# Public Board Meeting

*Wed 25 September 2024, 10:30 - 13:30*

**MS Teams**

# Agenda

**10:30 - 11:10**
40 min

## 1. OPENING BUSINESS

### 1.1. Welcome and apologies

*10.30          Chair*

### 1.2. Register of interests

*Chair*

Paper

📄 Item 1.2 Register of Interests.pdf (3 pages)

### 1.3. Minutes of the public Board meeting on 25 June 2024

*10.35          Chair*

Paper

📄 Item 1.3 Board Public Minutes.pdf (5 pages)

### 1.4. Action points from the public Board meeting on 25 June 2024

*Chair*

Paper

📄 Item 1.4 Action Register.pdf (1 pages)

### 1.5. Chair's Report

*10.40          Chair*

Paper

📄 Item 1.5 Chairs Report.pdf (3 pages)

### 1.6. Executive Report

*10.50          Chief Executive*

Paper

📄 Item 1.6 Executive Report.pdf (15 pages)

**11:10 - 11:30**
20 min

## 2. SETTING THE DIRECTION

### 2.1. NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update

*11.10          Director of Quality Assurance and Regulation*

Paper

📄 Item 2.1 GGC Emergency Dept Review Update.pdf (4 pages)

**11:30 - 11:50**
20 min

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

### 3.1. Organisational Performance

*11.30*

### 3.1.1. Quarter 1 Performance Report

*Paper          Director of Finance, Planning and Governance*

📄 Item 3.1.1 Q1 Performance Report.pdf (7 pages)

### 3.1.2. Financial Performance Report

*Paper          Director of Finance, Planning and Governance*

📄 Item 3.1.2 Financial Performance.pdf (9 pages)

### 3.1.3. Workforce Report

*Paper          Director of Workforce*

📄 Item 3.1.3 Workforce Report.pdf (5 pages)

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**11:50 - 12:00**
10 min

## 4. ASSESSING RISK

### 4.1. Risk Management: strategic risks

*11.50          Director of Finance, Planning and Governance/Risk Manager*

Paper

📄 Item 4.1 Risk Management.pdf (12 pages)

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**12:00 - 12:55**
55 min

## 5. ENGAGING STAKEHOLDERS

### 5.1. Death Certification Review Service Annual Report

*12.00          Director of Quality Assurance and Regulation/Senior Medical Reviewer*

Paper

📄 Item 5.1 DCRS Annual Report.pdf (2 pages)
📄 Item 5.1 Appendix 1.pdf (24 pages)

## *Lunch break 12.15 - 12.55*

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**12:55 - 13:25**
30 min

## 6. GOVERNANCE

### 6.1. Board and Governance Committee Meetings Schedule 2025-26

*12.55          Director of Finance, Planning and Governance*

Paper

📄 Item 6.1 Meeting Dates 25-26.pdf (2 pages)
📄 Item 6.1 Appendix 1.pdf (1 pages)

### 6.2. Governance Committee Chairs: key points from the meeting on 28 August 2024

*13.05        Chair*

Paper

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

### 6.3. Audit and Risk Committee: key points from the meeting on 4 September 2024; approved minutes from the meeting on 18 June 2024

*Paper        Committee Chair*

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

### 6.4. Executive Remuneration Committee: key points from the meeting on 17 September 2024

*Paper        Committee Chair*

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

### 6.5. Quality and Performance Committee: key points from the meeting on 14 August 2024; approved minutes from the meeting on 22 May 2024

*Paper        Committee Chair*

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

### 6.6. Scottish Health Council: key points from the meeting on 12 September 2024; approved minutes from the meeting on 23 May 2024

*Paper        Scottish Health Council Chair*

📄 Item 6.6 SHC Key Points.pdf (1 pages)

### 6.7. Staff Governance Committee: key points from the meeting on 7 August 2024; approved minutes from the meeting on 1 May 2024

*Paper        Committee Chair*

📄 Item 6.7 SGC Key Point.pdf (2 pages)

### 6.8. Succession Planning Committee: next meeting to be arranged

*Verbal        Chair*

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**13:25 - 13:30**
**5 min**
## 7. ANY OTHER BUSINESS

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**13:30 - 13:30**
**0 min**
## 8. DATE OF NEXT MEETING

Next meeting is on 4 December 2024.

# Healthcare Improvement Scotland

| | |
|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Register of Interests** |
| **Agenda item:** | **1.2** |
| **Responsible Executive/Non-Executive:** | **Angela Moodie, Director of Finance, Planning and Governance** |
| **Report Author:** | **Pauline Symaniak, Governance Manager** |
| **Purpose of paper:** | **Decision** |

## 1.    Situation

The Register of Interests for Board Members and senior staff members within HIS requires appropriate scrutiny and is presented to each Board meeting for that purpose.

## 2.    Background

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

## 3.    Assessment

The Register of Interests on the website was considered by the Board at its meeting on 25 June 2024 with two additional interests added which were notified at the time of the Board meeting:

- Abhishek Agarwal – added new interest: Chair of the Board of Management, Forth Valley College
- Evelyn McPhail – added new interest: Aspiring Chairs programme participant

The following interests were subsequently notified in August and September, and will be included on the updated Register published on the website after the Board meeting:

- Duncan Service - interest ended: Co-Chair, UK Grade Network.
- Rob Tinlin – new interest notified: Chair of the Cumberland Council Improvement Board.
- Angela Moodie and Clare Morrison – interest added: Hospitality (One night's accommodation) accepted for attending National Improvement Leaders Workshop on 3 September 2024.
- Abhishek Agarwal – new interest commencing 1 October: Board Member, Scottish Housing Regulator; interests ended: Role of DBA (Doctor of Business Administration) External Examiner, University of Dundee and Board Chair, Grampian Housing Association.

**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. At the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions. |
| Clinical and Care Governance (CCG) | There are no specific CCG implications. |
| Equality and Diversity, including health inequalities | There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders. |
| Communication, involvement, engagement and consultation | The Register was last considered by the Board at its meeting on 25 June 2024. The Register is published quarterly on the website once approved by the Board. A more up to date version is maintained on file on an ongoing basis. |

## 4    Recommendation

The Board is asked to approve the Register of Interests for publication on the website. It is recommended that the Board accept the following Level of Assurance given that the Register is updated on an ongoing basis and scrutinised quarterly: **SIGNIFICANT:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

**Healthcare Improvement Scotland**

**MINUTES – Draft**

**Public Meeting of the Board of Healthcare Improvement Scotland at**
13.00, 25 June 2024 Hybrid meeting: Boardroom, Gyle Square, Edinburgh/MS Teams

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

| 1. | **OPENING BUSINESS** |
|---|---|
| 1.1 | **Chair's welcome and apologies** |
| | The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. Apologies were noted as above. |
| 2. | **HOLDING TO ACCOUNT – Annual Report and Accounts 2023-24** |
| 2.1 | **Annual Report and Accounts 2023-24** |
| 2.1.1 | **Draft Annual Accounts 2023-24** |
| | Claire Gardiner, Audit Director, and Esther Scoburgh, Senior Audit Manager, from Audit Scotland, joined the meeting for item 2.1.<br><br>The Director of Finance, Planning and Governance advised that changes made to the report since the Audit and Risk Committee were noted as well as a late change required by all Boards in relation to an error in pension figures. The service audit reports for services provided to HIS by NHS Ayrshire and Arran, and National Services Scotland are unqualified.<br><br>The Chair of the Audit and Risk Committee advised that the Annual Report and Accounts had received a significant amount of scrutiny up to this point via email circulation, the Annual Accounts workshop and the Committee meeting on 18 June.<br><br>The Board commended the Finance Team for their work on finalising the Accounts. |
| 2.1.2 | **Annual Audit Report 2023-24** |
| | The Audit Director highlighted the main points from the report noting that Audit Scotland were |

