambitious pathway to patient access for the UK following exit from the EU. The pathway helps ensure that the UK remains relevant and attractive to innovators developing medicines as a first and early launch market. Feedback has suggested that companies who may have not wished to engage early in the UK are now taking a 'second look' based on the ILAP offer – an example from an email quote from a law firm who advise industry:

'Generally speaking, ILAP is attracting a lot of interest. Companies which were not interested in entering the UK market in the first tranche are reconsidering their position. The fact of having access in a coordinated manner to all relevant stakeholders is a PLUS.'

3.3 In addition, ILAP offers a visible national (and international) signal of a company's intent to develop medicines in a completely unique way. This is referenced for example in the UK Life Sciences Vision published in July 2021:

'For medicines, the MHRA will work with NHS partners and international regulators to deliver the fastest regulatory assessments and decisions. This will involve innovative regulatory models, building on the approaches developed for the Early Access to Medicines Scheme (EAMS) and the Innovative Licencing and Access Pathway (ILAP).'

A new medicine designation, the Innovation Passport (IP) Designation:

3.4 The first step in the ILAP is the Innovation Passport designation application, a mandated entry point. The first Innovation Passport approval was approved in February 2021 for Belzutifan (a treatment developed for adults with von Hippel Lindau disease). The IP decision is made at the ILAP cross

partner Steering Group, with all 4 ILAP partners (MHRA, NICE, SMC & AWTTTC). Importantly and in keeping with the goal to embed the patient voice in the ILAP right from the start, patient representatives contribute to the decision making at the ILAP Steering Group through their attendance and discussions. Patients have provided feedback on the need to be pragmatic in the approach for rare diseases and highlighted the importance of patient reported outcome measures.

3.5 The IP is open to developers at the pre-clinical trial stage and the entrance criteria for ILAP are broad and inclusive. At the time of writing this paper there have been:

- 65 applications for the IP designation
- 36 approved
- 7 refused
- the remaining 22 applications are pending assessment and decision

3.6 This level of interest far exceeds the predicted activity based on regulatory intelligence at the end of the transition period (30-40 applications predicted in the first year based on discussions with industry). Applications for the IP have been on average 5-6 per month with a peak of 10 applications in one month in the summer. The highest proportion of applications has been seen in the oncology area, but there are also designations across other therapeutic areas. About a quarter of applications are at the early stage (First in human study not yet initiated) with half at the mid stage (pre-phase 3 not recruiting).

Therefore, we can conclude that ILAP has been broadly welcomed by the pharmaceutical industry and that there have been a significant number of early adopter companies. It is expected as evidence accumulates of the benefits of the ILAP approach that more companies and sponsors will engage (including not-for-profit groups with repurposed medicines).

3.7 The agency doesn't currently publish information on IP that are approved or refused. However, companies that have received IP have had press releases, indicating the importance of the designation step to their development programmes. As an example, from an article published in the Financial Times (19/10/2021):

US biotech signs deal with NHS to deliver cheaper cancer drugs

'These two treatments have been granted Innovation Passport designations through the UK's Innovative Licensing and Access Pathway (ILAP), a new programme to accelerate regulatory approvals. Boris Johnson's government hopes faster approvals will attract companies to develop and license their medicines in the UK, despite the country's small percentage of the overall global drugs market. Nallicheri described the "incredibly innovative" ILAP process as "the cherry on the cake" in striking the deal with the NHS.'

3.8 This quote demonstrates the clear importance of the 'system' working together through ILAP partners to deliver important medicines to patients.

A roadmap of activity, the Target Development Profile (TDP)

3.9 A cross partnership team of experts will help define the TDP activities based on a product's characteristics. The TDP will define key regulatory and development features, identify potential pitfalls and create a road map for delivering early patient access. Sections of the TDP are:

- i. Kick-off meeting and stakeholders
- ii. About the product development
- iii. Future development and evidence generation (including if the developer is intending to conduct clinical trials in the UK)
- iv. Scientific advice
- v. Patient engagement including the use of Patient Reported Outcome (PRO) measures
- vi. Special populations
- vii. Product life cycle
- viii. Issues to be discussed at the kick-off meeting

IP to TDP process

3.10 An important step in the ILAP is supporting the IP holders to gain TDP, which is the process by which innovators will be able to develop products that are regulatory and access ready. To date we have received 9 TDP requests. These requests are progressing through to meetings and delivery of the TDP roadmaps.

As part of the strategy to convert IP to TDP we have written to all IP holders who have late stage products to understand their intentions regarding engaging with the TDP process and will replicate for the earlier stage products in due course. It is proposed in the future (as resources allow), that a positive IP letter will be issued with specific dates for the TDP meeting. To note, some early applications were for Project Orbis submissions (a programme coordinated by the US Food and Drug Administration (FDA) to review and approve promising cancer treatments) and therefore not all late stage IP holders will require an immediate TDP for their lead indication. However, as per the lifecycle approach to the TDP it is expected that over time the TDP will be sought for follow on new indications.

TDP tools of the Toolkit

3.11 The ILAP toolkit includes innovative and flexible activities designed to help bring clinically important and promising medicines to patients faster and more efficiently. It reflects a lifecycle approach to evidence generation, alongside some mandatory aspects to ensure regulatory compliance. The current tools of the toolkit are:

- i. Adaptive Inspections is designed to support the over-arching ILAP and enable transformed regulation. It will support the non-clinical, clinical and manufacturing design and development pathway to ensure protection of patients and reliability of results.
- ii. Certifications provide developers with an enhanced official regulatory review of packages of Common Technical Document (CTD) data. The process will provide applicants with specific and actionable feedback on the expectations for marketing authorisation and the regulatory requirements
- iii. Continuous Benefit Risk Assessment integrating Real World Evidence is a proactive approach to data collection and post authorisation vigilance is key in supporting approval of innovative medicines. This tool helps ensure that the agreed approach delivers the right data, filling potential gaps in evidence within the right timeframe.
- iv. Clinical Practice Research Datalink (CPRD) Assisted Patient Recruitment can help to efficiently locate patients across the UK who are potentially eligible for a

clinical trial via a centralised search of the CPRD electronic health records (EHR) database, followed by GP clinical review

- v. Enhanced patient engagement is a key component of MHRA's broader commitment to be a patient and public-focused regulator – putting patients and the public at the centre of our regulatory decision-making, providing opportunities throughout the ILAP for companies to consider the patient's experience and voice in a meaningful way in how they develop their innovative products
- vi. Innovative and Flexible Licensing Routes is intended to provide support and guidance in the choice of routes for products in the ILAP, providing expedited timelines for review, pragmatic approaches to evidence requirements and international options where appropriate and available
- vii. The novel methodology and innovative clinical trial design tool is designed to establish a system and culture that is receptive and supportive of novel methodologies in both the clinical and pre-clinical space to develop new medicines or new indications
- viii. Rapid Clinical Trial Dossier Pre-Assessment provides sponsors of clinical trials with expert feedback from MHRA clinical trial unit assessors on their clinical trial authorisation (CTA) application dossier before it is formally submitted, reducing the chance of a 'Grounds for Non-acceptance'

3.12 There is ongoing work through the project team to consider the fees for the different tools of the toolkit and overall resourcing and fee structure of delivering the TDP. Based on the very strong demand to date, the Agency is looking for ways to make the ILAP more efficient as the number of applications increases. Implementation of the TDP roadmaps and tools is an important step to support the ambition of a faster time to market, and a product project management approach is under active discussion.

Enhanced Patient Engagement, the ILAP patient and public reference group

3.13 ILAP offers a unique opportunity to embed the patient voice right from the beginning of the drug development process through to regulatory decision making and beyond. An ILAP Patient and Public Reference Group has been set up as an initial six months pilot (activity expected to continue and grow). The pilot will report early next year with recommendations based on experience to date. 16 patient and public members have been appointed by the MHRA, NICE and SMC. Since August, members from the group have rotated onto the ILAP steering group in threes to contribute to the discussions on the approval or not of the IP designation. Patients have provided valuable contributions to the discussions on the award of the Innovation Passports, for example around the challenges of being a rare disease patient. These interactions allow patients to voice their views right from the start of the ILAP, ensuring that the IP designation reflects cross stakeholder opinion. The group is also supporting the development of the ILAP Patient Engagement Tool and best practice guidance.

Comparison to other regulatory international offers, PRIME and Breakthrough designation

3.14 ILAP builds on the success of other regulatory offers but has a number of globally unique aspects when compared to other medicine designations / expedited programmes, such as the European Medicines Agency's PRIME and the US Food and Drug Administration (FDA) Breakthrough designation:

- ILAP involves patients in the Innovation Passport designation decision
- ILAP covers the whole life cycle of a medicinal product including supporting the development of multiple indications in a lifecycle approach versus single indication, with a specific focus on real world data collection and continuous benefit risk assessment
- ILAP Innovation Passport is open to submissions from non-clinical data versus requirements for clinical data
- ILAP includes a partnership between the medicines regulator and HTA bodies, including co-decision making at for example the Innovation Passport designation decision

- ILAP IP designation is linked to a portfolio of activities around the creation of the TDP and the ILAP toolkit offers diverse and unique tools to support innovative and efficient approaches to drug development

4. How will ILAP be developed?

Deliver better patient and public involvement for medicines

4.1 Patient and public involvement will become more prominent in the ILAP as the pilot on engagement and involvement concludes and the enhanced patient engagement tool matures. Patients will become systematically embedded in the partnership decision making point of the IP designation, demonstrating visible and meaningful involvement of patients right from the start. This engagement helps fulfil part of the agency's patient strategy and address some of the recommendations from the 'First Do No Harm' report. Benefits of the engagement include the agency and partners better understanding patient needs, companies developing medicines that have meaningfully considered the patient voice and for patients to have the opportunity and recognition in engaging with the ILAP partners.

Main route to licensing innovative medicines

4.2 The ILAP entry criteria are broad and inclusive. The creation of the TDP and toolkit are attractive offers to industry with partnership working and the potential for faster approvals and access. Based on strong early interest and as the ILAP develops (tools and competencies), the ILAP could become the main route for medicine licensing and access.

Expansion of ILAP activities to include other organisations

4.3 Following discussions with Welsh colleagues around the role of the ILAP and agreement by Welsh Ministers, the AWTTTC joined partners in the ILAP activities in October 2021. This included considering if a product meets the criteria for an Innovation Passport. AWTTTC involvement is seen as important step in ensuring that there is awareness of the innovation pipeline across the health ecosystem. There is also interest in the ILAP from other organisations such as the National Institute for Health Research (NIHR) and Health Research Authority (HRA). The MHRA has been working with the Accelerated Access Collaborative (AAC) and the ILAP processes have supported some of the early stage product workstreams for advanced therapy medicinal products (ATMP) and histology independent indications.

More information in the public domain

4.4 The ILAP steering group will consider ways to provide more information in the public domain around the activity of the ILAP, including publishing summary statistics. This information will also be shared with the Department of Health & Social Care (DHSC) and the Office of Life Sciences who have responsibility for the delivery of the Life Sciences Vision of which ILAP forms part.

Update to the guidance and support for applicants

4.5 Based on experience and questions and feedback from external stakeholders we will update our webpage towards the end of the year to provide more guidance on the application process. We will also develop some case studies demonstrating the benefits of engagement with the ILAP and bringing the guidance to life.

ILAP Summit

4.6 In order to strategically advance the ILAP concept, an ILAP Summit is proposed for January 2021. This summit will have a closed session for partners to discuss progress to date, challenges and future opportunities. This will be followed by an open session with external partners (eg industry, academics, patients and other organisations in the health system) to gather feedback and present a summary on the 1-year activity of ILAP. Further information will be made available in due course.

Enhanced digital offer

4.7 An enhanced digital offer for applicants applying for an IP and TDP is being developed by the MHRA and will launch in January 2022. This system will also provide an opportunity for more automated communications within the partnership and an enhanced operational front door to applicants.

New tools to be added to the toolkit

4.8 HTA bodies in the ILAP will launch a new access tool to support the cost effectiveness aspects of product development. Other additional tools of the toolkit are also actively being considered.

Leading the way on precision medicines

4.9 Supporting the ambition of the Life Sciences Sector Deal 2, the ILAP provides a clear UK regulatory pathway for genomic medicines and genomic tests, helping to accelerate developments in precision medicine by building a roadmap (TDP) to help developers understand the regulatory and access requirements. In order to ensure the visibility of ILAP for these types of development programmes, the web page will be amended with specific information to signpost the benefits of ILAP engagement.

Developing innovative access for devices

4.10 There is considerable interest from industry and patients in creating an innovative pathway for access to medical devices. Building on the successes of the ILAP principles, but in a different regulatory framework, exploratory work is underway in partnership with NICE, Health Technology Wales and the Scottish Health Technologies Group. The aim is to offer a pathway for innovative devices that provides key support in their development plan, with the additional option for providing exceptional use authorisations where there is a clear unmet clinical need that the device can solve.

4.11 The pilot for the devices pathway will look to support the goals of the Life Sciences Vision by focusing initially on the areas of mental, health, cancer diagnostic and supporting the NHS COVID-19 recovery.

5. Recommendation

5.1 The Board is asked to consider the ILAP activity to date, the proposed direction of travel and recommend any other areas for development

Marc Bailey November 2021

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Scrutiny and Assurance Activity 2022/23
Agenda item:	2.3
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Quality Assurance
Report Author:	Lynsey Cleland
Purpose of paper:	Awareness

1. Situation

Healthcare Improvement Scotland provides independent scrutiny and assurance of the quality and safety of healthcare in Scotland. We do this through the inspection of NHS hospitals and services; the regulation of independent healthcare; and focused reviews of healthcare services. Our assurance functions aim to support providers to improve the quality of care they provide to the people of Scotland and we work with a range of statutory bodies such as the Care Inspectorate, Her Majesty's Inspectorate of Prisons for Scotland and NHS Education for Scotland.

Our scrutiny and assurance programmes have been adapting their focus and approach through the COVID pandemic in order to deliver robust, targeted and proportionate assurance that is reflective of and responsive to the evolving context. This paper sets out our planned scrutiny and assurance activity for 2022/23 in the context of the organisation's overall operational plan for the coming financial year.

2. Background

The range of assurance activities Healthcare Improvement Scotland undertakes has expanded and evolved over the years in response to national policy imperatives and more recently the COVID pandemic, with the Quality Assurance Directorate undertaking a growing range of complex high profile work programmes requiring effective cross organisational and multi-agency working. The Directorate has over 100 whole time equivalent (WTE) staff and a forecast total budget of approx. £6.8m (excluding independent healthcare regulation) for 2022/23.

Our quality assurance functions include:

- assurance of the quality of health services;
- inspections of direct patient care and the safety of the clinical environment;
- regulation of independent healthcare;
- national reporting and learning systems;
- Death Certification Review Service (DCRS);
- joint inspections of health and social care services with the Care Inspectorate;

- prisoner healthcare inspections with Her Majesty's Inspectorate of Prisons for Scotland
- ad hoc reviews of services.

To help deliver consistent, high impact assurance across these functions we have developed a Quality Assurance System that sets out the core guiding principles, standard operating processes and quality assurance framework which underpin our work.

As detailed above, all our scrutiny and assurance programmes have adapted in response to the COVID pandemic with the aim of delivering robust and proportionate public assurance that is reflective of and responsive to pressures within the system and focused on helping services identify and minimise risks within the current operating environment. For example, the Death Certification Review Service introduced hybrid reviews of death certificates at the start of the pandemic and has continually adjusted the number of certificates selected for review over the last 2 years in response to changing death rates and service pressures.

Our various inspection programmes have been also adapted during the pandemic to focus on key safety and quality of care considerations for the service being inspected. Where aspects of our scrutiny activity can effectively be conducted remotely we have been doing this to reduce the impact of onsite activity for health and care staff. All inspections continue to be risk assessed and prioritised by taking account of relevant data and intelligence, including service pressures, and there is an increased focus on reflecting the context in which a service is operating in our inspection reports.

In addition to ensuring existing scrutiny and assurance programmes reflect and respond to changing operating environment, two new inspection programmes are currently under development and due to come on-stream during 2022/23 (mental health unit healthcare associated infection inspections and joint inspections of police custody suites). We also have three commissions for external quality assurance underway which require us to flex resources in order to ensure the necessary skills and expertise are in place to support the range of assurance priorities over the coming year.

In parallel with delivering planned scrutiny and assurance activity for 2022/23, work is also underway to ensure our quality assurance approach continues to respond to the changing health and social care landscape and aligns to the organisation's corporate aims and objectives. A Programme Director for Quality Assurance Strategy has been appointed for 12 months to lead the development of the organisation's future strategic direction for quality assurance and oversee any associated change implementation process in partnership with staff and relevant stakeholders. This will include considerations around the purpose and focus of assurance activities; the methodologies deployed; and the skills, resources and ways of working required to continue to deliver robust and effective quality assurance.

3. Assessment

It is anticipated we will need to continue to finely balance the important role that all our scrutiny and assurance programmes play in assuring safe systems of care with the ongoing challenges facing the health and social care system during 2022/23. We will need to be prepared to adapt what and how we assure in response to changing risk profiles and service pressures to continue to provide proportionate, risk based assurance for patients and the public.

Appendix 1 sets out our planned scrutiny activity for 2022/23. This plan will be continually reviewed throughout the year and could be subject to change in light of the COVID Pandemic, or other independent external assurance imperatives that may emerge during the year.

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

Work on our future strategic approach to quality assurance will be taken forward in parallel with our 2022/23 scrutiny activity, drawing on strategic and operational considerations across our range of functions. This work will involve appropriate engagement with relevant stakeholders and emergent proposals will be subject to approval through HIS governance processes. It will also take into account any further consideration of the implications of the creation of the National Care Service.

Quality/ Care	All our scrutiny and assurance programmes are focused on improving the safety and quality of care for people in Scotland and the attached plan details how we intend to deliver our statutory assurance functions during 2022/23 in the context of Healthcare Improvement Scotland’s overall operational plan.
Resource Implications	<p>The planned scrutiny activity for 2022/23 detailed in Appendix 1 will be delivered within core budget and agreed allocations. Any additional external assurance asks during the financial year will require appropriate additional resources, or review and revision of existing scrutiny plans.</p> <p>Staffing resources continue to be flexed across our scrutiny and assurance programmes to make the best use of skills and experience and support staff development and career progression. The 2022/23 plan is based on existing capacity and ways of working.</p>
Risk Management	<p>Individual scrutiny and assurance programme risks are detailed on the operational risk register.</p> <p>Strategic risk 1160 details the risk if inspections or other assurance activity fails to identify significant risks to the safety and quality of care and strategic risk 1159 details the financial, clinical, policy and operational risks that could impact the organisation's ability to effectively regulate independent healthcare services.</p> <p>All risks continue to be monitored and managed through established governance arrangements.</p>
Equality and Diversity, including health inequalities	User focus and improving outcomes for all is a core principle of our Quality Assurance System and supporting operating processes and quality assurance framework. Individual scrutiny and assurance programmes are informed by equality impact assessments.
Communication, involvement,	Communication and engagement with a range of stakeholders including Scottish Government, other scrutiny bodies, service providers and service users takes place at both a strategic and

engagement and consultation	operational level across our range of scrutiny and assurance programmes. Our scrutiny plan for 2022/23 will be published on our website and shared with relevant stakeholders.
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4 Recommendation

The Board is asked to note Healthcare Improvement Scotland's planned scrutiny activity for 2022/23 detailed in Appendix 1.

5 Appendices and links to additional information

The following appendices are included with this report:

Appendix 1- HIS Scrutiny Activity 2022/23

Healthcare Improvement Scotland Scrutiny Plan 2022/23

Our scrutiny activity is split into 3 categories - inspection, regulation and review (including ad hoc investigations or reviews) and our plans for each programme are outlined below.

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

Inspection

Scrutiny programme	Programme Aim	Scrutiny body/bodies involved	Inspection activity
Hospital inspections	To provide assurance of the safe delivery of care in acute hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	2022/23 inspection programme in development with 12-15 inspections planned between April 2022 and March 2023. Locations not available as these are unannounced.
Mental health unit Healthcare Associated Infection inspections	To contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance. This work will specifically consider infection prevention and control in mental health units.	Healthcare Improvement Scotland	This is new work for Healthcare Improvement Scotland. Subject to confirmation of funding, scoping and set up of programme will take place between April 2022 and August 2022 with inspections planned to take place towards the end of 2022/23.
Joint Inspections of adult support and protection	These joint inspections seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements.	Care Inspectorate (lead agency), Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland	The intention is to complete 15 joint inspections of adult protection partnerships during 2022-23 (February 2022-June 2023).

Scrutiny programme	Programme Aim	Scrutiny body/bodies involved	Inspection activity
Joint inspection of adults services	Healthcare Improvement Scotland has a statutory responsibility to undertake joint inspections of services for adults with the Care Inspectorate.	Healthcare Improvement Scotland and Care Inspectorate	The intention is to complete three joint inspections of health and social care partnerships during 2022-23. These joint Inspections will focus on the effectiveness of Partnership working in creating seamless services that deliver good health and wellbeing outcomes for people with physical disability and complex health and social care needs.
Joint inspection of children's services	The inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities.	Care Inspectorate (lead agency), Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Education Scotland.	The intention is to complete up to five joint inspections of community planning partnership areas during 2022-23.
Joint inspection of prisoner healthcare	Healthcare Improvement Scotland works with Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) to manage the healthcare element of inspections to prisons.	Her Majesty's Inspectorate of Prisons for Scotland (lead agency) and Healthcare Improvement Scotland	Full inspections resuming with 5 inspections planned during 2022/23. The following inspection has been announced on HMIPS website HMP Shotts Full Inspection – 9-20 May 2022
Joint inspection of police custody suites	Healthcare Improvement Scotland will provide expertise to the inspection of healthcare in police custody centres in Scotland led by Her Majesty's Inspectorate of Constabulary for Scotland (HMICS).	Her Majesty's Inspectorate of Constabulary in Scotland (lead agency) and Healthcare Improvement Scotland	This is new work for Healthcare Improvement Scotland which is in early stages of planning. It is intended that HIS will start inspecting with HMICS in 2022/23 (inspection plan to be confirmed)

Regulation

Scrutiny programme	Programme Aim	Scrutiny body/bodies involved	Inspection activity
Ionising Radiation (Medical Exposure) Regulations (IRMER)	Through inspections and the notifications process, the aim of this work is to ensure public confidence in the safe use of ionising radiation for medical exposure.	Healthcare Improvement Scotland	An inspection plan is in place to carry out at least 10 inspections. Routine inspections are announced. In addition we will respond to notifications and other intelligence as appropriate.
Regulation of independent healthcare	Healthcare Improvement Scotland is the regulator of registered independent healthcare services in Scotland. We inspect services to ensure that they comply with regulations and meet the required standards of care.	Healthcare Improvement Scotland	175 inspections to services planned. In addition we will continue to respond to applications to register services, notifications, complaints and other intelligence about services in accordance with our regulatory duties.

Review (including ad hoc investigations or reviews)

Scrutiny programme	Programme Aim	Scrutiny body/bodies	Key activity
Death certification review service	The Death Certification Review Service (DCRS) provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal. DCRS is responsible for improving; the accuracy and quality of Medical Certificates of Cause of Death (MCCDs), commonly known as death certificates, public health information about causes of death; and clinical governance.	Healthcare Improvement Scotland	Ongoing review of randomised sample of MCCDs. Based on a 12% random review we expect to carry out approx. 5600 reviews and deal with in excess of 2000 enquiries to our enquiry line.
National hub for reviewing and learning from child deaths (and Sudden Unexpected Death in Infancy)	Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is	Healthcare Improvement Scotland and Care Inspectorate	Ongoing review process following implementation of the hub on 1 October 2021. Progress meetings with all 14 territorial NHS board areas planned at 6 months and 1 year

Scrutiny programme	Programme Aim	Scrutiny body/bodies	Key activity
	reviewed to an agreed minimum standard.		following implementation.
External quality assurance of cancer quality performance indicators	Undertake external quality assurance of the national cancer quality performance indicators (QPis), provide proportionate scrutiny of performance and support service improvement.	Healthcare Improvement Scotland	Schedule of 12 reviews planned relating to Tumour Specific Groups, based on the Public Health Scotland timetable for data publication
Management of adverse events	Support a consistent national approach to identification, review, reporting and learning from adverse events based upon national and international good practice	Healthcare Improvement Scotland	Standardisation approach to incident reporting for all categories of adverse event. Launch of new community of practice learning system (March 2022)
Review of national screening programmes	Work with the National Screening Oversight function, and other relevant stakeholders, to promote robust and effective governance, safety and quality in Scotland's national screening programmes.	Healthcare Improvement Scotland	Development activity ongoing to inform future approach to external quality assurance
Review of cervical screening programme	Healthcare Improvement Scotland will undertake an independently chaired review of the processes, systems and governance for the application and management of exclusions in the Cervical Screening Programme in Scotland.	Healthcare Improvement Scotland	Reporting October 2022

Scrutiny programme	Programme Aim	Scrutiny body/bodies	Key activity
Responding to concerns	Healthcare Improvement Scotland has a duty to respond to patient safety/quality of care concerns raised about NHS services by NHS Scotland employees, or referred to us by another organisation. All concerns made to us are subject to a level of assessment and investigation.	Healthcare Improvement Scotland	Ongoing process of assessment and investigation of concerns raised
Sharing intelligence healthcare group	The Sharing Intelligence for Health & Care Group (SIHCG) is a mechanism that enables seven national organisations to share, consider, and respond to intelligence about health and social care systems across Scotland – with a particular focus on NHS boards.	Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health Scotland, and Scottish Public Services Ombudsman.	NHS Boards considered according to agreed planning schedule In 2022/23 the Sharing Intelligence for Health & Care Group will consider all 14 territorial health boards and the 4 patient facing national boards.
Quality Assurance of Neurological Services	The development of a self-evaluation template which will be used by local services to consider how they are performing against the HIS General Standards for Neurological Care and Support (2019). This will assist services in the development of their own local quality planning and quality improvement plans for neurological services.	Healthcare Improvement Scotland	Steering Group to be formed in April/May 2022
Independent Assurance Activity: Significant Case Review (Angus P19)	To provide independent assurance to Scottish Ministers that appropriate action is being taken in response to recommendations of the review and that the risks for the delivery of person-centred, safe and	Healthcare Improvement Scotland and Care Inspectorate	A range of assurance activity will take place during 2022.

Scrutiny programme	Programme Aim	Scrutiny body/bodies	Key activity
	effective care delivery and co-ordination are being addressed.		
Independent assurance of Queen Elizabeth University Hospital Glasgow (QEUH)	Scottish Government has asked HIS to undertake wider independent assurance of current systems and process for infection prevention control at the QEUH following concerns raised in the Scottish Parliament about aspergillus infection.	Healthcare Improvement Scotland	Independent assurance activity and publication of assurance report during 2022.

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Risk Management: strategic risks
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:	Discussion

1. Situation

The strategic risk register held on Compass, the risk management database, as at 11 March 2022, is provided at Appendix 1. The Board is asked to review the risks presented.

2. Background

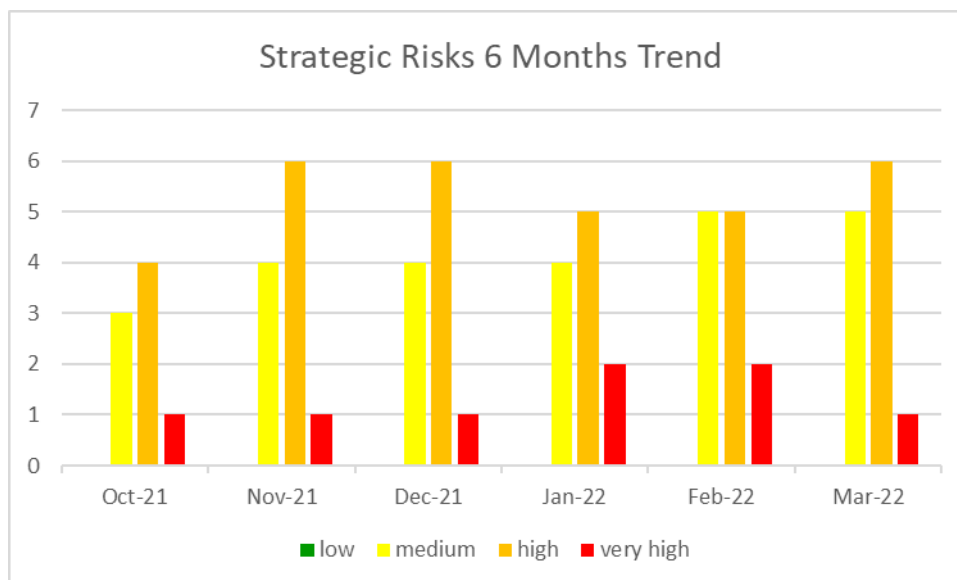
The Compass database is aligned to the Risk Management Strategy and enables the management and reporting of risks across the organisation.

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

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

3. Assessment

The strategic risk register at Appendix 1 is now provided with a six months trend to give the Board a longer view on the changes in risks. A column is also included on the report indicating the date and the level when each risk was first raised on the system. The graph below provides additional information on the trend for strategic risks.



The only change in the risks presented to the Board since its meeting in December is the addition of a newly raised risk on the register, number 1165, related to the NHS Scotland Climate Emergency & Sustainability Strategy.

The Board is asked to note that the Audit & Risk Committee reviewed the strategic risk register at its meeting on 16 March 2022.

Assessment considerations

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

4 Recommendation

The paper is presented for discussion.

The Board is asked to review the attached papers to:

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

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Strategic risk register

Appendix 1 Strategic Risks

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Risk Appetite	Current Controls	Current Mitigation	Current Update	Current Risk Level	Jan - 2022	Dec - 2021	Nov - 2021	Oct - 2021	Sep - 2021	Date risk raised and initial score
Reputational / Credibility	COVID-19	1072	Robbie Pearson	There is a risk that the continued development and implementation of our strategy and the associated operational plan, will be impeded by the COVID-19 pandemic and subsequent system pressures on the NHS.	Open	<p>The fourth version of the remobilisation plan (RMP4) was agreed with the Scottish Government in September 2021 and provides the focus for the remainder of 2021-22. At present, we are reporting on progress against RMP4 and any changes in delivery on a quarterly basis to Scottish Government and as part of our internal performance reporting.</p> <p>The 7 key delivery areas – agreed by the Board – will continue to provide the platform for priorities in the future and provide the basis for a more integrated response consistent with the Quality Management System.</p>	Steps are being taken to adjust to changing circumstances, as restrictions are eased and the NHS and the social care system edges forward. This has included the need to adjust the focus and tempo of our operational activities to deal with surges in infections such as the omicron variant.	We have gradually adjusted our approach in response to the pandemic: ensuring our operational activities are aligned to the residual and sustained pressures in the health and social care system as a consequence of the pandemic. It is likely that the impact of the pandemic will be sustained over a long period of time as providers seek to meet unmet need and the backlog of care. We will continue to ensure our response is tailored to alleviating such pressures.	High – 16 Impact - 4 Likelihood - 4	Very High - 20	Very High - 20	Very High - 20	Very High - 20	High - 16	14/1/21 Very High - 20
Financial / Value for Money	Finance Strategy	635	Angela Moodie	There is a risk of financial instability because of national funding diversions for COVID19 resulting in changes to the organisational priorities around our workplan and strategy.	Cautious	The remobilisation plans have been shared with Scottish Government (SG) and updates are regularly provided. Meetings are held with SG policy leads and SG finance to assess and update on progress to those plans. The workplan remains agile to be able to flex to system pressures across the NHS.	Additional allocations are monitored closely, tracking against deliveries and budget. Management Accountants work closely with budget holders to track deviations from approved budget.	HIS is currently on track to deliver a balanced budget. Delegation letters have been issued to Directors. A small deficit has been identified against Independent Healthcare and further discussion will be held with Scottish Government on COVID support for this.	High - 12 Impact - 4 Likelihood - 3	High - 12	High - 12	High - 12	Medium - 8	Medium - 8	7/4/17 High - 12
Reputational / Credibility	Information and Communications Technology (ICT) Strategy	923	Safia Qureshi	There is a risk that our ICT systems could be disabled because of a cyber security attack resulting in staff being unable to deliver our work and causing reputational damage.	Open	Controls that are in place include: no direct connection to the internet and two Dell Sonicwall firewalls between the Swan network (external) and HIS network (internal) blocking incoming and outgoing traffic. These provide the following safeguards: block network attacks, intruder prevention and gateway anti-spyware anti-virus. Network traffic is segregated with VLans and Sophos filters website traffic by blocking or allowing websites or categories. Sophos Anti-Virus has been deployed across domain which includes	All users complete modules on Data protect, Information Security and Freedom of information before being allowed access to HIS computers. Users also sign the acceptable use policy. Avanti port control blocks unauthorised removable media and Sophos policy scans on read access to alert to issues. We use WSUS (Windows Server Update Server) for security patch deployment. A patching schedule is in place where new security patches released are to be deployed within four week of release. There is a standard build to all new equipment with	Alerts are sent nationally whenever any suspicious activity takes place across NHSScotland or the public sector. The Director and the Head of ICT at Scottish Ambulance Service are on call for major incidents which are all handled centrally. HIS will undertake a self assessment audit as part of the national resilience work to ensure that the controls that are in place are adequate to protect the organisation.	Medium - 12 Impact - 4 Likelihood - 3	Medium - 12	Medium - 12	Medium - 12	Medium - 12	Medium - 12	27/8/19 Medium - 12

						malware detection and blocks the latest threats, including ransomware, exploit-based attacks, and server-specific malware. We proactively search for issues, understand how attacks take place. Sophos sandstorm provides the organization with an extra layer of security against ransomware and targeted attacks. Healthcare Improvement Scotland gained Cyber Essentials accreditation October 2018	the latest security patches applied. Only the members of the ICT team have privilege accounts for the domain. The ICT manager and Senior ICT Support Analyst are notified automatically when changes occur. ICT team monitor and receive alert from the firewall, server, anti-virus and proxy server logs. Daily backups of all data.	in Cybersecurity for the FY 22/23 budget. This has now been included as part of a Business Case request for Investment in Cybersecurity, ICT Resilience and Digital Transformation.									
Reputational / Credibility	Information Governance Strategy	759	Safia Qureshi	There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.	Open	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; review of HIS practices against the Information Commissioner Office (ICO) accountability framework; ongoing monitoring and advice	It is likely that the pandemic has resulted in necessary changes to working practices necessitating a review of current known processing to assure the organisation of compliance. This will be conducted via the IG group representatives. An overarching review of HIS processing against the ICO accountability framework will be undertaken to identify any additional governance requirements.	Medium - 12 Impact - 3 Likelihood - 4	Medium - 12	Medium - 9	Medium - 9	Medium - 9	Medium - 9	23/1/18 Low - 6		
Operational	Making Care Better Strategy 2017-2022	1131	Robbie Pearson	There is a risk that the introduction of the National Care Service in Scotland impacts on the role of HIS. The impact specifically is with regards to HIS' remit and responsibilities, role as a regulator and in delivering improvement support – whether those impacts enhance or increase these responsibilities, or reduce/remove them.	Open	Consultation on the National Care Service (NCS) is now closed and HIS has responded on key strategic issues. We are connecting to the SG policy team / sponsor unit to ensure our voice is heard in any specific proposals regarding HIS. We are connecting ensuring uptake of any 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 have also been working with the Care Inspectorate around a joint proposal to Scottish Government around how we can move forward now with the design of national improvement programmes to address the issues raised by the Independent Review of Adult Social Care.	The proposal for the national improvement programmes was submitted to Scottish Government in October 2021. Our response to the NCS consultation was submitted in November 2021. We have also met with Linda Pollock and Donna Bell on 3 March to consider how HIS can actively contribute to the design and implementation of pathfinder initiatives which support the ambitions for the NCS. We will consider how existing work might be refocused to achieve this.	High - 15 Impact - 5 Likelihood - 3	High - 15	High - 15	High - 15	-	-	13/10/21 High - 15		
Operational	Making Care Better Strategy 2017-2022	1133	Robbie Pearson	There is a risk that a variety of external factors including economic, environmental and political pressures will impact on the availability, performance and priorities of HIS.	Open	Horizon scanning and ongoing stakeholder engagement.	Strategy development will seek to retain the gains in organisational agility shown during the response to the COVID-19 pandemic, whilst remaining vigilant in respect of changes in the current and future operating environment.	Ben Hall, Head of Communications and Lynda Nicholson as Head of Corporate Development will contribute to the horizon scanning of the wider environment. We are continuing to meet with key	High - 15 Impact - 5 Likelihood - 3	High - 15	High - 15	High - 15	-	-	13/10/21 High - 15		