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|---|---|---|
| | | providing an unqualified opinion and no significant issues were found. She thanked the Finance Team for their support during the audit.<br><br>In response to a question from the Board, Audit Scotland advised that HIS is in a good position to deal with current financial challenges and plans are in place to achieve financial sustainability. |
| | 2.1.3 | **Letter of Representation** |
| | | The Director of Finance, Planning and Governance advised that this is a standard letter that will be signed by the Accountable Officer alongside the Accounts.<br><br>**Decision: Having considered all the matters under agenda item 2.1, the Board approved adoption of the Annual Report and Accounts for 2023-24.** |
| | 2.2 | **Whistleblowing Champion Annual Report** |
| | | Keith Charters, Non-executive Whistleblowing Champion, advised that no whistleblowing concerns were received for HIS during 2023-24 and processes are working well.<br><br>In response to questions, the following additional information was provided:<br>a) The Director of Workforce advised that training and awareness for staff on Safe to Speak Up is showing positive progress.<br>b) The Whistleblowing Champion advised that he is part of the national network which provides helpful sharing of good practice from Boards who experience more activity than HIS.<br><br>**Decision: The Board accepted the moderate level of assurance offered on the report.** |
| **3.** | | **BOARD GOVERNANCE** |
| | 3.1 | **Register of Interests** |
| | | The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the register must be notified within one month of them occurring. Any interests should be declared that may arise during the course of the meeting.<br><br>**Decision: The Board approved the register for publication on the website.** |
| | 3.2 | **Minutes of the Public Board meeting held on 27 March 2024** |
| | | The minutes of the meeting held on 27 March 2024 were accepted as an accurate record. There were no matters arising.<br><br>**Decision: The Board approved the minutes.** |
| | 3.3 | **Action points from the Public Board meeting on 27 March 2024** |
| | | It was noted that all actions were complete or their status updated.<br><br>**Decision: The Board gained assurance from the action updates.** |
| | 3.4 | **Chair's Report** |
| | | The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement.<br><br>**Decision: The Board approved the appointment of Rob Tinlin as Chair of the Audit and Risk Committee and Nikki Maran as a member, both from 1 July 2024; the Board approved the appointment of Abhishek Agarwal as Vice Chair of the Quality and Performance Committee from 1 July 2024.** |
| | 3.5 | **Executive Report** |
| | | The Chief Executive provided the report and highlighted the following:<br>a) There were several significant workforce developments. Thanks were extended to staff who received a long service award for the contribution they have made to health and social care. HIS Employee posts have been advertised and will support the aim of an agile workforce. National strategic clinical leads have been appointed in a new approach to the provision of clinical advice across the organisation. |

File Name: 20240625 board mins pub
Produced by: PS
Version: 0.1
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Review date:

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| | b) iMatter scores have decreased in comparison to last year and actions will be put in place which will be reported to the Partnership Forum, Staff Governance Committee and the Board.<br>c) There are welcome developments in relation to recognition of the work of the Scottish Health Technologies Group, the creation of accessible inspection reports and the formalisation of the relationship with Strathclyde University.<br>d) Action on delayed discharges is a ministerial priority and HIS is collaborating with other agencies to ensure we are maximising our response.<br><br>The questions from the Board and the additional information provided covered the following:<br>a) The accessible versions of the inspection reports are not significant extra work because they use content already created.<br>b) The regulation of private ambulance services is included in the legislation governing HIS but has not been enacted.<br>c) The work to define falls and measure them consistently is important progress that will support improvements in what is a significant harm.<br>d) Regarding organisational change, there is a short life working group which ensures delivery of actions and a transformation oversight board to provide governance.<br>e) Improvements from complaints are now being logged as part of wider work to examine how we deal with concerns that come to us.<br>f) The Hospital at Home service is still expanding but not mature enough as yet to bring into our scrutiny programme.<br>g) The impact of HIS regulating independent medical agencies is expected to be small.<br>h) Our work on delayed discharges will focus on intelligence gathering and then improvement support.<br><br>**Decision: The Board gained assurance on the developments reported.** |
| **4.** | **SETTING THE DIRECTION** |
| **4.1** | **Integrated Planning Update** |
| | The Director of Finance, Planning and Governance highlighted that draft plans had already been provided to the Board in reserved session on 27 March. They had now been signed off by Scottish Government (SG).<br><br>In response to questions from the Board, the following additional points were provided:<br>a) The requests from SG reflect national priorities but will be aligned to our strategy.<br>b) Regarding pausing of work, difficult decisions have been made but where possible learning from paused programmes will be captured in other areas.<br>c) There is a new commissions process for dealing with requests from SG as HIS can't absorb additional work without it supporting our strategy and without appropriate resources.<br><br>**Decision: The Board approved the Three Year Plan, the Annual Delivery Plan and the Financial Plan.** |
| **5.** | **HOLDING TO ACCOUNT – including FINANCE AND RESOURCE** |
| **5.1** | **Organisational Performance Report Quarter 4** |
| | The Director of Finance, Planning and Governance advised that there was strong performance in quarter 4 and the majority of work is on target.<br><br>The following points were provided in response to questions from the Board:<br>a) New commissions have increased in the first quarter of the year relative to previous years. They are being considered on a case by case basis.<br>b) Regarding the One Team key performance indicator (KPI), along with the HIS Employee initiative, this is a lever in achieving a more agile organisation.<br><br>**Decision: The Board accepted the moderate assurance offered on the report.**<br>**Action: The link between HIS Employee and One Team to be covered in Staff Governance Committee KPIs and Workforce Plan data.** |

| 5.2 | **Financial Performance Report** |
|---|---|
| | The Director of Finance, Planning and Governance provided the position as at 31 May 2024, noting there was an underspend of £300k and savings of £700k have been achieved against a full year target of £2.5m. For additional allocations, only a part payment has been received for one programme and an update on the remainder is now expected in early July.<br><br>In response to questions from the Board, the following additional points were made:<br>  a) There is a risk of not being in recurrent financial balance for 2024/25, despite the £700k providing a buffer because longer term, baseline savings are required. Risks to this are the pay award which is unknown at this time and allocations being received late in the year.<br>  b) The savings in the Nursing and System Improvement Directorate are unplanned due to reduced headcount as a result of vacancies and reduced non-pay spend.<br>  c) The Annual Delivery Plan and Financial Plan were bold about what HIS would deliver but operationally it has been challenging to pause programmes, for internal reasons as well as external influences.<br><br>**Decision: The Board accepted the significant assurance offered on the report.** |
| 5.3 | **Workforce Report** |
| | The Director of Workforce provided the report and asked the Board to note the significant increase in the sickness absence rate to 4.6%.<br><br>The Board expressed concern about the high absence rate and the impact on staff and programme delivery. They sought additional assurance in the following areas:<br>  a) All Boards are generally experiencing a higher level of absence and within HIS it is most marked in those areas that underwent organisational change.<br>  b) There is a range of support in place for staff including the Occupational Health Service and the Employee Assistance Programme. Staff on fixed term contracts now have certainty in their roles.<br><br>**Decision: The Board accepted the moderate assurance offered on the report.**<br>**Action: Workforce risk to be added to the strategic risk register in relation to sickness absence.** |
| **6.** | **ASSESSING RISK** |
| 6.1 | **Risk Management: strategic risks** |
| | Paul McCauley, Risk Manager, joined the meeting for this item. The Director of Finance, Planning and Governance advised there were 15 strategic risks which is the same as the previous report.<br><br>The Risk Manager advised that the level of assurance is provided based on risks being in or out of appetite and that the terms of reference for the Risk Management Group are being updated to include provision of evidence of controls.<br><br>**Decision: The Board gained assurance of the management of the strategic risks and accepted the levels of assurance offered.** |
| **7.** | **GOVERNANCE** |
| 7.1 | **Governance Committee Annual Reports and Code of Corporate Governance Update** |
| | The Director of Finance, Planning and Governance provided the actions from the Committee annual reports for 2023-24 along with updates arising from the review of terms of reference. Changes to the Standing Financial Instructions (SFIs) were also provided.<br><br>**Decision: The Board accepted significant assurance that the Committees delivered the remits assigned to them; the Board approved the changes to terms of reference and SFIs for incorporation into the Code of Corporate Governance subject to the amendments below.**<br>**Action: Amend descriptions of Board's role in influencing culture to ensuring desired culture is in place and the culture is described as one organisational culture.** |

| 7.2-7.8 | **Committee Key Points and Minutes** |
|---|---|
| | Committee Chairs provided key points from the quarter 4 committee meetings and approved minutes as follows:<br><br>a) Audit and Risk Committee: meeting held on 18 June 2024; approved minutes from the meeting on 7 March 2024<br>b) Executive Remuneration Committee: key points from the meetings on 1 May and 4 June 2024<br>c) Quality and Performance Committee: key points from the meeting on 22 May 2024; approved minutes from the meeting on 7 February 2024<br>d) Scottish Health Council: key points from the meeting on 23 May 2024; approved minutes from the meeting on 29 February 2024<br>e) Staff Governance Committee: key points from the meeting on 1 May 2024; approved minutes from the meeting on 28 February 2024<br>f) Succession Planning Committee: key points from the meetings on 25 April and 30 May 2024; approved minutes from the meetings on 17 January and 25 April 2024<br><br>**Decision: The Board noted the key points and minutes.** |
| 8. | **ANY OTHER BUSINESS** |
| 8.1 | The Chair advised this is the last Board meeting for Gill Graham, Non-executive Director whose appointment ends on 30 June 2024. The Chair thanked her for her significant contribution to the governance of HIS, especially in relation to development of the performance report and the organisation's approach to risk management.<br><br>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. |

Approved by:
Date:

Next meeting:                     25 September 2024

DRAFT ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Public Board Meeting
**Date:** 25 June 2024

| Minute ref | Heading | Action point | Timeline | Lead officer | Status |
|---|---|---|---|---|---|
| 5.1 | Organisational Performance Report Quarter 4 | The link between HIS Employee and One Team to be covered in Staff Governance Committee (SGC) Key Performance Indicators (KPIs) and Workforce Plan data. | 7 August 2024 | Director of Workforce | Draft KPIs discussed at SGC in August 2024 and further work prior to November meeting. HIS Employee update provided in Board Executive Update, Board Workforce Report and with Partnership Forum and SGC as part of Workforce data on an ongoing basis. |
| 5.3 | Workforce Report | Workforce risk to added to the strategic risk register in relation to sickness absence. | 31 July 2024 | Director of Workforce | Complete – risk added. |
| 7.1 | Governance Committee Annual Reports and Code of Corporate Governance Update | Amend descriptions of Board's role in influencing culture to ensuring desired culture is in place. | Immediate | Governance Manager | Complete – changes made to terms of reference and new Code published online. |

## CHAIR'S REPORT TO THE BOARD – SEPTEMBER 2024

## PURPOSE OF REPORT AND RECOMMENDATION

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

- receive and note the content of the report.

## NHS SCOTLAND BOARD CHAIRS

### NHS Board Chairs

The Chairs met with the Cabinet Secretary for NHS Recovery, Health and Social Care on 26 June and 12 August 2024. The June meeting covered NHS Recovery and Performance including planned care, unscheduled care and cancer waiting times. We also discussed digital developments and innovation. The August meeting focused on delayed discharges and the Population Health Framework.

Board Chairs held their private meeting on 19 August 2024 and our main topics for discussion were cyber security and whole system governance. The annual development session for the Board Chairs is scheduled for 19 and 20 September 2024 at Ninewells Hospital in Dundee. The programme will include a session with the Cabinet Secretary for NHS Recovery, Health and Social Care and we will be exploring our collective role in strategic priorities, innovation and themes from the Blueprint for Good Governance self-assessment exercise. Following a statement from the Cabinet Secretary for Finance and Local Government about public sector budgets, the Board Chairs decided that they would proceed with the event by personally funding their attendance. This includes myself and the Chair of the Scottish Health Council meeting our own costs for accommodation.

I continue to engage with the Chairs through regular meetings with the national Board Chairs and with regional Board Chairs, both of which provide an opportunity to share common areas of working. I also continue to join the Chairs Action Learning Sets and we have held two of these since the last meeting.

### Succession Planning

I continue to be closely involved with the second cohort of the Aspiring Chairs programme through mentoring and providing development activities for our host participant; supporting our Non-executive Director, Evelyn McPhail, who is a programme participant; and continuing to chair the Advisory Panel. I also met with Neena Mahal, Interim Chair of NHS Forth Valley, on 29 July 2024 to discuss succession planning and improving diversity on NHS Boards given she has significant experience in

this area. I am delighted that she will join a future meeting of our Succession Planning Committee to share her perspectives.

## STAKEHOLDER ENGAGEMENT

### Internal Engagement

The monthly all staff huddles continue to provide an opportunity for the Chief Executive and I to share key developments about the organisation and the "5 minutes with" series of blogs continues to feature our Non-executive Directors to raise awareness of their role on the Board and share information about their personal backgrounds and skills.

### External Engagement

On 26 June 2024, I joined a four nations meeting of the Chairs from the Care Quality Commission, Care Inspectorate (Scotland), Care Inspectorate Wales, Regulation and Quality Improvement Authority and HIS. We discussed existing engagement, key challenges, opportunities, and our organisational priorities. We agreed that given the commonality of some key issues across the four nations, it would be beneficial to be connected on an ongoing basis, whilst not wishing to duplicate the regular engagement by the respective Chief Executives. We agreed to collate existing collaboration across our organisations and to meet again later in the year.

The quarterly strategic meeting with our Scottish Government Sponsor Team was held on 10 September 2024. Due to pressures on some senior staff, it was a shorter meeting than normal attended by myself, the Head of Corporate Development and the Head of Planning and Governance. We had a useful discussion about the National Care Service and how our Sponsors might support our efforts to ensure the role of HIS is understood. I provided an update on recruitment to the post of Director of Quality Assurance and Regulation, and the Head of Planning and Governance provided an update on the Responding to Concerns Review. Another meeting is planned very soon to cover the other agenda items.

### Board Appointment

The recruitment round to fill the Board vacancy has now commenced and is being delivered as a joint round with the Scottish Ambulance Service. The early engagement meeting was held on 27 August 2024 and at this stage I anticipate the new appointment will commence in early January 2025. Work has already been completed to align the recruitment materials and publicity activity to our Succession Plan. This includes the language and content of the HIS information in the candidate pack and the creation of several short videos from current Non-executive Directors to explain the role.

The new appointment will afford the opportunity to review committee membership as well as several Non-executive Champion roles covering counter fraud, cyber security and sustainability.

## **Non-executive Directors**

Evelyn McPhail and Keith Charters have been re-appointed to the Board for a further four years, extending their appointments to October 2028. Mid-year discussions are now scheduled through September and October with Board Members.

## **Board Development**

The Staff Governance Committee and Scottish Health Council held a joint development session covering equalities. The outputs from this supported discussions at the Board strategy day on 18 September 2024. This session reflected on progress with the strategy and considered our key priorities for the next one to three years. This provides the Board with the opportunity to set the direction for operational planning for 2025-26.

**Carole Wilkinson**
Chair, Healthcare Improvement Scotland

## EXECUTIVE REPORT TO THE BOARD – SEPTEMBER 2024

## PURPOSE OF THE REPORT

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements, challenges, and external engagement. In line with HIS' Strategy 2023-28 and specifically the 'One Team' approach, the content of the report is as follows:

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

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

## 1. REPORT FROM CHIEF EXECUTIVE

**The William Quarrier Scottish Epilepsy Centre Visit**
The Chief Executive and the Chair of Public Health Scotland were invited to visit the William Quarrier Scottish Epilepsy Centre in August. It is an independent hospital publicly funded by the NHS (through a national Service Level Agreement) delivered by Quarriers. They employ a team of specialist nurses and clinical team (neurology, psychiatry, psychology, physiology) seconded from the Queen Elizabeth University Hospital. The technology used is cutting edge in that patients can be ambulatory and remotely monitored by a combination of Electroencephalogram, Video and Audio technology - the only place in the UK to offer this.  The service is also regulated by Healthcare Improvement Scotland.  It is proposed to hold a Healthcare Improvement Scotland Board development session at the facility at some point in 2025.