							<p>The process for managing new work commissions in HIS is being reviewed and improved to support consistent and transparent prioritization and decision-making in relation to our work.</p>	<p>stakeholders, including spokespersons for health and social care across the political parties to understand their priorities and the contribution of HIS.</p> <p>The development of the new HIS strategy during 2022 will be supported by a programme of internal and external stakeholder engagement to ensure that HIS' priorities reflect the needs of the system.</p> <p>On wider external factors, the current invasion of Ukraine carries huge risks for a world economy that is yet to fully recover from the pandemic. We continue to monitor this closely, in particular regarding inflation and payment systems to ensure minimal disruption for HIS.</p>								
Reputational / Credibility	Making Care Better Strategy 2017-2022	1160	Lynsey Cleland	There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.	Open	<p>Individuals involved in assurance activities are appropriately qualified and trained and have sufficient experience to carry out their role.</p> <p>Quality Assurance System and associated Standard Operating Process (SOP) promotes a consistent and robust approach to all Quality Assurance Directorate (QAD) work to ensure best practice is followed.</p> <p>SOP is supplemented where needed by additional tools and systems for particular programmes.</p> <p>Clear escalation policy in place.</p> <p>Memorandum of Understanding in place with partner agencies, including the Care Inspectorate.</p>	<p>Quality Assurance System (including the Quality Assurance Framework and Standard Operating Process) has been revised to ensure fitness for purpose and engagement on this has taken place. Inspections and reviews are informed by relevant data and intelligence with support from the Data Measurement and Business Intelligence team.</p> <p>Risk assessments inform decisions on frequency and focus of inspection and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns.</p> <p>Ongoing review of learning and development needs to ensure staff have the necessary skills and experience.</p> <p>Workforce and capacity planning to ensure assurance activities are appropriately resourced with the required mix of skills for the activity being undertaken. Improvement plan to strengthen capacity planning is being developed.</p> <p>Review and evaluation of inspections and reviews to continually improve the quality and impact of assurance activities.</p>	<p>A number of measures designed to improve the quality and robustness of QAD planning processes and programme delivery are underway, and reflected in the QAD improvement plan.</p> <p>These include improvements in implementing new commissions, workforce planning, clinical and care governance, and changes to the QAD reporting infrastructure to ensure appropriate monitoring and internal assurance. An engagement process on the QAD Quality Assurance System has recently completed, and feedback will inform revisions to the Quality Assurance Framework and Standard Operating Process, to ensure these are up to date, and effective in supporting consistent, high quality work.</p>	Medium - 12 Impact - 4 Likelihood - 3	Medium - 12	- 0	-	-	-	-	10/11/21 Medium - 12

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.	Open	Sustainable Development Action Plan National Sustainability Assessment Tool (NSAT) annual assessment Net Zero 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. Development of an organisational Net-Zero Routemap action plan.	Healthcare Improvement Scotland welcomed the opportunity to provide feedback on the draft NHS Scotland Climate Emergency and Sustainability Strategy 2022 to 2026. Our feedback was submitted on the 9 March 2022 and while much of the focus in the draft strategy is on territorial boards, within HIS we identified several opportunities for meaningful action and as well as long-standing, ongoing engagement. Many of HIS's activities intersect with the five priority areas of the draft strategy, including sustainable care and sustainable communities. In total HIS made 22 comments or suggested amendments to the draft strategy including highlighting that further resource would be required to implement the close to two hundred recommendations and actions.	Medium - 12 Impact - 4 Likelihood - 3	-	-	-	-	-	-	21/1/22 Medium - 12
Reputational / Credibility	Regulation of Independent Healthcare (IHC)	1159	Lynsey Cleland	The breadth, diversity and volatility of the independent healthcare sector, a combination of a range of financial, clinical, policy and operational risks could impact the organisation's ability to effectively regulate independent healthcare services and presents risk to public safety and/or the reputation or financial stability of HIS if adequate controls and mitigations are not in place.	Open	Additional staff are being recruited for the IHC team to create additional capacity to cope with the growth and complexity of the sector A new approach to accessing the required clinical expertise and updating staff knowledge is being developed in partnership with the medical directorate. While maintaining clinical input as required in the meantime, this now includes a monthly meeting for discussion of clinical issues relating to regulatory activity and provides an opportunity to seek specialist advice if required. Work continues with the finance team to monitor the financial picture and maintain accurate forecasts. IHC now has dedicated management accountant working on forecasting, budgeting, fee setting and monthly management accounts. Online Forum (CQC, RQIA,	HIS/Scottish Government (SG) IHC Short life working group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future.	The HIS / SG IHC short life working group is well established and the IHC team are working on wider regulatory reform proposals to close known loop holes, informed by wider discussions are also taking place with clinical leaders at SG. Work is now progressing in respect of the system to improve our access to specialist clinical input and the clinical and care governance risks for IHC are discussed at every IHC clinical group.	Medium - 12 Impact - 4 Likelihood - 3	Medium - 12	Medium - 12	-	-	-	9/11/21 Medium - 12	

						HIW & HIS) in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare. IHC Clinical Group in place to consider clinical care governance and ensure appropriate clinical input.									
Reputational / Credibility	Service Change	1163	Ruth Jays	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	Open	"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue and last met on 28 October 2021. This subject was the focus of a paper presented to the Scottish Health Council Committee on 9 September where recommendations were accepted. The issue was also the subject of a Board Development Day on 17 November and further actions will be developed in the light of these discussions. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-Community Engagement.	The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 18 months. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of.	High - 16 Impact - 4 Likelihood - 4	High - 16	High - 16	-	-	-	24/11/21 High - 16
Operational	Workforce Strategy	634	Sybil Canavan	There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.	Open	Workforce Plan agreed for 2021 – 22. Workforce plan provides detail on current and planned service arrangements within the organisation based on SG template for a 1 year plan in light of COVID 19. A detailed action plan with timescales is in place.	Activity and progress monitored quarterly via Staff Governance Committee. Further scrutiny and service focus takes place through the 'People' workstream of the internal improvement programme which has focused on outstanding actions to facilitate and support their delivery. As part of the ongoing review of workforce arrangements, it has been recognised organisationally that we need to reflect on the 'new' working arrangements and ensure that our staff are resilient and able to cope with these arrangements on an ongoing basis. This work will be taken forward in discussion as part of the focus on Wellbeing within the People Internal Improvement Workstream.	The Workforce Plan 2021- 22 is accompanied by a detailed action plan for this risk. It includes narrative and actions on workforce planning regarding succession planning and hard to find skills. It also describes opportunities for improved cross-organisational working and capacity planning around generic posts. These actions are being led and implemented by the Director of Workforce. The risk assessment for this area has previously been increased to reflect the acknowledged issue of short term funding for commissioned work which in turn has an impact on some areas of recruitment to specialist or senior roles where we are unable to offer permanent appointments to posts. It is also important to keep an overview of the	Very High - 20 Impact - 5 Likelihood - 4	Very High - 20	High - 15	High - 15	High - 15	High - 15	7/4/17 High - 15

								resilience and wellbeing of the organisation. The work of the People Work Stream as part of the Internal Improvement Programme has continued to provide a focus on activity required for the organisation to begin to change and shape the working, and potential role, requirements for the organisation going forward as well as a continued focus on health and wellbeing, with the support of partnership and Directorate colleagues. This year, SG asked for a reduced workforce plan for a one-year period. This is now in place for 2021-22 and we will be developing the detail for the 22-25 plan over the coming months. The action plan for 2021/22 continues to be updated for presentation to the Staff Governance Committee to demonstrate progress. There has also been recent confirmation that the 3 year plan for 2022 - 25 is not required to be finalised until July 2022 at the earliest in recognition of the impact of COVID across NHS Scotland. In recognition of the continued challenge and activity in relation to maintaining our workforce levels and in discussion with committee colleagues, the risk assessment has been revised								
Workforce	Workforce Strategy	1124	Sybil Canavan	There is a risk that a vacancy in a critical role cannot be filled satisfactorily within an acceptable timeframe. This impacts business continuity and performance due to periods of unplanned absences.	Cautious	Workforce and Development; Succession Planning Committee meeting regularly and draft Succession Plan for Non-Executive Directors of the Board is under development.	Management of succession risk 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.	Currently the organisation is undertaking an accelerated recruitment programme to respond to current vacancies. This work will provide good intelligence on the current workforce market and also the effectiveness of 'bulk' recruitment campaigns. The recruitment and selection process was completed by the end of December 2021 and final workforce intelligence detail in terms of data will be available in late January 2022.	High - 15 Impact - 5 Likelihood - 3	High - 15	High - 15	- 0	-	-	13/10/21 High - 15	

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Risk Management Strategy
Agenda item:	3.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Decision

1. **Situation**

The Risk Management Strategy was last reviewed and approved by the Board in 2019. In keeping with best practice to review the strategy regularly, it has now been reviewed and revisions made. It is presented to the Board at Appendix 1 for approval.

2. **Background**

It is best practice to test, evaluate and update our risk management plan regularly as risks can change as the organisation, the industry and the environment we operate in change. It also helps to identify new risks and monitor the effectiveness of our risk treatment strategies.

The ongoing development of the risk management approach has received expert advice from the Vice Chair of the Audit and Risk Committee and has involved the Risk Management Advisory Group which has representation from each of the directorates and from the Partnership Forum.

3. **Assessment**

The following key changes have been applied to the revised Risk Management Strategy presented at Appendix 1 and these are:

- a) Addition of a new category of risk to capture clinical and care governance risks.
- b) Changes to risk appetite so that appetite is applied to the type of risk, strategic or operational plan, rather than the category of risk.
- c) Clarification of roles and responsibilities.

- d) Introduction of issues to enable clearer strategic focus on issues which are live, impacting the organisation and potentially requiring immediate action.
- e) Introduction of inherent and residual risk enabling focus on risks with a residual risk score higher than our appetite.
- f) Standardisation of programme risks which will now be held on Compass.

A summary of the main changes along with the rationale for these is provided below.

Page No.	Change	Rationale for Change
8	Introduction of the use of inherent and residual risks	Aids understanding of the level of the risk once controls and mitigations have been applied and shows how effective those controls and mitigations are
8	Introduction of the use of issues in the strategy and the inclusion of these within the Compass database	Issues may represent risks that have materialised and provide a fuller picture of matters impacting delivery of objectives
10	Issues as well as risks to be assigned to relevant governance committees	Issues may represent risks that have materialised and provide a fuller picture of matters impacting delivery of objectives
10	Addition to table A of a new risk category for Clinical & Care Governance	Need identified through the Clinical and Care Governance short life working group for this additional category
11	Risk appetites changed in table D so that appetites apply to type of risk, strategic or operational plan, rather than category of risk	Simplifies application of risk appetite
12	Removal of the role previously defined as a risk owner	Simplifies the roles within risk management processes and emphasises that risk management is the responsibility of everyone in the organisation

The Board is asked to note that the Risk Management Strategy was considered by the Audit and Risk Committee at its meeting on 16 March 2022 and the Committee was content to recommend approval of the strategy to the Board.

Assessment considerations

Quality/ Care	The Risk Management Strategy underpins delivery of the organisation's strategy and effective risk management ensures the best outcomes from our work programmes.
Resource Implications	There is no financial impact as a result of this paper.
	All of these changes will be led by the Risk Management Advisory Group, where each Directorate is represented. The

	ethos of the changes is to keep it simple and ensure staff engagement.
Risk Management	There is a risk that without a formal review of our Risk Management Strategy it becomes out of date and irrelevant.
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	During development of the revised strategy there has been engagement with the Risk Management Advisory Group, the Internal Auditors and the Vice Chair of the Audit & Risk Committee.

4 Recommendation

The Board is asked to approve the revised Risk Management Strategy.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Revised Risk Management Strategy

Risk Management Strategy

March 2022

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Section 1 - Risk Management Overview

1. Introduction

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

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

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

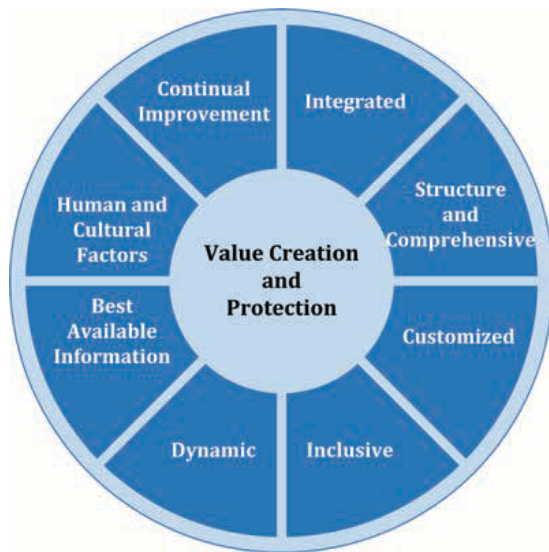
Assessing risk is a subjective exercise with some people being naturally cautious whilst others are risk takers meaning that there are likely to be differing opinions about risks and their ratings. The exercise is designed to provoke a thorough discussion of risks, their mitigations, impact and any potential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

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

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

2. Principles

The purpose of risk management is identify potential problems before they occur so solutions can be planned and invoked as needed. It should improve performance, encourage innovation and support the achievement of objectives. The principles outlined in *BS ISO 31000:2018* have been adopted by Healthcare Improvement Scotland. They provide guidance on the characteristics of effective and efficient risk management, communicate its value and explain its intention and purpose. They are set out as follows:



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

3. Framework

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



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

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

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

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future financial/value for money, Operational, Reputational/Credibility, Workforce, Clinical & Care Governance risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

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

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

Section 2 – Risk Management Process

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

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

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

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

1. Communication and Consultation

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

2. Scope, Context and Criteria

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

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

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

3. Risk Assessment

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

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

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

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

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

3d	Assign the risk to a Governance Committee	An integral part of the role of each Governance Committee is to review the risks within its remit at each of its meetings.	Table B below provides some guidelines to apply when choosing the appropriate committee
3e	Score the inherent risk	<p>Inherent risk represents the amount of risk that exists in the absence of controls.</p> <p>An estimate of the impact of inherent risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The impact score is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The likelihood score is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4	Evaluate the Risk	This stage incorporates a number of steps (4a to 4e below) to evaluate the risk which will support decisions to be made about treating the risk.	
4a	Define as Risk or Issue	<p>A risk is something that might happen in the future, whereas an issue is something happening currently.</p> <p>When a risk is reclassified as an issue, the risk identification, description and analysis is likely to remain unchanged, but the controls, mitigations and risk appetite may be revised to reflect the likelihood and impact.</p>	The Compass system will produce both risk register and issue log.
4b	Score the Residual Risk	<p>Residual risk is the amount of risk that remains after controls are accounted for. An estimate of the impact of residual risk and the likelihood of it occurring need to be made in order to arrive at a score.</p> <p>The impact score is a rating of how significant the impact would be for the organisation, if the risk was realised. These range from negligible to extreme.</p> <p>The likelihood score is the chance or likelihood of that impact occurring.</p>	<p>Appendix 2 provides guidance for the impact definitions against each category of risk.</p> <p>Table C below describes the likelihood of the risk occurring.</p>
4c	Apply Risk Appetite	The risk appetite of the organisation is set by the Board and is the amount of risk that we are prepared to take, tolerate or be exposed to at any point in time. Two risk appetites exist for strategic	Appendix 3 shows the risk appetite matrices ie the risk outcome depending upon its score and the appetite of the category that it is placed into.

		<p>or operational plan risks and these are regularly reviewed.</p> <p>The appetites in use for HIS are open and cautious and are applied automatically by the Compass Risk Management System. See Table D below.</p> <p>This will determine whether to rate the risk as very high, high, medium or low. A view can then be taken about whether or not the treatment of the risk is adequate.</p>	<p><i>Across all categories of risk it is understood that there is no appetite to knowingly breach any legal or regulatory requirements or duties.</i></p>
4d	Treatment	<p>If the risk is outwith the appetite and tolerances set by the Board the process of selecting and implementing measures to modify the risk takes place. Risk treatment can include the following:</p> <ul style="list-style-type: none"> • Avoid the risk • Accept or increase the risk to pursue an opportunity • Remove the risk source • Change the likelihood of the risk occurring • Change the impact of the risk • Share the risk • Retain the risk by informed decision 	
4e	Escalation	<p>Significant risks are escalated to the appropriate person, group or Committee to review the decisions and actions that are being implemented to mitigate the risk.</p> <p>Reasons for escalation are varied and may be that a risk score has increased or a new risk has been identified that is very high.</p>	<p>All high and very high risks associated with the Operational Plan are considered by Executive Team, Governance Committees and the Board. All strategic risks are considered by Executive Team, the Audit & Risk Committee and the Board. Other Committees also consider the strategic risks assigned to them.</p>
5	Monitor and Review	<p>The monitoring and review process assures and improves the quality and effectiveness of risk management.</p> <p>Specifically the classification of 'risk' or 'issue' should be assigned. A risk is something that might happen in the future, whereas an issue is something happening currently.</p>	<p>This is an ongoing process that is embedded within the organisation and involves the review of risk at all levels ie team, directorate, Executive Team, Governance Committee and Board.</p>

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

Risk category	Description (can include but not limited to)
Financial/value for money	<ul style="list-style-type: none"> • risks which impact on financial and operational performance (including damage / loss / fraud, insurance, litigation).
Operational	<ul style="list-style-type: none"> • risks which could impact on the availability of business systems and therefore the organisation's ability to perform key functions (technological)

Reputational/ Credibility	<ul style="list-style-type: none"> risks which have an impact on the reputation/credibility of the organisation. could also include uncertainties caused by changes in health policy and government priorities.
Workforce	<ul style="list-style-type: none"> risks which impact on the implementation of staff governance employee relations issues risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills risks which lead to accidents/incidents or adverse events that could cause death or serious injury.
Clinical and Care Governance	<ul style="list-style-type: none"> risks which impact on the clinical and care structure, system and processes through which HIS are corporately accountable for providing assurance. risks that programmes we deliver do not have the right clinical and care inputs and impacts. risks which impact patient safety.

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

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

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

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

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

Table D – Risk Appetite - Descriptions (Step 4b in process)

Risk Appetite Classification	Description	Category of Risk
Open	Willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of benefit	Operational Plan risks
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for benefit.	Strategic risks
Minimalist	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited benefit.	No categories are currently assigned this appetite

NB: Across all categories of risk it is understood there is no appetite to knowingly breach any legal or regulatory requirement or duties.

Section 3 – Risk Management Roles and Responsibilities

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

Risk Manager

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

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

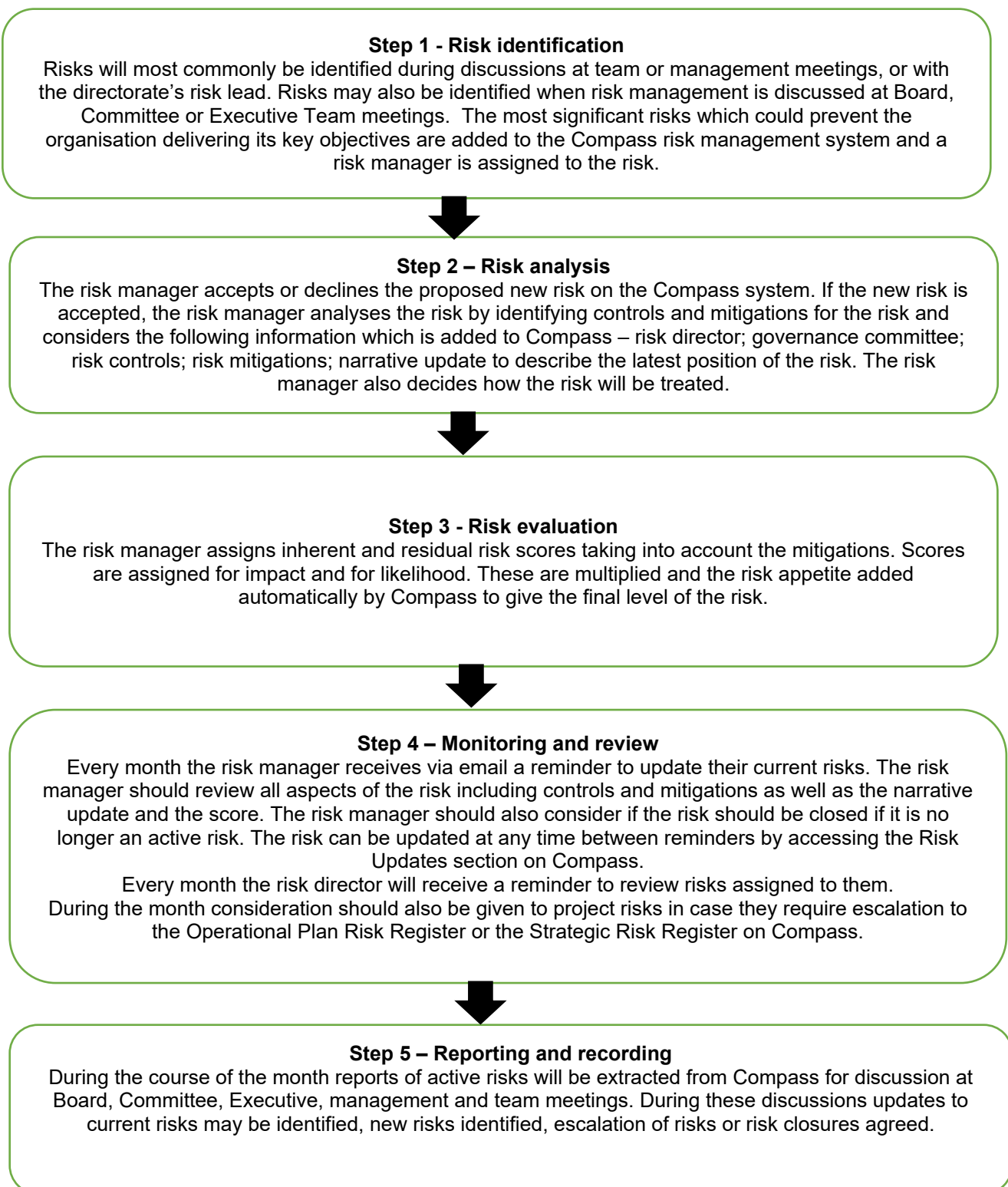
Risk Director

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

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

The terms of reference for the Risk Management Advisory Group are attached at Appendix 4.

Appendix 1: Risk Management Process Flowchart for using Compass



Appendix 2: Impact definitions v category of risk for guidance

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

Appendix 3: Risk appetite matrices

OPEN		CAUTIOUS		MINIMALIST	
Net Risk Assessment	Risk Assessment response	Net Risk Assessment	Risk Assessment response	Net Risk Assessment	Risk Assessment response
20-25 – Very High	Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure	16-25 – Very High	Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure	15-25 – Very High	Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure
13-19 – High	Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure	11-15 – High	Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure	8-14 – High	Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure
8-12 – Medium	Acceptable level of risk exposure subject to regular active risk monitoring measures	6-10 – Medium	Acceptable level of risk exposure subject to regular active risk monitoring measures	4-7 – Medium	Acceptable level of risk exposure subject to regular active risk monitoring measures
1 – 7 - Low	Acceptable level of risk exposure on the basis of normal operation of controls in place.	1 – 5 - Low	Acceptable level of risk exposure on the basis of normal operation of controls in place.	1 –3 - Low	Acceptable level of risk exposure on the basis of normal operation of controls in place.

OPEN

L I K E L I H O O D	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	I M P A C T				

CAUTIOUS

L I K E L I H O O D	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	I M P A C T				

MINIMALIST

L I K E L I H O O D	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	I M P A C T				

Appendix 4: Risk Management Advisory Group Terms of Reference

Aims

The aims of the Risk Management Advisory Group are:

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

Membership

The Advisory Group Membership is as follows:

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

Administration

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

Frequency

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

Reporting arrangements

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

DOCUMENT CONTROL SHEET

Title:	<i>Risk Management Strategy</i>
Date of Issue:	
Date Effective From:	
Version/Issue Number:	V9.3
Document Type	<i>Strategy</i>
Document status:	<i>Draft</i>
Author:	<i>Pauline Symaniak Governance Manager</i>
Owner:	<i>Angela Moodie, Director of Finance, Planning and Governance</i>
Approver:	<i>Audit and Risk Committee/Board</i>
Approved by and Date:	
Contact:	<i>pauline.symaniak@nhs.scot</i>
File Location:	<i>Corporate Governance/Risk/Strategy</i>

Revision History				
Version	Date	Summary of Changes	Name	Changes Marked
7.0	25/9/19	Full revision	P Symaniak	N
9.3	16/3/22	Update	P Symaniak	N

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

Distribution: This document has been distributed to:			
Name	Title/Division	Date of Issue	Version

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Performance Report, Quarter 3 2021/22
Agenda item:	4.1.1
Responsible Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Caroline Champion, Planning & Performance Manager
Purpose of paper:	Awareness

1. Situation

This report provides the Board with a summary of progress against Healthcare Improvement Scotland's (HIS) Operational Plan. The report provides assurances about the range of work taking place and progress against the key work programme deliverables covering the Quarter 3 period, October – December 2021.

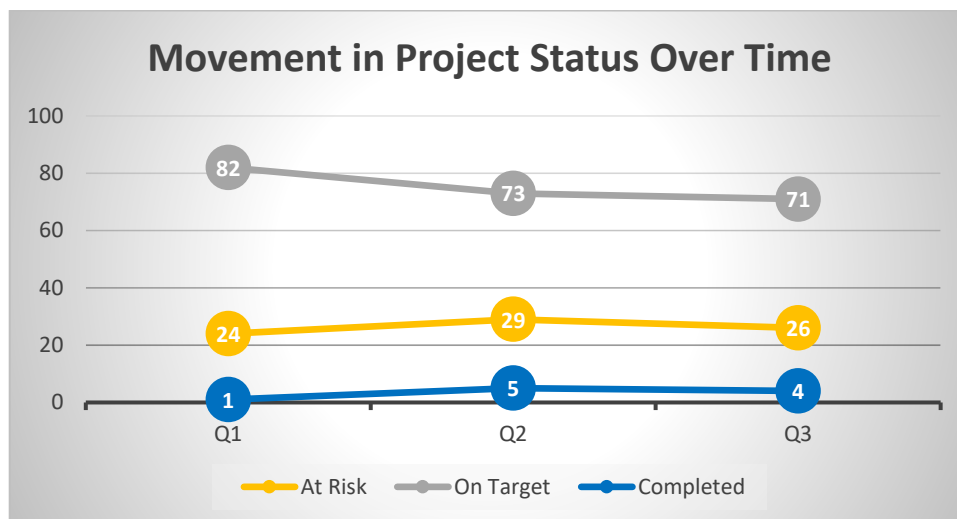
2. Background

The Work Programme Implementation Progress Tracker provides the performance monitoring tool against which individual key deliverables / projects are tracked. The format provides a more up to date performance report (SitRep) but also aligns to financial management reporting, workforce planning and risks where possible.

3. Assessment

Work Programme Status Report

A total of **97** projects were active including IIOB (Internal Improvement Oversight Board) activities at the end of Q3, which is a net movement of - **5** since the last quarter. **71** projects were on target and **26** were at risk. **4** projects were completed. **2** projects relating to digital services within IIOB were removed from the work programme.



RAG		Q1	Q2	Q3
Late		-	-	-
At Risk		24	29	26
On Target		82	73	71
Completed		1	5	4
C/fwd - Active Projects		106	102	97

Since Q3, the status of **2** (2%) of projects have moved from 'on track' to 'at risk', with **71** (72%) remaining on track or completing during the quarter.

An amber indicator "at risk" usually means that a programme of work / project has been delayed but action has been taken to resolve or mitigate the impact, or a potential problem has been identified and no action may be taken at this time but is being carefully monitored. Typically, this may relate to key milestones that are unlikely to / or cannot be met within anticipated timescales as a result of influences (such as Covid-19) but can be managed within the team. "At risk" status allows us to monitor any programmes of work / projects that are currently running behind schedule or where a delay is forecast, and by raising awareness an organisation is made aware that additional support might be required.

The main reasons for the number of projects 'at risk' is due to ongoing system pressures within health boards preventing progress.





























With the ongoing system pressures currently heightened by the impact of the Omicron variant, HIS' work programme delivery towards the end of Q3 was starting to have an effect across directorates. It is anticipated this impact will continue until the end of March 2022 and likely into 2022-23; this will be monitored on a regular basis. A summary of systems pressures and HIS Work Programme impact (December 2021 – January 2022) has been included at Appendix 1.

In addition, we had **11** staff who supported the Covid-19 vaccination programme which also impacted on the delivery of HIS Work Programme in some areas. It was anticipated that all HIS volunteers would return to their normal duties by the end of January.

The **4** projects which were completed during the quarter were:

- Breast Screening
- SIGN Early Intervention Psychosis (EIP)
- SIGN Management of Long Term Effects of Covid-19
- National Thematic (Beatson Review)

The tables below provide a summary of the status and progress of individual projects in the work programme by directorate.

Function / Directorate	Project Status		Q1	Q2	Q3
Community Engagement	Late		-	-	-
	At Risk		-	-	-
	On Target		7	7	7
	Completed		-	-	-
Evidence	Late		-	-	-
	At Risk		13	14	10
	On Target		17	12	13
	Completed		1	5	3
ihub	Late		-	-	-
	At Risk		6	8	8
	On Target		32	30	31
	Completed		-	-	-
Medical	Late		-	-	-
	At Risk		-	-	-
	On Target		5	5	5
	Completed		-	-	-
Nursing, Midwifery & Allied Health Professionals (NMAHP)	Late		-	-	-
	At Risk		2	2	2
	On Target		-	-	-
	Completed		-	-	-
Quality Assurance	Late		-	-	-
	At Risk		2	4	4
	On Target		15	13	12
	Completed		-	-	1
Internal Improvement Oversight Board (IIOB)	Late		-	-	-
	At Risk		1	1	2
	On Target		6	6	3
	Completed		-	-	-

The 2 projects that were removed from the work programme previously reported under IIOB related to digital services and were superseded by other projects. These were:

- Automation of organisational processes (Staff Pro)
- Virtual working

Further details on the projects that are currently late or at risk of not being delivered as planned is below:

Status	Directorate	Deliverable / Project	Reason	Mitigating Actions
At Risk	Evidence	Screening Programmes (diabetic retinopathy, bowel)	Delay due to Covid	Pause agreed by National Screening Oversight Board
At Risk	Evidence	Development of Congenital Heart Disease (CHD) Standards	Work currently paused	Pause agreed by Evidence Directorate New Work Programme Committee)
At Risk	Evidence	Scottish Health Technologies Group (SHTG)	National Planning have not yet re-started their work programme due to Covid-19 disruption	Work will recommence once National Planning restart their work
At Risk	Evidence	Scottish Medicines Consortium Programme	Continued sustained high volume of submissions	Communication with key stakeholders, reviewing risks and mitigations. Business Case being prepared for additional resources
At Risk	Evidence	SIGN Guidelines (Type 2 diabetes prevention, diabetes type 1, diabetes in pregnancy, Covid decision support, refresh SIGN 139)	Paused to focus on delivery of Covid related projects	Work programmes being reviewed, will recommence as part of remobilisation plan
At Risk	iHub	Value management	Due to ongoing pressures, some Health Boards (HB) unable to achieve planned progress against key milestones. Some HBs requested a 'pause'. Challenges with vacancies and system capacity.	SG approved 2-year extension. Milestones reviewed to reflect collaborative hibernation, ongoing review will ensure future outbreaks taken into account. Issues will be picked up by the Value Management Delivery Group. Meetings with each board to identify and agree priorities to end of March 2022.
At Risk	iHub	Housing, Homelessness in Healthcare	Work reduced due to current system pressures	Review of deliverables in current context being undertaken
At Risk	iHub	SPS Medicine and SPS Dentistry	Work programmes paused or reduced due to system pressures	Due to restart Q1 2022/23
At Risk	iHub	Quality Management System – Creating the Conditions : QI Scotland Network	Work reduced due to capacity issues within the team	Progress will step up once staffing capacity allows
At Risk	Quality Assurance	Joint Inspections Adult Services	Work paused due to system pressures	Plans to recommence inspections from April 2022

Status	Directorate	Deliverable / Project	Reason	Mitigating Actions
At Risk	iHub	Reducing Reliance on Mental Health In-Patient Services	Work reduced due to system pressures	Remapping work planned for January onwards
At Risk	iHub	Children & Young People's Mental Wellbeing Improvement Programme	Work reduced due to current system pressures, webinars paused	Work will step up once system pressures allow
At Risk	Nursing, Midwifery & Allied Health Professionals (NMAHP)	Healthcare Staffing Programme	Behind schedule due to prolonged Covid response, and inability to engage with Scottish Government (SG), and Boards	Will restart once system pressures and capacity allow
At Risk	Nursing, Midwifery & Allied Health Professionals (NMAHP)	Excellence in Care	Behind schedule due to prolonged Covid response, inability to engage with SG, Boards, and funding allocation delays	Will restart once system pressures and capacity allow
At Risk	Quality Assurance	Regulation of Independent Healthcare	At the end of December, we are approx. 62 inspections behind schedule (previously 106). Some sites requesting inspection dates into 2022-23 year. Some high risk inspections impacting on the frequency of when we have to return to that service pushing back lower risk inspections	Inspections continue and many overdue have now been completed. Service risk assessments are being used to prioritise and complete overdue inspections as soon as possible
At Risk	Quality Assurance	Death Certification Review Service (DCRS)	Random selection of Medical Certificates of Cause of Death (MCCD) continue but at reduced rate of 10% (target 12%). Due to reduced selection rate, there may be less MCCD reviews but anticipated higher- volume of calls	Service continues to provide MCCD reviews and provides advice. Service will resume when system pressures allow
At Risk	Quality Assurance	Ionising Radiation (Medical Exposure) Regulations	Working with NHS providers to ensure they have capacity to support inspections. Two planned inspections postponed due to pressures on the HB. Decision to move Dec-Feb inspections away from NHS and towards IHC inspections	Increased engagement through statutory notifications. Exploring options for focused inspections e.g. have undertaken a focused inspection looking at notification

Note: Some of the Evidence and iHub projects have been grouped together for ease of presentation

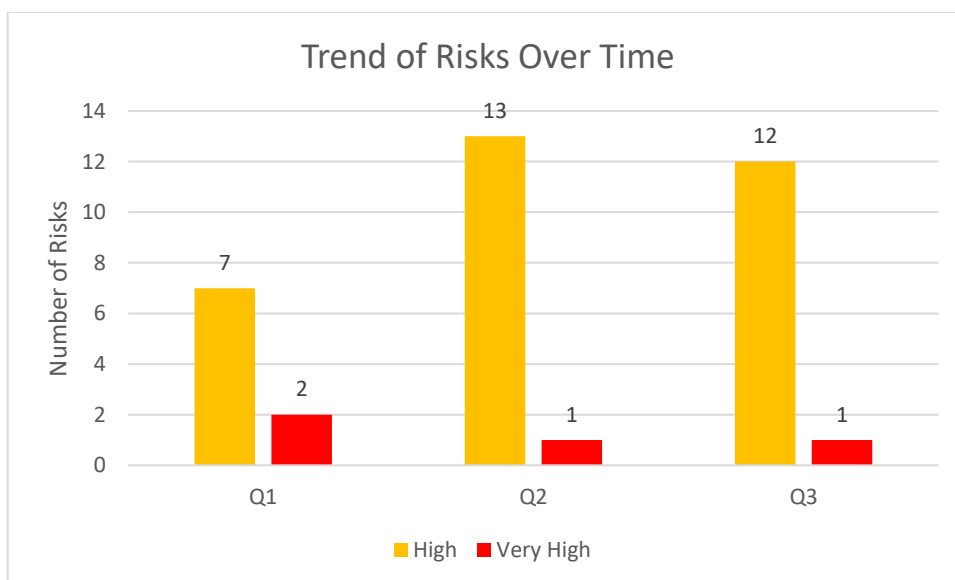
During Q3, four hospital inspections were carried out. A Covid-19 focused inspection was due to be undertaken in October 2021 but had to be cancelled at the last minute due to the hospital declaring a major incident as result of system pressures. For those inspections completed during the period, there were 13 areas of good practice reported and 5 areas where areas for improvement are required. Two reports (Gilbert Bain Hospital, NHS Shetland and Golden Jubilee National Hospital) have been published, the remaining reports are due for publication in February and March.

All inspection programmes continue to be adapted in response to the changing operational environment and service pressures across health and care. Inspections of acute hospitals continues but the methodology has been adapted to minimize the impact of inspection on staff providing front line care and help services to identify and mitigate current risks. Similarly, joint inspections of Adult Support and Protection and Children’s Services have adapted their methodology to focus on key public protection considerations and take account of the impact of inspection on partnerships at this time.

HIS’ Remobilisation Plan RMP4 Q3 update covering the period October – December 2021 was submitted to the Scottish Government on 8th February 2022 and a copy has been included at Appendix 2. The update was based on the Q3 Organisational Performance Report.

Very High and High Operational Risks

At Q3, there were 12 ‘high’ operational risks and one ‘very high’ operational risk. As reported for Q2, the very high operational risk relates to the Scottish Medicines Consortium (SMC). This relates to the ongoing risk due to the sustained high volume of new medicine submissions to be assessed and SMC inability to issue timely advice on new medicines leading to delayed patient access and resulting in reputational damage, and staff and stakeholder disengagement. The ‘Approaches to Transformational Redesign’ programme was included as ‘high’ operational risk in Q2 but has since been downgraded.



New Commissions

A formal process for the handling of new work commissions was introduced in April 2021 to ensure a consistent, coordinated approach across the organisation, to ensure that all of our work is in line with HIS’ strategic direction, prioritisation process and can be appropriately resourced.

This section of the report provides an update on new commissions proposed and / or in development during the previous quarter. Some are still subject to final agreement and receipt of a formal allocation from Scottish Government.

During the quarter, five proposals for new commissions were received taking the number of new commissions currently under further development to ten.

	Q1	Q2	Q3
Commissions approved in principle and currently under further development/ discussion (cumulative)	4	5	10

Commissions in Development - Q3

Commission	Brief summary	Anticipated duration and funding requirement
Development of self-assessment approach to neurological care in Scotland	Development of self-evaluation tools and processes (based on the principles of HIS' quality assurance system and quality framework) to support implementation of the general neurology standards and internal quality assurance of neurological services.	Additional allocation for 24 months to cover pay costs and corporate overheads / minimal non-pay costs. Indicative staffing 1.0 WTE Project Officer. Quality Assurance Directorate (QAD) to provide senior inspector input.
Cervical Screening Programme	A review of the processes, systems and governance for the application and management of exclusions in the cervical screening programme in Scotland.	Commissioning letter from Scottish Government received on 15 September advising of expectation that commission will take 10-12 months from establishment of Review Team.
Mental Health Personality Disorder	To understand the current state of service provision for people with a personality disorder to identify the key opportunities for improvement and to then develop proposals to deliver those improvements.	September 2021 to March 2023 Total: £166,724 via additional allocation in 2021-22, rising to £273,807 in 2022-23.
Healthcare acquired infection - inspections of mental health in-patient services	To contribute to the safety and wellbeing of patients and service users within mental health services through the provision of independent assurance. This work will specifically consider infection prevention and control in the context of the COVID-19 pandemic in mental health units.	£596k in 2022-23 The initial allocation for this programme will be for 3 years. This programme will carry out 10 – 12 inspections per year
Joint inspection of police custody suites (Scottish Government)	To provide expertise in the inspection of healthcare of police custody suites in Scotland led by Her Majesty's Inspectorate of Constabulary for Scotland (HMICS).	Part baseline allocation (£104k) and part additional allocation (£119k) – initially 2 years.
*Designing and Improving Residential Rehabilitation Pathways	To transform pathways into, through and out of residential rehabilitation to ensure equitable access to effective, appropriate, person-centred, quality care and aftercare solutions.	4 year programme; business case in development, c£800k-£875k p.a.

*Angus Significant Case Review	To provide independent assurance & improvement support to deliver required improvements in reliability & effectiveness of local systems & processes for assessment, care planning, co-ordination & delivery of care for vulnerable adults.	Joint commission with Care Inspectorate in development
* Access, Choice, Support : Medication Assisted Treatment (MAT) Standards	This work will oversee three main strands of work: - support for implementation of the standards - system strengthening to mainstream, monitor and evaluate improvements - further development of standards, indicators and quality assurance	Business case in development
*Ethical decision-making	Create an ethical support and learning forum for chairs of the health Boards' ethical advice and support groups to help achieve the national consistency in ethical decision making	Short-term (6 week) piece of work
*Queen Elizabeth University Hospital (QEUH) Independent Assurance	Review of current systems and process for infection prevention control, including their implementation and to assess and determine if there are any current broader concerns requiring action.	Commission in development

**new proposal for Q3*

In addition to the new commissions, Q3 saw Healthcare Improvement Scotland (HIS) requested to join a collaborative led by Centre for Sustainable Delivery (CfSD) and in partnership with National Services Scotland (NSS) and NSH Education Scotland (NES) to develop, test and implement a new "Accelerated National Innovation Adoption" (ANIA) Pathway.

This work has been initiated by Scottish Government to support NHS Scotland to make effective use of technological innovations to help address the priorities of the Scottish Government's Care and Wellbeing Portfolio. Once up and running, it is anticipated that there may be up to six innovations a year passing through the pathway.

Healthcare Improvement Scotland (HIS) has a key role to play in ensuring robust evidence processes are embedded into the pathway (through Scottish Health Technologies Group (SHTG) assessments), ensuring effective engagement of the public, advising on the design of effective national spread programmes and ensuring effective infrastructures within NHS Boards and Health and Social Care Partnerships (HSCPs) to adopt and adapt innovations into local contexts. HIS' input is being led by the Director of Improvement and the Head of SHTG.

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.
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Resource Implications	Workforce constraints are highlighted in various programmes of work where applicable.
Risk Management	The performance report is complied with reference to programme risks and key risks on the organisational risk register,
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper.
Communication, involvement, engagement and consultation	This report was endorsed previously by the Quality and Performance Committee.

4 Recommendation

The Board are asked to note this performance report.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1: System Pressures and HIS Work Programme Impact Summary (December 2021 – January 2022)
- Appendix 2: Remobilisation Plan RMP4 Q3 Update Submitted to Scottish Government

APPENDIX 1 System Pressures and HIS Work Programme Impact (December 2021 – January 2022)

With ongoing system pressures currently heightened by the impact of the Omicron variant (and likely to be felt for at least the next several weeks), HIS's work programme delivery throughout January 2022 and beyond is likely to be impacted across directorates as summarised below.

Directorates	Projects/ programme areas	Continue	Refocus	Pause	Notes
QAD	22	19	-	3	Given the core/statutory nature of this work most work programmes will continue (subject to Ministerial advice), but aspects of some programmes may need to pause/refocus in accordance with external capacity and pressures. Work likely to be impacted includes joint inspections (adults) , EQA of screening , and quality assurance support for neurological standards . Note that the Cabinet Secretary for Health and Social Care has confirmed HIS should continue with the rollout of the previously agreed modified inspection methodology.
Community Engagement	12	3	4	5	Continuing pieces include Service Change (statutory function), Participation Network (Citizens' Panel 9 is already underway and will continue) and What Matters to You? (Decreased to plan for WMTY day June 2022). There is scope to refocus work on Virtual Visiting , Supporting HIS Key Delivery Areas , and internal/external Volunteering in NHS Scotland to support NHS Boards with ongoing demands.
ihub	40	13	25	2	Much of the work in ihub is being refocussed/reduced. Resource/team time from work such as Improving Planned Care Pathways , SPSP Acute Adult , and Reducing Harm Improving Care is being reduced/refocussed to support other areas. Other work such as Early Intervention Psychosis and New models for Day Support for People with Learning Disabilities is shifting to be reactive only. SPSP Medicines and SPSP Dentistry is currently paused.
Medical	12 + 1 TBC	10	1	1	Core internal work will continue as planned, as well as internal work on the Safety Key Delivery Area and some work externally with SG as appropriate. Existing external engagement with key organisations in the medical community will continue but be modified as appropriate upon advice of the Medical Director. No work within the Medicines and Pharmacy Team will be paused, however SACT governance has been paused since March 2020. Note that work on the National Ethical Advice Group is still under discussion.
Evidence	30+	29+	-	1	SIGN guidelines will continue with the exception of Diabetes in Pregnancy which is already paused. There are a number of projects that could be paused if required, these include those within SHTG (2) , Standards and Indicators (7) and SAPG (1) . There are a few projects that could not be paused without SG or stakeholder agreement
NMAHP	32	19	-	13	Most NMAHP work will continue at the same or reduced levels as they are Covid priorities. Activities that will need to pause include activities within Excellence in Care (EIC) , Healthcare Staffing Programme as well as some core NMAHP work in response to current system pressures.
IIOB	5	5	-	-	Most work will continue as key to delivery of internal change
TOTAL	154+	98+	30	25	<i>Note : 1 work programme / project TBC, not counted in total</i>

Sep21 Status	Dec21 Status	Key Deliverable	Summary of activities etc	Milestones/Target	Progress against deliverables end Dec21	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Amber	Death Certification Review Service	Review of Medical Certificates of Cause of Death (MCCDs) for quality and accuracy; training for Doctors and support via enquiry line	Review 12% of randomly selected MCCDs	Service continues to review a random selection of MCCDs. Due to pressures on frontline services the service reintroduced hybrid reviews in October at a reduced selection rate of 10%. Whilst there are less MCCD reviews than anticipated, there is a higher volume of advice calls. The DCRS annual report was published on 19 October 2021.	HIS	In relation to IT dependencies on NSS Azure, Dynamics case management and Avaya telephony systems. Ability to meet target 12% MCCD reviews due to system pressures	Contingency plans in place for the day to day systems, issues management processes for all IT systems being developed. Introduction of hybrid reviews at a lower rate and capacity to respond to an increase in calls for advice		NHSS Recovery Plan principles: Quality, values and experience
Amber	Amber	Independent Healthcare Services (IHC)	Regulation and inspection of independent healthcare services	As per IHC work plan	Inspections continue but due to restrictions and current pressures in the health and care system, we are approximately 62 inspections behind schedule impacting on planned inspection programme for 2022/23. Some of the inspections that are behind schedule are due to services requesting dates into the new inspection / financial year.	HIS	Without clearly defined scope, risk of a larger, more complex sector to regulate than expected. Lack of capacity to robustly regulate services because of the growth of the market. Restrictions and current pressures resulting in the ability to delivery planned inspection programme	HIS/Scottish Government (SG) IHC Short life working group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector into the future. Inspections have resumed and many overdue now completed. Service risk assessments are used to prioritise and complete overdue inspections as soon as possible		NHSS Recovery Plan principles: Quality, values and experience
Complete	Complete	Care Home Inspections (with the Care Inspectorate)	Provide infection prevention and control support to inspections		Complete	Care Inspectorate				
Amber	Amber	Joint Inspections	Adult Support and Protection (ASP) Inspections Inspections of Services for Children and Young People Inspections of Adult Services	To inspect remaining 26 ASP partnerships, with phase 1 due to conclude in March 2023. To inspect four community planning partnerships focusing on children at risk of harm by the end of 2021. To develop a revised methodology for joint inspection of adult services and plan for commencement of this new phase of inspection activity in a proportionate way during 2022.	Joint inspections continue. Inspections completed and reports due for publication early 2022 for Stirling, Clackmannanshire and Falkirk partnerships. Batch notification approach suspended in November due to ongoing system pressures in partnership areas. Preparation work is underway for Moray and Aberdeen City partnerships with proportionate adjustments to allow engagement. Joint Inspections of Services for Children and Young People continue with modified methodology and scope focusing on children at risk of harm. Activity completed in two partnership areas (Clackmannanshire, Dundee City) with work paused in a further two (North Ayrshire, West Dunbartonshire). Planning commenced for next set of inspections plus one thematic anticipated to start April 2022. Adult Services - work ongoing to finalise a revised methodology and range of inspection tools. Programme governance documentation and plans are being updated with a view to recommending inspections from April 2022.	Care Inspectorate HMICS (Her Majesty's Inspectorate of Constabulary in Scotland) Education Scotland HIS	There is a risk if current funding arrangement for ASP is not extended to match agreed extension of timeline due to Covid-19. Acceptance by Boards of adapted ASP inspection methodology (involving remote case file reading). Risk inspection programmes not being completed due to changing timescales related to Covid-19	Revision of the footprint and reduction to 13 weeks. Written confirmation of funding for 2022/2023 is outstanding. This is being progressed with the policy team. We are seeking to create a standard National approach which the NHS boards agree to, to ensure smooth flow in the inspection programme. Programme restarted per SG request & reduced footprint		NHSS Recovery Plan principles: Focus on the whole system Quality, values and experience
Green	Green	Hospital Inspections	Inspections with combined focus on both the safety and cleanliness (HAI) and the quality of care for Older People in NHS Hospitals (OPAH).	The inspections are planned on a three week cycle	Covid-19 focussed acute hospital inspections continue. Undertook first safe delivery of care inspection in early December based on our new methodology and revised tools. Safety inspection due to be undertaken in October 2021 cancelled due to the hospital declaring a major incident. Scheduled further unannounced inspections up to the end of March 2022 with a planned inspection taking place every 3 weeks subject to COVID impact.	HIS	Competing demands on staff time resulting in the directorate not delivering its business plan objectives. Ongoing system pressures affecting planned inspection schedule	Systems are in place to plan allocation of Inspectors across work programmes. Careful monitoring and capacity planning is required. Ongoing review subject to Covid-19 restrictions		NHSS Recovery Plan principles: Quality, values and experience
Amber	Amber	Healthcare Staffing Programme (HSP)	The development of validated Workforce & Workload Planning tools and Real-time Staffing resources that meet the needs of current & future service and workforce models. Including the exploration of multi-professional/agency approaches to workforce planning. Provide education & support to NHS Boards in preparation for the enactment of the Health & Care (Staffing) (Scotland) Act. The development of systems & processes to enable HIS to fulfil its duties under the Health & Care (Staffing) (Scotland) Act.	Supporting Boards to use current workload and workforce planning tools and approaches. Development of an educational framework around the legislation. Support for stakeholders to scope current workforce planning learning needs. Developing and testing a self-assessment template to support Boards to assess their readiness for the implementation of the staffing legislation. Review of existing suite of workload & workforce planning tools. Evaluate & support implementation of the realtime staffing COVID-19 resources. Working in partnership with QAD to support Responding to Concerns and develop future inspection methodology to meet the corporate responsibilities within the Health & Care (Staffing) (Scotland) legislation	Self assessment and reporting template for Boards released. Mental Health real time staffing resource designed and launched. Tool review methodology has been developed to allow for high level review of workload tools to take place in Quarter 4. Learning framework completed and submitted to NES for final design work. Learning system on Teams and HSP webpages launched. Programme is behind schedule due to the prolonged covid response. December 2021 has seen some staff members be temporarily released to support the COVID vaccination programme and outward-facing work stopped where possible. Some work "paused" due to current system pressures	HIS	Variable stakeholder engagement during this COVID period which will slow progress and also increase the risk of variation between NHS Boards.	The national team (which includes SG Chief Nursing Officer Directorate representation) have discussed the need to be flexible with stakeholders at this time. Each Board will be asked to submit a phased implementation plan for HSP. The national team will actively track the progress of each NHS Board and provide support to ensure progress is made which aligns to individual Board capacity. Detailed workplan to record HSP progress. Establishment of SLWG's to progress the work.		NHSS Recovery Plan principles: Quality, values and experience Value and support the workforce Sustainability Maintain our capacity to respond to the pandemic

Amber	Green	Service change	<p>Provide advice in line with statutory requirements, guidance, evidence and best practice on engagement in changes to health and care services.</p> <p>Develop effective approaches to sharing good practice on engagement in service change across statutory bodies</p> <p>Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings</p>	Ongoing	<p>Service Change Team continue to provide support to NHS boards and Partnerships around a number of service changes. Reviewed the feedback from the SHC Committee discussions on engagement in regional and national service change / redesign and have developed an action plan that was shared with the sub-committee. Covid-19 updated paper "Engagement and participation in service change and redesign in response to the COVID pandemic" uploaded to the website and shared with colleagues in NHS Boards and Integration Authorities. The team is considering new formats and topics to support engagement in service change / redesign.</p>	HIS	<p>A lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning.</p> <p>Range of significant changes brought in during COVID without appropriate level of engagement.</p>	<p>Development of revised guidance for engagement across health and social care.</p> <p>Development of a quality framework to support and assure meaningful community engagement across health and social care services.</p> <p>Ongoing communication with Board Chief Executives and Health & Social Care Partnerships to highlight engagement requirements and offer support and expertise.</p> <p>Development of Service Change Action Plan.</p>	<p>NHSS Recovery Plan principles: Quality, values and experience Services that promote equality Sustainability</p> <p>Links to care and wellbeing programmes: Place and wellbeing</p>
Green	Amber	Scottish Health Technologies Group Assessment (HTA) process	<p>Develop and publish rapid reviews and technology assessments for national planning and innovation</p>	Ongoing as per HTA work programme	<p>Ongoing support and liaison with National Planning (NP) and specialist commissioning at NSS. Strong policy support for the continued development of SHTG's contribution. Three Innovative Medical Technology Overviews (IMTOs) published on a range of technologies. NP have not yet re-started their work programme after COVID-19-related disruption</p>	HIS	<p>Balancing capacity against requests for SHTG advice.</p> <p>Restrictions and current pressures resulting in the ability to delivery planned work programme</p>	<p>Using Evidence Directorate process to target our advice towards priority areas for the service.</p> <p>Ongoing review and monitoring of system pressures</p>	<p>NHSS Recovery Plan principles: Quality, values and experience Sustainability</p>
Amber	Amber	Medicines advice (Scottish Medicines Consortium)	<p>Assessment of medicines</p> <p>Partner in MHRA Innovative Licensing and Access Pathway (ILAP)</p> <p>Continued support for UK-wide RAPID C-19 collaborative alongside NICE and MHRA. Review of National Screening Programmes</p>	<p>Ongoing as per SMC work programme.</p> <p>UK-wide work expected to continue for the remainder of 2021/22.</p>	<p>SMC continues to receive a sustained high volume of submissions. A total of 103 submissions were received in 2021 calendar year compared with 73 in 2018 and 74 in 2019. The team is exploring how to manage the situation in order to ensure the advice issued to NHS Scotland is as timely as possible. The increase in emerging new medicines, many of which are precision medicines and Advanced Therapy Medicinal Products, is forecast to continue over the next few years. MHRA Innovative Licensing and Access Pathway (ILAP) attracting high level of interest from medicine developers. Regulatory intelligence had suggested there would be approximately 30 'Innovation Passport' (IP) (the entry point to the ILAP) applications in the first year whereas (to date) there have been 76 applications. There is extensive SMC input to support the portfolio of activities aligned with the Target Development Profile (TDP), which aims to ensure the company can provide the best quality evidence required for both regulatory approval and a positive health technology assessment (HTA). The TDP process is now underway for seven applicant companies with a further three scheduled for early 2022.</p>	HIS	<p>Backlog of assessments is noted as a key issue/risk.</p> <p>There is a risk SMC will be unable to provide effective input to ILAP due to the volume of work and type of expertise needed.</p>	<p>The team is managing and mitigating the situation to ensure the advice issued to NHS Scotland is as timely as possible. This includes re-visiting the approach to prioritisation, potential for collaboration with other UK agencies, and how to expand capacity. We are also preparing lines for communications with key stakeholders, and well as reviewing risk management and mitigations.</p> <p>Agreement to prepare a detailed business case</p>	<p>NHSS Recovery Plan principles: Quality, values and experience</p>
Green	Green	Screening programmes	<p>Review of National Screening Programmes</p>		<p>Work is ongoing with the National Screening Oversight to scope and agree the future quality assurance offering, building on new strengthened governance arrangements in national screening programmes. The will be agreed by May 2022.</p>	HIS			<p>NHSS Recovery Plan principles: Quality, values and experience Improved population health</p> <p>Links to care and wellbeing programmes: Preventative and proactive care Abdominal Aortic Aneurysm standards were published as per agreed schedule (June 2021).The S&I team are working with the NSO to review the approach to developing standards to support the national screening programmes. This work will be completed by the end of the current financial year</p>
Green	Green	COVID-19 Evidence	<p>The Evidence Directorate continues to provide ongoing support to the SG Clinical Cell.</p>	Ongoing	<p>Ongoing support to the Clinical Cell. Published updated version of long-term effects of COVID-19 guideline (long COVID) on SIGN website. Facilitated migration of SIGN guideline on Reducing the risk of postoperative mortality due to COVID-19 in patients undergoing elective surgery to ARHAI (published in winter respiratory guidance 29/11/2021). Rapid evidence review on testing for patients in pre-elective procedure pathways.</p>	Scottish Government	<p>Robustness of truncated methodology is more open to challenge compared to standard approach.</p>	<p>Wide dissemination via Clinical Cell and SIGN Council</p>	<p>NHSS Recovery Plan principles: Quality, values and experience Maintain our capacity to respond to the pandemic Quality, values and experience</p>
Green	Green	Prisoner Healthcare	<p>Joint inspections of prisoner healthcare</p> <p>Prison pharmacy – to improve the use of high risk medicines in prisons</p>	<p>As per planned inspection programme</p> <p>Expert Advisory Group for Medicines</p>	<p>Liaison visits to all 15 prisons in Scotland completed. Self-assessment documentation piloted at the inspection in October 2021 – this has been reviewed and refined with a further test of change planned for the forthcoming January inspection. Planning the follow-up review of mental health services for young offenders in custody. The last report from the visits is due to be published in January 2022. HMIPS have now recommenced full inspections. HIS will continue to inspect the healthcare aspect of these inspections. A full programme of inspections has now been scheduled for 2022 / 23.</p>	HIS HMIPS			<p>NHSS Recovery Plan principles: Quality, values and experience Improved population health Services that promote equality</p>

APPENDIX 2 Remobilisation Plan RMP4 Q3 Update

Amber	Amber	IR(EM)R (Ionising Radiation (Medical Exposure) Regulations)	Inspection activity and responding to statutory notifications	As per planned inspection programme	Delivered two full inspections this quarter. Responding to statutory notification, including visits and virtual engagement. Undertaken a notification virtual visit to the Edinburgh Cancer Centre with a specialist radiation protection officer from Public Health England. Engaging with HRA on interpretation of IR(EM)R and the implication for ethics committee / research documentation in relation to radiation safety. One inspection cancelled due to a request from NHS Ayrshire & Arran due to ongoing winter / Covid pressures. In order to maintain inspection activity focus switched to independent hospitals with radiation equipment	HIS	Due to the pandemic and pressures on NHS boards, it is possible that we may not be able to complete the inspections required to meet the risk-based inspection plan.	Monitor any inspection postponement and maintain good contact with NHS boards so they can be rescheduled as soon as possible.	NHSS Recovery Plan principles: Quality, values and experience
Complete	Complete	Gathering Views: Elective Care/Clinical Prioritisation	To provide qualitative information to SG to inform the remobilisation of elective care services across NHS Scotland.	Undertaken June – August 2021.	Complete	HIS			NHSS Recovery Plan principles: Quality, values and experience Links to care and wellbeing programmes: Integrated planned care
Amber	Amber	Access QI	Providing support to NHS Boards to apply quality improvement methodology to improve access to elective care and support remobilisation of elective care.	Equipping clinical and care delivery teams with the knowledge and skills to make changes that will deliver sustainable reductions in waiting times. Developing and implementing a national learning system which enables accelerated spread of good practice across Scotland.	Delivered two QI Coach training modules, three core programme training programmes, eight project support workshops. Access QI delivered 1 CEIM webinar in partnership with People Led Care. Met with six GP practices for planning and follow ups on the GP Access work. Start of cohort two delayed due to limited QI and analyst capacity in NHS boards and COVID pressures. National Learnign System - published 4 learning summaries. Published Maximising Service Capacity and Capability change package. Work currently "reduced" or "refocused" due to system pressures	HIS	Lack of capacity within Boards (QI and analytical posts). Inability to engage due to ongoing system pressures	Work is progressing with the Scottish Access Collaborative and Scottish Government sponsors to develop solutions. There is a need to develop the service design capacity and capability locally – this is critical for the complex pathways of care which need a fundamental rethink about what and how we deliver services. Work reduced or refocused to support engagement where system pressures allow, situation being monitored	Work with Centre for Sustainable Delivery to develop and share resources to support QI practitioners. Work with Centre for Sustainable Delivery to develop a common evaluation framework to assess interventions that improve access. NHSS Recovery Plan principles: Quality, values and experience Sustainability Links to care and wellbeing programmes: Integrated planned care
Green	Green	An improvement programme to engage specialist Alcohol, Drug and Homeless Services and statutory homeless functions, alongside the people who use them, to improve access, reduce harm and achieve better outcomes.	To improve quality of care and health outcomes for people experiencing homelessness and substance use. Measures of success will include improved access to health services, reduction in harm (including from drug-related deaths), and the extent to which individuals experience an increased sense of choice and control over the support they receive.	Provide clear understanding of the current position in relation to the integration of Homeless Services and Alcohol and Drug Services. Develop guiding principles for service development for an integrated model of care. Develop local systems ability to implement user-led service transformation. Develop a national learning system to accelerate the pace of spread. Evaluate the impact and outcomes to support learning about "what works".	Agreed delayed deliverable with RHIC Governance Board: understanding of integration during COVID-19 report due to system pressures across the health and homelessness systems. All four HSCP sites (City of Edinburgh HSCP, North Ayrshire HSCP, North Lanarkshire HSCP and South Lanarkshire HSCP), have completed Interconnected System Mapping exercises and identified up to 5 key and high impact services to prioritise for demand analysis. Demand analysis is complete. Demand analysis training provided to all four HSCP sites. 'Red Rules Blue Rules' training completed with all four HSCP sites. Virtual Launch event in October. Lived and living experience surveys completed by women accessing harm reduction services, family and carer support groups and LGBTQ+ networks.	HIS	Lack of capacity within participating sites. Work reduced or paused due to ongoing system pressures	Stakeholder engagement with leads and sites to ensure appropriate timing of programme activity. Ongoing monitoring of system pressures	National Drugs Mission. Ending Homelessness Together. NHSS Recovery Plan principles: Quality, values and experience Services that promote equality
Green	Green	Off-label cancer medicines	Advice on cancer medicines where there is no other national advice (e.g. off protocol or off label) or support for implementation of SMC advice.	Ongoing	Clinical Leadership for SACT Governance has been pooled together with similarly themed bids from the three Regional Cancer Networks to form a National Bid for SACT improvement and redesign initiatives. Deliverables will include additional clinical leadership capacity and expert advice to improve planning for the service implications of SMC and NCMAG advice. The Area Drug & Therapeutics Committees Collaborative (ADTCC) and SMC on SGHD policy and MHRA programmes focussed on improving access to innovative cancer medicines.	HIS	Risk that ADTCs/ HBs will not adopt/ approve NCMAG advice and there continues to be national variance resulting in patients not receiving the most appropriate treatment. Once for Scotland approach business case submitted to SG and has received full approval on the direction of travel and all associated substantive funding	Boards, through the Regional Cancer Networks, are committed to delivering action 39, associated with the OLCM Programme, in the Beating Cancer strategy	NHSS Recovery Plan principles: Quality, values and experience
Green	Green	National Hub for Reviewing and Learning from the Deaths of Children and Young People	Implementation support	Implementation of the new National Hub for reviewing and learning from child's deaths process will take place on 1 October 2021.	Family & Carer Engagement Survey conducted, summary report to be produced early 2022. Four Nations meeting has been held with our counterparts in England, Wales and NI. Weekly notification system with NRS and transferring information to NHS boards and Local Authorities. Governance Group and Expert Advisory Groups are continuing into 2022. Progress meetings with fourteen NHS board area leads commenced. Producing National Information Leaflet for Families and Carers. Production of guidance documents on review process and data sharing agreement	HIS	Relevant approvals not being in place before implementation, which will result in difficulties in obtaining data from relevant bodies.	Organisations to use existing notification methods until PBPP approval and NRS agreement in place.	NHSS Recovery Plan principles: Quality, values and experience

Green	Green	Joint Inspections of Children's Services with the Care Inspectorate	Joint inspection programme and associated follow up work	As per joint inspection programme	Report on progress review following joint inspection of services for children and young people in need of care and protection in Orkney published. Scrutiny partners continue to monitor progress and offer support for improvement to community planning partners in Orkney. Exploring opportunities with partners in Orkney to gain the views of children, young people and their families as part of the ongoing monitoring work. This is key to a second progress review that includes a focus on their lived experience. Joint Inspections of Services for Children and Young People continue with modified methodology and scope focusing on children at risk of harm. During this period, activity completed in two partnership areas (Clackmannanshire, Dundee City) with work paused in a further two (North Ayrshire, West Dunbartonshire). Planning commenced for next set of inspections plus one thematic anticipated to start April 2022.	Care Inspectorate.	Risk of pressures on the system impacting on partnerships ability to fully engage with inspection programmes, particularly during the winter period.	Ongoing review of local pressures with partner agencies to ensure our joint inspection activity remains focused and risk based.	NHSS Recovery Plan principles: Quality, values and experience Focus on the whole system
Green	Green	Scottish Patient Safety Programme, (SPSP MCQIC) Maternity and Children	Quality Improvement Collaborative	Scoping of new paediatric programme by the end of 2021/22.	Boards continue submitting monthly data despite increasing system pressures. Completed four virtual board visits. Drafted analysis of C-Section questionnaires and plan to refine a potential QI programme outline. Identified six priority areas following the initial scoping exercise for a new paediatric safety programme. Supported Baby Loss Awareness Week and World Prematurity Day. Rearranging two virtual site visits due to the pressures that the system is under at the moment. Work "reduced" due to current system pressures	HIS	System pressures resulting in the work programme not delivering in line with plan	Work reduced due to current system pressures, this position will continue to be monitored	NHSS Recovery Plan principles: Quality, values and experience Links to care and wellbeing programmes: Integrated planned care
Green	Green	Early Intervention in Psychosis (Phase 2)	Service improvement and redesign work with 3 NHS Boards with a focus on ensuring implementation of evidence-based practice following a strategic gap analysis which identified significant improvement opportunities across Scotland.	2-year programme (April 2021 - end March 2023)	Two pathfinder sites recruited, third pathfinder site withdrew due to system pressures. Learning sessions with pathfinder sites (NHS Tayside and NHS Dumfries and Galloway) delivered and three coaching sessions with pathfinder sites. Worked with service design team to ensure their advice is embedded within our learning system. Progressed data and measurement processes – agreed measures for access, outcome and quality for EIP pathfinder sites. Completed competitive tender process to award Support in Mind Scotland contract to support engagement with people with lived experience of psychosis nationally and in localities of pathfinder sites. Regular communication with external stakeholders through SWAY publication.	HIS	Winter pressures resulting in reduced capacity of pathfinder site staff.	Stakeholder engagement with pathfinder sites to assess pressure points and ensure flexible approaches to engagement.	Programme for Government. Mental Health Renewal and Recovery Plan
Green	Green	Improving Our Response to People with Mental Health and Substance Use Support Needs in Scotland	A prototyping project working to understand and test new models and pathways of care, with a view to spreading good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive Mental Health and Alcohol and Drugs services.	(Summer 2021 to March 2024)	Planned and delivered two 'Define the Future' sessions with a further session planned for early 2022. Webpage is now live. Themes and insights report published. Planning delivery of three engagement workshops with people with lived and living experience (March 2022). Drafting report 'What we Know' that brings together all the information and evidence gathered to date - report due to be published early 2022. Leadership session to be planned and delivered March 2022	HIS	Lack of capacity within participating sites.	Stakeholder engagement with pathfinder sites to assess pressure points and ensure flexible approaches to engagement.	National response to drugs death emergency.
Proposal	Green	Personality Disorder National Learning System and Strategic Gap Analysis.	Developing and implementing a national learning system which enables accelerated spread of good practice across Scotland. Mapping the current state of service provision for people with a personality disorder to identify the key opportunities for improvement and to then develop proposals to deliver those improvements.	Original timeline November 2021 – March 2021 (start date now likely to be January 2022 due to delay in receiving funding confirmation which will impact on recruitment).	Due to commence January 2022	HIS	Lack of funding agreement by SG to commence recruitment processes delaying start date.	Regular contact with SG and review of timelines in accordance with commission funding agreement. Core resource supporting session on 6 October 2021 and light touch support until recruitment in place.	Programme for Government commitment.
Proposal	Remove	Mental Health Standards	Development of standards for adult secondary mental health services in partnership. Discussions are underway with the MH Directorate, but this work could include standards development, implementation support and assurance mechanisms.		Did not progress as a new commission. To be removed				Proposal
Green	Amber	Reducing Reliance on Adult Mental Health Inpatient Care.	A redesign programme working with three NHS Boards to discover, define and design improvements which will reduce reliance on adult mental health inpatient care.	Define stage to January 2022. Design and implementation February 2022 onwards.	Pathfinder sites brought together for future action planning. Engagement with NHS Grampian and SAMH to gather data for an economic evaluation of a new service to support discharged patients from MH inpatient care as they transition back to life in their communities, the output will be used as a case study of the positive impact of the new SAMH service in Moray and will be developed in 2022. Ongoing discussions with NHS Borders around support. ISM session scheduled for early 2022. Work "reduced" due to current system pressures, remapping work planned for January paused	HIS	Lack of capacity within participating sites. System pressures resulting in the work programme not delivering in line with plan	Stakeholder engagement with pathfinder sites to assess pressure points and ensure flexible approaches to engagement. Work reduced due to current system pressures, this position will continue to be monitored	Mental Health Strategy
New	New	Inspections of mental health inpatient services.	This work will specifically consider infection prevention and control in mental health units in the context of the Covid-19 pandemic and respiratory pathways.		Agreement with SG this programme will commence April 2022 and inspections are planned to take place from August 2022. Staff recruitment will begin before April. We will set up a programme, engage with stakeholders on the inspection methodology, set up the inspection methodology and tools, and training of staff	HIS			Mental Health Strategy

Green	Amber	Children and Young People's Mental Wellbeing Programme	Working in collaboration with SG Children and Young People Improvement Collaborative (CYPIC) to deliver prototyping work with two community planning partnerships focused on developing a whole system approach to improving mental health and wellbeing outcomes for children and young people in Scotland	Discovery phase work January 2022, and initial prototyping complete November 22	Development of two separate engagement packs to support teams in Moray and Falkirk HSCPs to engage with children, young people and parents. Review of Falkirk HSCP eco-systems to synthesis and theme. Work "reduced" due to current system pressures, webinars paused	Scottish Government CYPIC/HIS	Potential data / ethical risks around engagement with children and young people There is a risk that there insufficient capacity within the CPPs to participate fully in this work due to ongoing system pressures which may limit the impact, pace or progression of the programme System pressures resulting in the work programme not delivering in line with plan	Issues being worked through via governance structures of both sites and HIS ethical framework The CPP, HIS and CYPIC maintain a dialogue related to system capacity to ensure that this risk is monitored on an ongoing basis Work reduced due to current system pressures, this position will continue to be monitored	Mental Health Strategy, Children and Young People's Strategy
Green	Green	SIGN Eating Disorders Guidelines	Provision of evidence which supports improvement in mental health services including SIGN guideline on the management of people with eating disorders (including anorexia nervosa, bulimia nervosa and binge eating disorder) for all ages and gender groups, in any health or social care setting.	Scheduled for publication in January 2022	SIGN 164 guideline to be published January 2022. Patient booklet and playbook for young people in development	HIS			Scottish Eating Disorder Services Review
Green	Green	Focus on Dementia	Implement a national learning system and 3 key workstreams focusing on improving access to high-quality dementia care and support across Scotland.	1. National learning system will continue to deliver sessions throughout 2021-23. Three workstreams: Diagnosis and Post Diagnostic Support (PDS)- capturing learning from PDS in primary care by end March 2022 to inform further improvement planning. Improving care coordination in the community. Whole system prototyping work in Inverclyde HSCP will end in March 2022. Improving dementia care in hospitals work continues to March 2023.	Presented and shared learning at the 31st Alzheimer Europe Virtual Conference "Resilience in Dementia: Moving Beyond the COVID-19 pandemic" and the Community Engagement Participation Research network. Promoting Dementia in Hospitals toolkit, and continue to review and update the content. The National PDS Leads have adopted the Single Quality Question (SQQ) and agreed Quality Improvement Framework (QIF) changes. Dementia Policy at SG will promote the use of the QIF and SQQ within the governance of PDS services. The NHS Five case study 'Making the most of your post-diagnostic support' has been published on our website and tweeted. Inverclyde HSCP recruited an additional 2 PDS Link Workers and looking to sustain this model, and learning Session 5 was delivered. A Flash Report was produced and published on the ihub website. Hospital collaborative continued to run with 11 teams (out of 19) from 9 boards still engaged. Observation guidance companion document (prototype) and change package testing has started with 1 team in NHS GG&C. Work "reduced" due to current system pressures	HIS	Winter/Covid-19 pressures resulting in lack of engagement due to limited capacity within local systems. Lack of quality improvement capacity and capability locally to support the improvement projects. System pressures resulting in the work programme not delivering in line with plan	Providing local improvement coaching to support our work. Providing flexible approaches to providing improvement support to take into account the current situation and workforce capacity in the system. Work reduced due to current system pressures, this position will continue to be monitored	Scotland's National Dementia Strategy 2017-2020 Dementia and COVID-19 National Action Plan NHSS Recovery Plan principles: Quality, values and experience Services close to peoples home Focus on the whole system Services that promote equality Links to care and wellbeing programmes: Preventative and proactive care
Green	Green	Frailty Improvement Programme	Improvement and implementation support for designing and implementing integrated pathways for individuals with frailty that include a focus on prevention and early intervention.	Delivering Frailty National Learning System focusing on supporting integration of frailty services across health and social care. Currently designing new national frailty improvement programme. Scoping next steps for the Electronic Frailty Index (eFI) tool which supports early identification of frailty.	Hosted three successful Frailty Learning System webinars which showcased local frailty work as well as providing opportunities for colleagues to network and discuss topics. The first case study developed and shared with the Frailty Learning System. The activity on the online network of over 350 people is increasing with colleagues sharing learning and resources. Currently "reduced" due to system pressures.	HIS	Lack of engagement due to limited capacity within the local systems. System pressures resulting in the work programme not delivering in line with plan	Providing flexible approaches and options for engaging with local teams to take into account the current situation and workforce capacity in the system. Work reduced due to current system pressures, this position will continue to be monitored	This will align with work emerging from the Scottish Government's new Older People division. NHSS Recovery Plan principles: Quality, values and experience; Services close to peoples home; Focus on the whole system; Services that promote equality Links to care and wellbeing programmes: Preventative and proactive care
Green	Green	Hospital @ Home (H@H)	Improvement and implementation support to introduce or develop existing H@H services.	Providing improvement and implementation support to 20 HSCPs to create new or expand established H@H services. National Learning System providing sharing and learning forum for teams. Podcast series commenced with two podcasts completed. Topic summaries being developed as a resource for teams.	All Scottish Government funding bids were successful with 20 HSCPs currently being supported in the development or delivery of Hospital at Home services. The Hospital at Home podcast "House Call" was launched to support the teams as part of the wider learning system, two episodes have been published. Hosted successful drop-in and networking sessions with good interaction and attendance.	HIS		Discussing contingency plans to identify what specific activities will support the current system pressures.	Scottish Government's Redesign of Urgent Care. NHSS Recovery Plan principles: Quality, values and experience Services close to peoples home Links to care and wellbeing programmes: Integrated unscheduled care
Green	Green	Practice Administrative Staff Collaborative - Care Navigation	To support general practice to implement safe and effective processes for navigating patients to access care with the right person, at the right place, at the right time.	Care Navigation in General Practice: 10-Step Guide (part of the national Scottish Government Primary Care Communications Toolkit).	Applying the insights and learning from the Care Navigation programme, we are continuing to: promote our Care Navigation in General Practice: 10-Step Guide and associated resources through our national learning system, and have provided bespoke improvement support to Glasgow City HSCP and Edinburgh City HSCP to help them promote and apply effective care navigation processes in local clusters.	HIS			NHSS Recovery Plan principles: Quality, values and experience Sustainability Value and support the workforce
Green	Green	Pharmacotherapy Collaborative	Supporting general practice to implement safe and efficient serial prescribing which reduces GP practice and pharmacy staff workload.	Serial Prescribing Toolkit Q3. Launch acute prescribing collaborative by end Q4.	Serial Prescribing : published Serial Prescription Toolkit to support GP practice and pharmacy teams set-up and implement serial prescription services, toolkit endorsed by the Royal Pharmaceutical Society. Held introductory webinars and offered a series of workshops to focus on specific stages of the toolkit and the practical application of resources. Acute Prescribing : launching Acute Prescribing Learning Network for primary care multidisciplinary teams across Scotland. The network includes teams from 10 NHS boards covering approximately 80 GP practices. An Acute Prescribing Toolkit will be developed and we plan to support the spread of this nationally in 2022.	HIS			General Medical Services Memorandum of Understanding 2 – Delivery of Pharmacotherapy Services. NHSS Recovery Plan principles: Quality, values and experience Sustainability Value and support the workforce