**Board Chief Executives Visit to Robotarium, Heriot Watt 10/11 September**
The NHS Board Chief Executives held their two day meeting at the Robotarium at Heriot Watt University in September.  The Robotarium is a major UK centre which focuses on the development of robotic, AI and automated technologies with the aim of moving pioneering research from lab to market.   The work of the Robotarium is important in the broader context of Healthcare Improvement Scotland's role in the evaluation of the effectiveness of medical technologies.   It is intended that further work is taken forward to better improve the

understanding of the challenges for the NHS in engaging with this sector, especially those new technologies that are the earliest stages of development.

**National Care Service Bill**
HIS has been invited to give evidence at a meeting of the Health, Social Care and Sport Committee of the Scottish Parliament on 1 October 2024. The session will be focused on the Committee's ongoing scrutiny at Stage 2 of the National Care Service (Scotland) Bill. The HIS Chief Executive will attend alongside representatives from the Care Inspectorate, Scottish Public Services Ombudsman, and Scottish Social Services Council. It is expected that the session will focus on regulation, scrutiny and complaints, and will be informed by additional evidence sessions taking place throughout September with other stakeholders. HIS is also submitting a written submission to the call for views on the proposed Stage 2 amendments of the Bill.

**National mission to reduce delayed discharges**
HIS along with other national boards and organisations are working together to support the national mission and to ensure that support is coherent and avoids duplication. Regular meetings have taken place between HIS, NHS Education for Scotland (NES), Public Health Scotland (PHS), Care Inspectorate, Convention of Scottish Local Authorities (COSLA) and Scottish Government (SG).  Oversight for the national mission to reduce delayed discharges is being provided by the Scottish Government/COSLA Collaborative Response and Assurance Group.

SG has asked us to provide targeted improvement support in two areas: mental health and learning disability, and adults with incapacity. These are both progressing within existing workstreams in our Annual Delivery Plan. HIS is also working with NES, COSLA, and SG to establish a national learning system. Plans for further improvement support are also being developed and will focus on leveraging our existing programmes of work.

**The Eljamel and NHS Tayside Public Inquiry**
Draft terms of reference for the Eljamel and NHS Tayside Public Inquiry have been published. The Inquiry will look at a range of areas including Mr Eljamel's professional practice, clinical governance and reviews and investigations.  They include the following reference to HIS and its predecessor:
*To investigate the role of any other health agencies, including but not limited to NHS Quality Improvement Scotland (NHS QIS) and Healthcare Improvement Scotland (HIS), relating to the care provided by Mr Eljamel to his former NHS patients.*

**Regulation of Independent Healthcare Review**
Since an initial deep dive review of regulatory functions (Independent Healthcare (IHC) and Ionising Radiation (Medical Exposure) Regulations (IRMER) following the conclusion of the Quality Assurance and Regulation Directorate's organisational change process, there have been a number of significant developments including the expansion of our regulatory remit to include IHC services provided by pharmacy professionals and independent medical agencies; concerns about the approach and position HIS has been taking on ventilation requirements for IHC services; recommendations for our IRMER work following the Integrated Regulatory Review Service (IRRS) follow-up mission; and the publication of interim findings from an independent review of the Care Quality Commission. These all raise important considerations for our future regulatory approach.

It has become increasingly apparent that a more fundamental review of our regulatory approach is required than initially anticipated when the deep dive review work began. We need to be clear about what our strategic approach, role and focus is as a regulator going forward and ensure we are making outcome focused, judgement-based assessments of the safety and quality of care. It will be important that we engage with our stakeholders throughout this process to ensure a regulatory approach that has the confidence of service users and service providers. To help us undertake this more fundamental review in a timely manner it has been agreed that we will seek to bring in external support. We are proposing to engage an individual with appropriate expertise to lead the review, supported by an external refence group of relevant stakeholders. While the review is ongoing we will continue to deliver essential regulatory activities in an effective, proportionate, and risk-based way.

**Scottish Approach to Change**
Early development work has begun to define a Scottish Approach to Change for health and care. The rationale is the need to underpin NHS reform with a clear and coherent approach to change. This does not exist at present and there is confusion in the system about which change tools and methods to use for which situation. SG recognised this need and asked HIS to undertake this work to support the NHS reform agenda, in our leadership role as the national improvement agency for health and care.

This Scottish Approach to Change will articulate the steps that are needed for successful change to happen and the essentials that underpin the change process. It is being developed in two phases: the initial "understand" phase which aims to define a high-level overview of change, consolidating what is known already. Phase 1 is due to be completed by November 2024 and will provide a framework for developing an in-depth approach in phase 2.

**Programme for Government**
SG published the [2024-25 Programme for Government](#) on 4 September 2024. This year's programme has been split into four priorities: eradicating child poverty; growing the economy; tackling the climate emergency; and ensuring high quality and sustainable public services. Several commitments are of particular relevance to HIS, including those focussing on primary care, delayed discharge, reducing drug deaths, supporting people living with dementia, testing the Bairn's Hoose approach, engagement and planning for transformation, as well as ongoing development of the National Care Service.

**SG sponsorship**
As previously advised, there has been a change in HIS' SG sponsorship arrangements, which are now led by James Boyce of the Health Sponsorship Division, alongside Lynne Nicol of the Healthcare Quality and Improvement Division. James Boyce joined a meeting of the Executive Team in August to discuss shared priorities and ways of working. Alongside this, the approach to our Quarterly Strategic sponsorship meetings has been reviewed so that the Chair and Chief Executive have a standing invitation to all meetings, and the agenda has been revised in line with the Operating Framework.

**COMPLAINTS HANDLING**

Since April 2024, 6 complaints about HIS Services have been received, handled and closed.

- 3 Complaints were managed at Stage 2, with 3 complaints handled and closed at Stage 1 – early resolution.
- 50% of complaints were closed within timeframe. Due to complexity of complaints received extensions to 20-day timelines were agreed with 2 complainants (33% of all

- complaints closed) and 1 complaint (16%) lapsed expected timeframe by 1 day (early resolution case).
- 3 (50%) of complaints were not upheld, with 2 (33%) Stage 2 complaints partially upheld.
- 66% of complaints related to Quality Assurance and Regulation Directorate services (IHC and Death Certification Review Service) 16% related to Community Engagement and Transformational Change, and Nursing & System Improvement/ Healthcare Staffing Programme.
- Complaints improvement work continues with aim of publishing an updated HIS Complaints Handling Procedure by Autumn 2024.  The timeframe for this work is aligned to learning recommendations from the Responding to Concerns external review.

**ONE TEAM**

**Perinatal Quality Management System**
HIS has committed within its strategy to embed quality management across the provision of health and care. This is being progressed through the development implementation of a Perinatal (Maternity and Neonatal) Quality Management System (QMS) within 2024/25. This builds on the existing improvement support provided through the Scottish Patient Safety Programme (SPSP) and includes the development of a robust vision for services in Scotland coupled with the establishment of evidence-based standards for Maternity/Perinatal Services, and the expansion of the Safe Delivery of Care inspections.

Twenty six members of HIS staff participated in the inaugural HIS QMS Perinatal Workshop held on 9 July and the first Perinatal QMS Learning System session took place on 3 September, to further discussion on key QMS components, stakeholder engagement, role clarification, governance, equality outcomes, and communication strategies. Upcoming steps include engaging all HIS Directorates in co-designing the Learning System's structure and deliverables. This progress marks a pivotal phase in enhancing perinatal care quality and system efficiency. The QMS team have provided significant and support for this work.

The new HIS maternity inspection team is currently being established. During the inspections, inspectors will observe care, speak to staff and senior managers, talk to mothers and families, and review a range of information about staffing levels, leadership in the units and culture. The focus of the inspections will be on care delivered to mothers and babies, and ensuring that improvements support good, person-centred care. Each inspection will take between one to three days. The inspection process will initially use the same methodology as currently used in our safe delivery of care inspections of acute hospitals.