Green	Green	Continuing to support improvement in anticipatory care planning (ACP)	Implementation support, learning resources, service design and user engagement.	Updated the Essential ACP online tool developed in response to Covid-19.	Continue to promote and share intelligence around the ACP resources through a range of mechanisms. Developed networks with a range of external partners to support this work. Provided bespoke improvement support to Glasgow HSCP to help them spread the use of ACP in care homes. In conjunction with Scottish Government we have reprofiled our work programme on ACP for 2021-2022. The Scottish Government is taking forward a new strategy on Palliative and End of Life Care in 2022.	HIS			NHSS Recovery Plan principles: Quality, values and experience Services close to peoples home Links to care and wellbeing programmes: Preventative and proactive care
Green	Green	Primary Care Learning System	Implementing a national learning system to capture, share and support implementation of changes which will improve resilience of primary care including a focus on improving access.	Primary Care Resilience Webinar Series	Our eighth Primary Care Resilience Webinar was held on 7 October 2021 and focused on Long COVID. The next webinar will be planned for March / April 2022.	HIS			NHSS Recovery Plan principles: Quality, values and experience Value and support the workforce
Green	Green	New Models for Day Supports for People with Learning Disabilities Collaborative	A redesign collaborative working with four HSCPs to deliver a programme of support that blends service design, strategic planning and quality improvement disciplines to improve day support for people with learning disabilities.	Q1 – launch phase 2. Q1 – National focus group findings published. Q1 and 2 - coaching sessions with project teams.	Connecting stakeholders session. Commissioned four partnerships (Falkirk HSCP, North Ayrshire HSCP, Perth and Kinross HSCP and West Lothian HSCP) to deliver work around designed personas. Planned and delivered 'Commissioning Differently' session. Phase 1 Evaluation report published (Easy read version included). Delivered combined Collaborative Session 3 to explore and build understanding of the factors that contribute to the key identified areas for development that will support future design and improvement activity. Designing personas developed by Arc Scotland, Scottish Commission for Learning Disability and PAMIS	HIS	Lack of capacity within participating sites.	Regular communication with HSCPs to keep this under review. Memorandums of understanding revised in conjunction with project teams. Revised timeline issued Sep 21 to address local project teams' capacity issues.	Keys to Life: Scotland's Learning Disability Strategy, 2013 Independent review of Adult Social Care, 2021 NHSS Recovery Plan principles: Quality, values and experience Focus on the whole system
Green	Green	Commissioning for Community Solutions	A redesign collaborative working with several HSCPs to deliver a programme of support that creates the conditions for change, enabling HSCPs to adopt community led solutions/approaches.	Quarter 1 – Learning events. Quarter 2 – production of reports setting out enablers for community-led approaches in conjunction with partner organisations. Quarter 3 and 4 - establish leadership forums to identify, share and spread good practice, support tests of change, innovation and learning about 'what works'. Quarter 4 - capture, develop and share knowledge and learning about commissioning, measuring, and leading differently.	Drop in session 1 and 2 held to explore an appetite for a learning network to take place. Delivered Community Solutions for Winter 2021 events. Delivered 'Putting people first - Parts I and II: co-designing your Human Learning Systems explorations events'. Sharing intelligence and learning with key strategic partners to identify help that can be provided across the system to better cope with winter 2021 pressures.	HIS		Learning from test sites on 'what works' in terms of collaborative commissioning practice. Learning on what requires change and improvement in terms of national policy and other 'red rules' such as regulation of workforce and services. Both will inform change under the reform of adult social care as part of Scottish Government's work under this agenda – influencing Commissioning and Communities elements of the reform agenda.	Independent review of Adult Social Care, 2021 NHSS Recovery Plan principles: Services close to people's home
Green	Green	Person-centred design and improvement	An improvement programme delivering advice, networking opportunities and practical support to health and social care organisations to take a person-centred approach to improving the services they deliver and outcomes for people, families and carers.	Quarters – 2 and 3: Delivery of Care Experience Improvement programme in NHS Lothian. Design Community of Practice established and operating on a quarterly basis. Quarter 2: Person-centred care summer webinars. Quarter 2 and 3: Development of CEIM virtual modules in conjunction with NES. Quarter 4: Test application of the Care Experience Improvement Model in social care settings.	Delivered Modules 6 & 7 CED CEIM Learning programme, Design Community of Practice session, flash report produced. Access QI webinar (qualitative analysis) complete. CED CEIM evaluation final report developed. NHS Lothian CEIM Review Session held. Published two report guides for CEIM learning programme. CEIM Lothian Project Surgery Sessions completed. Draft PID for CEIM Leaders testing in social services developed in partnership with SSSC, NES and CI in progress. Mental Health and Substance User lived experience Engagement in Progress. Person-Centred Care Network (PCCN) and design community of practice planning for 22-23. Continuing support with each TEC TLS pathfinder site. Established user research support from NSS to deliver across multiple TRU programmes until end March 2022. Set up ihub 15 places at SAtSD Champions Course in partnership with Care Inspectorate. Work "reduced" due to current system pressures, webinars paused	HIS	Team capacity to meet both the delivery of external programmes and provide support across other improvement programmes is restricted at key points and may lead to delays and impact on team functioning. System pressures resulting in the work programme not delivering in line with plan	Workload planning. Scheduling and planning of activities Project management. Work reduced due to current system pressures, this position will continue to be monitored	NHSS Recovery Plan principles: Quality, values and experience

Green	Green	Technology Enabled Care Transforming Local Systems Pathfinders Programme	A redesign programme delivered in conjunction with Scottish Government. Programme is working with four HSCPs to explore how to embed the Scottish Approach to Service Design and build the capabilities to develop and deliver appropriate digital solutions that meet the needs of the people who use them.	Quarter 2 – Knowledge and Information Skills Specialist appointed. Site sessions and named partner sessions planned and delivered.	Delivering TEC TLS monthly webinars for pathfinder sites on topics relevant to their progress. TEC TLS Steering Group (November).	Scottish Government	Capacity of local teams to progress delivery is constrain impacting on progress.	Timescales have been adjusted in response to local needs and support targeted to key partnerships. Engagement with sponsors planned.	Digital Health and Care Strategy. NHSS Recovery Plan principles: Quality, values and experience	
Green	Amber	Housing and Homelessness in Healthcare	A prototyping programme to understand and evidence the impact of the contribution of high-quality housing contribution statements to the development of new pathways of care.	Programme in development.	Successful recruitment to Knowledge & Information Skills Specialist. Planning for agreed deliverables is pushed back until January 2022 in recognition of the system pressures at this stage. Review of deliverables in current context ongoing. Work "reduced" due to current system pressures	HIS	System pressures resulting in the work programme not delivering in line with plan	Work reduced due to current system pressures, this position will continue to be monitored	Housing to 2040. Digital Health and Care Strategy. NHSS Recovery Plan principles: Quality, values and experience; Focus on the whole system; Services that promote equality Links to care and wellbeing programmes: Preventative and proactive care	
Green	Green	Good Practice in Strategic Planning	A bespoke support project working with three HSCPs to embed good practice in all their strategic planning activity, with the intended aim of sharing learning nationally.	Review of Strategic Planning Groups. Exploration of best practice in planning for carers services and housing contribution statements.	Delivered good practice session with the Argyll & Bute HSCP strategic planning group. Collaborative planning session took place with Aberdeenshire HSCP 4 November. Requested EEVIT support to synthesis and theme the learning from all sessions - West Dunbartonshire, Argyll & Bute, and Aberdeenshire.	HIS	Lack of capacity within participating sites.	Learning to be collated and shared nationally to support spread.	Public Bodies (Joint Working) Act. Carers Act.	
Amber	Green	Safety Strategy	Development of draft safety strategy for Scotland including new national infrastructure to sustain further improvements in safety across the health and social care system	Develop prototype collaborative intelligence led safety in a focussed area whilst COVID19 pressures continue Apply learning from prototype to establishing a larger programme after COVID19 pressures passed.	Incorporated into our internal safety programme	HIS	Significant challenges of scale, ambition and resourcing, especially in the context of the ongoing pandemic.	We are working with colleagues in Scottish Government and key delivery partners to develop a proposition that achieves the ambitions within these constraints.	NHSS Recovery Plan principles: Focus on the whole system	
Green	Green	Scottish Patient Safety Programme (SPSP)	2020 Essentials of Safe Care (EoSC). Launch of the revised SPSP Acute Adult -programme with an aim to reduce harm experienced by people in acute care. SPSP Maternity and Childrens Quality Improvement Collaborative (MCQIC). SPSP Mental Health (MH).	Development of a package of evidence-based guidance and support for Essentials of Safe Care. SPSP acute adult collaborative launching September 2021 with a specific focus on deteriorating patient and reducing inpatient falls. Embedding the Essentials of Safe Care in maternity and neonatal programmes and scoping of new paediatric programme by the end of 2021/22. Delivering a quality Improvement Collaborative with the aim 'Everyone in adult mental health inpatient wards experiences high quality, safe and person-centred care every time.'	Essentials of Safe Care Testing (EoSC) / Evaluation Framework developed, now being shared. The SPSP Network session held with a focus on SPSP Mental Health. SPSP Development Session held. SPSP Members Area on MS Teams launched. Pilot testing commenced with the Acute Care Team. Commissioning for the EoSC motion graphic. Developing two case studies to support the EoSC Learning System. Work "reduced" due to current system pressures SPSP Acute Adult Collaborative published a data outcomes toolkit to support NHS boards with data collection. Received first data submission of 12 months falls / falls with harm and cardiac arrest baseline data from all NHS boards participating in the SPSP Acute Adult Collaborative. Published All Measures Toolkit to support SPSP Acute Adult Collaborative improvement work. Commenced a rapid response piece of work to produce guiding principles around hospital safety huddles and best practice. Work currently "refocused" due to system pressures - refocused resources to share learning around identifying purpose, design and delivery of hospital safety huddles. SPSP Maternity & Children - Boards continue submitting monthly data and completed four virtual board visits. Drafted analysis of c-section questionnaires and started planning a workshop to refine a potential QI programme outline. Identified six priority areas following the initial scoping exercise for a new paediatric safety programme. Work "reduced" due to current system pressures. SPSP Mental Health - resources published : Full Evidence Scan and Executive summary on the use of restrictive practices; Creating the conditions change package and measurement framework; SPSP mental health change package and measurement framework; Readiness for change and prioritisation tool; Glossary. Launched a self-nomination process for a new improvement collab in 2022. Published an information pack and self-nomination form. Work "reduced" due to current system pressures	HIS	Lack of capacity within participating sites. Lack of capacity within board level teams to fully participate in activity in 2021. Lack of capacity within mental health teams to participate in collaborative activity in 2021. System pressures resulting in the work programme not delivering in line with plan	Ongoing stakeholder engagement to adapt and flex offer in response to system needs. Stakeholder engagement with SPSP Mental Health Leads and Boards to ensure appropriate timing of collaborative activity. Work reduced due to current system pressures, this position will continue to be monitored	NHSS Recovery Plan principles: Quality, values and experience Focus on the whole system Links to care and wellbeing programmes: Integrated planned care	
Red	Amber	Value Management Collaborative	Provide improvement support and build capacity and capability within NHS Boards by providing education to understand and apply value management methodology. This is at a board and team level with the aim of supporting quality management and sustained improvement over time.	By March 2022, six NHS boards will have embedded a Value Management approach at team level within identified care settings.	Three modules of capacity and capability programme for coaches and teams delivered. Project surgery held for reflecting on successes and challenges of value management teams. Networking event held for improvement coaches. Sessions for improvement coaches to facilitate peer sharing and learning. Gathered feedback from improvement coaches to inform future collaborative design. Developing materials for a national toolkit to support new and existing teams to adopt a value management approach. Continue to promote the learning. Work currently "reduced", resources focusing on development of the national toolkit for value management and operational planning for 2022 / 23 collaborative activity	HIS	Lack of capacity within board level teams to fully participate in activity. There is risk to sustainability if an extension is not secured as VM methodology not fully embedded with boards. System pressures resulting in the work programme not delivering in line with plan	Ongoing stakeholder engagement to adapt and flex offer in response to system needs. Request for collaborative extension to SG for two years from April 2022 with a review after one year. Work reduced due to current system pressures, this position will continue to be monitored	Published an impact and learning report and 2 case studies: https://bit.ly/vmgtreport https://bit.ly/vmccasesudies	NHSS Recovery Plan principles: Quality, values and experience

Red	Amber	Excellence in Care (EiC)	Development & implementation of an agreed set of operationally defined measures of high quality Nursing and Midwifery care to support quality control & improvement	<ul style="list-style-type: none"> Restoring EiC infrastructure and governance including re-establishment of the Programme Board Support the development of the CAIR dashboard in collaboration with Public Health Scotland (PHS) Review existing measures and support NHS Boards to re-mobilise consistent data submission Review measurement development process & progress future measure development Identify and share learning of the utilisation of EiC during the pandemic 	<p>Standard Operating Procedure (SOP) developed for HIS access to CAIR dashboard - being reviewed by information governance lead. EIC framework (to articulate the vision for EiC) commenced redevelopment. Process for reviewing the care quality measures developed. Review first round of care quality measures commenced: falls, pressure ulcers, QI qualifications, establishment variance, predicated absence and supplementary staffing.</p> <p>Programme is behind schedule due to the prolonged covid response which has resulted in Scottish Government and the territorial boards being unable to engage and Scottish Government delaying allocation funding.</p> <p>Discussions with Nurse Directors and the Directorate of the chief nurse took place to agree restart and commission the work for 2022 / 23. In December 2021 staff members contributed to the Covid vaccination effort and elements of the outward facing work were postponed. Some work "paused" due to current system pressures</p>	HIS	<p>Variable stakeholder engagement during this COVID period which will slow progress and also increase the risk of variation between NHS Boards.</p> <p>HIS/PHS programme team capacity impacted by vacancy factor & recruitment challenges.</p>	<p>The national team (which includes SG CNOD representation) have discussed the need to be flexible with stakeholders at this time. Each Board has been asked to submit a phased implementation plan for EiC informed by the phased implementation of the priority measurements. The national team will actively track the progress of each NHS Board and provide support to ensure progress is made which aligns to individual Board capacity.</p> <p>Detailed action plan developed and scaled back to reflect challenges within the Board & central team capacity.</p>	<ul style="list-style-type: none"> NHSS Recovery Plan principles: Quality, values and experience Maintain our capacity to respond to the pandemic <p>Links to care and wellbeing programmes: Integrated planned care</p>
Amber	Green	Adverse Events	Supporting NHS Boards to learn from, and improve their practice, in respect of adverse events.	Developing the national notification system for Category I adverse events where a Significant Adverse Event Review (SAER) is commissioned.	<p>Adverse Event Notification system in place and we continue to receive Level 1 Significant Adverse Event Report (SAER) data from all boards. Two FOIs received regarding SAER data and responded to. Adverse Events Network Workshop held to plan next steps following Adverse Event Report. Research submitted to British Medical Journal (BMJ) in conjunction with NES "Patient and Family Engagement during Adverse Event Reviews". Report into first 18 months of the SAER Notification system completed and due to be published early 2022.</p>	HIS	<p>New system may require significant time period to address variation in practice across the NHS boards; lack of consistent and standardised data being submitted from NHS boards</p>	<p>Engagement with NHS Boards to standardise the national notification data set is underway through discussion with the Adverse Event Expert Reference Group (ERG) and Adverse Event Network. We have identified the highest reported incidents and are working with the ERG to achieve consistent recording and categorisation. We are also planning a Delphi Consensus Study with stakeholders to support standardisation of descriptors and incident categories</p>	<p>NHSS Recovery Plan principles: Quality, values and experience</p>
Green	Green	Sharing Intelligence for Health and Care Group (SIHCG)	The group enables seven national organisations to share, consider, and respond to intelligence about health and care systems across Scotland – with a particular focus on NHS.	Schedule in place to review all 18 NHS Boards during the 2021-22 cycle of meetings.	<p>SIHCG met in December to review 3 NHS boards. The Group's sixth annual report was published in November with a commitment to update our SIHCG 'logic model' and SIHCG analytical framework in 2022. Group continues to meet regularly to share, consider, and respond to intelligence about the quality and safety of care delivered by 18 NHS boards. Feedback is published for each NHS board and shared with SG.</p>	HIS			<p>NHSS Recovery Plan principles: Quality, values and experience</p>

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Financial Performance Report 28 February 2022
Agenda item:	4.1.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Angela Moodie, Director of Finance, Planning and Governance
Purpose of paper:	Awareness

1. Situation

This report provides the Board with the financial position at 28 February 2022.

Overview of Financial Performance

At 28 February 2022, the total budgeted revenue resource limit (RRL) for 2021-22 was £34.3m. This was made up of £30.6m in baseline expenditure and £3.8m in additional allocations.

Expenditure year to date was £30.8m, which is £0.3m under budget. This underspend is mainly due to delays in additional allocation funded projects, either from deferred funding confirmations or system pressures preventing progress.

The high-level baseline outturn for the year is in line with the original budget of £30.6m. There are a number of both risks and opportunities over the final month of the year that could impact this position by +/-£0.4m.

On additional allocations, spend year to date was £3.0m against a revised budget of £4.1m. We notified Scottish Government (SG) of a return of funding of £2.2m in December 2021, this is now likely to be in the region of £2.6m as spending on key allocations fall below forecasted levels.

2. Background

The Financial Performance Report sets out the financial position in detail against baseline funding and against additional funding allocations. The report measures financial performance against budget and mid year forecast, as well as a prediction of full year outturn.

3. Assessment

Summary of Financial Expenditure

In February, our baseline recurring allocation was £30.6m. This is in line with the assumptions within the budget approved by the Board in March 2021 of £29.1m, plus a transfer to baseline from additional allocations of £0.1m for Ionising Radiation (Medical Exposure) Regulations (IRMER), £0.2m for Adverse Events, £0.5m for GP clusters. In addition, a £0.4m uplift for the 4% pay settlement and £0.2m for pay uplift for Medical & Dental staff and Agenda For Change (AFC)

bands 8-9. The letter also included additional allocations of 4.3m, resulting in an RRL for 2021-22 of £34.9m at 28 February 2022 (excluding outstanding allocations).

	Apr- Feb			Full Year		
	Budget Spend	Actual Spend	Variance	Budget Spend	Forecast Spend	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Expenditure on Baseline (Including Savings Target)	27,891	27,810	81	30,550	30,354	196
Expenditure on additional allocations - received	3,251	2,465	786	4,316	2,854	1,462
Expenditure on additional allocations - outstanding	0	550	-550	-523	853	-1,376
Revenue Resource Limit Expenditure (RRL)	31,142	30,825	317	34,344	34,061	283
IHC Income	-1,052	-943	-109	-1,148	-1,033	-115
IHC Expenditure	1,052	905	147	1,148	837	311
Net Deficit (Surplus)	0	-39	39	0	-196	196
Net Revenue Expenditure	31,142	30,786	356	34,344	33,865	479
Capital Expenditure - received	0	0	0	79	0	79
Capital Expenditure - outstanding	0	1,469	-1,469	1,910	1,831	79
Baseline staff count (WTE)	444.6	444.4	0.2	444.6	452.6	-8.0
Non recurring allocations staff count (WTE)	57.5	56.6	0.8	92.0	61.6	30.4
IHC staff count (WTE)	18.4	15.7	2.8	18.4	17.2	1.3

Baseline Recurring Spend

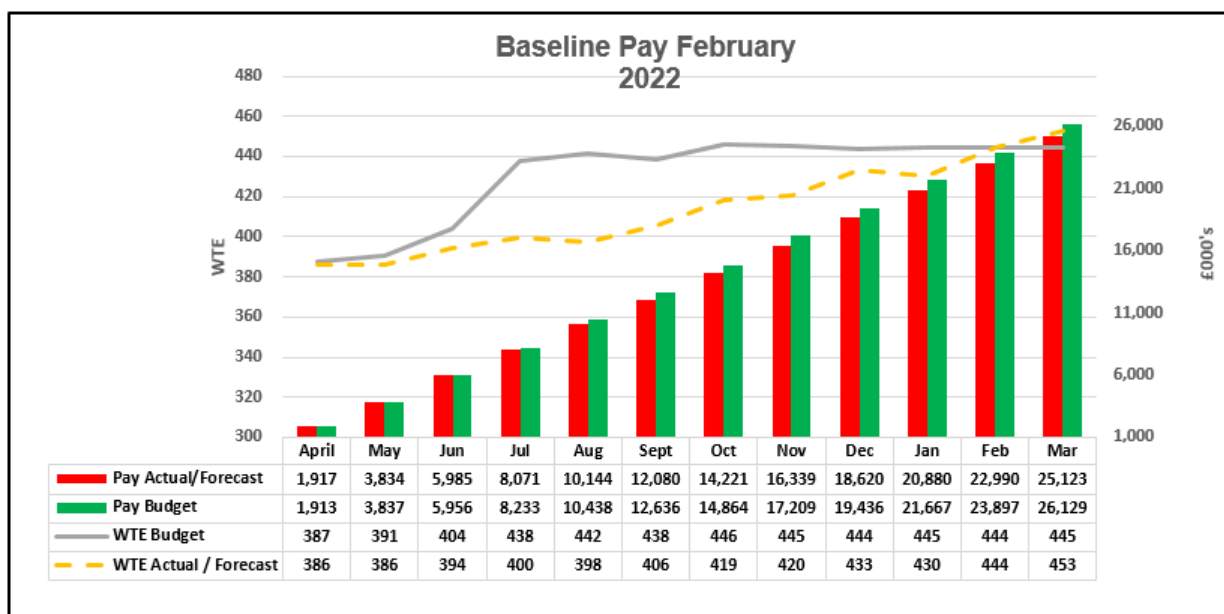
At 28 February, the total baseline funding received was £30.6m. HIS has spent £27.8m of the baseline funding after eleven months, which is £0.1m under budget. This includes costs of £0.3m for the additional allocations funded through the baseline.

We are 92% of the way through the year with 91% of the budget baseline spent (92% of forecast). The table below outlines the baseline recurring spend position.

	£000's			£000's			% of forecast spent YTD
	Year to Date			Full Year			
	Budget	Actual	Var	Budget	Forecast	Var	
Chief Executive	1,047	890	157	1,147	1,024	123	87%
Corporate Provision	-248	225	-473	-278	254	-532	89%
Evidence	7,130	7,112	18	7,789	7,626	164	93%
FPG	485	1,006	-521	531	1,066	-535	94%
iHub	7,515	7,279	236	8,246	8,076	170	90%
Medical	950	953	-3	1,036	1,032	4	92%
NMAHP	1,559	1,253	306	1,708	1,332	376	94%
QAD	4,359	4,436	-77	4,784	4,841	-58	92%
Community Engagement	2,558	2,319	238	2,809	2,437	372	95%
People & Workplace	887	966	-78	969	1,120	-151	86%
Internal Improvement	613	341	272	669	409	260	83%
Property	1,035	1,029	6	1,139	1,137	3	91%
Grand Total	27,891	27,810	81	30,550	30,354	196	92%

Pay Costs & Whole Time Equivalents (WTEs)

Baseline staffing WTE levels at the end of February were 444, which was on budget. There was a net increase of 14 WTE in the month.



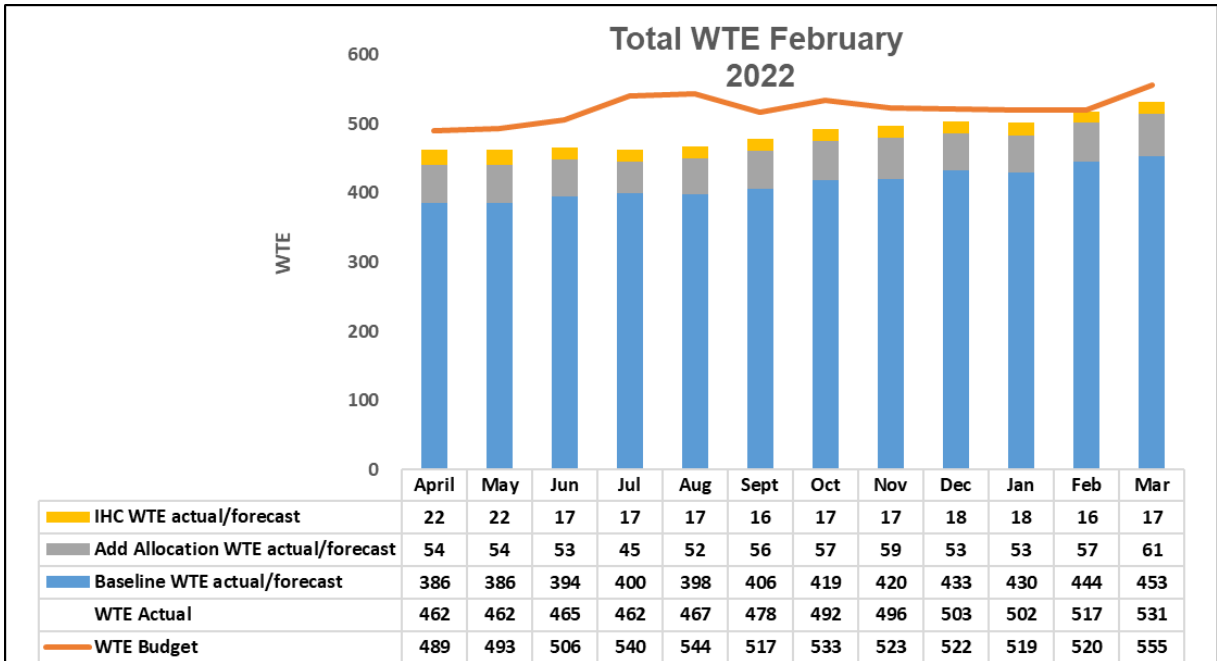
Directorate Pay Cost Analysis

	WTE						£000's					
	Year to Date			Full Year			Year to Date			Full Year		
	Budget	Actual	Var	Budget	Forecast	Var	Budget	Actual	Var	Budget	Forecast	Var
Chief Executive	17.2	13.5	3.7	17.2	16.5	0.7	975	852	123	1,067	908	159
Corporate Provision	-3.9	0.0	-3.9	-3.9	0.0	-3.9	-149	79	-228	-163	89	-252
Evidence	108.8	110.3	-1.5	108.8	106.1	2.7	6,003	5,887	116	6,565	6,294	272
FPG	18.3	20.8	-2.6	18.7	22.0	-3.3	907	877	30	992	920	73
ihub	115.5	111.8	3.7	115.5	114.9	0.6	6,011	5,625	386	6,575	6,317	258
Medical	14.6	14.8	-0.2	14.0	15.7	-1.7	936	925	11	1,021	1,025	-4
NMAHP	25.3	21.9	3.4	24.7	23.3	1.4	1,548	1,252	296	1,693	1,316	377
QAD	71.1	74.8	-3.8	71.1	72.5	-1.5	4,248	4,369	-121	4,643	4,669	-26
Community Engagement	57.9	51.6	6.3	57.9	53.8	4.1	2,459	2,288	171	2,688	2,339	349
People & Workplace	17.1	18.6	-1.5	18.1	21.6	-3.5	803	820	-16	878	961	-83
Internal Improvement	2.8	6.3	-3.5	2.8	6.3	-3.5	155	252	-97	169	285	-116
Grand Total	444.4	444.4	-0.0	444.6	452.6	-8.0	23,897	23,224	673	26,129	25,123	1,006

The majority of directorates had lower WTE than budget during the year, resulting in total pay costs year to date being £0.7m favourable to budget (3%). The adverse variance in Corporate Provisions reflects the impact of the 4th year of the 3 year pay deal which has not been funded by SG £172k (£187k full year impact), and savings due to be generated in the Project Management Office £229k (£250k full year impact), netting against funding of 8 & 9 and Medical & Dental staff of £169k (£184k full year impact).

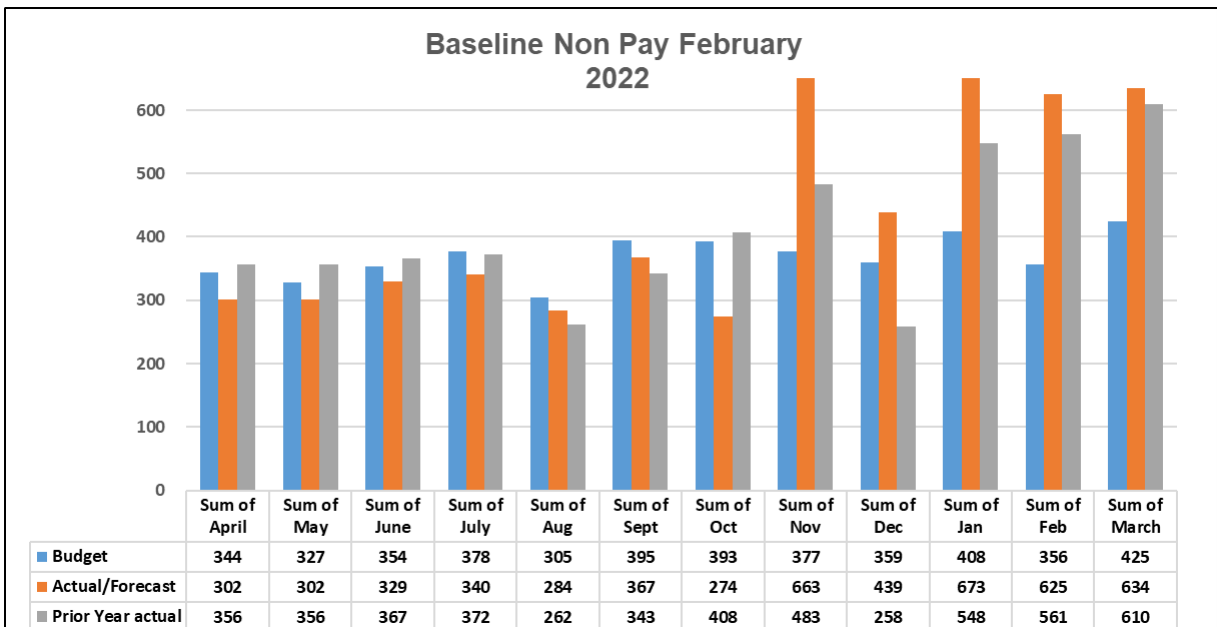
Total WTEs

Across all WTEs (baseline, additional allocations and Independent Healthcare), there were 517 WTE at the end of February which was 3 WTE below budget of 520 WTE. This was split by -1 WTE in additional allocations and -2 WTE for Independent Healthcare.



Non-pay Costs

The graph below outlines the non-pay expenditure and budget compared to prior year.



Directorate Non-pay Analysis

	£000's			£000's			% of forecast spent at 31 January
	Year to Date			Full Year			
	Budget	Actual	Var	Budget	Forecast	Var	
Chief Executive	72	39	34	80	116	-36	33%
Corporate Provision	-99	146	-244	-115	165	-280	88%
Evidence	1,127	1,225	-99	1,224	1,332	-108	92%
FPG	-423	129	-551	-461	147	-607	88%
iHub	1,504	1,654	-150	1,671	1,759	-88	94%
Medical	14	29	-15	16	7	8	384%
NMAHP	10	1	10	15	16	-0	4%
QAD	111	67	44	140	172	-32	39%
Community Engagement	99	32	67	121	98	23	32%
People & Workplace	84	146	-62	90	158	-68	92%
Internal Improvement	458	89	369	500	124	376	72%
Property	1,035	1,029	6	1,139	1,137	3	91%
Grand Total	3,993	4,585	-592	4,421	5,231	-810	88%

Key variances on year to date non-pay costs are:

- **Corporate Provision:** adverse variance of £244k due to centralised non-pay saving targets.
- **Evidence:** adverse variance of £99k primarily relates to an agreed increase in spend on computer hardware and higher management consultant fees than originally budgeted.
- **Finance, Planning and Governance:** adverse variance of £551k as the corporate services recharge is no longer allocated to additional allocations.
- **iHub:** adverse variance of £150k is mainly due to prescribing network payments made to other boards. The current overspend will reduce by end of financial year as COVID restrictions have impacted activity and spend on travel and exhibitions and conferences.
- **Internal Improvement:** favourable variance of £369k. The non-pay spend for Internal Improvement Oversight Board (IIOB) was forecasted to be considerably lower than budget following the detailed plan for the initiatives for the year.

Additional Allocations Non-Recurring Spend

Allocations received	Directorate	21/22 Original Budget	21/22 Budget Received	YTD Expenditure	Forecast P11	(under-spend)/overspend to
		£	£	£	£	£
SUDI	QAD	61,009	61,009	38,254	41,377	-19,632
Adverse Events	QAD	0	38,000	-1,960	38,000	0
OLCM - Staffing costs	Medical	230,078	223,427	147,805	165,867	-57,560
HEPMA Learning Commission	Medical	50,000	50,000	26,788	32,666	-17,334
Care Home Inspection costs	QAD	769,094	204,000	204,001	204,001	1
GP Clusters - part allocation	ihub	146,910	113,156	98,990	107,667	-5,489
ICT Strategy	Evidence	86,810	86,810	46,441	50,784	-36,026
EiC-External	NMAHP	0	142,098	30,359	41,770	-100,328
National Hub	QAD	253,835	253,835	180,991	197,517	-56,318
Post-diagnostic Support	ihub	32,472	31,092	19,291	21,020	-10,072
Collaborative Communities - part allocation	ihub	84,257	295,257	233,504	261,118	-34,139
Care Co-ordination External	ihub	58,704	58,704	43,307	47,321	-11,383
HSP - External	NMAHP	853,448	704,436	131,822	151,200	-553,236
MCQIC	ihub	45,320	44,000	38,949	43,010	-990
WMTY SG	CE	12,900	9,100	279	9,379	279
TEC Pathfinders	ihub	0	30,000	18,296	20,757	-9,243
Value Management	ihub	667,352	622,460	523,253	606,069	-16,391
PNCP	CE	12,700	12,545	14,688	15,688	3,143
SMC - External	Evidence	141,215	90,000	54,081	77,604	-12,396
Volunteering Information Systems	CE	20,100	20,100	12,600	13,650	-6,450
Dementia in Hospitals	ihub	141,402	132,091	110,452	120,586	-11,505
FOD Clinical Faculty	ihub	10,152	7,789	4,799	5,834	-1,955
SHTG - external - part allocation	Evidence	95,000	163,511	204,122	223,883	60,372
SHTG - external - part allocation	Evidence	90,000	73,000	0	0	-73,000
National Review Panel - NRP	Medical	51,351	51,351	38,916	45,973	-5,378
Adult Support and Protection Inspections	QAD	268,967	268,967	217,314	239,113	-29,854
Barnahus standards	Evidence	1,500	34,268	4,272	36,372	2,104
2020-21 Surplus Brought Forward	Corporate	0	371,000	0	0	-371,000
Arcus Training	Corporate		-2,778	0	0	2,778
Mental Health Personality Disorders	ihub	0	127,266	23,376	36,095	-91,171
Sub total		4,184,576	4,316,494	2,464,990	2,854,319	- 1,462,175

Allocations not yet received	Directorate	21/22 Original Budget	21/22 Allocation as at Feb 2022	YTD Expenditure	Forecast P11	(under-spend)/overspend to forecast
		£	£	£	£	£
Collaborative Communities - reverse allocation	ihub	0	-56,171	0	0	56,171
Collaborative Communities - part allocation	ihub	176,743	50,000	0	0	-50,000
Reduce Harm Improving Care	ihub	537,242	527,242	311,485	359,076	-168,166
GP Clusters - part allocation	ihub	0	0	0	0	0
Access QI	ihub	260,000	260,000	227,347	248,747	-11,253
Mental Health Access	ihub	0	0	0	0	0
Police Custody	QAD	0	0	0	0	0
Independent Healthcare	QAD	0	317,000	0	150,000	-167,000
Additional Depreciation Delta House	Corporate	0	83,333	0	83,333	0
Emergency Steroid Card	Medical	0	9,500	11,396	11,396	1,896
Cervical Screening Offset	QAD	0	0	0	0	0
21-22 Surplus Allocations to returned		0	-1,368,096	0	0	0
Sub total		973,985	- 177,192	550,227	852,552	- 338,352
Total Allocations to be received		5,158,561	4,139,302	3,015,217	3,706,871	- 1,800,527

Allocations baselined funded	Directorate	21/22 Original Budget	21/22 Allocation as at Feb 2022	YTD Expenditure	Forecast P11	(under-spend)/overspend to
		£	£	£	£	£
Early Interventions in Psychosis (EIP)	ihub	197,500	246,187	162,315	178,124	-68,063
SIGN - External	Evidence	0	50,000	32,227	36,714	-13,286
Mental health and substance use support	ihub	0	365,491	31,892	52,592	-312,899
Sub Total		197,500	661,678	226,434	267,430	- 394,248

Total Additional Allocations		5,356,061	4,139,302	3,015,217	3,706,871	- 2,194,775
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Total additional allocations either received or requested from SG for this financial year was originally £5.4m, rising to £6.4m with the inclusion of new allocations during the year.

During in December we discussed with SG returning £2.2m, split by £1.5m for allocations where the funding had already been received and £0.7m for allocations where monies had not yet been received but we would fund from the baseline for the remainder of 21/22 only. This return of allocation funds was included in the Q3 finance review. Since this date, SG have accepted a return of £0.2m, taking the total surplus to be returned outstanding to £2.0m (split by £1.3m received and £0.7m not received).

At February 2022, the most recent forecasted outturn for allocations received is £3.7m, which is below the revised allocation position shared with SG of £4.1m. Therefore, there is a possibility more than the £2.2m could be returned to SG at year-end.

Internal Improvement Oversight Board

IIOB Priority	IIOB Project	OUTCOMES	Benefit Type(s)	Status	Full Year 2021/22			YTD
					Costs			P11
					Budget £000s	Forecast £000s	Variance £000s	Total £000s
Core/Other	Core/Other	Costs that are not directly related to individual projects - time spent on planning, governance, reporting etc	N/A	N/A	668.8	110.1	259.7	89.2
Ways of Working including Culture & Values and Health & Well Being	Ways of Working (WoW)	Embed and sustain the HIS vision for future ways of working.	Indirect	On track		76.9		69.2
	HIS accommodation model	All staff experience a consistent approach to all HIS buildings and office spaces, which are fit for purpose and in line with our vision for future ways of working.	Enabler Must Do	On track		16.3		14.9
	Room & desk booking systems	The Desk & Room booking System provides a quality user experience and supports delivery of HIS vision for new ways of working.	Indirect Enabler	On track		17.1		14.8
HIS Digital Transformation (Scotland's Digital H&C Strategy)	Automation of organisational processes (Staff Pro)	Improved staff experience, with reduction in waste and duplication within current processes. Superseded by future eRostering rollout.	Enabler	Deprioritised		11.8		9.9
	Virtual working	Increased staff confidence, knowledge and skills in working digitally and virtually using new tools.	Direct - non-monetary Enabler	On track		85.0		67.5
Staff Capacity & Capability	QI Training	HIS Internal designed QI training established across organisation.	Indirect Enabler	On track		47.0		43.2
	Programme Management Office and/or PM approach	Currently being scoped. Programme Management methodology and documentation have been developed by the IIOB Strategic Lead.	Direct - monetary Indirect Enabler	Scoping	44.8	32.3		
					668.8	409.2	259.7	341.0

The IIOB has been allocated an annual budget of £0.7m in order to deliver the seven projects outlined above, aligned to three IIOB Priorities. This budget is split between core staff (2.8 WTE) of £0.2m and an IIOB Improvement Fund of £0.5m.

Spend to date is £0.3m. The current forecast spend for the full year is £0.4m, which is made up of core staff expenditure of £0.2m and £0.2m for the Improvement Fund.

While direct financial benefits are expected to be minimal for 2021/22, we have developed a Balanced Scorecard approach that will capture the wider benefits of all projects including performance improvement, benefits to the environment and cost & risk avoidance. We will also use this framework to assess our commitments to future projects.

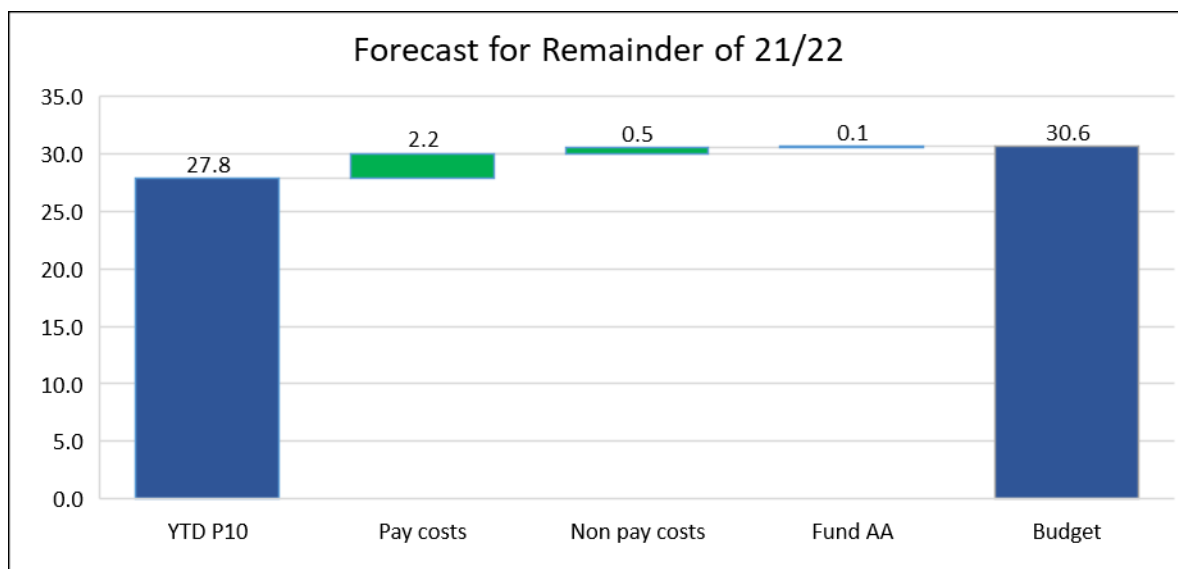
Outturn Prediction for 31 March 2022

In compliance with SG guidance, HIS has the ability to break even over a three-year period, enabling it within any year to under or overspend by up to one per cent of annual resource budget. In HIS' case, this reflects circa +/- £0.3m.

At a high-level, we are currently forecasting a baseline outturn position in line with our budget of £30.6m. This has been achieved by implementing a number of initiatives, including:

- Accelerated recruitment (£1.0m)
- Reversal of the corporate service recharge for the full year (£0.6m)
- Funding five new additional allocations for 21/22 only from baseline (£0.4m)

The graph below shows the forecasted movement for the remaining one month of the year.



To achieve the above forecast, a number of opportunities and risks remain:

Potential underspends

	£m	Impact
Underspend in travel & events in P12	-0.1	Decreases baseline costs
Underspend in payments to other Boards	-0.1	Decreases baseline costs
WTE recruitment	-0.1	Decreases baseline costs
Release of POs no longer required	-0.1	Decreases baseline costs

Potential overspends

	£m	Impact
Higher WTE recruitment in P12	0.2	Increases baseline costs
Year end accruals	0.2	Increases baseline costs

Capital Expenditure

In 2020-21 SG approved a business case for the refurbishment of Delta House. The business case allowed for a capital spend in the range £2.4m to £2.6m (Vat inclusive).

At February, £0.5m of professional fees have been capitalised. This is higher than the business case assumption of £0.2m, which was advised by Avison Young, based on their experience of projects of this nature. The overspend is due to extensive legal costs and the appointment of Turner Townsend as project manager. The project is also running behind the business case timelines with a delay to the landlord's project completion date which increased costs.

Forecasting to the end of the project, total costs are expected to be £2.3m, which just under the original business case.

Specialist Vat advice is being sort regarding any potential Vat reclaim. For clarity, the figures below are Vat inclusive.

	Actual FY 20/21 £000s	Actual Apr 21- Feb 22 £000's	Forecast FY21/22 £000's	Forecast FY22/23 £000's	Total £000's	Approved £000's	Variance £000's
Professional Fees							
Baker Hicks	23	13	6		42		
Avison Young	142	131	12		285		
Turner & Townsend	41	29	8		77		
TLT	3	1	3		6		
Thomson Gray	4	0	0		4		
CLO	76	4	1		80		
Total Professional Fees	288	177	29	0	493	261	-233
Fit out							
Clarks Contracts (inclusive of VAT)	0	1,310	230		1,540		
Contingency	0	0	0	150	150		
RSS Ltd	0	8	0		8		
IT	0	0	0		0		
Total Fit Out Costs	0	1,318	230	150	1,698	2,232	534
Other costs							
Desk Booking System	0	0	0		0		
Other costs	0	0	78	8	86		
Total Other Costs	0	0	78	8	86	128	41
Total Project Spend	288	1,495	336	158	2,277	2,620	343

In agreement with SG, £0.15m of the £2.6m approved Delta House refurbishment budget has been allocated to Gyle Square. In addition, a further general capex allocation of £0.1m has been made by SG.

Assessment considerations

Quality/ Care	No impact on quality of care
Resource Implications	No implications to resource
Risk Management	The management of the organisation's finances is covered on the strategic risk register.
Equality and Diversity, including health inequalities	No impact on equality and diversity
Communication, involvement, engagement and consultation	This report has been prepared by the Finance Team and previously shared with the Executive Team.

4 Recommendation

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

Healthcare Improvement Scotland

Meeting:	Public Board Meeting
Meeting date:	23 March 2022
Title:	Monthly Workforce Report
Agenda item:	4.1.3
Responsible Executive/Non-Executive:	Sybil Canavan, Director of Workforce
Report Author:	Dougie Craig, Resource Specialist
Purpose of paper:	Discussion

1. Situation

This report is provided to inform Board members of the current workforce position and monthly reporting data within the organisation.

2. Background

As in previous months, the standard report contents comprise of:

- Current staffing profile and changes across directorates since the start of the financial year
- Recruitment campaigns, activity and campaign management in this financial year
- Compound staff attrition & turnover rates year to date (YTD)
- Sickness absence rates and main reasons for absence year to date
- Additional quarterly data will be included periodically during the annual reporting cycle

3. Assessment

Board members are asked to review the attached monthly workforce resource report to inform the corporate workforce position and provide comment as appropriate.

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 monthly workforce report describes the resource position within the organisation including, current staffing, changes/turnover throughout the year and sickness absence which is reflective of staff health and wellbeing.
Risk Management	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	<p>The report is intended to inform how the workforce is developing in relation to previous periods and track our skill mix across the organisation.</p> <p>An impact assessment has not been completed because this report is one of a series of regular monthly management information.</p> <p>A range of workforce data is used to complete organisational Workforce Equality Monitoring Report for the organisation which includes equality and pay data. This report is published to share this detail for Healthcare Improvement Scotland.</p>
Communication, involvement, engagement and consultation	N/A

4 Recommendation

Board members and colleagues are asked to examine and consider the implications of the workforce detail provided in the report. The information will provide an opportunity for all to discuss any areas of concern or where there is a need to understand the impact of any activity reported in the full resourcing report.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Monthly Workforce Report



Resource position summary

(28 February 2022)

People and Workplace

The monthly flash report summarises the workforce position at each month-end year to date (YTD). Headcount (HC) and Whole Time Equivalent (WTE) are referenced, along with comparisons to previous periods where appropriate. Terms used include 'Payroll' (HIS staff with permanent or fixed term contracts) and 'Non-payroll' (external secondees/associates from other NHS Boards). E-ESS is the primary source of workforce data unless otherwise stated and reports on the current operational workforce up to and including Chief Executive level (e-ESS data excludes HIS employees seconded out to other organisations, agency and bank workers).

Periods referenced:

YTD month end: 28 February 2022

YTD Period: 1 April 2021 – 31 March 2022

Previous Year End: 31 March 2021



Summary highlights



Workforce Mix

Our current workforce is:

- 549 total headcount
- 520 payroll headcount
- 29 non-payroll headcount

Directorate workforce:
(total headcount)

- CEO: 20
- Comm/Engag: 53
- Evidence: 126
- Finance P&G: 16
- ihub: 161
- Medical: 20
- NMAHP: 32
- PaW: 14
- QAD: 107



Staff Changes

During the financial year, 52 people have left the organisation in total - representing an overall turnover rate of 9.6% YTD.

96 people have also joined our organisation in this period, representing a net increase of 44 to our overall workforce headcount (payroll & non-payroll) since April.



Sickness absence

26098 hours or 3480 days were lost due to sickness absence this year, which represents a rate of **2.9%** of available capacity.

67% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for **46%** (11994 hours or 1600 days) of the reported absence lost.



Vacancy Approvals

There have been 256 recruitment related posts that have been considered by the Vacancy Management Strategy Group (VMSG) since the start of the financial year. 229 of these have been approved and recommendations made in-line with the organisation's priorities for the remainder.

On average, it's taken circa 11 days in total to complete an e-RAF request via the workflow on Source and obtain approval from the VSMG.



Recruitment

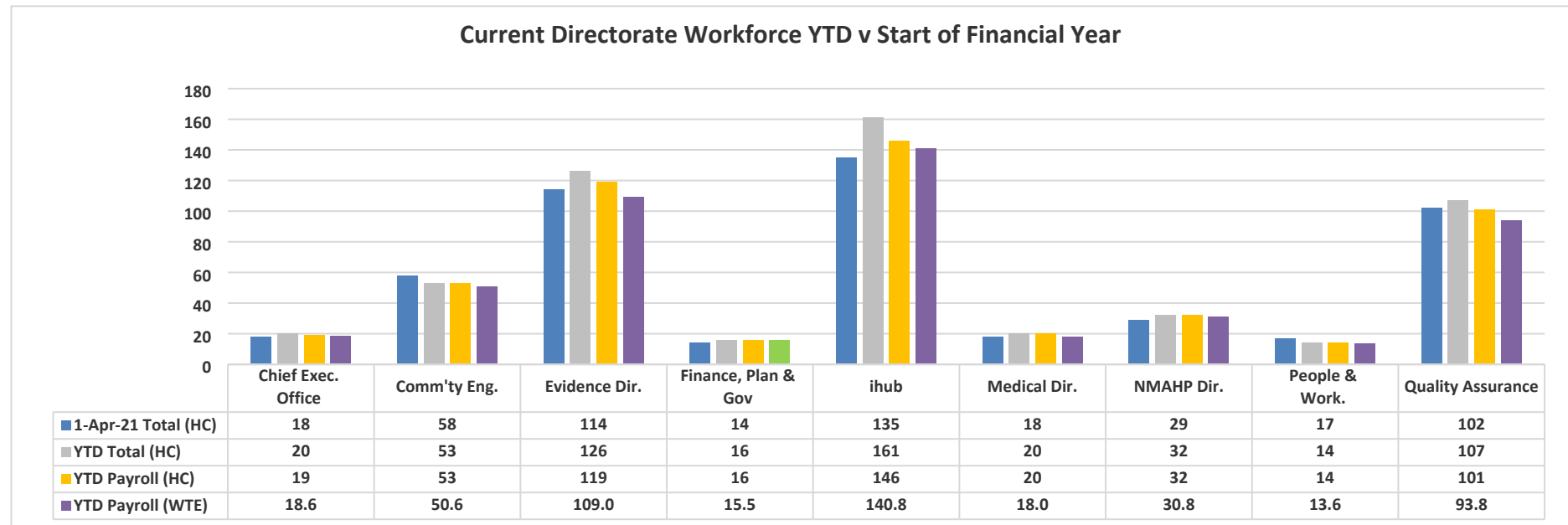
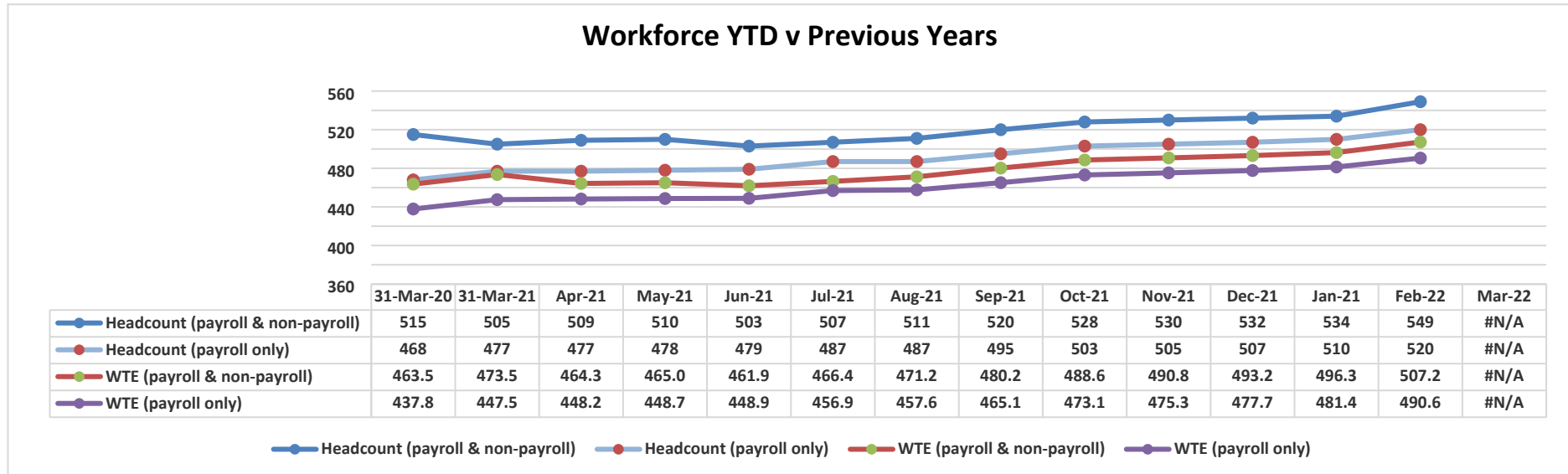
Since April, we have recruited to **175** campaigns, 112 of which have been filled YTD (48 by internal / NHS staff) with others currently progressing at varying stages of recruitment.

So far on average, it has taken 43 days to reach offer stage and 70 days to confirm a start date.



YTD workforce position

The current total workforce stands at 549 HC/507.2 WTE with 520 HC/490.6 WTE being payroll staff and 29 HC/16.7 WTE non-payroll.



YTD Workforce by Job Family & Substantive base

Administrative Services is our largest job family consisting of 498 (90.7%) of the total workforce as shown along with a detailed breakdown of other job families below.

The majority of staff (274/50%) are substantively based from Delta House, followed by those based at Gyle Square (217/40%) as shown in the location breakdown below.

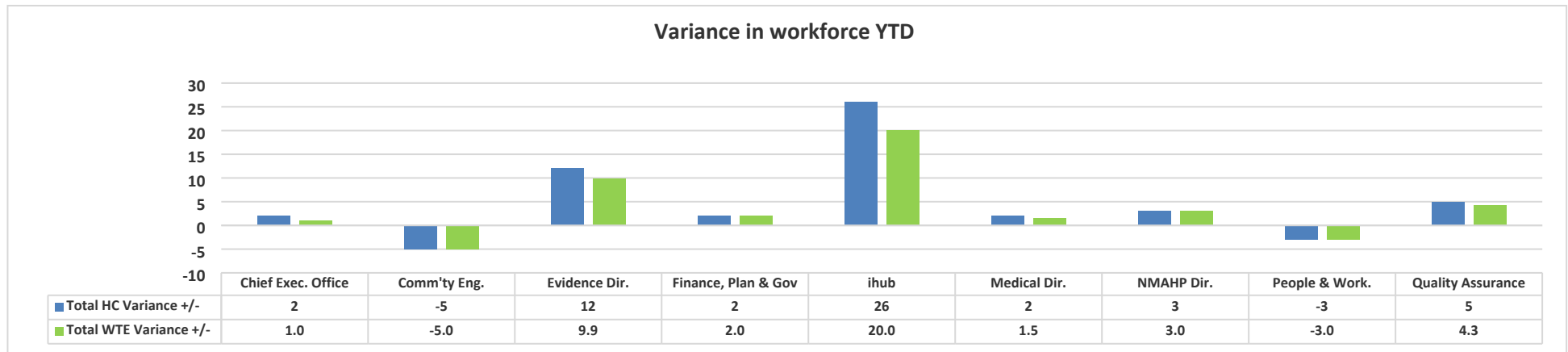
Job Family	Headcount	WTE
ADMINISTRATIVE SERVICES	498	473.6
FINANCE	7	6.8
HUMAN RESOURCES	11	10.6
INFORMATION SYSTEMS/TECHNOLOGY	69	63.8
OFFICE SERVICES	411	392.4
MEDICAL AND DENTAL	28	12.7
MEDICAL	28	12.7
OTHER THERAPEUTIC	16	13.9
PHARMACY	16	13.9
SENIOR MANAGERS	7	7.0
SENIOR MANAGERS	7	7.0
Grand Total	549	507.2

Location	Total HC	%
A028A Ayrshire & Arran	2	0.4%
B010A Borders	2	0.4%
D009A NHS 24 - East Contact Centre	9	1.6%
D022A NHS 24 HQ & Cardonald Contact Cen	6	1.1%
F020A Fife	3	0.5%
G087A Greater Glasgow & Clyde	4	0.7%
H083A Highland	2	0.4%
L020A Lanarkshire	2	0.4%
N036A Grampian	7	1.3%
R008A Orkney	2	0.4%
S024A Lothian	2	0.4%
T024A Tayside	2	0.4%
V017A Forth Valley	1	0.2%
W019A Western Isles	4	0.7%
X023A Aberdeen & North-East Scotland Blc	1	0.2%
X056A Healthcare Improvement Scotland (I	274	49.9%
X057A Healthcare Improvement Scotland (I	217	39.5%
Y007A Dumfries & Galloway	1	0.2%
Z012A Shetland	1	0.2%
SD039 Healthcare Improvement Scotland	7	1.3%
Grand Total	549	100.0%

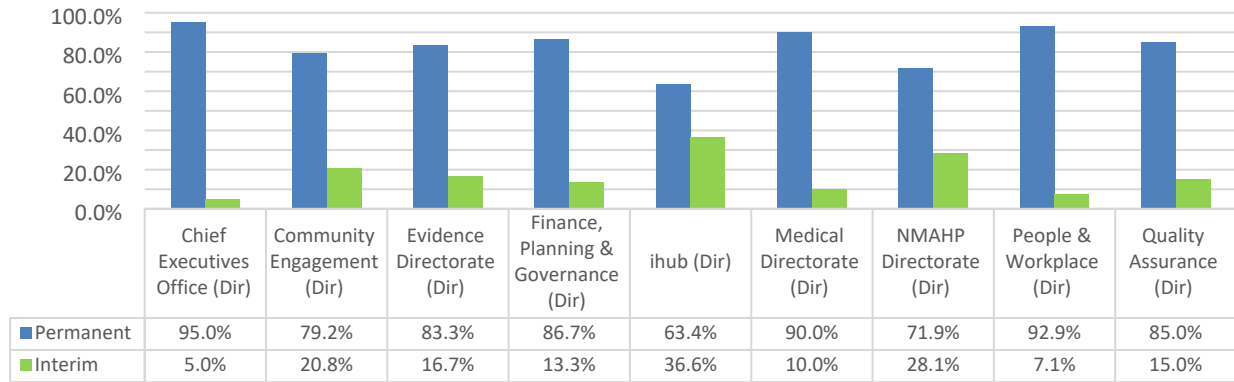
Workforce mix and YTD changes

Since the start of this financial year, the overall workforce has changed by a net of +44 HC /+33.7 WTE year to date (incl. adjustment to hours, which may alter WTE without impacting on headcount). At Directorate level, the key net changes due to joiners, leavers and internal moves are shown below.

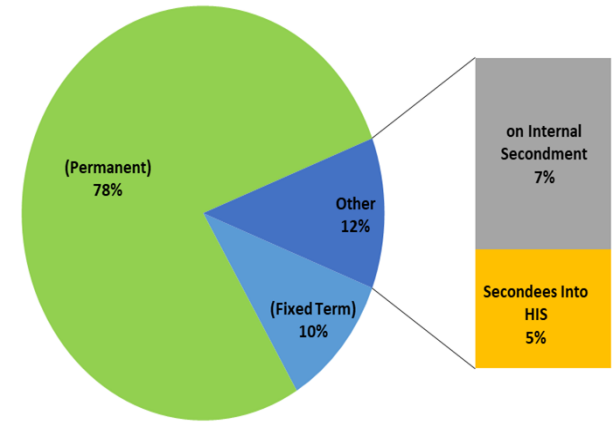
Both the total workforce mix and the ratio of permanent to interim postholders across the organisation remain consistent with previous periods. At a directorate level, ihub (36.6% interim workforce) has the highest ratio of posts currently being filled on an interim basis compared to an organisational average of circa 22.3%.



Permanent v Interim postholders ratio per directorate



Total Workforce Mix by Contract Type



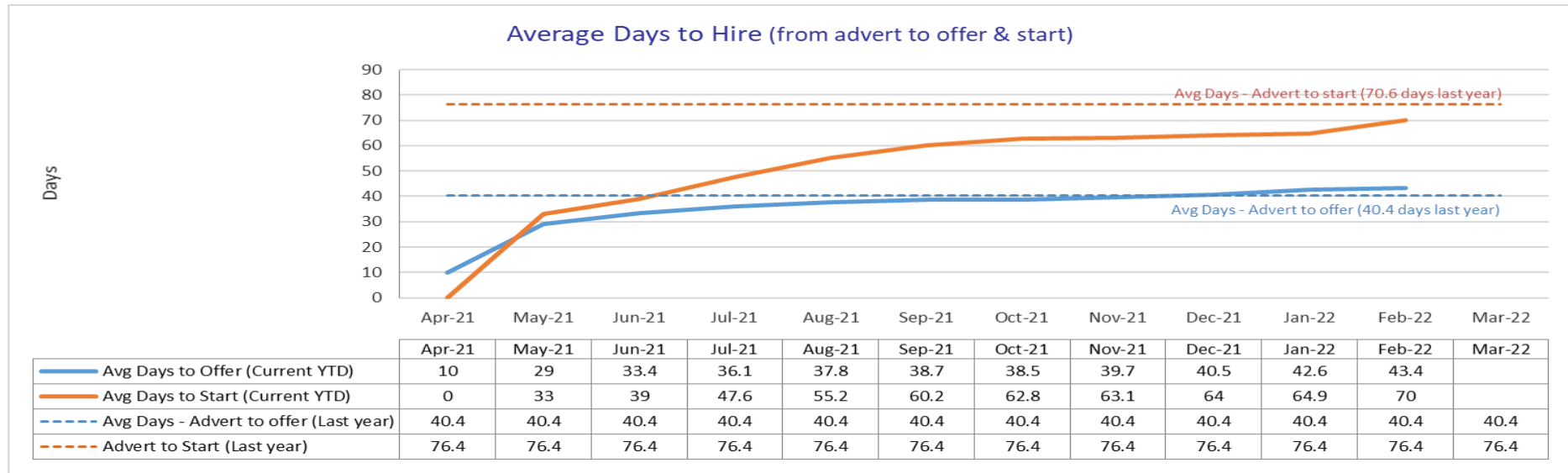
Recruitment Activity (YTD)

During this financial year, 175 campaigns have been recruited to with 112 being filled (48 by internal/NHS staff). Currently, there are 10 campaigns being advertised, 19 at shortlisting/interview stage and 14 at offer/on-boarding stage (including volume recruitment campaigns which were recruited to in Q3).

Recruitment Campaigns YTD Summary								
Vacancy Type	Total Campaigns YTD	Campaigns Filled YTD	Filled Internally	Filled Externally	Current Live Campaigns (Jobtrain)			
					1. Advert	2. Shortlisting	3. Interview	4. Offer
Fixed-term/Secondment	69	47	16	31	2	0	4	7
Permanent	72	45	24	21	6	4	6	2
Secondment Only	20	9	0	9	1	0	3	5
Multiple post combinations	14	11	8	3	1	1	1	0
Grand Total	175	112	48	64	10	5	14	14

Recruitment Timelines

Recruitment data is reported for campaigns advertised from 1 April. Q1 data is usually low as fewer candidates have reached offer stage during the initial campaigns of the financial year (data normalises during Q2 onwards as more volume progress through stages). The average time to hire remains broadly comparable to last year - with the average time for campaigns to reach offer stage being 43.4 days and 70 days to confirm a start date.



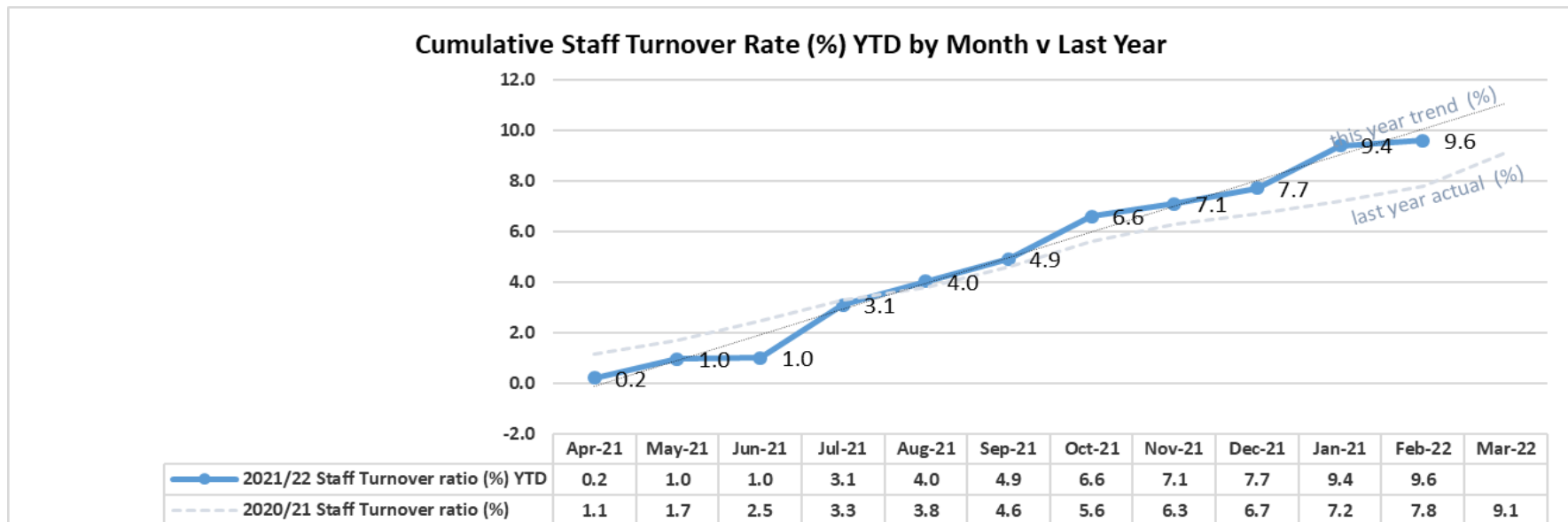
*Time to hire days are based on total days from when a post was advertised

Workforce Turnover (YTD)

Since April, there were 96 people who joined the workforce and 52 who have left as shown below, representing an organisational turnover ratio of 9.6% (7.8% at the same period last year). If the current trend continues, the annual turnover rate at the end of this financial year is estimated to be circa 11%.

YTD Turnover by Directorate	Starters	Leavers	Turnover Rate
Chief Executives Office (Dir)	4	2	5.4%
Community Engagement (Dir)	3	8	15.9%
Evidence Directorate (Dir)	19	7	5.8%
Finance, Planning & Governance (Dir)	2	0	0.0%
iHub (Dir)	46	20	13.6%
Medical Directorate (Dir)	5	3	16.2%
NMAHP Directorate (Dir)	8	5	18.2%
People & Workplace (Dir)	0	3	20.0%
Quality Assurance (Dir)	9	4	3.8%
Total	96	52	9.6%

YTD Turnover by Contract Type			
Contract Type	Starters	Leavers	Turnover Rate
Fixed Term	38	15	22.6%
Inward Secondment	14	4	10.8%
Permanent	44	30	7.3%
Internal Secondment	0	3	9.8%
YTD Organisational Turnover	96	52	9.6%

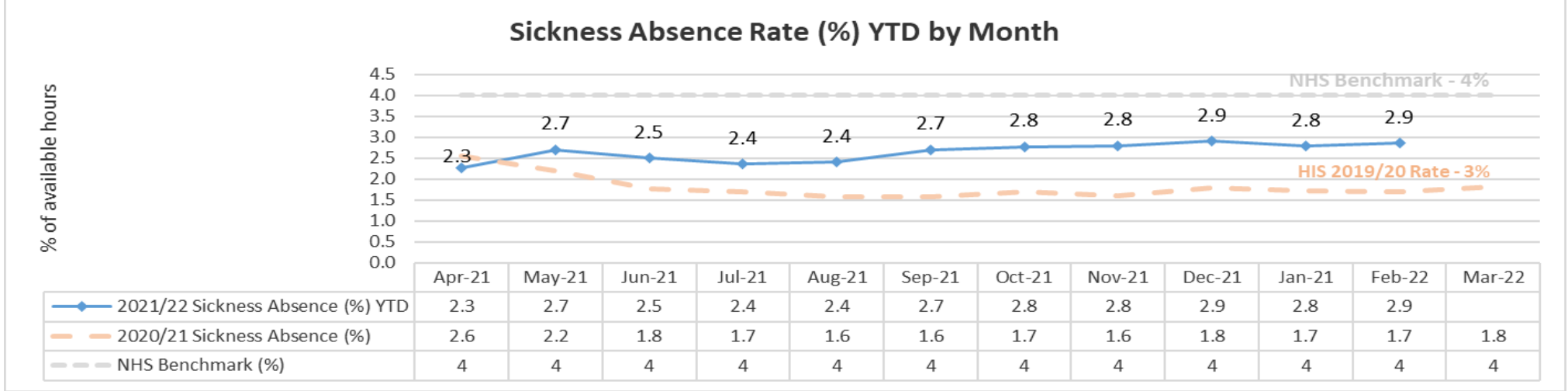
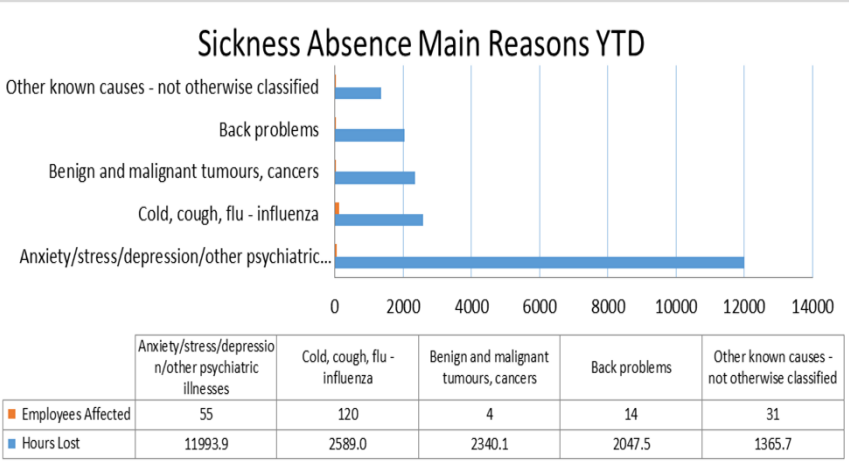


Sickness Absence Rate (YTD)

YTD, a total of 26098 hours (3480 days) were lost due to sickness absence, representing 2.9% of the total available workforce with 67% attributed to long term conditions. The highest overall rates were reported within Community Engagement (6.4%) and the Chief Executive Office reported the least (0.3%).

Consistent with previous periods (based on the total hours lost) the main reason for sickness absence remains ‘Anxiety/stress/depression/psychiatric illnesses’ related with 8752 hours (1600 days) lost - affecting 55 staff members (other main reasons are shown below). Based on the YTD trend, the overall sickness absence rate is estimated to be 3.0% at the end of this financial year.

Directorate	Sickness Absence				Instances	
	Rate	Long Term	Short Term	Hours Lost	Long Term	Short Term
Chief Executives Office (Dir)	0.3	0.0	122.0	122.0	0	8
Community Engagement (Dir)	6.4	3937.6	1778.5	5716.1	8	60
Evidence Directorate (Dir)	2.8	4159.2	1365.6	5524.7	7	78
Finance, Planning & Governance (Dir)	4.4	1049.9	182.3	1232.1	2	12
iHub (Dir)	1.8	2836.9	1943.6	4780.5	9	88
Medical Directorate (Dir)	1.0	0.0	310.5	310.5	0	12
NMAHP Directorate (Dir)	2.5	791.5	650.6	1442.1	2	22
People & Workplace (Dir)	4.8	999.6	157.5	1157.1	2	2
Quality Assurance (Dir)	3.2	3571.8	2241.7	5813.5	5	81
Organisational Total	2.9	17346.5	8752.2	26098.7	35	363



Vacancy Management & Approvals

Since April, there have been 351 requests in total submitted for approval in this financial year (all reasons – including change in hours/duration etc.). On average YTD, it’s taken 5.7 days for an eRAF to be completed and a further 5.5 days to review at The Vacancy Strategy Management Group (VSMG).