A set of standards for maternity units will also be developed to provide a blueprint for good care and the standards will support the inspection programme. The draft standards will be consulted on publicly. We believe inspections of maternity units in Scotland will help provide public assurance around the care that women and babies can expect to receive in maternity units.

**Responsive Support**
In line with our Annual Delivery Plan and Strategy, a business case setting out our commitments to establish a responsive support offering to boards experiencing safety and quality challenges has been approved by the Executive Team.  The proposal is to develop and test the service in 2024/25, and then to use the learning to update the delivery arrangements.

## 2. ACHIEVEMENTS

**<u>More Effective and Appropriate Care</u>**

**Hospital at Home**
In July 2024 HIS published an annual report summarising the impact of the national Hospital at Home programme in 2023/24. Key highlights from the report include:

- Hospital at home services prevented over 14,467 people spending time in hospital between April 2023 to March 2024.
- There has been a 58% increase in the number of older people/acute adult hospital at home "beds" from 314 in quarter 4 of 2022/23 to 495 in quarter 4 of 2023/24.
- An estimated £36.3 million in costs avoided for hospital admissions, outpatient activity and care home support in 2023/24 due to the reduced demand following hospital at home discharge compared to a traditional hospital admission. The full report can be read here.

SG have allocated £3.6 million funding to fifteen NHS boards to support the development of Hospital at Home services for 2024/25. HIS will work with the NHS boards and Health and Social Care Partnerships (HSCPs) that have received funding to improve the resilience and efficiency of services.

**Mental Health Reform**
The Ministerial commitment for a national protocol setting out how mental health and substance use services should work together has been developed and will be launched on 25th September. A programme of activity has been designed to support the protocol including a national learning system, a peer network, improvement and coaching support with selected sites and the continuation of the clinical network.

Other areas of progress are:

- 2024-25 funding approved and received for the mental health reform programme (to boards and HIS), with 2 new sites on board to implement Early Intervention in Psychosis model.
- Completion of the testing of the local assessment tool to support the Mental Health Core Standards with 3 health boards in preparation for the national rollout.
- Ongoing SPSP programme to improve observation practice in acute mental health settings: learning system is developing an increase in attendees and online learning interactions.

**Gender Identity Healthcare Standards**
The Gender Identity Healthcare Standards were published on 3 September 2024 as part of a suite of related work and were referenced in the Minister for Public Health and Women's Health statement to the Parliament on the Gender Identity Healthcare for Young People.

The Right Decision Service team also worked with the Standards and Indicators team to deliver a decision support toolkit to underpin implementation of the Gender Identity Healthcare Standards.

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**A Safer NHS**

**Adverse Events**
Between June and August 2024, there have been six focus groups involving NHS Scotland territorial boards, special boards, and key stakeholder organisations to collaborate on the Adverse Events Framework revision.

The key focus is currently on involving patients, families, and carers in the Significant Adverse Event Review process to ensure what matters to them is central to the process. Other focus group work involved staff support systems which is a current gap in the existing framework. NHS boards have shared their mechanisms for supporting staff with trauma informed practice being central to these processes. Further engagement work is now underway for these areas through support from Engagement and Change Colleagues and NES where they are working with individuals who have experienced adverse events and assisting with the development of educational training materials.

We are also working with Scottish Government and the Scottish Fatalities Investigation Unit (SFIU - Crown Office and Procurator Fiscal Service) regarding improving communications between NHS boards and SFIU offices, addressing delays in SAERs and improving the quality of SAER reports.

A revised community of practice SharePoint site for adverse events has also been further developed where all NHS boards will have the mechanism to upload learning from adverse events reviews and share good practice. During this quarter, seven NHS boards have been trained in site utilisation and navigation. Plans are underway for all NHS boards to be responsible for their own area of the site by April 2025. Alongside this, we are developing a thematic analysis approach to learning using the information uploaded to the site.

**Joint Inspection of Adult Support and Protection**
The joint inspection of adult support and protection programme has recently completed a round of progress review inspections. These were in the six adult protection partnership areas initially inspected in 2017/2018 (Dundee, North Ayrshire, East Dunbartonshire, Aberdeenshire, Highland, and Midlothian).

Overall, there was a positive story to report. All six partnerships had clearly prioritised the adult support and protection priority areas for improvement identified in 2017/2018. Almost all showed progress ranging from some to significant. Considerable progress had been made in the role of health both strategically and operationally in adult support and protection work. There were positive examples of health leaders taking active roles within adult protection committee structures and driving forward the protection agenda. Health staff across all partnerships reviewed reported a good understanding of their adult support and protection responsibilities. Key adult support and protection operational roles had been established in some partnerships and these impacted positively on information sharing and risk assessment. There were examples of innovative developments within health to support these key processes. Health attendance at case conferences had improved in almost all partnerships, however further progress was still needed. In some partnerships health record keeping and documentation was a key area for improvement. You can read more about the progress reviews here.

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**Healthcare Staffing Programme**

The Healthcare Staffing Programme has now received all anticipated SG funding, which has allowed the programme to progress vital recruitment to ensure HIS is meeting the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019. The Interim Chief Nursing Officer at SG has written to HIS expressing concern about the delays to Maternity and Mental Health and Learning disability workforce tools. These delays have been due to a combination of funding delays, system pressures, restrictions on parliamentary and digital timeslots and the team having set an overly ambitious timescale. Meetings are in place to agree new timescales and a response has been sent to the Interim Chief Nursing Officer.

The programme undertook a consultation on HIS' recommended changes to the current suite of staffing level tools and Professional Judgement tool to reflect the reduction of the working week to 37-hours. The final recommendation will be made to Scottish Ministers in October 2024.

Productive meetings between SG sponsorship team, Chief Nursing Officer Directorate Act Implementation team, the Healthcare Staffing Programme Associate Director and the Nursing and System Improvement Director resulted in a shared understanding of HIS's intelligence led approach to assurance and scrutiny, which would encompass HIS's new role in monitoring boards' compliance with the Health and Care (Staffing) (Scotland) Act. In addition, agreement was reached in terms of HIS annual reporting to SG on our monitoring activity, including highlighting any information that might inform Scottish Ministers' report to parliament.

**Excellence in Care Programme**

The team have now started to reactivate the programme following receipt of SG funding, a significant proportion of which will be baselined, and recruitment to posts is now underway. Due to the pausing of the programme, an 18-month workplan to March 2026 has been agreed with SG and signed off by the Excellence in Care Programme Board.

Guidance for Quality of Care (QoC) Review and Care Assurance Visits has been endorsed by Scottish Executive Nurse Directors and will support a multi-professional 'Once for Scotland' approach to QoC reviews. This approach enables local teams to gain a deeper understanding of the standards and quality of care that is being delivered in their area, ultimately informing the sharing of good practice and enabling improvement. The guidance is due to be launched on 25 September 2024.

**Scottish Antimicrobial Prescribing Group**

As part of its good practice prescribing guide for outpatient parenteral antimicrobial therapy (OPAT) Scottish Antimicrobial Prescribing Group has now published a guide for the use of piperacillin/tazobactam 24-hour continuous infusion in OPAT and updated its consensus guidance for chloramphenicol prescribing in adult patients.

**Prison Pharmacy Contract**

The National Clinical Lead for Health and Justice has led a review of year 1 delivery of prison pharmacy contract with National Procurement and Finance colleagues which has delivered a £330K saving on the previous year's management fee. In addition, an options appraisal paper for models of future prison pharmacy service provision has been undertaken and will be shared with Integrated Joint Boards and NHS Boards for approval of the recommendations.

**NHS recovery and supporting a sustainable system**

**Primary Care Phased Investment Programme (PCPIP)**
We have paused work on GP Clusters and Improving Together Advisor Group to enable us with current resource to continue to support four demonstrator sites in PCPIP to deliver system-wide change to increase implementation of multi-disciplinary team working as outlined in the 2018 GP contract. We have supported sites to understand their system through data collection and analysis, developing bespoke quality improvement plans to help teams identify areas for improvement and tests of change. Learning from this initial phase of work will be shared in a national webinar.