The VSMG considered all requests – 256 eRAF’s were related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc.) of which, 162 (63%) were being funded from base allocation (various contract types), 83 (32%) additional allocation and 12 (5%) externally as shown below.

Vacancy Group Outcomes YTD (Recruitment related eRAFs)

eRAFs by Directorate	Approved	Approved with changes	Not approved	Approved - subject to Finance	Hold - subject to further details	Total
Medical Directorate (Dir)	12	3				15
Evidence Directorate (Dir)	36	2	1	2		41
ihub (Dir)	93			9		102
Quality Assurance (Dir)	29			4	1	34
Community Engagement (Dir)	17			1		18
NMAHP Directorate (Dir)	23	4		1		28
Chief Executives Office (Dir)	8					8
Finance, Planning and Governance (Dir)	6					6
People and Workplace (Dir)	5					5
Total	229	9	1	17	1	257

eRAFs by Reason	Approved	Approved with changes	Not approved	Approved - subject to Finance	Total
Interim Backfill (postholder is returning)	49			2	51
New Post (not currently in structure)	84	8	1	14	107
Replacing a Leaver (returning)	95	1		1	97
Replacing a Leaver (not returning)	1				1
Total	229	9	1	17	256

eRAFs by funding/band/contract	Fixed Term	Permanent	Secondment	Temporary	Total
Additional allocation	56	21	5	1	83
Band 4	4			1	5
Band 5	9	2			11
Band 6	13	4			17
Band 7	15	8			23
Band 8A	9	4			13
Band 8B	2				2
Band 8C	1	1			2
Medical/Dental	3	2	3		8
(blank)			2		2
Baseline allocation (Core)	56	87	14	5	162
Band 4	5	15			20
Band 5	17	19			36
Band 6	7	8	1	3	19
Band 7	16	18	2		36
Band 8A	6	18	1		25
Band 8B	3	6	2	1	12
Band 8C	1	3	1		5
Medical/Dental	1		3		4
(blank)			4	1	5
External Funding	6	4	2		12
Band 4		1			1
Band 5	1				1
Band 7	3	3	1		7
Band 8A	2				2
(blank)			1		1
Total	118	112	21	6	257

SUBJECT: Governance Committee Chairs: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the **Governance Committee Chairs' meeting on 9 February 2022**.

2. Recommendation

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

a) Redress Scheme for survivors of historical child abuse

Given that the Chairs were meeting in the same week that this paper was collated, the opportunity was taken to share the draft paper with the Chairs ahead of the final paper being issued to the full Board. This was not for a decision from the Chairs but for them to consider the governance processes associated with it and to act as a sounding board in relation to the content of the paper. In their discussion, the Chairs noted potential reputational risks given the level of the organisation's contribution and future financial risks should that contribution increase in subsequent years. It agreed that the paper would be circulated to all Board members for comments and approval.

b) Active Governance Session

The Chairs reflected on the Board's Active Governance session that was delivered by the Board Development team from NHS Education for Scotland on 26 January 2022. They agreed to discuss with their Committees how the learning from the session might be applied. The Chairs noted that work is underway in the Planning and Governance team to review the information presented in various reports including the organisational performance report. The Chairs also supported the draft that was presented to them of a new corporate paper template and noted the changes made seek to ensure that information presented to the Board and Committees meets the principles set out in the Active Governance session.

c) Cross Committee Matters

The Chair of the Audit and Risk Committee advised the meeting of two upcoming sessions to which all Non-Executive Directors will be invited. The first is the Annual Accounts workshop which will be held again this year prior to the Accounts being considered by the Committee and the Board. The second session is a deep dive by the Committee into risks associated with the organisation's information and communications technology which links with the work of other Committees.

Carole Wilkinson
HIS Chair/Chair of the Governance Committee Chairs

APPROVED MINUTES

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10:30, 24 November 2021, MS Teams Videoconference

Present

John Glennie OBE	Board Member (Committee Chair)
Gill Graham	Board Member
Nicola Hanssen	Board Member
Christine Lester	Board Member
Evelyn McPhail	Board Member
Carole Wilkinson	HIS Chair

Healthcare Improvement Scotland Officers

Sybil Canavan	Director of Workforce
Lynsey Cleland	Director of Quality Assurance
Ann Gow	Director of NMAHP
Ben Hall	Head of Communications
Ruth Jays	Interim Director of Community Engagement
Angela Moodie	Director of Finance, Planning and Governance
Robbie Pearson	Chief Executive
Safia Qureshi	Director of Evidence
Simon Watson	Medical Director

In Attendance

Joanne Brown	Grant Thornton
Caroline Champion	Planning & Performance Manager (observing)
Laura Farrell	Grant Thornton
Conor Healy	Deloitte
Thomas Monaghan	Portfolio Lead
Pauline Symaniak	Governance Manager
Paul Wishart	Finance Manager

Committee Support

Ruth Gebbie	Committee Secretary (Minutes)
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Apologies

Ruth Glassborow	Director of Improvement
David Rhodes	Head of Finance & Procurement

1.	WELCOME AND APOLOGIES FOR ABSENCE	ACTION
1.1	<p>All present were welcomed to the Audit & Risk Committee meeting. The Chair reminded members to advise of any interests during the course of the meeting.</p> <p>The Chair also advised those in attendance that he proposed to take item 7 after item three in the meeting.</p>	
1.2	All apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING/ACTION REGISTER	
2.1	Minute of Audit and Risk Committee meeting on 15 September 2021	
	The minutes of 15 September were approved by the Committee as an accurate record of the meeting.	
2.2	Review of action point register of Audit and Risk Committee meeting on 15 September 2021	
	The Committee reviewed the action point register, and were content to note the status updates against the remaining actions.	
3.	COMMITTEE GOVERNANCE	
3.1	Review of Business Planning Schedule 2021/22	
	The Business Planning Schedule for the Audit and Risk Committee 2021/ 22 was reviewed by the Committee members. No comments were received.	
3.2	Update: Private Meeting with ARC/ Chair of ARC- entry for internal & external audit	
	The Chair highlighted that private meetings were held with the auditors and anything of importance is highlighted to the Chair and Lead Officer. There will be a further meeting held between the Committee members and the Lead Officer. The meeting will be held before March 2022 and the Committee Secretary will arrange.	Committee Secretary
3.3	New Ways of Working for Future Committee Meetings	
	The Director of Finance, Planning and Governance proposed that we hold the next meeting in March remotely. The Chair proposed that in future, the format of each meeting is decided on a meeting by meeting basis. The Chief Executive and all in attendance were comfortable with this approach.	
4.	CORPORATE GOVERNANCE	
4.1	<p>Information Governance update</p> <p>An update on Information Governance was presented to the Committee by the Director of Evidence. She highlighted that good progress was being reported against the Work Plan and that there are no significant issues to report.</p> <p>The Committee thanked the Director of Evidence for the update contained within the report. There were no questions from the committee and the committee were content to receive the report.</p>	

4.2	Business Resilience: Counter Fraud Update and National Fraud Initiative	
	<p>The Finance Manager provided a paper which updated the Committee on Counter Fraud and the status of the National Fraud Initiative. The following points were noted:-</p> <ul style="list-style-type: none"> a) The National Fraud Initiative Matters recently celebrated its twenty fifth birthday. It has collectively help detect and prevent £2 billion or fraud and error. b) 247 matches were found at Healthcare Improvement Scotland and no fraud or error was found during these investigations. c) 227 HIS staff that have completed Counter Fraud Services (CFS) fraud awareness training. Unfortunately, no HIS staff have completed fraud awareness events and online courses run by CFS this year. d) The Finance Team have now attended all of the CFS courses and have worked alongside Organisational, Development & Learning to create a mandatory training matrix which will rolled out in quarter four to relevant HIS staff. e) New counter fraud standards are being piloted in Scotland by NHS Ayrshire & Arran and NSS. Lessons learnt from these pilots is currently underway, with Health Boards/CFS Partnership Agreement sign off to the new standards expected in January 2022 for implementation from April 2022. f) A key change to report is the self-assessment checklist. We have not had sight of this yet but hope to before the Christmas break. <p>The Committee welcomed the introduction of the training module and the fact that it is mandatory but questioned whether staff knew this was forthcoming .The Counter Fraud Champion requested to meet with Finance Manager and Director of Finance Planning and Governance. Committee Secretary to arrange meeting.</p> <p>In response to questions from the Committee, the following additional information was provided :-</p> <ul style="list-style-type: none"> g) The Scottish Government will not make any further funds available for the training, we will need to absorb this cost and ring-fence the money to attend these courses. h) An examples of fraud is security phishing via emails. <p>The Committee were assured by the update provided.</p>	Committee Secretary
4.3	Financial Mid-year forecast	
	<p>The Committee received a comprehensive paper from the Director of Finance, Planning and Governance asking them to review the mid-year financial forecast for 2021/22.</p> <ul style="list-style-type: none"> a) At the end of September, a half-year forecast was undertaken. The update to the budget set out the financial position in detail against baseline funding and additional funding allocations. The forecast was compiled across three scenarios; most realistic, best case and worst case. The current focus is on achieving best case the best case scenario; where we align to our budget. The acceleration of recruitment will continue and alongside the rescheduling of additional allocations. b) It was agreed that we want to be in a balanced position at the end of the financial year. Numerous funding streams were related to new commissions 	

	<p>and we have been unable to spend this money due to the continuing challenges of Covid over 2021/22. Overall, we are demonstrating that we are in a balanced position and managing our budget, whilst being able to give notice to the Scottish Government of a potential underspend.</p> <p>c) The Director of Finance, Planning and Governance stated that we can carry over a maximum of 1% (£350,000). Anything else is returned to the Scottish Government.</p> <p>The following additional information was provided to the committee:-</p> <p>d) With regards to accelerated recruitment we are starting to see gap close with WTE's and should get to target for WTE's by March.</p> <p>e) We are right in the heart of a busy recruitment period of interviews and panels. Huge amount of effort by teams and individuals involved in this piece of work. Busy and lots to learn from. Will have update for Board next month. It is a very competitive market at present especially around Project Officer roles. We do have assumptions but these change due to state of market. We have factored this into our modelling of time between advert and getting people into post.</p> <p>f) There are ongoing talks with the Scottish Government regarding additional IHC funding. Can would like to retain this funding rather than be given additional funding. IHC want to set a precedent as need this funding into future years. This is good news as we won't overspend. Some money will go back to Scottish Government.</p> <p>g) There is a degree of reputational risk around handing back that level of funding. Overall we want to be in a balanced position, however a lot of funding streams are related to new commissions and not being able to spend. This is therefore understandable. 2021/ 22 has been a challenging period, we are however demonstrating that we are managing our budget and giving ample notice of underspend.</p> <p>The Committee were assured by the mid-year financial forecast.</p>	
4.4	Financial Performance Report to 31 October 2021	
	<p>The Director of Finance, Planning & Governance provided a paper updating the Committee on the latest financial performance as at 31 October 2021 and highlighted the following points were highlighted within the paper:-</p> <p>a) At 31 October 2021 the total budgeted revenue resource limit (RRL) for 2021-22 was £34.3m (£30.4m in baseline expenditure and £3.9m in additional allocations). Further additional allocation funding of £1.9m is also currently outstanding.</p> <p>b) Expenditure year to date is £18.5m, which is £0.7m under budget.</p> <p>c) Currently we are forecasting £34.3m against a budget of £36.1m, but there are a number of opportunities available to us to help close this gap; mainly the rephrasing of some additional allocations projects. The biggest risk to achieving financial balance this year remains in recruitment to our</p>	

	budgeted WTE position.	
4.5	Technical Accounting update	
	<p>The Finance manager provided a technical accounting update paper to the Committee, setting out the key accounting technical and economic changes recently announced and their impact on HIS. The following main points were highlighted:-</p> <ul style="list-style-type: none"> a) The Financial Reporting Advisory Board delayed the implementation of 'IFRS 16: Leases' to accounting periods commencing on or after 1 April 2022. The standard introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. There will be no impact on HIS annual accounts until 22/23, however there is a comparative and carried forward value which needs to be calculated this year. b) HIS met with our external auditors earlier in the month to discuss the implications of changes to accounting standards that will apply to the 21/22 annual accounts. The key changes are to the layout and presentation to the remuneration and staff report. c) The Health and Social Care Levy was announced in September 2021 and will come into force on 6 April 2022. This will increase Class 1 NIC by 1.25% for employers and a further 1.25% for employees. From April 2023 this will be replaced 'Health and Social Care Levy' and will also be payable by those over state pension age. We expect this increase to be circa £0.25m per annum for HIS. The Scottish Government have not confirmed if they will fund this. <p>The Committee reviewed the changes outlined and were assured by the update.</p>	
4.6	Delegated Levels of Authority	
	It was agreed by the Chair and the Director of Finance, Planning and Governance that this item would be delayed until a future committee meeting.	
4.7	Budget 2022/23 Strategy & Principles	
	<p>The Director of Finance, Planning and Governance provided a report to the Audit and Risk Committee on the Budget Strategy 2022/23 and the main points noted were as follows:-</p> <ul style="list-style-type: none"> a) We need to be agile on 2022/23 budget next year and be able to react to that. b) We want to empower budget holders to spend as they see fit whilst aligning to our strategy. The proposed budget will go to Board in January and then to Scottish Government in February 2022. The budget will not come back to the Audit and Risk committee first due to timing issue. c) The Chair highlighted that it might be useful for the budget to be sent electronically to Audit and Risk Committee member's out with the meeting and we can also have an additional meeting if necessary. <p>In response to questions from the committee the following information was provided:-</p> <ul style="list-style-type: none"> d) New approach seems wise working to achieve strategic goals e) A 'stretching' net target was set for the Internal Improvement Oversight Board (IIOB) to fund the team and the improvement projects that they 	<p>Director of F,P&G</p> <p>Committee Secretary</p>

	<p>deliver.</p> <p>f) Lindsey Fielding has been appointed as IIOB Strategic Lead. IIOB will be supporting directorates who are looking for savings driving initiatives. Finance will also work with IIOB and budget holders to identify recurring savings across the budget submissions.</p> <p>g) Lindsay will attend the next Audit and Risk Committee for deep dive around what IIOB have been doing.</p>	
	The Committee members were assured by the update provided to them.	
4.8	Non-competitive Tender Log & Procurement update	
	<p>The Finance Manager provided a report to the Audit and Risk Committee with a summary of the non-competitive quotation/tender activity that has taken place since the report that was received at the meeting on 15 September 2021. The following points were highlighted to the Committee:-</p> <p>a) From 1 September 2021 to 31 October 2021, four non-competitive tender requests were received for one off costs, ranging from £1990- £5120.</p> <p>b) Since November one non-competitive tender has been approved and two sought an alternative route.</p> <p>c) A lack of resources has led to less progress with outstanding procurement actions than we would have anticipated. Monthly meetings with SAS are now in place to ensure all actions are completed by end of year.</p> <p>d) The roundtable event has not taken place yet but the outputs including the DNACPR report will be shared as soon as they are available.</p> <p>The Committee thanked the Finance Manager for the update and were assured by the measures in place for the outstanding procurement actions.</p>	Director of Community Engagement
4.9	Independent Healthcare	
	<p>The Director of Quality Assurance presented a paper to the Committee 'Regulation of Independent Healthcare Review Update and Financial Position'. The Committee were asked to review and endorse the recommended 4% increase in fees for our Independent Healthcare services for the year 2022/23.</p> <p>During ongoing discussions with the Scottish Government, the forecast for 2022/23 was shared and £385k was requested in additional funding to support the wider public benefit activities of regulating IHC. The Scottish Government advised that there was likely to be a £125k shortfall but confirmation of this could not be provided until the draft Scottish budget on 9 December.</p> <p>The Committee scrutinised the proposed fees for and on balance endorsed the fee increase of 4%. The risk should however, should be clearly enunciated that we need to have a good understanding of why the Scottish Government are offering a lower amount. We could potentially be in this position each year with a recurring deficit. The deficit would have to be managed within the wider HIS budget and in turn could affect the delivery of programmes within HIS.</p>	
4.10	Review of gifts & hospitality	
	The Director of Finance, Planning and Governance provided a paper updating the Committee on gifts and hospitality. It was noted that there was a £75 voucher received by the Medical Director.	

4.11	National Information Systems Regulation	
	<p>The Director of Director of Evidence provided a paper updating the Committee on National Information Systems Regulation and the following points were noted:-</p> <ul style="list-style-type: none"> a) HIS completed the Scottish Government's Cyber Resilience Framework self-assessment tool. b) On 15 February 2021, the interim audit report highlighted 107 recommendations and concluded that HIS had been awarded overall amber compliance. The audit report was discussed in detail, with a focus on critical and urgent actions. c) Lessons have been learned regarding the quality of evidence provided and there will be a further online audit in December. d) Actions against all critical actions are complete and 10 out of 12 urgent actions are now complete. e) A mandatory cyber security training module has been launched for all staff to raise awareness around cyber threats. <p>The following additional information was provided after questions from the committee</p> <ul style="list-style-type: none"> e) The Committee were comfortable with content within paper but requested that timescales be clearer in future and RAG status also be included. Similar feedback was also received from ET. The timescales will be produced in due course. f) We have a toolkit to enable us to carry out a Phishing email exercise in future. A real live phishing incident happened within the organisation last week. <p>The Committee thanked the Director of Evidence for the update and were assured by the measures in place for the outstanding actions.</p>	
5.	RISK MANAGEMENT UPDATE	
5.1	Strategic & Operational Plan Risk Registers	
	<p>The Risk Management Report was provided to the Committee by the Director of Finance, Planning & Governance with the latest information on the strategic risk register and on the high/very high operational plan risks assigned to the Committee. The following areas of risk were discussed:-</p> <ul style="list-style-type: none"> a) Operational risk program have been included in error. The Committee Secretary will circulate the correct appendix. b) The Risk strategy is currently being worked on and timescales will be confirmed as soon as possible. <p>Further information provided following on from questions by Committee members:-</p> <ul style="list-style-type: none"> c) There is an overarching risk for ICT strategy, capturing the cumulative risk of all of the risks ICT risks. We will look at the wording around this to ensure that the cumulative risk is clear. d) An ICT deep dive around risk would be welcomed at a future Audit and Risk Committee. e) The ICT risk should be broken down to be clear around mitigating factors and what we would do about them. It should remain on the Operational Risk 	<p>Committee Secretary, Director of Evidence & Director of F,P,G</p>

	<p>Register, alongside an overarching risk on the Strategic Risk Register. Vice Chair, Director of Finance, Planning and Governance and Director of Evidence to meet to discuss details of what deep dive will encompass.</p> <p>The Committee considered the risk reports presented to them and, subject to the comments outlined above, were content with the controls and mitigations in place.</p>	
6.	INTERNAL AUDIT	
6.1	Information Assets and ICT Landscape	
	<p>The Director of Evidence provided an update on the Information assets and ICT Landscape within Healthcare Improvement Scotland. The paper set out to the Committee how our assets are managed, provided assurance around how the assets are managed and finally the development plans to improve these assets.</p> <p>The main three areas in the ICT Landscape were the Cloud system, Premise system and HIS websites. The Committee welcomed the paper and were assured that these were the correct areas for focus.</p>	
6.2	HIS ICT Key Performance Indicator Report	
	<p>An IT update focussing on key performance indicators was presented to the Committee by the Director of Evidence, and the following points were noted:-</p> <ul style="list-style-type: none"> a) Examining and highlighting our ICT service levels was a recommendation made by the auditors. Our first report looked back over the previous four years. In future there will be rolling 12 months report with qualitative data included. b) The Service level agreement (SLA) target is that 80% of service requests are met within agreed time scales. The average is 78%. c) From March 2020 and alongside the introduction of homeworking, Microsoft Teams and the move to Office365 for email, the SLA indicator entered an unstable period. d) The size of the ICT team hasn't grown but will soon and thereafter service levels should increase. <p>In response to questions from the Committee members the following additional information was provided:-</p> <ul style="list-style-type: none"> e) Digital Implementation and Transformation Group and Office 365 Champions carry out work that would previously have gone to the ICT Team. f) Clearer targets will be set out in future for ICT Team. <p>The Committee thanked the Evidence Director for the report and were assured by the measures being put in place to increase service levels.</p>	
6.3	Internal Audit Actions – Progress Report	
	<p>Grant Thornton, the internal auditors presented the Internal Audit Actions Progress Report to the Committee and the main points noted were:-</p> <p>There are currently two ongoing audits; performance management and the Delta House Project. The audits will be concluded by Christmas and will be presented to the next meeting as completed reports.</p> <p>The Committee were assured by the update and there were no questions posed.</p>	

6.4	Internal Audit Progress Report & Audit Plan	
	<p>The Internal Auditors presented the Internal Audit Progress Report to the Committee.</p> <ul style="list-style-type: none"> a) There have been no additional final audit reports issued since the most recent Audit & Risk Committee in September 2021. b) Two reviews are being withdrawn from the 2021/22 Internal Audit Plan; Governance Review and Independent Healthcare Review. The Risk Management Review will now be split in two; an advisory piece of work around risk policies, processes and appetite and operational effectiveness of risk management practices within HIS. c) The status report was briefly discussed and the Committee were content with the responses and the revised were due dates also accepted. <p>The Committee were assured with the actions proposed to set in place the recommendations.</p>	
7.	EXTERNAL AUDIT	
7.1	External Audit Actions Progress Report	
	<p>The external auditors provided the Committee with the External Audit Actions Progress Report and the following points were set out:-</p> <ul style="list-style-type: none"> a) The external auditors are currently planning the final HIS 2021/ 22 audit. b) HIS will be notified of our new auditor in the first half of 2022. There will be a hand over to new auditors around October 2022. c) HIS has leading role with NHS and how reports are structured. The Technical Accounting Group (TAG) are due to finalise guidance and once signed off, the Finance Team will have sight of this. d) Audit fee increase is due to increase again from 2.7% to 3%. Connor Healy leaving Deloitte record on minutes this is last meeting with HIS. In response to questions from the committee the following additional information was provided :- e) The expected fee is set. We can agree increase with HIS up to 10% but more than that we would need Audit Scotland's agreement. All members of the committee were happy to accept this increase if necessary. f) The Chair thanked Connor Healy for his hard work while working with HIS. Connor welcomed the Chair's remarks and added that there would be continuity as the same team would be involved with HIS external audit going forward. g) The Director of Finance, Planning and Governance stated that there were three outstanding actions and all remain on track with no issues. Deloitte added that the update is what we would expect and that this will be fully followed up and assured in the year end audit. <p>The Committee thanked Deloitte for providing the update and wished Connor well.</p>	
8.	STANDING BUSINESS	
8.1	Board Report key points	
	The key points agreed were:	

	<ul style="list-style-type: none"> a) Independent Healthcare Fees b) Mid-year financial forecast for 2021/22 c) Information assets and ICT Landscape 	
9.	ANY OTHER BUSINESS	
	No other business was discussed by the Committee.	
10.	DATE OF NEXT MEETING	
	The next meeting will be held on 16 March 2021 at 10.30 via MS Teams.	
	Person Presiding: John Glennie Signature: John Glennie Date : 16/03/2022	

SUBJECT: Quality and Performance Committee: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the **Quality and Performance Committee meeting on 23 February 2022**.

2. Recommendation

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

a) New Commissions to Support Reduction in Scotland's Drug Deaths

The committee welcomed the report and commended the Director and team on the planned work. Committee members supported the programmes to drive improvements in drug and alcohol treatment and recovery services and hence reduce avoidable deaths and harm in Scotland. The challenge of managing the high expectations of ministers and others within a challenging area with long-standing structural problems was recognised. The committee advises the Board to note significant reputational risks to HIS and the need for cross-organisational support and collaboration. Regular update reports to the Quality & Performance Committee and the Board are advised.

b) Framework for Health Technologies

During consideration of a report from the Director of Evidence on proposals to achieve a national strategic framework to support a consistent approach to the consideration of health technologies across Scotland, Members praised the proposals to adopt a coordinated approach. The Director of Evidence acknowledged the need to monitor the risk involved in collating information from the Boards for the Scottish Government and she would report back on the progress of this issue to a future committee. The need to ensure investment in non-technological human aspects of care was also emphasised.

c) Key risk areas in Quality Assurance

The committee received updates from the Director of Quality Assurance on two important areas of emergent risks for HIS; national screening programmes and adverse event notification and reviews.

i) HIS Role in Relation to National Screening Programmes

This work was jointly presented by the Directors of Evidence and Quality Assurance. Problems in several national screening programmes have recently been the subject of high-profile concerns and external reviews, including cervical screening and audiological assessment of children. The role of HIS more generally in supporting and assuring screening programmes was presented by the Quality Assurance and Evidence Directors and key members of their teams. In broad terms HIS' role includes establishing standards and frameworks for programmes. In future these will extend to cover leadership, governance, policy and reporting.

ii) Adverse Events Notification: System Update Report

The Director of Quality Assurance providing an update on the progress of the national adverse events notification system established in 2019. Plans for the next phase of work were also shared. The current system relies heavily on

Boards identifying and sharing adverse events and we believe there is significant variation in this across the country. Current work is focussed on standardising processes and expectations to reduce this variation. The aspiration for this work remains to provide a clearer national picture of adverse events in Scotland and important learning to be shared and embedded to reduce future harm to patients. The work is still at an early phase, with development slowed down by the COVID19 pandemic. The Quality & Performance Committee and Board are advised to receive a further update on the work in the next financial year.

Zoë Dunhill
Committee Chair

MINUTES – Approved

Meeting of the Quality & Performance Committee

Date: Wednesday 3 November 2021

Venue: MS Teams

Attendance

Zoë Dunhill	Board Member, Committee Chair
Carole Wilkinson	Board Member/HIS Chair
Keith Charters	Board Member
Jackie Brock	Board Member
Suzanne Dawson	Board Member
Gill Graham	Board Member
Duncan Service	Board Member

Present

Robbie Pearson	Chief Executive
Ruth Glassborow	Director of Improvement
Lynsey Cleland	Director of Quality Assurance
Angela Moodie	Director of Finance, Planning and Governance
Sybil Canavan	Director of Workforce
Safia Qureshi	Director of Evidence
Simon Watson	Medical Director
Mark McGregor	Chair of Scottish Medicines Consortium (SMC), for item 4.2
Helen Munro	Public Partner
Alexandra Jones	Public Partner
Neil Smart	Chair of Scottish Health Technologies Group (SHTG) for item 4.2
Angela Timoney	Chair of Scottish Intercollegiate Guidelines Network (SIGN) Council, for items 4.1 and 4.2
Michael Canavan	Quality Management System Portfolio Lead, Improvement Support & ihub, for item 2.3
Jane Ross	Senior Improvement Advisor, for item 2.3
Nanisa Feilden	Programme Manager, for item 2.2
Ann Lee	Chief Pharmacist, Scottish Medicines Consortium (SMC) for item 4.2
Caroline Champion	Planning and Performance Manager, Observing

Minutes

Colin Wright	Administrative Officer
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Apologies

Dr. Abhishek Agarwal	Co-opted Committee Member
Ann Gow	Deputy Chief Executive/Director of Nursing, Midwifery & Allied Health Professionals (NMAHP)
Ruth Jays	Director of Community Engagement
Andrew Seaton	Chair, Scottish Antimicrobial Prescribing Group (SAPG)
Ed Clifton	Head Of Scottish Health Technologies Group (SHTG)

1.	OPENING BUSINESS AND COMMITTEE GOVERNANCE	
1.1	Welcome	
	The Chair welcomed everyone to the meeting, particularly to Helen Munro, who had recently been appointed as Public Partner to the Committee and to Caroline Champion, Planning and Performance Manager, who would be observing the proceedings.	
1.2	Apologies for absence	
	Apologies were noted as above.	
1.3	Declarations of interest	
	All present were reminded to declare interests either at the start of the meeting or at any point during the meeting.	
1.4	Minutes of the Quality & Performance Committee held on 18 August 2021	
	The minutes of the meeting held on 18 August 2021 were approved as an accurate record.	
1.5	Review of Action Point Register: 18 August 2021	
	The Committee noted that all actions had been completed or an update provided.	
1.6	Business Planning Schedule	
	The Committee noted the Business Planning Schedule. The Medical Director intimated that a brief report on the Clinical and Care Governance Group would be submitted to the committee in February 2022. The Business Planning Schedule would be updated accordingly.	Administrative Officer
1.7	New Ways of Working	
	The Chair introduced this verbal item for consideration by Members. The matter of future ways of working going forward would be addressed by each committee. Following the use of remote meetings during the pandemic, the issue of how to hold future meetings when Board Members and staff were allowed back into the office was discussed. It was acknowledged that this would not be an issue until after the end of this year at the earliest, therefore, it was agreed to hold the next meeting in February 2022 through Microsoft Teams. The matter of the May 2022 meeting could be addressed at a later date, although the possibility of holding hybrid meetings could be considered at some point in the future. It was important to clarify at this point, that a hybrid meeting consisted of some Members attending the meeting in person at the office, whilst others simultaneously joined online. This differed from holding some meetings at the office and some meetings online.	Administrative Officer
2.	DELIVERING OUR OPERATIONAL PLAN	
2.1	Quarter two Performance Report	
	The Director of Finance, Planning and Governance set out the latest Organisational Performance as detailed in the report. The report provided an Overview of the current situation, in addition to a detailed progress report of Quarter 2, Horizon Scanning and further information in relation to new commissions. The plan had been submitted in a new format and feedback was requested on the new design. Appendix 1 contained details of the Work Programme Implementation Progress Tracker, providing	

	<p>information on each project.</p> <p>An overview was provided of the ongoing projects and their current status. There were 102 projects in total, with five completed, 1 new project and 73 on target. 29 projects were considered at risk, with 14 moved to the “at risk” status, mainly due to pressures on health boards.</p> <p>Members raised a number of issues which were discussed or clarified.</p> <ul style="list-style-type: none"> a) The new format of the plan was generally praised by Members, in particular the graphics used. b) On p7 where reference was made to a “New commission approved in Q1” Members were informed that this should read as a “New Commission Approved in Q2.” The document would be updated accordingly. c) Concern was expressed in relation to how the organisation is planning to move forward in response to the consultation on the National Care service and this was acknowledged by the Director of Improvement who stated that the picture would be clearer once written responses to the consultation had been received. It was also acknowledged by the committee, that Health and Social Care was under sustained pressure at the moment and the importance of providing public assurance on the quality and safety of care was emphasised. d) Following a general comment about highlighting risks in the plan, it was agreed that a separate summary could be added to future plans to identify this issue. e) Following a comment on whether to provide details of projects which were no longer active, it was stressed that the information provided in the plan was centred around priority issues. The situation was being closely monitored, with a view to introducing a priority based system and pausing some projects where appropriate. Regular meetings with the Cabinet Secretary were also taking place to discuss priorities and responsibilities for the organisation. f) There was some concern over the lack of Community Engagement during the pandemic, with some new work practices being introduced without the proper consultation, legally required by Boards. g) Members thanked the Director of Finance, Planning and Governance for all the work put into the newly formatted plan. The Director of Finance, Planning and Governance also thanked the Planning and Performance Manager for her work in designing the new document. <p>The Committee examined the report and were assured by the performance reported, subject to the comments above.</p>	<p>Director of FP&G</p> <p>Director of FP&G</p>
2.2	<p>National Hub for Reviewing and Learning from the Deaths of Children and Young People</p>	
	<p>Members received this report providing an update on the National Hub for Reviewing and Learning from the Deaths of Children. The Director of Quality Assurance expanded on the document and Nanisa Feilden, Programme Manager, was present to</p>	

	<p>speak to the report.</p> <p>The Scottish Government had requested that a system should be established for reviewing and learning from the circumstances surrounding the deaths of all children and young people in Scotland, based on a National Hub, with the aim to co-ordinate all current review activity. Healthcare Improvement Scotland, in collaboration with the Care Inspectorate are the cohosts of the Hub. There had been some delays in progressing the project due to covid 19, however meetings have now taken place and plans made to move this forward. Several organisations, including the ambulance service had indicated their support for the initiative.</p> <p>During discussion, a number of questions were raised as follows and these were addressed as follows:</p> <ul style="list-style-type: none"> • Due to delays caused by covid 19, it was confirmed there may be some delays in completing the Annual Report. • It was suggested that it would be helpful to include details of the Other Impacts, mentioned in 2.3.6 of the report and it was agreed to include further information on this in future documentation. • It was further agreed to complete a six monthly update on progress to a future Quality and Performance Committee. <p>The Committee noted the report and were assured by the progress reported to date, subject to the comments above.</p>	<p>Director of Quality Assurance</p> <p>Director of Quality Assurance/ Administrative Officer</p>
2.3	Focus and Ambition for HIS Quality Improvement Capacity and Capability 2022	
	<p>The Director of Improvement introduced this paper on the progress of the HIS Quality Improvement Capacity and Capability 2022 Foundation Improvement project. Appendix 1 provided further details of the focus and ambition for HIS quality improvement capacity and capability, including the FIS Schedule and Content in Annex A and the proposed Timelines for Phase (1) to (2) 2021 – 2022 in Annex B. The Director of Improvement thanked Board Member Gill Graham for her support and advice in moving this initiative forward. Michael Canavan, Quality Management System Portfolio Lead, Improvement Support & ihub and Jane Ross, Senior Improvement Advisor were present to conduct a brief presentation providing further details of the HIS FIS programme.</p> <p>Details of the progress to date were provided in the presentation, including information relating to the previous cohorts and the progress of Cohort 3. The importance of including valuable practice for staff on the programme was emphasised. Feedback on the project was also provided through the Kirkpatrick Evaluation Model.</p> <p>Members thanked Michael Canavan and Jane Ross for their helpful presentation. During discussion, Members acknowledged the importance of investing in this programme and the team were congratulated on the progress made in what was a relatively short period of time. The committee welcomed future information on the development of the project.</p> <p>The committee noted the updated information.</p>	
2.4	Quality Assurance Audit Report	

	<p>The Director of Quality Assurance expanded on this report on the outcome of the internal audit undertaken by Grant Thornton, in order to support the development and implementation of the Standard Operating Process (SOP) which underpins the HIS Quality Assurance System. The report had already been considered by the Audit and Risk Committee and had been submitted for the committee's information and observations. Further updates would be submitted to the next meeting of the Audit and Risk Committee. Details were provided of the progress towards meeting the associated recommendations, in addition to the communication, involvement, engagement and consultation involved. The Director of Quality Assurance thanked Sandra Mcdougall for her work in this project.</p> <p>During discussion, Members praised the report and were assured by the progress on the recommendations. It was also suggested that the colour coding used in the diagrams by the auditor could be used by Healthcare Improvement Scotland for the review process and it was agreed that this would be taken on board.</p>	Director of Quality Assurance
3	RISK MANAGEMENT	
3.1	Risk Management: Strategic Risks	
	<p>The Director of Finance, Planning and Governance referred to a report containing the risk registers and gained assurance that the risks presented were being effectively treated, tolerated or eliminated. Further details formed Appendices to the report as follows:</p> <ul style="list-style-type: none"> • Appendix 1, Strategic Risk Register (Quality and Performance Committee) • Appendix 2, Movement Schedule • Appendix 3, Risk Appetite Matrix <p>The three main risks on the register related to National Care Services, general political and environmental pressures and Independent Health Care.</p> <p>During discussion, a question was asked in relation to how the risk to service delivery due to the lack of effective community engagement as a result of the pandemic, could be appropriately reflected in the Register and the Director of Finance, Planning and Governance would take this on board, with a view to including this issue in the report to the next meeting of the committee.</p> <p>During discussion relating to risk 1113 pertaining to the regulation of independent healthcare, although it was acknowledged that this was assigned to the Audit & Risk Committee on the Compass database it was still considered appropriate for it to remain with the Quality & Performance Committee given their joint oversight of this area of risk.</p> <p>The Committee considered the risks presented and gained assured from the controls and mitigations in place.</p>	Director of FP&G
4.	CLINICAL CARE AND GOVERNANCE	
4.1	<p>Deep Dive – SIGN</p> <p>Angela Timoney, Chair of SIGN Council was present for this item of business to conduct a presentation on the work of the Scottish Intercollegiate Guidelines Network</p>	

(SIGN). She covered the following three aims for SIGN, which were as follows:

- Why Evidence is important.
- How SIGN has responded to Covid-19.
- What still needs to be addressed.

Researchers from the University of Oxford had launched a new clinical trial to test the effects of potential drug treatments for patients admitted to hospital with covid 19 to enable researchers to see whether any of the possible new treatments are more or less effective than those currently used for patients with covid 19. Further details were also provided of the timelines of the randomised evaluation of Covid-19 therapy (recovery) trial.

The importance of improving patient care through evidence based guidelines was emphasised and details were provided of publications relating to managing the effects of long covid, in addition to other covid 19 related publications. Other issues addressed by SIGN included strategic (the national profile of SIGN and its function within the Evidence Directorate), structural (ie terms of reference and membership) and operational (managing meetings and implementation). Information was also provided in relation to the implementation of SIGN 136 to address the gap identified in the clinical management of chronic (non-malignant) pain. To summarise, details were provided of the following aims of SIGN:

- Challenge to rebuild impact and influence.
- How can we make collaboration work better?
- How can we harness a workforce that is stretched?
- How new work is taken on?