We continue to support 103 primary care teams, including general practices, outwith the demonstrator sites to implement local improvements through our Primary Care Improvement Collaborative.  A total of 23 teams have now implemented a change to their service and we are starting to see reporting on impact. One practice completed a 4-week workflow optimisation sprint and have reported that their test of change potentially saves GP time, allowing them to focus on other work with no negative impact on patient care.

A further 4-week sprint beginning in September focuses on workflow optimisation, and a sprint focused on addressing inequalities in accessing primary care is in development.

**System Redesign**
The approach and findings defined in HIS's Rethinking Unscheduled Care and strategic planning companion guide are being used to underpin one of the key workstreams on Community Access being led by the Centre for Sustainable Delivery (lead for Redesign of Urgent Care improvement programme).

We have provided support to senior leadership at Aberdeen City HSCP in their commitment to adopting a new approach to addressing systemic challenges that supports 'Getting it Right for Everyone'. Fiona Mitchelhill, Chief Officer, said "I'm excited about this journey" in relation to working with us further.

We have also provided support to develop a learning-based improvement and evaluation framework for Self-Directed Support. Our service design support was described as a "game-changer". The framework has been welcomed by the SG and will form part of a toolkit to support improved access to health and social care services.

**Environmental Sustainability**
Scottish Health Technologies Group (SHTG) published an assessment of the evidence on interventions and strategies aimed at improving the environmental sustainability of surgical operating theatres. This is the second time that SHTG has published advice on an environmental topic. Feedback from the National Green Theatres Programme has been very positive about how our work informs their programme.

**Supporting The Voices and Rights Of People And Communities**

We have published two Gathering Views reports covering people's views on Palliative Care Services and experience of having an Implanted Medical Device.

We have also published a report on NHS Staff Perspectives on Volunteer Impact following a survey undertaken with five NHS boards that gathered views of 250 staff. This evidences the

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positive impact of volunteering on NHS staff and confirms volunteers as valuable partners in delivering quality care and outcomes for patients and visitors. The time required to support volunteers is minimal in comparison to their impact.

The Care Experience Improvement Model (CEIM) Leaders programme is a collaboration between HIS, NES, Scottish Social Services Council, and the Care Inspectorate has seen 12 new graduates.  A series of co-design workshops has been held with 28 previous graduates to develop a new support offer.

**Service Change**
Assurance and support for service change provided for proposed service changes to General Surgery taking place at NHS Lanarkshire, and an Intermediate Care Review in NHS Dumfries & Galloway (major service change). Support provided to Argyll & Bute HSCP to embed the Quality Framework for Community Engagement and Participation process.

**Cancer Care**

**Systemic Anti-Cancer Therapy (SACT) Governance**
As part of HIS assurance process for NHS SACT services, an update of progress against recommendations made in the NHS SACT Services Review Report 2023 has been completed and reported into SACT Programme Board and SG Cancer Policy Team.

We have seen excellent levels of clinical engagement with two short life working groups being led by SACT team looking at:
- risk stratification of SACT - this work is likely to inform an update to [Revised] Guidance for the safe delivery of systematic anti-cancer therapy (scot.nhs.uk) - an interim report being discussed at Scottish Cancer Strategic Board on 30/08/24.
- SACT Capacity – this work will make recommendations for development of a national SACT capacity and workforce planning tool to inform service planning and will feed into new Oncology Target Operating Model currently in development, which forms part of the National Clinical Strategy Framework Director's Letter due for publication by SG imminently.

**Organising ourselves to deliver**

The **Medical Workforce Model** (MWM) has recruited four strategic clinical leads in acute care, psychiatry, child health and obstetrics. The MWM model inquiry process is currently active, and various work programmes requiring medical input are underway.

**HIS Employee** Following an advertising campaign that produced approximately 600 applicants, we have progressed with interviews for Project Officers (Band 5) and Administrative Officers (Band 4) for the new HIS Employee model.  We have now offered 10 of each role to candidates who are to commence within the six priority areas for delivery as agreed by the Executive Team.  This model will create more capacity across the organisation to enable a more flexible and agile workforce and way of working for us to be able to respond to requests for support across the organisation.

**The Reduced Working week** was implemented across the organisation from 1 April 2024 with a 37 hour working week now in place. Further guidance was issued on 29 July 2024 to all NHS boards in relation to part time hours and annual leave calculations.

Partnership Forum approved the **Reasonable Adjustment Passport** and accompanying guidance for HIS. The passport will empower employees and their managers to fulfil the requirements of the Equality Act (2010) section 20, meet best practice standards and avoid unnecessary duplication of paperwork and repeat disclosures for staff.

Plans are in place to secure **Mentally Healthy Workplace** Training for Managers – this will involve a cohort of staff participating in a 'train as a trainer' opportunity, following which we will roll out in-house access widely across HIS.  The train the trainer opportunities are supported through PHS. For Mental Health First Aid Training, we are currently making enquiries with suppliers to establish what is affordable within the current financial climate to provide new training and refresher training for staff.

**Office Accommodation** We have now successfully relocated to the ground floor within Gyle Square. Feedback from staff has been positive, including the benefits of having access to an outdoor garden area.  Further consideration is being given to reviewing the layout of some desks as we settle into the new working environment and work is underway to clear out some of the storage areas within the second floor by the end of September.

We continue to progress the development of **HIS Campus** to simplify the learning landscape, increase access to development opportunities, and create space for people to learn together. The majority of opportunities are provided by our own internal Subject Matter Experts (SMEs). Some highlights from May – July 2024 are outlined below:

- On behalf of SMEs and internal networks, we offered **49** learning opportunities covering a range of themes including HR Policies, Finance, HIS QMS, Improvement, Artificial Intelligence and wellbeing.  The programme also included our mandatory training topics.
- We promoted **18** external development opportunities from a variety of providers including NES, NHS Digital Academy and The Knowledge Network.
- **60** live events were delivered and/or commissioned by internal SMEs.  More than **180\*** HIS colleagues attended the learning events, with engagement from all directorates. (\*This figure relates to the 28 learning events which required delegates to book a space and therefore reportable via LearnPro.  We are working on developing a mechanism in place for recording attendance numbers at our 'drop-in' sessions)
- Our Autumn programme launched on 4 September.  New topics include: Media Training, Managing Fixed Term Contracts, Menopause Policy Awareness, Finance Fundamentals and Partnership Working.

Feedback on HIS Campus has been very positive.  Staff have commented on the variety and relevance of content, ease of access to opportunities, and the ability to be able to schedule their participation in advance.

We will be working with Digital and Communications colleagues over the next couple of months to develop the HIS Campus digital platform.  This will form part of the new staff intranet site and become the first iteration of our virtual space for learning.

**A Common Approach to Support Effective Team Working and Collaboration**
HIS has secured the provision of the Strength Deployment Inventory (SDI), as well as the digital platform which supports this (Core Strengths).  It is intended that this will support our One Team aspirations to build a flexible and agile workforce, offering people the chance to develop greater self-awareness of their behaviours and interactions, improve working

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relationships (critical for effective collaboration) and improve conflict resolution skills, where required. The tool will be launched at an all-staff SDI Awareness Session on 17 September 2024. Over the coming months we will strengthen our capacity and capability to maximise the use of this developmental investment, including building a cohort of internal facilitators.

**Managing the Implementation of Change - Resilience and Sustainability**
The Resilience Dynamic organisation has been commissioned to provide support for Directorate Management Teams (DMTs) of the Community Engagement & Transformational Change and Quality Assurance & Regulation Directorates, and core members of Partnership Forum (PF). This work will take the form of team coaching sessions, with participants gaining one year's access to online resources which will enable DMTs and PF to track and assess their progress in the change implementation process, as new structures, new teams and new ways of working become embedded.