During discussion Members made a number of points as follows:

- The presentation and work of SIGN were highly praised by the Committee and Angela Timoney was thanked for her helpful and informative presentation.
- A question was asked in relation to the methodology for prioritising projects at SIGN and it was stressed that all projects were regularly evaluated by committee with a scoring system adopted to determine the priority projects. The Director of Evidence also stated that in the long term they would be looking at how best to structure guidelines, in order to become more agile in relation to prioritising.
- A question was asked as to whether we produce our own patient information booklets when guidance is agreed and it was confirmed that they are produced by SIGN internally after the guidance document had been approved.
- In relation to guidelines for national care, it was confirmed that SIGN were currently in transition in relation to the national care guidelines and would address this in due course.
- The HIS Chair commented that it may be useful to re-visit information previously detailed by the Scottish Government Health and Sport Committee on how to ensure guidelines are useful and this could be considered in the future.
- A question was asked as to how to address the situation where organisations

Director of Evidence

	<p>produce conflicting guidelines and it was acknowledged that this could be challenging, particularly when the guidelines were conflicting, however, working closely with the CMO could help address this issue.</p> <p>Following further discussion, the committee noted the progress and gained assurance that HIS can effectively assist to ensure specific guidelines are completed in the right way.</p>	
4.2	<p>Health Technology Groups Update</p>	
	<p>The Committee received a report from the Director of Evidence providing updates from the four technology groups within the Evidence Directorate and progress on the new work programme process. The following appendices were included in the report:</p> <ul style="list-style-type: none"> • Appendix 1, Scottish Antimicrobial Prescribing Group (SAPG) Update • Appendix 2, Scottish Intercollegiate Guidelines Network (SIGN) Update • Appendix 3, Scottish Medicines Consortium (SMC) Update • Appendix 4, Scottish Health Technologies Group (SHTG) Update <p>The Director of Evidence informed Members that Jacqui Sneddon, programme lead for the Scottish Antimicrobial Prescribing Group, had left the organisation and she thanked her for the valuable contribution to the group. The following updated information was also included:</p> <ul style="list-style-type: none"> • New COVID 19 guidelines would be published on 11th November 2021. • SMC had some capacity issues, although they were being managed effectively. • SHTG were currently busy and workstreams included advice on the use of HeartFlow Fractional Flow Reserve Computerised Tomography (FFRCT) and Unique Device Identifiers (possibly a bar-code system for devices across Scotland) <p>During discussion, the following issues were either answered or addressed:</p> <ul style="list-style-type: none"> • The issues of capacity in SMC for Health Economist posts was raised and the Director of Evidence confirmed that positions were filled either internally within the team, some from the wider Directorate or from external organisations, and the committee were re-assured that they were currently working at either full or reasonable capacity. • The Chair intimated that she was aware of a Scottish Government proposal to register all devices and this may be research opportunity for HIS. <p>The committee reviewed the update paper provided and were assured by the progress of work delivered by the technology groups.</p>	
4.3	<p>Report from the Care and Clinical Governance Group</p> <p>Members considered a report on the Care and Clinical Governance (CCG) Group which has commissioned a Short Life Working Group (SLWG) for support, to ensure that the appropriate governance and operational structures are in place to deliver exemplary care and clinical governance long term. Appendix 1 provided details of the framework for Clinical and Care Governance, with a driver diagram providing information detailing the development of the Short Life Working Group in Appendix 2 and the Clinical and Care Governance Operational Guide in Appendix 3.</p> <p>During discussion, it was acknowledged that cross-organisational enthusiasm could be affected by the current climate in clinical care, although the importance of adopting a risk strategy was emphasised. The Chief Executive Officer also reminded Members</p>	

	<p>that clinical care governance was part of the statutory responsibilities of HIS. There was also some doubt expressed as to the distinction between Clinical and care governance for HIS internally as opposed to when it is applied to other organisations. The importance of clarifying the rationale for HIS having a framework for Clinical and Care Governance at all, was also raised, it logically might just be seen as good practice or business as usual.</p> <p>It was further suggested that there should be a greater focus on human rights and a person-centred approach and this would be taken on board by the Medical Director, who would feed this suggestion back to the group.</p> <p>The committee noted the report and agreed that an update report would also go to the December Board meeting.</p>	Medical and NMAHP Directors
5.	STAKEHOLDER ENGAGEMENT	
5.1	<p>Sharing Intelligence for Health and Care Group Annual Report</p> <p>The Medical Director expanded on this report on the Sharing Intelligence for Health & Care Group, which intends to publish its summary report for 2020-2021 in mid-November 2021. Healthcare Improvement Scotland is one of the seven national agencies on the Group. Appendix 1 provided details of the Draft Sharing Intelligence for Health & Care Group summary report for 2020-2021. The draft report was near to completion, although there was still time for the committee's comments to be added before publication in mid-November 2021.</p> <p>A question was asked as to how we mitigate for the risk that we don't share information and the Medical Director replied that there was a legal Duty of Candour on the Boards. Although achieving the balance between discretion and candour could sometimes be challenging, particularly where services were concerned and it may be necessary to look at other mechanisms to achieve this, such as utilising the information on doctors in training provided by the General Medical Council, (GMC) through NHS Education for Scotland (NES). Plans are currently in place to strengthen the work currently done in this area. Sources of intelligence about emerging concerns in other countries that may be relevant in Scotland were discussed and the Medical Director and the Director of Evidence would meet to address this matter.</p> <p>The Director of Finance, Planning and Governance left the meeting at this point.</p>	Medical Director/Director of Evidence
5.2	Clinical and Care Forum Key Points	
	<p>The Medical Director summarised the Clinical and Care Forum Key Points as detailed in the report as follows:</p> <ol style="list-style-type: none"> 1. National Hub for Reviewing and Learning from the Deaths of Children and Young People. 2. Scottish Health Technologies Group Strategy. 3. HIS Future Strategy Development. <p>The committee noted the report.</p>	
5.3	Responding to Concerns Update six Monthly	
	<p>Members received this report, providing them with an update on progress with the organisation-wide process for responding to concerns (RTC) raised about the safety and quality of care provided within Scotland, this included information on case load and developments in the process since the last update to the Committee in May 2021.</p>	

	<p>It was reported that there had been an increase in cases in the last 6 months from the Nursing and Midwifery Council, (NMC), largely due to staffing issues caused by the pandemic. Appendix 1: provided details of the concerns received and managed from Apr 2021 – Oct 2021</p> <p>During discussion, the following issues were raised:</p> <ul style="list-style-type: none"> • A question was asked as to whether the relationships we have with Nursing and Midwifery through the current process had caused an increase in concerns and has the lack of formal meetings resulted in more complaints that would otherwise have been resolved in the office. In response, the Medical Director acknowledged that help with signposting had addressed concerns that the NMC was already receiving. In relation to the remote working, it was difficult to determine if this has had any effect. The Medical Director reported that the Sharing Intelligence for Health and Care Group will soon have access to a QMPLE database which contain information about the experiences of nursing and midwifery staff in training. This will help us to pro-actively spot concerns relating to the quality of healthcare. • A question was asked as to whether there were concerns regarding anonymous complaints and it was acknowledged that this was an important consideration, given that anonymity can sometimes restrict progress as you can only protect people if you know who they are. <p>Following further discussion, Members noted the update on progress with the organisation’s approach to managing concerns, including the work with the Independent National Whistleblowing Officer (INWO) and the improvements that have been made to the process.</p>	
6.	CLOSING BUSINESS	
6.1	Board Report: three key points.	
	<p>The Chair summed up the three key points for reporting to the Board as follows:</p> <ul style="list-style-type: none"> • Ongoing development in SIGN Guidelines in response to the pandemic and other developments in health and care. • Clinical Care and Governance Assurance and the difference between internal governance within HIS and the role of HIS in ensuring its application throughout health and care in Scotland. • The pressures on front line care services, including the threats and opportunities. 	
6.2	AOB	
	<p>Term of Office of Chair.</p> <p>The Chair reminded Members that her term of office would end at the end of May 2022. She would Chair the next meeting in February 2022 and also the meeting in May 2022.</p> <p>The committee noted the above information.</p>	
	Date of Next Meeting: 23rd February 2022, by MS Teams	
	<p>Name of person presiding: Zoë Dunhill</p> <p>Signature: Zoë Dunhill</p>	

	Date: 1 st March 2022	
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SUBJECT: Scottish Health Council Committee: 3 Key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from **Scottish Health Council Committee meeting on 17 February 2022**.

2. Recommendation

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

a) Major Service Change guidance

The committee discussed updated guidance for NHS Boards and Integration Joint Boards on identifying Major Service Change. The guidance will be finalised with comments from the committee taken on board. The committee agreed with the Service Change Sub-Committee's recommendation that proposals from NHS Ayrshire and Arran in relation to their Review of Chemotherapy (SACT) services should be considered major service change in line with national guidance.

b) Equality Mainstreaming

The committee noted various updates, including the good progress made on the establishment of the three staff networks set up as part of the Equality Mainstreaming Action Plan. Members also discussed the development of an Inclusive Language Guide, which details current best practice language in relation to each of the protected characteristic groups, as well as around socio-economic deprivation, homelessness and substance dependence, providing feedback to enable this to be finalised.

The committee also noted progress on a project to develop guidance to support directorate staff to engage with diverse communities, including: people with learning disabilities, people with low literacy, people whose first language is not English and deaf users of British Sign Language.

c) Rethinking Meaningful Engagement

The committee discussed a paper setting out a range of actions to raise awareness of our role and to support NHS boards and integration authorities to take forward meaningful engagement, and being clear about the need for them to meet their legal requirements. The paper is aimed at ensuring the rapid pace of service change since the onset of the pandemic is matched by meaningful community engagement.

Suzanne Dawson
Chair of Scottish Health Council

SHCC MINUTES – V1.0

Meeting of the Scottish Health Council Committee

Date: 11 November 2021

Time: 10:00am-12:30pm

Venue: MS Teams

Present

Suzanne Dawson, Chair (SD)

Christine Lester, Non-executive Director (CL)

Elizabeth Cuthbertson, Member (EC)

Dave Bertin, Member (DB)

Emma Cooper, Member (EmC)

Simon Bradstreet, Member (SB)

Jamie Mallan, Member (JM)

In Attendance

Ruth Jays, Director of Community Engagement (RJ)

Jane Davies, Head of Engagement Programmes (JD)

Victoria Edmond, Senior Communications Officer (VC)

Tony McGowan, Head of Engagement and Equalities Policy (TMG)

Janice Malone(JaM) (item 2.2)

Derek Blues (DBI) (item 3.3)

Apologies

John Glennie, Vice Chair (JG)

Alison Cox (AC)

Committee Support

Susan Ferguson, PA to Director of Community Engagement & Chair of SHC

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	<p>The Chair (SD) welcomed everyone to the meeting via MS Teams and provided the following update to the Scottish Health Council Committee. (the Committee)</p> <ol style="list-style-type: none"> 1. A two minutes silence would be observed at the meeting to mark Armistice Day 2. She thanked the Committee for the feedback regarding meetings, and confirmed hybrid meetings was the preferred option. She also noted that her preference for the development day in June would be face to face. 	

	<p>3. Both the Director of Community Engagement (HIS-CED) and SD will lead a discussion on service change to the Board of Healthcare Improvement Scotland (HIS).</p> <p>4. A successful information session to enable a better understanding of the work of HIS-CED took place with Scottish Government, along with the Director of Communication from NHS Lanarkshire, who offered reflections on working with HIS-CED during the Monklands Replacement Project</p> <p>5. Extended thanks on behalf of the Committee to everyone who had been involved in the work on the National Care Service Consultation.</p> <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	<p>After a correction was made to the draft minutes, the Committee meeting held on 09 September 2021, were approved as an accurate record of the meeting.</p>	
	Matters arising	
	<p>There were no matters arising.</p>	
1.3	Review of Action Point Register	
	<p>SD presented the action point register to the Committee. Action points:</p> <p>2.3 TMG to contact JM to discuss further human rights approaches along with Rosie Tyler-Greig, Equality and Diversity Officer - meeting now arranged.</p> <p>3.3 JD to arrange to meet with SB/EC to take forward PMF- meeting postponed due to sick leave – new date will be arranged.</p> <p>The Committee noted the content of the action point register and agreed all other actions were complete.</p>	
1.4	Business Planning Schedule	
	<p>SD presented the Business Planning Schedule to the Committee.</p> <p>The Committee noted the Business Planning Schedule.</p>	
1.5	Director's Update (including Ways of Working)	
	<p>The Director of HIS-CE (RJ) provided a verbal update to the Committee and highlighted the following points:</p> <p>1. Planning with People delay- Scottish Government have informed us they will be</p>	

	<p>writing to Board Chairs and Chief Executives this week to confirm a pause of the review of the draft <i>Planning with People</i> guidance, in recognition of pressures on the service. The letter will remind Boards of engagement responsibilities. HIS-CED have worked closely with Scottish Government in respect of this.</p> <ol style="list-style-type: none"> 2. Ways of Working- A series of events have been held this week throughout HIS for colleagues in preparation for the <i>test of change</i> period to ways of working which begins in January 2022. Managers will be holding discussions with colleagues regarding their working preferences through November. 3. HIS-CED's management team are holding their first hybrid meeting with in November. 4. Accommodation-work is in progress to ensure that staff in HIS-CED have the same opportunities for fixed, home or hybrid working as colleagues within HIS. An options paper is being developed to consider future accommodation requirements for the directorate. 5. Staffing-most vacancies are now filled within the Directorate. <p>The Committee thanked RJ for the verbal update and raised the following points:</p> <ol style="list-style-type: none"> 1. Can a copy of the <i>National Care Consultation</i> be shared with the Committee? 2. Will the letter from Scottish Government for the pause of <i>Planning with People</i> guidance be sent to IJBs and partners? 3. Service Change role-how close are we to recruiting for the Principal Service Change Advisor role? <p>In response to the points raised:</p> <ol style="list-style-type: none"> 1. RJ confirmed that a copy would be sent to the Committee. 2. Assured the Committee that IJBs and Partners would receive the letter for the pausing of <i>Planning with People</i> guidance. 3. Informed the Committee she should be able to provide an update to the Committee by end of November on the recruitment for this role. <p>Action: Copy of National Care Consultation to be sent to all Committee members.</p>	<p style="text-align: center;">RJ</p>
2.	SETTING THE DIRECTION	
2.1	Quality Framework for Community Engagement	
	<p>The Head of Engagement programmes (JD) provided a verbal update to the Committee and highlighted the following points:</p>	

	<ol style="list-style-type: none"> 1. The draft Quality Framework was launched in September with two documents being published, <i>Self-assessment framework and supporting guidance</i>, which was jointly badged with the Care Inspectorate and sent to Health Boards, IJBs and Local Authorities. The other, <i>Quality Framework</i> including our approach to providing improvement support, badged HIS only and sent to NHS Boards and IJBs. 2. Feedback from Health Boards and IJBs so far has been really positive, with a few seeking clarity on some points, such as engagement in equality impact assessments, the process and governance. 3. As developing the <i>Quality Framework</i> was in line with <i>Planning with People</i>, which has now been paused, the publication of this may not be finalised until next summer. However, the work with Scottish Government, health boards and IJBs continues around this and the Committee will be updated. 4. Work is still progressing with seeking testing sites to work with us around the process. <p>Assurance was provided to the Committee that HIS-CED had worked closely with the Care Inspectorate to ensure that the documents produced reflected the needs of both organisations and the Care Inspectorate's decision to only publish the self-assessment framework and associated guidance reflects their current resourcing constraints.</p> <p>The Committee thanked JD for the verbal update.</p> <p>Actions: SF to resend copy of Draft Quality Framework papers/Letters to the Committee.</p>	SF
2.2	<p>Volunteering in NHS Scotland national Programme-progress report</p>	
	<p>The Volunteering Programme Manager provided an update to the Committee on the work they have been involved in over the last year with two of the biggest successes noted below.</p> <ol style="list-style-type: none"> 1. Remobilisation of volunteering guidance and risk assessment framework was very well received and used by NHS boards and supported their decision-making in bringing volunteers back. 2. Involvement in the liaison group which oversees the National Volunteer Co-ordination Hub. Delivered by British Red Cross on behalf of Scottish Government. <p>The plans for the future of volunteering were also shared with the Committee:</p>	

	<ol style="list-style-type: none"> 1. To facilitate shift from operational support into a strategic position. We would like to widen our reach to volunteering across all health settings 2. The development of a range of Once for Scotland approaches to education and training (partnering with NES) for volunteers and volunteer management staff, volunteer recruitment, volunteering practice. 3. Improvements in the diversity and inclusivity of volunteering across NHSScotland. 4. Development and implementation of a quality framework for continuous improvement of the quality of volunteering practice. 5. More collaboration between NHSScotland volunteering and the wider volunteering sector, and arrangements for better collaboration and partnership working with volunteers themselves. 6. Develop the evidence base around health-based volunteering and assess its impact. We are investigating a partnership with the charity Helpforce to utilise their Insight & Impact Service. 7. Raise the profile of volunteering in health to support a shift in attitudes towards volunteering and contribute to a culture shift where the impact that volunteering makes is better understood and more importantly adequately resourced. <p>The following points were raised by the Committee:</p> <ol style="list-style-type: none"> 1. Is there any specific work in Primary Care? 2. Is there an opportunity to look at workforce planning within NHS Volunteering? 3. Good to see some leverage on work in communities but how do we improve this? <p>In response to the points raised JM advised the Committee :</p> <ol style="list-style-type: none"> 1. That work in primary care is on the agenda for the future. 2. Conversations are currently ongoing with Scottish Government with regard to workforce planning. <p>In response to point three, it was agreed that this would be discussed at the Committee's development day or picked up at the next meeting.</p> <p>The Committee thanked the Volunteering Programme Manager for the update and supported the direction of travel described in the update.</p>	
2.3	Citizens Panel-progress report	
	<p>JD provided an update on the Citizens' Panel activity in the last year within HIS-CE and highlighted the following points:</p>	


	<p>1. Citizens' Panel 7- <i>Health and social care experience during the COVID-19 pandemic and priorities for health and social care in the future</i> had now concluded. And work is now in progress with Citizens' Panel 8 with the report due in January 2022. The topics the Citizens' Panel are being asked their views on are :</p> <ul style="list-style-type: none"> a) Redesign of Urgent Care b) Mobilisation of Dentistry services c) Mobilisation of planned (elective) care d) The Patient Safety Commissioner. <p>2. The ninth Citizens' Panel survey is due to go out in January 2022.</p> <p>3. Agreed a set of objectives with Scottish Government formalising key processes and outputs for the <i>Citizens' Panel</i>.</p> <p>4. Advised that in order to continue the Citizens' Panel into the next financial year, discussions are planned with Scottish Government around budget and if agreed, there would be a revised procurement exercise to secure a new research contractor as current contract ends in March 2022.</p> <p>The Committee found the update helpful and discussion took place around details of procurement timeline, funding and the frequency of the panels.</p> <p>In response to the discussion, JD advised that once agreed by Scottish Government, funding would be in place for the next three years. Procurement will take approximately three months, January to March 2022 and be in place for April. She highlighted that in relation to the frequency of panels, there is a capacity challenge due to the length of time these take, however going forward the social researchers are keen to use the Panel in different ways.</p> <p>The Committee thanked JD for providing the update</p> <p>Action: RJ to provide details of funding</p>	
2.4	Engaging People in the work of HIS-update	RJ
	<p>TMG provided an update to the Committee and highlighted the following:</p> <p>Equality and other impact assessments</p> <p>At the Committee's last meeting, a draft unified assessment template for equality and other impact assessments was shared which received positive feedback. The aim of the new template and related</p>	

	<p>resources is to increase accessibility and coherence for colleagues and ensure HIS meets its duties as a public body described above.</p> <p>The Committee was asked to approve the new template.</p> <p>Increasing the diversity of people involved in our work through volunteering A short life working group continues to progress development of the approach previously outlined to the Committee, to secure reliable ongoing access to diverse public perspectives on our work.</p> <p>The working group has developed a draft public experience volunteer role outline and plan to undertake volunteer recruitment in one health board area (Lothian) over the next few months with a view to asking recruited volunteers to give us their feedback on specific questions we have about work we do.</p> <p>After discussion on some of the wording in parts of the template, it was agreed that TMG and JM would explore at their scheduled meeting.</p> <p>Action-TMG to pick up conversation with JM around some of the context of the template.</p>	<p>TMG</p>
<p>3.</p>	<p>Committee Governance</p>	
<p>3.1</p>	<p>Risk Register</p>	
	<p>As both agenda items 3.1 and 3.2 were related, SD proposed to combine both.</p> <p>The Committee were in agreement.</p>	
<p>3.2</p>	<p>Risk Management Deep Dive - Service Change</p>	
	<p>At its meeting on 9 September 2021, the Committee members agreed that the two existing risks should be consolidated into a new risk. A deep dive on this new, consolidated risk was proposed, to ensure appropriate risk controls, mitigations and actions are in place.</p> <ol style="list-style-type: none"> 1. The Committee discussed the need to ensure that the risk wording captures the need for engagement to be meaningful, and the serious risks to the SHCC, Boards and the public if this risk is not appropriately managed. 2. The Committee considered whether the mitigations and controls in place are adequate. 3. The Committee agreed that this is to be revisited following the Board Development Day, where the challenges around service change will be considered. Thereafter the HIS-CE director will discuss with the Director of Finance, Planning and Governance (AM) to ensure the wording and 	

	<p>risk weighting are correct so it can then be considered for inclusion on the HIS Strategic Risk Register in recognition of the level of risk.</p> <p>Action: RJ to set up meeting with AM to ensure wording and risk weighting are correct.</p>	<p>RJ</p>
<p>3.3</p>	<p>Service Change Briefing including Action Plan</p>	
	<p>The Engagement Programme Manager (DBI) provided an update to the Committee highlighting some of the current activity within service change :</p> <ol style="list-style-type: none"> 1. NHS Lanarkshire-Monklands/Elective Orthopaedic Surgery-advised HIS-CED are still awaiting feedback on the proposal which is due to be taken to NHS Lanarkshire’s November Board meeting. 2. NHS Grampian-Review of Maternity services model at Dr Gray’s (DGH), Elgin- advised we are still awaiting feedback on the ‘Best Start North’ review. 3. NHS Ayrshire and Arran-Review of Chemotherapy Services, NHS Ayrshire and Arran wrote to Healthcare Improvement Scotland – Community Engagement on 17 September, providing an update on operational changes that were made to Systemic Anti-Cancer Therapy (SACT) services in response to the COVID pandemic. Their Interim Chief Executive, Hazel Borland, put forward the view that these changes “were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery” (as per HIS-CE guidance, July 2020). RJ responded to the letter on 4 October and still awaiting response. 4. A request was made to the Committee for their agreement to allow RJ to further respond to the interim Chief Executive of NHS Ayrshire and Arran requesting a date for response. 5. Online workshops – The team have been following up on contacts with colleagues in NHS Boards and Health and Social Care Partnerships (HSCPs) about further ‘taster’ sessions and individual workshops. The three individual workshops have taken place with NHS Tayside, and an overview was presented to the Health & Social Care Scotland communications group and NHS Grampian Engagement group. Dates have been agreed with Angus HSCP for the Duties and Principles workshop. Dates are being agreed with a number of other NHS Boards and HSCPs. <p>The Committee thanked DBI for the update and supported a response being sent to the interim Chief</p>	

	Executive of NHS Ayrshire and Arran before end of the calendar year.	
3.4	Remobilisation and Operational Plan Progress Report- Quarter 2	
	<p>JD provided the Committee with an update on the Directorate's progress with the work outlined in the Operational and Remobilisation Plan and carried out during Q2 of 2021/22 and highlighted some of the following :</p> <ol style="list-style-type: none"> 1. As remobilisation and recovery continues across health and care this has meant a considerable amount of work for all of our engagement offices to support and ensure that people and communities continue to have their voices heard. 2. Redesign of Urgent Care Gathering Views: Engagement activities were undertaken across Scotland in 11 of our Engagement offices. The purpose was to ascertain the potential enablers and challenges in accessing the newly redesigned urgent care service for those across the protected characteristics and those affected by some socio-economic factors such as homelessness, poverty, unpaid carers, people living with & affected by addictions, people living in remote and rural areas. The report was published in September 2021. 3. Unified EQIA approach: The Public Involvement team are putting the finishing touches to a new unified equality impact assessment template that will serve to help make the process easier to follow, with clear steps and supportive links to resource materials. 4. Webinars: A webinar was delivered during Q2: - Community Engagement in Primary Care – This webinar looked at different ways of engaging people in the work of primary care. <p>The Committee were assured by the update provided.</p>	
3.5	Operational Plan 2021/22-Performance Measurement Framework	
	<p>JD provided a verbal update to the Committee highlighting the following:</p> <ol style="list-style-type: none"> 1. At its September meeting, the Committee considered a paper outlining a proposed approach for developing a new Performance Measurement Framework, and endorsed proposals to significantly streamline the 50+ objectives listed in the current Operational Plan to a much smaller list of around 10. The shorter list will provide a standard terminology against which all the work of the directorate – from the activities of individuals and teams to whole work 	

	<p>programmes – can be monitored, measured and reported. It will enable us to demonstrate our outcomes and impacts more easily, and to report on work programmes and activities across multiple years.</p> <ol style="list-style-type: none"> 2. Meetings with Elizabeth Cuthbertson (EC) and Simon Bradstreet (SB) have been postponed due to sickness and this will be picked up as an action from the meeting. The input from the Committee members with expertise in this area will be most welcome. 3. The Operational Plan Delivery Group, which is tasked with developing the detail of the Framework, met recently to consider the new objectives. The Group is currently considering the outcome indicators, targets, data sources which will support each objective – working with teams across the directorate and our stakeholders to ensure that they capture the breadth of our work and are pitched at an appropriate level of detail. This will also enable us to use the LEAP framework for planning. <p>The Committee thanked JD for the verbal update.</p> <p>Action - JD to re-arrange meeting with SB and EC</p>	<p>JD</p>
<p>3.6</p>	<p>Corporate Parenting Action Plan</p>	
	<p>TMG provided the committee with an update on the Corporate Parenting Action Plan, highlighting the following points:</p> <ol style="list-style-type: none"> 1. The report is published every three years and the next iteration is due April 2023. 2. Due to the ongoing restrictions of Covid certain actions have not progressed over the last year, however thanks to the work of the Graeme Morrison,(GM) the previous Public Involvement Advisor, (PIA) work to align our action plan with the relevant articles contained within the United Nations Convention on the Rights of the Child (UNCRC) and also key fundamentals and priorities from within The Promise to better demonstrate how our work contributes to upholding children’s rights and promoting their wellbeing. 3. A Children and Young People Key Delivery Area Network within HIS has now been established. This network brings together colleagues from across the organisation who have responsibility for delivering work that has a full or partial focus on children and young people. <p>Thanks was expressed to both GM and Chris Third the new PIA for all the work involved past and present.</p>	

	The committee noted the content of the Corporate Parenting Action Plan.	
3.7	Governance for Engagement Sub-Committee minutes	
	<p>TMG presented the Governance for Engagement Sub-Committee minutes from the meeting held on 19 August 2021.</p> <p>The Committee noted the sub-committee meeting minutes</p>	
4.	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>JD presented the Service Change Sub-Committee meeting minutes from the meeting held on 28 October 2021</p> <p>The Committee noted the sub-committee meeting minutes.</p>	
5.	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> 1. Risk Deep Dive discussion 2. Volunteering 3. Prioritisation 	
6.	CLOSING BUSINESS	
6.1	AOB	
	A suggestion was put forward for the committee to have informal catch ups prior to or between meetings. SD and RJ to discuss options prior to next Committee meeting.	
7.	DATE of NEXT MEETING	
	The next Scottish Health Council Committee meeting will be held on 17 February 2021 10am-12.30pm via MS Teams.	
	<p>Name of person presiding: Suzanne Dawson</p> <p>Signature of person presiding: </p> <p>Date: 17 February 2022</p>	

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 24 January 2022**.

2. Recommendation

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

a) Workforce Plan

The Director of Workforce presented an update to the Action Plan from Workforce Plan for 2021-22 to the Committee. A one year interim Workforce Plan was approved by the Staff Governance Committee in March 2020 and a new three year Workforce Plan will be in place by July 2022. The plan was most recently reviewed at the last Committee meeting in October. The plan aligns with development of HIS Strategy – developing strategic ambitions, aligned with key challenges facing the system.

There have been specific challenges within directorates in relation to staffing and structural change and COVID-19 has also had a major impact on Inspection settings. Further consequences of COVID-19 have been; working from home school closures, absences and caring responsibilities. The longer term impact of Covid is still unknown. The following emerging inter-connected themes have been identified; Business focus, brand/culture, business resilience/flexible workforce, developing our staff, succession planning, recruitment & retention, and our learning environment.

Prior to the accelerated recruitment exercise there was a 77 Whole Time Equivalent (WTE) and £1.5m gap and now there is a 19 WTE and £0.5m gap. Without the accelerated recruitment exercise we would have a much bigger underspend at this stage. The exercise has substantially helped our position.

The Committee reviewed the detail of the updated action plan in relation to delivery of the agreed workforce plan priorities for 2021-22, and were assured with the update and the work future planned.

b) Ways of Working update

The Strategic Lead for the Internal Improvement Oversight Board presented an update to the Committee around Ways of Working.

Ways of Working (WoW) involves a three phase plan, with a lot of moving parts. One of the main highlights for phase one of the plan was WoW Week. During WoW Week there were high levels of attendance and engagement from staff across at each of the online meetings.

Once we have the relevant Covid-19 guidance we will move to phase two of the plan. Business readiness for HIS will include the release of a detailed communications plan, the launch of desk and room booking apps (including training) and the provision of

security and ID lanyards for HIS offices. It was noted that some staff have never been to the office and have worked remotely since joining HIS.

Phase three will include the launch of the Test of Change period. During the six month test of change period a mid-way review will take place and examine both the available qualitative and quantitative data.

c) Whistleblowing update

The Director of Workforce and the Whistleblowing Champion updated the Committee on Whistleblowing within Healthcare Improvement Scotland.

The Frequently Asked Questions on the whistleblowing section on the Source have now been updated and are available for all Healthcare Improvement Staff to access. The final meeting of the Whistleblowing Short Life Working Group (SLWG) took place recently and progress to date was discussed. Following the ending of the SLWG the Whistleblowing Champion and Director of Workforce will still continue to meet on a semi-regular basis to discuss whistleblowing.

Going forward there will be a change of approach and the Independent National Whistleblowing Officer (INWO) approach will be used. Lastly, the Whistleblowing Champion has written to the Cabinet Secretary and will share the response with the SLWG in due course

The Committee were assured by the update provided by the Director of Workforce and the Whistleblowing Champion.

Duncan Service
Chair, Staff Governance Committee

SUBJECT: Staff Governance Committee: Draft key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the **Staff Governance Committee meeting on 9 March 2022**.

2. Recommendation

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

a) Workforce Plan and Workforce Figures

The Director of Workforce presented the Workforce Plan and the projected Workforce figures update to the Committee. The Committee reviewed the updated action plan in relation to delivery of the agreed workforce plan priorities for 2021/22. A presentation and discussion around potential workforce numbers for the organisation for 2022/23 then followed.

This item will be discussed further at the Audit and Risk Committee on 16 March and we will also reflect on recruitment projections at the next Staff Governance Committee meeting on 11 May.

b) Workforce Equality Monitoring Report

The Committee received an update on the Workforce Equality Monitoring Report from the Head of People and Workplace. To meet the requirements of the Equalities Act 2010, we publish this report each year. The key findings for the reporting period focussed mainly on staffing, recruitment and the pay gap. The Committee considered the report and were content to approve it and thereafter its publication on the HIS website.

c) Mandatory training

Mandatory staff training is delivered over various platforms within HIS, however there is a tendency to use e-learning and this is not always effective. The Committee were supportive of the planned actions set out by the Director of Workforce and agreed by the Executive Team. The main actions included; the HIS Campus group having responsibility for reviewing all mandatory training (including reviewing current criteria), considering possible sanctions for non-compliance via the Partnership Forum and carrying out an e-learning platform options appraisal exercise.

The Director of Workforce will report back progress to the Committee in future.

Duncan Service
Chair, Staff Governance Committee

Minutes - Approved

**Meeting of the Healthcare Improvement Scotland Staff Governance Committee at
10:00am on 27 October 2021
MS Teams**

Present

Keith Charters	Board Member (Whistleblowing Champion)
Nicola Hanssen	Board Member
Evelyn McPhail	Board Member
Duncan Service	Board Member (Committee Chair)
Carole Wilkinson	Board Member (HIS Chair)

In Attendance

Sybil Canavan	Director of Workforce
Sandra Flannigan	Head of Organisational Development and Learning
Ann Gow	Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) & Deputy Chief Executive
Natalie Hannigan	Programme Manager (Item 3.1)
Belinda Henshaw-Brunton	Partnership Representative
Ruth Jays	Interim Director Community Engagement
Ann Laing	Head of People & Workplace
Angela Moodie	Director of Finance, Planning & Governance
Robbie Pearson	Chief Executive
Safia Qureshi	Director of Evidence
Jane Ross	Senior Improvement Advisor, IIOB (Item 3.1)

Committee Support

Ruth Gebbie	Committee Secretary (Minutes)
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Apologies

Lynsey Cleland	Director of Quality Assurance
Kenny Crosbie	Partnership Representative
Ruth Glassborow	Director of Improvement
Rhona Hotchkiss	Board Member
Simon Watson	Medical Director

1.	WELCOME AND APOLOGIES FOR ABSENCE	
1.1	Welcome and apologies for absence	
	The Chair welcomed all present to the meeting and apologies were noted as above.	
1.2	Declaration Of Interest	

	All present were reminded to declare interests either at the start of the meeting or at any point during the meeting. No declarations were made.	
2.	MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER	
2.1	Minutes of Staff Governance Committee Meeting on 28 July 2021 & follow up meeting on 16 August.	
	The minutes of the meeting held on 28 July and 16 August 2021 were reviewed and it was agreed that they were both accurate records of the meetings.	
2.2	Review of action point register of Staff Governance Committee on 28 July 2021 and 16 August 2021	
	The Committee reviewed the action point register from the meetings on 28 July and 16 August 2021 and were content to note the progress reported against each action.	
3.	COMMITTEE GOVERNANCE	
3.1	Business Planning Schedule 2021/22	
	<p>The Committee reviewed the Business Planning Schedule for 2021/22 and the Director of Workforce highlighted that the Equality Mainstreaming Report was scheduled to come to this meeting but would now be presented at the next meeting due to the report timelines being out of sync with the committee timelines. Work around the report is currently in progress. It was also noted by Director of Workforce that the 'East Region Recruitment' item should be changed should be changed to 'Recruitment Update'. Committee Secretary to update Business Planning Schedule.</p> <p>Following discussion between the Committee members and Executive Team, it was agreed that an additional meeting should be scheduled for December/ January. The Committee Secretary to seek suitable date and arrange.</p> <p>Finally, the Chair also agreed to examine the proposed Staff Governance Committee dates for 2022/23 to ensure that they are a 'fit' for all appropriate timelines.</p>	Committee Secretary & Chair
4.	CORPORATE PLANS	
4.1	Workforce Plan and Workforce Activity Update	
	<p>The Director of Workforce presented the Workforce Plan and Workforce Activity update to the Committee and the main points were as follows:-</p> <ol style="list-style-type: none"> a) Timescales included in the report have been updated and broken down since the last meeting. b) An update on bulk recruitment is now included within the report. Latest high-level financial forecasting has shown a surplus by year-end of circa £3million. This is primarily due to lower employee numbers than budgeted for. To address this issue as an organisational priority, the Executive Team have agreed to accelerate recruitment. c) Recruitment has begun for 45 roles at Administrative Officer, Project Officer & Programme Manager levels and a dedicated working group has been set up to progress this. Senior roles, including Senior Improvement Advisors and Inspectors are currently being considered. d) After Action Review survey for fixed term contracts has now been completed. Key themes and issues have been collated to ensure sharing 	

of the concerns and experiences of the 20/21 process and enable learning and improved practice going forward.

- e) Next month HIS will begin a pilot programme with Career Ready (a social mobility charity) offering six places for S5/ 6 pupils to work with their own HIS mentor (over an 18 month period), and participate in a four week paid internship within HIS during summer 2022.
- f) Staff wellbeing remains a priority for HIS. This is shown in the latest iMatter survey results; in relation to staff feeling that the organisation cares about their health and wellbeing, a score of 84% was recorded; this was an increase of 9 points since 2019.
- g) 'HIS Campus' is currently being developed. The vision is to enable organisational capacity and capability in the widest sense. This will include a virtual 'place of learning', clearer links between career progression and succession planning and unifying all learning & development activity within HIS.
- h) The Health and Safety Team have launched online health and safety modules via Workrite. There is a 50% completion rate thus far for HIS staff.
- i) The Employee Assistance Programme (EAP) Contract for HIS is due for retendering/ renewal prior to the end of the financial year and there has been an opportunity to review the wider service provision from NSS OHS to see what options this may present in terms of value for money of further EAP provision.