The Director of Evidence & Digital was invited as a member of the **NHS Scotland Ethnic Minority Forum (EMF) Executive** Team to meet with the Cabinet Secretary on Wednesday 4th September where he made a public statement to affirm his commitment to tackling racism in Scotland and celebrated the launch of the first EMF annual report. Link: Addressing racism as a significant public health issue - gov.scot (www.gov.scot)

**Workforce Plan** Work is continuing to complete the Interim Workforce Plan following presentation of the draft plan to the Staff Governance Committee, PF and the Executive Team during the month of August. Further work is to be done on the workforce plan, particularly in relation to projected workforce detail and directorate detail. The revised version of the plan will be presented to the Board and PF and the final version of the plan will be presented the Staff Governance Committee prior to submission to the Board for final agreement.

Two new annual reports; the **Procurement Report** and **Best Value Report** were both welcomed by the Audit & Risk Committee in September. Both are documents which demonstrate the internal control framework in place regarding our spend and value for money.

**Levels of Assurance** in all Board and Committee papers has now been implemented, taking effect from the Audit and Risk Committee meeting held on 18 June. The organisation is learning from the introduction of this approach and it will continue to develop over coming months.

The Finance team have completed the roll out of the **Collaborative Planner financial forecasting** tool, which is a national system used across NHS Scotland. Training sessions are underway and budget holders are now populating the data on a monthly basis, allowing an automated solution for more accurate and up to date financial forecasting.

## 3. CHALLENGES AND ISSUES

### Workforce
Teams across Directorates have continued to raise concerns about vacancy levels and recruitment delays reducing their capacity and ability to meet programme outcomes within timescales. As a result of this, in some areas planned outputs have been reprioritised. Increased staff absence and deterioration in staff wellbeing are also being reported.

Resource and capacity has also been impacted by additional responsive assurance work in the Quality Assurance and Regulation Directorate, as well as the interim Responding to Concerns process. Adjustments have been made to work plans where possible, available staffing resource has been flexed across work programmes and we have sought to prioritise key deliverables, adjusting scrutiny plans accordingly.

**Sickness absence rates** have remained high since April 2024, reaching 4.5% in August 2024, 68% of which is attributed to long term conditions. Work continues to support staff and managers via the HR team, Occupational Health and the Employee Assistance programme (EAP), including promoting the management referral for the EAP. Our trade union colleagues are also working to support individuals and managers to address health and wellbeing issues.

As part of the HIS Campus management development offerings, we have delivered training sessions for line managers on Supporting Attendance and Capability. Further sessions are scheduled each month until the end of the calendar year, offered as both in-person and MS Teams sessions.

## Engaging with the service
Teams are reporting that capacity and competing demands within the system is limiting NHS staff's ability and appetite to engage with our improvement programmes fully. The ongoing national financial pressures are also impacting all partner organisations. Work continues to gain learning from our system partners and stakeholders to inform future collaborative activities, ensuring they are of interest and will meet the needs of teams delivering health and care.

The pace of service change for NHS boards has led on occasion to HIS learning about service changes after decisions had been made although before implementation. This leads to a potential risk of us being unable to fulfil our statutory duties.

## Prioritisation and commissioning
Delays in the confirmation of additional allocations has resulted in some reprioritisation of programme outputs and the need to manage expectations with commissioners about what will be delivered within the timeframe.

Reporting into multiple policy divisions at SG, as well as staff turnover within policy teams, creates challenges for continuity of reporting, maintaining relationships and engagement.

Challenges are also being experienced in re-aligning HIS resource to new safety priorities whilst delivering long-established safety programmes. Concern around the fragility of the Safety Network has also been highlighted.

## IRRS Mission – Ionising Radiation Inspections
A report will be published in October on an International Atomic Energy Agency (IAEA), IRRS peer review mission to the UK undertaken in January 2024. The follow-up mission reviewed actions taken by the UK to address the recommendations and suggestions made during the IRRS initial mission in October 2019. This includes HIS' inspection of facilities and activities using ionising radiation and is likely to require a revised inspection methodology to include the frequency of inspection for all facilities. This will be taken forward in the context of a wide review of our independent healthcare and IRMER regulatory functions and will involve engagement with relevant key stakeholders and SG.

**Communications**

The **corporate website** was offline for three days in July, due to a compromised plug-in, while investigations were made to ensure the site's security. Business continuity processes were followed and changes made to the use of plug-ins to enhance security going forward.

After feedback from staff, we moved to host the **all-staff huddles** once a month from June onwards. This has resulted in a reduction in the number of staff attending the live event, but there has been an increase in the number of staff viewing the recording. We will continue to monitor the figures, as this could be due to summer holidays, and make changes as and when required.

## 4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

**Media and corporate communications**

- Our media profile continues to be raised with recent coverage with the BBC. Following on from the perinatal mental health guideline coverage in May, the BBC were offered exclusivity on the commencement of maternity hospital inspections early next year. Ann Gow, our Director of Nursing and Midwifery, featured on the BBC and we worked with Forth Valley to film in a maternity unit in their area.

- The number of monthly page views on our corporate website continues to increase, with 86,116 at end of August compared to 32,580 in June. Average engagement times (time spent on site) have increased from 1min 17secs to 7mins 43secs.

**SG**

- We have been engaging with SG directorates about upcoming Citizens' Panel topics: Children's and Families Directorate for Preconception Health (improving health and wellbeing) and Chief Medical Officer Directorate (medicines safety strategy).

- The Standards and Indicators team ran a link session with SG on our national healthcare standards on 4 September 2024. It was attended by 37 people from across SG policy areas. The team outlined standards development methodology as well as the aims and content of the new healthcare quality standards.

- In August, the Right Decision Service team delivered a report on the feasibility of a national approach to implementation of patient reported outcome measures to the SG Realistic Medicine Policy Unit as a key objective within the Value Based Health and Care Action Plan.

- HIS participated in the Health Secretary's official visit to NHS Borders General Hospital which coincided with launch of Healthcare Improvement Scotland's annual report on Hospital at Home. Mr Gray said 'I am very pleased to see the progress that local health providers are making on delivering Hospital at Home services and the positive impact it is having, particularly on elderly patients.'

**NHSScotland**

- Positive feedback was received from Caroline Lamb, Chief Executive of NHS Scotland on our contribution at the NHSScotland event on 10 June, where a number of posters and presentations were made regarding our work at HIS.

- During June the Right Decision Service team collaborated with the Sexual Assault Response Coordination Services Network  to rapidly deliver a national toolkit to support disclosure of sexual assault or rape in time for launch at the NHSScotland Conference.

- The Area Drugs and Therapeutic Committee Collaborative (ADTCC) hosted the 4th Sodium Valproate Learning Network which provides an opportunity for boards to share challenges and successes in the implementation of the Medicines and Healthcare products Regulatory Authority regulations for the safe use of valproate.

- The Scottish Medicines Consortium (SMC) Chair and Chief Pharmaceutical Adviser have been conducting roadshows with the Area Drug and Therapeutic committees (ADTCs) to increase awareness and understanding of how SMC processes work and answer questions from ADTC members. Virtual visits have now taken place to Lothian, Dumfries and Galloway, Fife, Forth Valley and Shetland health boards, with several more confirmed for autumn.

- The quarterly ADTCC Forum was held on 21 August and included presentations from PHS on SCoMed, NHS Lanarkshire on prescribing of Attention Deficit Hyperactivity Disorder medication, and from Scottish Practice Pharmacy and Prescribing Advisors Association on the Financial Challenges Across Scotland in Primary Care prescribing. The forum also includes updates from key HIS work programmes related to medicines (ADTCC, SMC, National Cancer Medicines Advisory Group and Scottish Antimicrobial Prescribing Group).

- Scottish Intercollegiate Guidelines (SIGN) held a training course for people with lived experience and public partners on producing plain language versions of guidelines and writing in accessible language. The interactive session covered plain language principles and participants worked together to write information in plain language. Feedback was positive, with participants finding it informative and valuing the time with Patient & Public Involvement staff and others.

- The Service Design Community of Practice met at the end of August where participants gained knowledge about how to visualise health and care systems and empathise with the experience of people who use health and social care services, collaborate more effectively, understand the data we have and don't have, and plan improvements to drive system-shift.