In response to questions from the Committee the following additional information was provided:

- j) The matching process is administered by Career Ready, while we as the employers identify mentors. HIS mentors will have a contact, both at the school and at Career Ready.
- k) We want value for money in terms of the Employee Assistance Programme. Immediacy of access for staff is a key priority. Staff should have immediate access to counselling and advice on money worries, stress and anxiety etc. We are unsure of what services are being accessed by staff and how often as there is charge for requesting statistics. These are important issues to consider when procuring this service in future.
- l) We will explore additional funding for research and capacity to look at what we are trying to do as an organisation; apprenticeships etc. and how we support talent. We will report to a future Committee meeting with learning and recommendations from research.
- m) Human Resource and Finance teams are working closely together to ensure a smoothing of the workforce and financial planning over remainder of this year. However, it once again flags the challenges of the 'lumpiness' of in year additional allocations from the Scottish Government.
- n) The recruitment activities planned are welcomed but we recognise that it is a huge piece of work for a small team. It would be useful to reflect upon this at a later date.
- o) It is beneficial that we are seeking to attract new talent via HIS Campus. However, we need to be cautious with language we use as we need to realise the talent that we already have. It is important to grow our own talent and retain them too. HIS Campus- premise is to support and encourage staff. How we attract staff/ retain staff/ career ambitions/ succession planning.

**Committee
Secretary/
Director of
Workforce**

	The Committee welcomed the updated Workforce plan in relation to delivery of the agreed workforce plan priorities for 2021/22. Having reviewed the plan, the Committee were content to note the update.	
4.2	National Boards Collaboration	
	<p>The Chief Executive provided a verbal update on the National Boards Collaboration and highlighted the following key points:</p> <ul style="list-style-type: none"> a) There has been a pause in respect of previous work around support services and transformation. b) We are developing a different approach to our digital assets and the Boards will be working on this during the next six months. <p>There were no questions from Committee members and the Chief Executive was thanked for providing the update.</p>	
4.3	Internal Improvement Oversight Board	
	<p>The Senior Improvement Advisor of the Internal Improvement Oversight Board (IIOB) delivered a presentation to provide the Committee with an update on the three priorities IIOB are working towards; Capacity & Capability, Digital Transformation and Ways of Working.</p> <p>The following key points were noted:-</p> <ul style="list-style-type: none"> a) IIOB were until recently a small team of three staff but have expanded and have been joined by an Admin Officer, a Project Officer and a Strategic Lead. b) Capability and Capacity- There are currently 42 participants, spread over 17 teams currently taking part in Healthcare Improvement Scotland Foundation Improvement Skills (HIS FIS) Cohort 3. The IIOB has agreed to pause the HIS FIS programme after cohort 3 to allow for the development of the management, executive and coaching level of training. This is a pause due to capacity so the other levels of offerings can be developed and tested to relaunch the HIS FIS course in 2022. c) HIS Programme Management Approach- IIOB is exploring how it will support the under development <i>HIS Campus</i> concept and build on the work of OD&L and the Learning Needs Analysis completed following the PDWR cycle earlier this year. A meeting will take place with Head of O,D&L to take this forward. d) IIOB are working with Partnership Forum (PF) and three Short Life Working Groups (SLWG's) consisting of staff, managers and PF representatives to introduce new Ways of Working. Guidance was sought from Central Legal Office and ACAS around hybrid working definition. The definition has been agreed as <i>'A flexible working model allows employees to work from a variety of different locations; an employee can work some of their time at home, or another remote location, and some of their time in the workplace or at another work location'</i>. e) WoW Week will take place from 8 November 2021 and seeks a high level of staff engagement. The test of change period is due to proposed to take place from January 2022 for six months. f) It was announced that the Flexible Work Location Policy- Once for Scotland has been paused until April 2022. 	

	<p>In response to questions from the Committee the following additional information was provided:</p> <ul style="list-style-type: none"> g) Further thought will be given to future office etiquette and respiratory hygiene. The 'Sofa Sessions' in WoW Week will discuss the 'softer' side of how we go back to office. h) A meeting was held last week regarding evaluation around HIS FIS and how this relates to HIS training needs analysis. We are currently at level 1/ 2 of the Kirkpatrick Model and are aiming for level 3/ 4. <p>The Committee welcomed the comprehensive update provided by IIOB.</p>	
4.4	Whistleblowing Standards Update inc Internal Audit Report	
	<p>The Director of Workforce presented a paper to the Committee around the Whistleblowing Standards Update, including the Internal Audit Report and the following main points were highlighted:-</p> <ul style="list-style-type: none"> a) Healthcare Improvement Scotland were the first NHS Board to have an internal audit of their Whistleblowing Arrangements. As there had been no whistleblowing cases since the whistleblowing standards were introduced, the internal audit focussed on ensuring appropriate processes are in place rather than on checking that they have been correctly applied. b) The internal auditors provided partial assurance around the current design and implementation of Whistleblowing arrangements. c) The 'Whistleblowing: An Overview' course presently has a completion rate of 70 members of staff, with a further 17 in progress. The 'Whistleblowing: For managers and people who receive concerns' course; 17 members of staff have completed this course with 7 in progress. d) The Chair added that whistleblowing training will be highlighted at the All Staff Huddle tomorrow. e) The HIS Whistleblowing Champion added that whistleblowing standards were introduced six months ago and that Whistleblowing Champions are seen as guardians of the process and it is their role to educate staff. f) The whistleblowing system will flex and change as we get real 'live' examples. In a years' time we will have made changes due to experience. We are confident that we will have a process in place that means that we can deal with anything that may come our way in future. <p>The Committee welcomed the whistleblowing update, noted the areas requiring further action following the internal audit and the confirmed activity to enable compliance and management of these areas.</p>	
4.5	Staff Governance Committee- future ways of working	
	<p>Discussion around future ways of working for the Committee was led jointly by the Committee Chair and Director of Workforce.</p> <p>HIS Chair explained that she had asked all committees to discuss their future ways of working and the majority of committees had shown a preference towards examining a hybrid set up for meetings in the future. It is up to each individual committee to decide what they are comfortable with and all committees do not have to agree with the same approach.</p> <p>The Committee members discussed the advantages and disadvantages of</p>	

	virtual, hybrid and face to face meetings for the future. It was agreed after discussion that it would be beneficial to have face-face meetings for more meaningful & significant agenda items. During the 'Test of Change' period from January 2022 onwards, we can consider each individual Committee meeting format, subject to the agenda items being considered, the resource implications and the travel risk for staff.	
5.	RISK MANAGEMENT/ RISK REGISTER	
5.1	Risk Management/ Risk Register	
	<p>The Director of Finance, Planning and Governance presented an update to the Committee, providing the latest information on the strategic risk register and operational plan risk register to enable them to review the risks relating to the remit of the Committee.</p> <p>The main points outlined were as follows:-</p> <ul style="list-style-type: none"> a) Since the previous Committee meeting on 16 August 2021, the only change to the risks presented in the reports is the addition of a new strategic risk, number 1124 'Workforce Strategy'. <i>There is a risk that a vacancy in a critical role cannot be filled satisfactorily within an acceptable timeframe. This impacts business continuity and performance due to periods of unplanned absences.</i> This was agreed by the Board at its meeting on 29 September 2021 when they considered several new strategic risks for adding to the strategic risk register. b) The new risk has been a feature of our discussions on a number of reports. <p>There were no questions and having examines the risks, the Committee were assured by the update given.</p>	
6.	WORKFORCE METRICS	
6.1	Workforce Data Update	
	<p>The Director of Workforce presented the Workforce Data Report to the Staff Governance Committee to inform them of the current workforce position and monthly reporting data within the organisation. The main points of the report were as follows:-</p> <ul style="list-style-type: none"> a) Staff changes- during the current financial year 26 members of staff have left the organisation and 42 have joined. This represents a net increase of 16 to our overall workforce headcount. b) Absence- 1713 days of sick absence. 63% due to long term conditions. The main reason for absences continues to be anxiety, stress and depression. c) Year to Date workforce position-: HIS have a total headcount of 520. In response to ask re job family breakdown and headcount, 495 payroll headcount, 25 non- payroll headcount. Workforce & YTD changes. Will see changes in next report once bulk recruitment is taken into account. d) Vacancy management and approval- 173 recruitment posts were considered by the Vacancy Management Strategy Group this financial 	

	<p>year. 163 posts approved and an average of 13.8 days was taken for e-raf approval.</p> <p>In response to questions from the Committee the following additional information was provided:</p> <ul style="list-style-type: none"> e) We will present comparative data to show changes in job families at next committee meeting. This is currently a work in progress. f) There have been a few long term absences in recent months within the Community Engagement Directorate. The absences are not work related and most staff have now returned to work. Improvements should be reflected in statistics over the next few months. g) Points raised around language within the report ('admin staff' 'fixed term' 'secondment') are important and we will be more thoughtful around this going forward. h) Going forward we need a clearer understanding of who has secondment/ fixed term types of jobs and whether this is a choice or the way that some staff prefer to work? Having context around this is important. The numbers of fixed term and seconded staff changes every year depending on what we are being asked to do. There are a disproportionate amount in bases within the ihub directorate. i) Our sick leave statistics do not include Covid as this is recorded as special leave. Furthermore, Long Covid is currently recorded as Covid special leave and staff remain on full pay. Future discussions will be needed around Long Covid and its long term impact. It is not currently a huge issue for us but may be latterly for Boards. There is the potential inequality with people who have other post-viral or long-term conditions. Long Covid encompasses a wide range of potential symptoms and/or illness. Other long term conditions not covered in this way and we await the national position on this. 	
6.2	Equality Networks	
	<p>The Director of Community Engagement provided an update to the Committee regarding the establishment and operation of Staff Equality networks within HIS. A number of updates were made and in particular the following was noted:-</p> <ul style="list-style-type: none"> a) The Equality Mainstreaming Action Plan provided a timeline of 31 December 2021 for the formation of three Staff Equality Networks; race, LGBT+ identities and disability. These networks are to provide a safe space for the above and their allies to discuss issues across organisation. b) A PRIDE network for LGBT+ Staff, and a Race & Equality Network have been established, whilst work is scheduled to begin next month to establish a Disability network. c) By encouraging colleagues to join the networks, this will lead to the development of a truly inclusive working environment that fully reflects our organisation's stated values & behaviours. <p>In response to questions from the Committee the following additional information was provided:</p> <ul style="list-style-type: none"> d) Work will be done to raise further awareness of the networks and will discuss with the Equality & Diversity Working Group about how to progress this further. e) Network members will be allocated the required protected time to 	

	<p>participate in their network(s).</p> <p>f) Raising the profile of equality networks at staff huddles is helpful and positive.</p> <p>The Committee noted the progress made so far in the establishment and operation of staff equality networks within the organisation.</p>	
7.	VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATIONS	
7.1	iMatter	
	<p>The Head of Organisational, Development and Learning provided an update to the Committee on the latest iMatter survey results and the following points were made:-</p> <p>a) 533 iMatter surveys were emailed to HIS staff. A 91% response rate was recorded, giving our highest response rate to date. The NHS EEI was 81 points. Also, our highest score to date. Furthermore, all 28 survey components are in the 'green' zone for HIS (falling between 67% and 100%)</p> <p>b) The impact on results due to consistent messages from Chief Executive, Chair, Partnership Forum and the Employee Director was noted.</p> <p>c) There were differing approaches this year as to what constitutes a team for reporting purposes. Teams with small numbers of staff felt identifiable where as previously would have had anonymity. We will look at these concerns for next year and feedback nationally.</p> <p>d) Action Planning period – Individual Team Plans to be submitted by 2 November, followed by a Partnership Forum meeting on 25 November to allow reflection and the identification of themes for further action.</p> <p>In response to questions from the Committee the following additional information was provided:</p> <p>e) Sub reporting has impacted on some teams and relationships within the teams due to lack of anonymity. It may also have an impact on smaller team's response rates going forward.</p> <p>The survey results were welcomed by the Committee. Results speak for themselves. Communication very impressive. The challenge is to keep it going and continue to improve.</p>	
8.	STAFF GOVERNANCE STANDARDS	
8.1	Staff Governance Action Plan	
	<p>The Director of Workforce advised the Committee that the Staff Governance Action Plan had been submitted and that we were currently awaiting a response. When supplementary questions are issued Committee members will be made aware. Any further updates will also be discussed at the additional meeting in January 2022.</p>	
9.	PARTNERSHIP FORUM MINUTES	
9.1	Partnership Forum Minutes	
	<p>The minutes from the Partnership Forum were formally noted by the Committee.</p>	

10.	STANDING BUSINESS	
10.1	Board Report – 3 Key Points	
	<p>The Chair provided a report for the Board (post meeting) highlighting the key points from the meeting. The key points were:</p> <ol style="list-style-type: none"> 1. Workforce Plan 2. Equality Networks 3. Whistleblowing 	
10.2	Feedback Session	
	Committee members commented that it was a very good meeting with the time managed well. It was well chaired and the balance of agenda worked well.	
11.	Date of Next Meeting	
	<p>Person Presiding: Duncan Service</p> <p>Signature: Duncan Service</p> <p>Date: 24/1/22</p>	

MINUTES

**Meeting of the Healthcare Improvement Scotland Staff Governance Committee at
10:00 on 24 January 2022
MS Teams**

Present

Duncan Service	Board Member (Committee Chair)
Keith Charters	Board Member (Whistleblowing Champion)
Nicola Hanssen	Board Member
Rhona Hotchkiss	Board Member
Evelyn McPhail	Board Member

In Attendance

Sybil Canavan	Director of Workforce
Lynsey Cleland	Director of Quality Assurance
Lindsay Fielding	IIOB Strategic Lead
Sandra Flannigan	Head of Organisational Development and Learning
Ruth Glassborow	Director of Improvement
Ann Gow	Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) & Deputy Chief Executive
Belinda Henshaw-Brunton	Partnership Representative
Ruth Jays	Director of Community Engagement
Ann Laing	Head of People and Workplace
Robbie Pearson	Chief Executive
Simon Watson	Medical Director

Committee Support

Ruth Gebbie	Committee Secretary (Minutes)
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Apologies

Kenny Crosbie	Partnership Representative
Safia Qureshi	Director of Evidence
Carole Wilkinson	Board Member (HIS Chair)

1.	WELCOME AND APOLOGIES FOR ABSENCE	
1.1	Welcome and apologies for absence	
	The Chair welcomed all present to the meeting and apologies were received as above.	
1.2	Declaration Of Interest	
No declarations of interest were noted.		

2.	MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER	
2.1	Minute of Staff Governance Committee meeting on 27 October 2021	
	The minutes of the meeting held on 27 October 2021 were reviewed and it was agreed that they were an accurate record of the meeting.	Committee Secretary
2.2	Review of action point register of Staff Governance Committee on 27 October 2021	
	<p>The Committee reviewed the action point register from the meeting on 27 October 2021 and the following information was provided:-</p> <p>a) An update on exit interviews will be provided at the next committee meeting on 9 March 2022.</p> <p>b) The Workforce report will be presented to the Partnership Forum and Equality & Diversity Group before being presented to the committee in March.</p> <p>c) An update was given around iMatter reporting and how this may affect future uptake. It was highlighted again that the survey cannot be anonymous if there are two people in a team and that we do not want to be in a similar situation when next survey takes place.</p> <p>There have been no resignations relating to this matter that the Partnership Representatives are aware of. If Partnership Representatives do become aware of any resignations relating to this, this will be discussed with Partnership Forum colleagues as soon as possible.</p>	Director of Workforce/ Committee Secretary
3.	CORPORATE PLANS	
3.1	Workforce Plan	
	<p>The Director of Workforce presented the Workforce Plan for 2021-22 to the Committee. The plan was most recently been reviewed at the last Committee meeting in October. The following points from the plan were highlighted:-</p> <p>a) Vacancy Management activity remains 'on track'. As at the end of November 2021, 195 eRAFS had been reported to the Vacancy Management Group for consideration across the HIS.</p> <p>b) The latest annual review of fixed term contracts has begun and is being led by the Head of People & Workplace. The importance of effective communication was in the fixed term process was highlighted. HR are entering a busy period between now and March when many fixed term contracts are coming to an end. This activity also remains 'on track'</p> <p>c) Employer branding training is currently taking place for a small number of HIS staff, with a further cohort to follow next month.</p> <p>d) The learning context / environment has changed, therefore it is essential to pause the previously planned transition from LearnPro and conduct an Options Appraisal to identify which of the three e-learning platforms within HIS will offer the best user experience and best benefits for the organisation. It is intended to extend the LearnPro licence for a further year (until end of March 2023) during which time the options appraisal will be completed and on this basis this activity will continue with revised timeframes into the planning and delivery process for 2022-23.</p> <p>Following on from questions from the committee. The following additional information was provided: -</p>	

- e) An After Action Review Survey was sent to fifty members and forty replies were received back. The information received was reviewed with assistance from IIOB colleagues. Once the information was pulled together, a set of frequently asked questions was produced. Workshops were given consideration but the decision was made for directors to meet with their own staff. HR managers should make sure managers are fully aware of fixed term processes in future.
- f) Fixed term contracts cannot be extended indefinitely. After two years and then after four years we have obligations that we must meet under the Partnership Information Network (PIN) policy. At the end of a fixed term contract, the member of staff will be placed in the redeployment pool and at this stage we look to manage any risks, working alongside directorates and the Partnership Forum.
- g) With regards to HIS branding and how we compete with other Boards; the market is currently competitive and we will continue to look to populate our workforce the best we can whilst appreciating that there are some sensitivities around this. We are not actively targeting those in clinical roles. We need to make it an ambition which goes beyond NHS Boards, but to the wider public sector, to be an attractive employer. The tightening employment market, means that we should be more open to flag the benefits of working in HIS.

The Head of People & Workplace and Head of Organisational, Development and Learning then moved on to deliver a presentation on Developing Our Workforce Plan.

- h) A one year interim Workforce Plan was approved by the Staff Governance Committee in March 2020 and a new three year Workforce Plan will be in place by July 2022. The plan will align with development of HIS Strategy – developing strategic ambitions, aligned with key challenges facing the system.
- i) There have been specific challenges within directorates in relation to staffing and structural change and COVID-19 has also had a major impact on Inspection settings
- j) Further consequences of COVID-19 have been; working from home school closures, absences and caring responsibilities. The longer term impact of Covid is still unknown.
- k) Looking ahead, hybrid working, test of change, formalisation of working arrangements, flexible agile workforce, funding, succession planning and leadership development will all be of significant focus in the future.
- l) The following emerging inter-connected themes have been identified; Business focus, brand / culture, business resilience / flexible workforce, developing our staff, succession planning ,recruitment & retention, and our learning environment

Following on from questions from the committee. The following additional information was presented: -

- m) It is easier to recruit to band 4 posts than more specialist posts as we are competing in a wider pool. There is also higher turnover at band 4 as people gain promotion.
- n) Prior to the accelerated recruitment exercise there was a 77 WTE and £1.5m gap and now there is a 19 WTE and £0.5m gap. Without the accelerated recruitment we would have a much bigger underspend at this stage. The exercise has substantially helped our position.
- o) From a Partnership perspective some staff are not adhering to the fixed

	<p>term process. Many colleagues do however, work hard to make the process work.</p> <p>p) There is work to be done around the breakdown of job families both by directorates and job types. This information will be provided at future committee meeting.</p> <p>The Committee members scrutinised the Workforce Plan and were assured with the update and the work future planned.</p>	
3.2	Accelerated Recruitment Update	
	<p>The Chair advised that accelerated recruitment would be presented again at the next meeting in March.</p>	
3.3	Ways of Working Update	
	<p>Lindsay Fielding, the Internal Improvement Oversight Board (IIOB) Strategic Lead presented a Ways of Working update to the committee and highlighted the following main points:-</p> <ul style="list-style-type: none"> a) Ways of Working (WoW) involves a three phase plan, with a lot of moving parts. b) One of the main highlights for phase 1 of the plan has been WoW Week. During WoW Week there were high levels of attendance and engagement from staff across the organisation as follows: <ul style="list-style-type: none"> • WoW Huddle- 336 attendees • Practicalities –295 attendees • Working arrangements- 243 attendees • What matters- 196 attendees • Sofa sessions- 105 attendees c) The WoW Zone is regularly updated on the Source but in the future we will move to sharing this information on SharePoint. d) There are a group of people working on desk and room booking apps. This will soon be closed off and the apps will be launched for all staff to use. e) Once we have the relevant Covid-19 guidance we will move to phase two of the plan. Business readiness for HIS will include the release of a detailed communications plan, the launch of desk and room booking apps (including training) and the provision of security and ID lanyards for HIS offices. It was noted that some staff have never been to the office and have worked remotely since joining HIS. f) Phase three will include the launch of the Test of Change period. During this phase we will need to gather and measure a whole set of data. There will be three main areas of during phase 3 ; <ul style="list-style-type: none"> • Decision making will be done using RACI (responsible, accountable, consulted and included) to help us clarify how decisions are made and who needs to contribute and be informed about them. • Communications- There will be an overarching communications plan covering all three phases, with regular and consistent and 'joined up' messaging to staff. • Business Readiness will include confidence, engagement and ownership. <p>Following on from questions from the committee, further additional information</p>	

	<p>was provided:-</p> <ul style="list-style-type: none"> g) During the six month test of change period a mid-way review will take place and examine both the available qualitative and quantitative data. h) HIS have policies and procedures in place around staff safety. Individuals should continue to feed back any safety concerns via conversations with their line managers. i) We have some of that qualitative evaluation from the WOW What Matters to You Session. The WOW culture sub-group is considering this next week and will discuss how and where this should be shared further as there are some really valuable insights. It should be highlighted that everyone's experience has been different. j) We are not proposing that all staff go back to the office. It is about offices reopening and hybrid working for the majority of staff. k) We have invested in Delta House ICT equipment and similar will be available in Gyle Square. The experience should be neutral whether you are in the office or working virtually. l) A significant risk assessment process is currently under way, including risk assessments for those who currently attend our offices on a temporary basis. m) Community Engagement recently hosted a hybrid management meeting. Half of the attendees were in the room and half were online. The rules of engagement were set out at the start of the meeting and it worked well. <p>The Strategic Lead was thanked for her presentation by the Committee and it was also noted from a Partnership perspective that WoW Week was extremely well received. Going forward the Partnership Forum will be mindful about people's feelings about returning to the office and then look to make the necessary risk assessments.</p>	
<p>3.4</p>	<p>Whistleblowing Update</p>	
	<p>The Director of Workforce provided the Committee with an update on whistleblowing and the following points were highlighted:-</p> <ul style="list-style-type: none"> a) Frequently Asked Questions around whistleblowing on the Source have been updated and are available for all Healthcare Improvement Staff to access. b) An update to training numbers will be provided by the Director of Workforce for the Committee Secretary to circulate electronically. The Whistleblowing Short Life Working Group (SLWG) meeting took place recently and progress to date was discussed. The final meeting will take place soon, after which the Whistleblowing Champion and Director of Workforce will continue to meet on a semi- regular basis to discuss. <p>The Whistleblowing Champion then provided an additional update and the following information was provided to the committee:-</p> <ul style="list-style-type: none"> c) There has been one whistleblowing incident reported. d) Where there is an existing formal structure i.e. Confidential Contact or Union Representative, whistleblowing is more likely to be raised in this way rather than via a line manager. e) An unnamed whistleblowing incident is different to an anonymous incident. Unnamed – one person knows who it is and gives us an idea of where to look. It is useful but it also makes things more complicated. f) Going forward we will reflect upon the evolving approach of the Independent National Whistleblowing Officer (INWO). 	<p>Director of Workforce/ Committee Secretary</p>

	<p>g) The Whistleblowing Champion has written to the Cabinet Secretary and will share the response with the SLWG in due course.</p> <p>The Committee thanked the Director of Workforce and the Whistleblowing Champion and were assured by the update provided</p>	
3.5	Covid-19 Update	
	<p>The Director of Workforce provided a Covid-19 provided a brief update to the Committee and the following points were noted:-</p> <ul style="list-style-type: none"> a) We are preparing for the reopening of Delta House, Gyle Square and Community Engagement Offices and are continuing to work together with Partnership Forum through the practicalities involved in this. b) Electronic Covid-19 updates continue to be provided to all staff on a regular basis. c) Annual leave cancellation is not an issue for HIS. d) Covid related absences are recorded as special leave on the Scottish Standard Time System. <p>There were no questions and the Committee were assured by the update provided by the Director of Workforce.</p>	Director of Workforce/ Committee Secretary
3.6	Health & Safety Update	
	<p>The Chair advised that the health & safety update would be presented at a future committee meeting.</p>	Director of Workforce/ Committee Secretary
4.	RISK MANAGEMENT	
4.1	Risk Management/ Risk Register	
	<p>The Chair advised that the risk management update would be presented at the next committee meeting on 9 March but noted that risk had been considered and discussed throughout the meeting.</p>	Director of FPG/ Committee Secretary
5.	WORKFORCE INFORMATION	
5.1	Workforce Data update	
	<p>The Chair advised that the workforce data update will be presented at a future committee meeting.</p>	Director of Workforce/ Committee Secretary
6.	Any other business	
	<p>No other business was discussed.</p>	
7.	STANDING BUSINESS	
	<p>Board Report – 3 Key Points</p> <p>The Chair provided a report for the Board (post meeting) highlighting the key points from the meeting. The key points were:</p> <ul style="list-style-type: none"> 1. Workforce Plan update 2. Ways of Working 3. Accelerated Recruitment 	

8.	Feedback Session	
	The Chair asked for any reflections regarding the next agenda to be sent to him electronically.	
9.	Date of Next Meeting	
	10:00-12:00, 11 May 2022 via MS Teams	
	Person Presiding: Duncan Service Signature: Duncan Service Date: 9/3/22	

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 January 2022**.

2. Recommendation

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

a) Presentation by the Head of Communications on Non-Executive Recruitment

The presentation addressed the subject of how we can apply the learning from activity at Social Security Scotland to recruit more diverse board members to our recruitment campaigns. During the presentation, Members were provided with an insight into the recruitment campaign for Board Members at Social Security Scotland, where the emphasis was placed on communication and community engagement, in addition to improving the perception and awareness of people who applied to the organisation.

b) Succession Plan Update

An update was provided on the progress of the Succession Plan for 2021-23. Details of the Succession Planning Working Group were also included, in addition to information on the provision of equality and diversity training for Board Members and a review of the board paper template and information provided in board papers. The issue of stakeholder input was also discussed.

c) Update on the Non-Executive Recruitment Campaign

A number of dates had been organised in relation to the planning, shortlisting and interview sessions for the posts and the Chair and other panel members would be involved in this process. The format of the application form and the need to adopt a more simplified approach to the recruitment process were also discussed.

Carole Wilkinson
Committee Chair

MINUTES – Approved

Meeting of the Succession Planning Committee

Date: 25 January 2022

Venue: MS Teams

Attendance

Carole Wilkinson
Suzanne Dawson
Rhona Hotchkiss

HIS and Committee Chair
Board Member
Board member

Present

Ruth Jays
Sandra Flanigan
Stephen Ferguson
Tony McGowan
Lynda Nicholson

Director of Community Engagement
Head of Organisational Development and Learning
Communications Manager
Head of Engagement and Equalities Policy
Head of Corporate Development, Chief Executive's
Office

Ben Hall

Head of Communications (for item 2.2)

Committee Support

Pauline Symaniak
Colin Wright

Governance Manager
Administrative Officer

Apologies

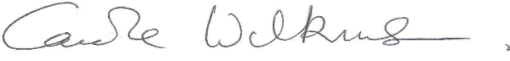
None

1.	OPENING BUSINESS AND COMMITTEE GOVERNANCE	
1.1	Welcome and Apologies for Absence	
	<p>The Chair welcomed everyone to the fifth meeting of the Committee, in particular to Lynda Nicholson, who was attending her first meeting in her new role within the Chief Executive's Office.</p> <p>There were no apologies for absence.</p>	
1.2	Minutes of the Meeting held on 21 September 2021	
	The minutes were approved as a correct record.	
1.3	<p>Action Point Register from Meeting of 21 September 2021 All issues from the Action Point Register had been completed or would be addressed at the meeting today. The following matters were discussed:</p> <p>1.3 <u>Action Point Register - Non-Executive Skills Evaluation, Board Development</u> The Chair reported that a breakdown of gender and equality figures was currently unavailable and this item would remain on the Action List in the meantime.</p> <p>1.4 <u>Business Planning Schedule</u> In relation to the possibility of holding an additional ad-hoc meeting to take place to discuss the planning process for the 2 Board Member vacancies, this issue would be addressed later on the agenda.</p> <p>2.1 <u>Committee Co-Option Principles</u> The proposal to contact Neena Mahal with a view to obtaining her help with recruitment and diversity of applicants was discussed and this issue would be followed up with Robert Kirkwood, Head of the Office of the Chief Executive NHS Scotland. This item would remain on the Action List until a replacement for Neena Mahal had been appointed and thereafter, contact would be made with Robert Kirkwood to continue consideration of this matter.</p> <p>The Risk Issues list was an Appendix to the Action register and this would be considered during the Risk Register item later in the agenda.</p>	<p>Administrative Officer</p> <p>Director of Community Engagement</p> <p>Chair</p>
1.4	<p>Business Planning Schedule Members considered the Business Planning Schedule and were invited to add their comments.</p> <p>A question was asked in relation to the Ethical Standards for Non-Executive Appointments, which was on the Business Planning Schedule as an issue for today's meeting. It was reported that this related to an updated code for Ministerial appointments and the Governance Manager would determine if the document had been published and report back to the next meeting. Rhona Hotchkiss stated that she had viewed the updated guidelines and to her knowledge there was nothing that would affect HIS in the new code.</p>	Governance Manager
1.5	<p>New Ways of Working The Chair reported that all the committees had been considering new ways of working for the future, following the need for remote meetings during the pandemic and it was agreed that the current arrangements were working well and whilst it may be beneficial for other committees to meet in the office sometimes, remote meetings for the Succession Planning Committee would continue. The benefits of remote working to encourage a diversity of Non-Executives was also mentioned, in addition to encouraging representation from outwith the Central Belt.</p> <p>This prompted discussion on whether to invite stakeholders to serve on the committee and it was agreed to continue with the current situation whereby they</p>	Administrative Officer

	would be asked to address the meeting, as and when required. It was further reported by the Governance Manager that the Code of Governance would be updated later this month and this would include an update to the Terms of Reference.	
1.6	<p>Remuneration and Time Commitment</p> <p>The Chair provided a verbal update on this issue which had been the subject of discussion at the Board Chairs meetings and in other forums. A piece of work would be completed by the Scottish Government on this matter, although there was no timescale available as to when this would be completed. However, the Board Chairs plan to contact the Scottish Government to stress the urgency of this matter, given the disparity between the NHS Boards and other Public Bodies, to ensure fairness and consistency, as well as improving equality and diversity.</p> <p>This prompted discussion on the topic, including whether it would be appropriate for pensionable service to be included, and it was generally agreed this would not be helpful, due to the need to separate Non-Executive and Executive positions. Other areas were discussed, such as the link between time commitment and Remuneration and the possibility of a review of the number of Health Boards in Scotland.</p> <p>Members would be kept informed of the progress of this issue.</p>	
1.7	<p>Current Non-Executive Director Recruitment Update</p> <p>The Chair expanded on a report providing an update to the committee on the recruitment activity to fill the three upcoming vacancies on the HIS Board. A number of dates had been organised in relation to the planning, shortlisting and interview sessions for the posts and the Chair and other panel members would be involved in this process. The criteria for the specification for the positions was also detailed in the report. A considerable amount of work had been completed by the public appointments team to simplify the process and an update would be provided at the next meeting.</p> <p>This prompted discussion on the format of the application form which had been simplified to encourage applicants to complete and also to help them come forward with the relevant information, which would help assist in determining their suitability for the posts. Other options could be applied for the future, such as inviting applications to observe a Board Meeting, or holding more open session recruitment days. The matter of ensuring appropriate branding was applied was also discussed, in order to attract people who would not normally apply.</p> <p>The possibility of developing Board Members throughout their term was raised, in addition to co-opting Board Members. Finding appropriate roles for unsuccessful shortlisted applicants by mapping out a support mechanism for them was also suggested and the Head of Engagement and Equalities Policy intimated that he could assist in this regard.</p> <p>The committee noted the update.</p>	<p>Chair</p> <p>Head of Engagement and Equalities Policy</p>
2.	SUCCESSION PLANNING	
2.1	<p>Succession Planning 2021-23</p> <p>The Director of Community Engagement provided a verbal update on the progress of the Succession Plan for 2021-23. Details of the Succession Planning Working Group were also included and this forum had been assisted by the inclusion of Lynda Nicholson on the group. Other areas of work included stakeholder input, the length and format of Board Papers and Equality and Diversity Awareness training, which a number of Board Members had signed up for.</p>	

	Following further discussion, Members noted the progress of the Plan.	
2.2	Recruiting Non-Executive Directors – Presentation by Guest Speaker, Ben Hall, Head of Communications	
	<p>The Director of Communications had been invited to conduct a presentation on his experience of recruiting Non-Executive Directors whilst he was employed by the Department of Social Security in Scotland.</p> <p>He started by explaining the background context of the situation in Social Security Scotland where two Non-executives were coming to the end of their term and the organisation had decided to take a completely fresh approach to recruiting replacements, with the main aim being to increase the diversity of applicants. An emphasis was placed on communication and community engagement, in addition to improving the perception of people who applied to ensure that they were aware they were applying to a learning organisation. The aim was to utilise low cost channels to ensure value for money in the recruitment process, whilst also widening the reach to attract new people who wouldn't normally be involved.</p> <p>The new approach involved spreading the recruitment sources to include the following:</p> <ul style="list-style-type: none"> • Focus on low cost channels. • Advertising – www.appointed-for-Scotland.org. • Corporate Website. • Scottish Government Appointments page. <p>Other crucial aspects of the process included:</p> <ul style="list-style-type: none"> • Engagement with relevant organisations. • Ensuring plain English was used. • Refreshing the plan regularly, depending on the responses. • Conduct scenario planning to achieve best results. <p>The result of the new exercise produced an improved response, with 58 applications completed and 120 partially completed, with a good range of submissions and a high quality of applicants responding. The exercise had also increased the brand awareness of the organisation and improved their profile.</p> <p>Members were invited to ask questions and discuss the issues.</p> <p>During discussion it was emphasised that whilst there was a lot of work involved in the new process, careful planning in advance had enabled a good outcome to be achieved. Members took comfort from the fact that the new process had resulted in a number of benefits to the organisation and the Head of Communications emphasised that the aim was to ensure the process was “good for Scotland” and it was relevant to this country, given that there are differences between the Scottish benefits system and elsewhere in the UK. It was also important that the system reflected the people that the service was trying to reach and that it was not perceived as working against them.</p> <p>In conclusion, the committee emphasised that there were a lot of points they could take from this presentation which could be incorporated into their recruitment campaign and the Head of Communications was thanked for his very helpful presentation.</p> <p>The Administrative Officer would circulate the presentation to Members.</p>	<p style="text-align: right;">Administrative Officer</p>

3.	PAPERS FOR INFORMATION	
3.1	Risk Management: strategic risk register	
	<p>The Director of Community Engagement provided the Committee with the current strategic risk register. They also considered the Risk Issues list which had been attached to the Action List.</p> <p>The Committee noted the strategic risks and the Director of Community Engagement summarised the items raised in the first version of the Issues Register and invited comments from Members. It was emphasised that the Register had been based on the similar approach taken by the Remuneration Committee, as a useful method of monitoring the issues. The following points were made during discussion:</p> <ul style="list-style-type: none"> • It was suggested in relation to the second item referring to diversity in the recruitment process, that mention should be made of the public appointment process and this would be amended accordingly. • It was further suggested that word “will” in the “Current Update” column, of the second item, should be amended to “may” to reflect the conflicting priorities and pressures facing the organisation. • Barriers to applying to join the Board could be highlighted in the document, including the role of stakeholder engagement, to highlight this issue. <p>Further discussion took place on how to best reflect the views of our “customers”, i.e. the Health Boards and other stakeholders and it was acknowledged that the HIS Strategy could help cover this issue. The holding of Annual Review meetings in public, in addition to informal chat also helped to gather feedback on the relevant issues affecting the organisation and it was hoped that this would return in the near future.</p>	Director of Community Engagement
4.	CLOSING BUSINESS	
	The Chair left the meeting at this point to attend the Staff Huddle and Suzanne Dawson chaired the remainder of the proceedings.	
4.1	Board Report: three key points	
	<p>The following three points were agreed for reporting to the next meeting of the Board on 23rd March 2022.</p> <ul style="list-style-type: none"> • Presentation by the Head of Communications on Non-Executive Recruitment - how we can apply the suggestions to our recruitment campaign to improve equality and diversity and to increase the number of applications. • Succession Plan Update - an update was provided on the progress of the Succession Plan for 2021-23. Details of the Succession Planning Working Group were also included, in addition to information on the provision of equality and diversity training for Board Members and a review of the board paper template and information provided in board papers. • Update on the Non-Executive Recruitment Campaign. A number of dates had been organised in relation to the planning, shortlisting and interview sessions for the posts and the Chair and other panel members would be involved in this process. 	Administrative Officer

4.2	AOB	
	There were no further items of business requiring consideration.	
4.3	Date of next meeting.	
	The next meeting would be held on 15 th June 2022 at 10.00 am. Please note different starting time for this meeting.	
	Name of person presiding: Carole Wilkinson	
	<p style="text-align: center;"></p> <p>Signature:</p> <p>Date: 1st March 2022</p>	