- The work of the National Cancer Medicines Advisory Group was presented at the NHSScotland Event and virtually at the Health Technology Assessment international conference.

**UK wide and international**

- The ageing and frailty standards consultation ran from 6 April to 18 June 2024 with a high-level of engagement,150 survey responses were received from health and social care organisations across the UK, from research institutes, carers groups, experience and professional bodies including those with lived experience and over 50 organisations. Following consultation, the team met with the British Dietetic Association, Carers UK and Brain Health Scotland to discuss revisions to the standards based on consultation feedback.

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- SMC contributed to the annual Health Technology Assessment (HTA) International conference in June, delivering presentations, posters and workshops on topics including economic modelling for rare diseases and patient and citizen involvement in HTA. Learning sessions for staff and committee members are being developed to share insights from the conference and maximise the gains from attendance.

- In early September, SMC hosted a visiting delegation from the Ukrainian Ministry of Health. They attended an in-person SMC committee meeting and a series of meetings and workshops at Delta House to highlight how HTA is undertaken in Scotland. This will support the development of HTA processes in Ukraine.

- SMC has been invited to contribute to an upcoming workshop held by the Centre for Innovation in Regulatory Science on new ways of working across regulatory and HTA agencies. In addition, the team will be represented at the annual conference of the British Oncology Pharmacy Association in October, which provides an opportunity to stay abreast of developments in oncology across the UK and support SMC's horizon scanning function.

- HIS was represented through the work of SIGN and the Research & Information Service at the Global Evidence Summit in September. SIGN Programme Lead, Roberta James, delivered four presentations and a poster on behalf of authors across the evidence and digital directorate on topics ranging from using adaptation for guideline development to anti-racism in critical appraisal.

- The Standard and Indicators Bairns' Hoose (Scottish Barnahus) pathfinders team delivered a range of well-evaluated international learning sessions to 33 attendees, including presentations from colleagues from Hungary. Event was held on the 29th of August.

- As part of the ongoing Commonwealth Partnerships for Antimicrobial Stewardship project activities colleagues from SAPG supported by NHS Scotland and Strathclyde university visited 6 hospitals and held a one-day conference in Ghana in June which was attended by representatives across of the hospitals.

# Healthcare Improvement Scotland

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|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **NHS Greater Glasgow and Clyde Emergency Department Review** |
| **Agenda item:** | **2.1** |
| **Responsible Executive/Non-Executive:** | **Lynsey Cleland, Director of Quality Assurance and Regulation** |
| **Report Author:** | **Lynsey Cleland** |
| **Purpose of paper:** | **Awareness** |

## 1.    Situation

This paper provides an update on the progress of the NHS Greater Glasgow and Clyde Emergency Department Review.

## 2.    Background

On 4 April 2024, Healthcare Improvement Scotland (HIS) announced a review of safety and quality of care at the Emergency Department of Queen Elizabeth University Hospital (QEUH), NHS Greater Glasgow and Clyde (NHS GGC), following concerns originally raised by QEUH Emergency Department consultants in May 2023 regarding safety and quality of care within the department.

To take forward the review and consider the full breadth of leadership, clinical, governance and operational issues highlighted, a senior level multidisciplinary HIS team was established, supported by appropriate external expertise.

While the review was initiated in response to concerns about the Emergency Department at the QEUH, it will also take into account relevant considerations in terms of safety and quality of care across the other main receiving Emergency Departments in NHS GGC: Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH), Paisley. This will help provide an informed, balanced, objective and proportionate analysis of the key challenges; identify practical, evidence-based and sustainable actions for improvement; and consider any wider learning for Emergency Departments across NHS Scotland.

During w/c 8 April 2024, the hospital inspection team carried out unannounced safe delivery of care inspections of Emergency Departments at the QEUH and GRI and an inspection of RAH. A further full safe delivery of care inspection was carried out at GRI during w/c 3 June 2024. The reports of the inspections of the QEUH Emergency Department and of RAH were published on 8 July 2024 and the report of the inspection at GRI was published on 5 September 2024. Findings from these inspections are being fed into the review.

Initial terms of reference for the review were shared in May 2024 with NHS GGC and the consultants who raised the concerns. Further to a planned review of the terms of

reference on 1 July, informed by the initial scoping work and feedback from the External Reference Group, an updated Terms of Reference document is now available on the HIS website.

Regarding timelines, we are seeking to undertake the review in a timely manner and envisage this work taking approximately 6 months. We currently anticipate having a report of the review by January 2025.

## 3. Assessment

This review is adopting appropriate elements of the HIS Quality Assurance System Framework and the HIS Essentials of Safe Care and key lines of enquiry (KLE) have been developed to align with these. This review will draw on strengths and learning identified in each of the Emergency Departments, and will share understanding of good practice, along with potential improvements in patient safety, leadership and culture and patient experience and responsiveness.

Core Review Group

A Core Review Group (CRG) has been established, co-chaired by Dr Pamela Johnston, formerly Executive Medical Director, NHS Tayside, and Professor (Hon) Hazel Borland, formerly Executive Nurse Director, NHS Ayrshire and Arran. The role of the CRG is to ensure the effective and efficient delivery of the review and the achievement of its aims within the agreed scope. The group has wide-ranging membership including relevant HIS senior staff members, external professionals, and public partner representatives. The group also includes representatives from other HIS teams, including the Community Engagement, Healthcare Staffing and Care Assurance; Data Measurement and Business Intelligence; and Improvement and Safety teams.

The CRG has met four times (8 May, 29 May, 27 June and 15 August 2024) with a fifth meeting planned for 18 September 2024. The work of the group is moving forward productively with several key elements having been delivered to date:

- National contextual and relevant comparative data set well progressed. Work is underway with Public Health Scotland and NHS Education for Scotland to access relevant data and analyses not directly available to the CRG.

- Initial meetings with NHS GGC executives and with the consultants at the QEUH who raised the initial concerns took place at the end of May 2024 with further engagement with a wide range staff of groups planned as the review progresses.

- An NHS GGC single point of contact for the review has been identified who the programme team have been liaising with to co-ordinate the requests for evidence and information and to plan the engagement with relevant members of staff and patients and co-ordinate on-site review activities.

- Initial evidence request received from the NHS GGC with a further evidence request sent w/c 2 September 2024.

- Overarching KLE have been established and working subgroups of the CRG have been formed to consider the three keys themes of the review – care provision and safety; leadership and culture; and staff and patient experience. The CRG subgroups have been reviewing relevant evidence, identifying additional data and evidence required from NHS GGC and exploring detailed question sets to sit below the overarching KLE.

- A familiarisation visit of the three Emergency Departments took place on 4 and 5 September 2024 to enable members of the CRG to better understand how each of the departments function and flow as a service to meet the needs of patients.

- Patient and staff engagement approach proposals have been drafted and agreed with a range of engagement activities being planned with staff in late September through to the end of October.

The CRG are reporting progress to the HIS Executive Team monthly.

External Reference Group

The External Reference Group (ERG) chaired by Professor Sir Lewis Ritchie, OBE FRSE, James Mackenzie Professor of General Practice, University of Aberdeen met for the first time on 20 June and again on 22 August 2024. The ERG includes a wide membership including subject matter experts, external professionals and public partner representatives. The Terms of Reference (ToR) for the group have been agreed and were shared with NHS GGC and the consultants prior to publication on 8 July 2024 on the HIS website, along with the membership of the group.

The ERG will operate as a consultative body and will work closely with, and support the work of, the CRG through constructive challenge and provision of expert advice, sharing of specialist knowledge, expertise, and national or operational perspective. This input will help assure that the review meets its stated objectives and is delivered to quality in respect of both the:

- methodology and approach to how the review will be conducted, and
- the findings and outputs of the review.

**Assessment considerations:**

| **Quality / Care** | The review will consider the full breadth of the leadership, clinical, governance and operational issues highlighted, especially as to how they may impact on the safety and quality of care within each of the Emergency Departments. The focus of the review will be in identifying the key issues and areas for improvement which are evidence-based, sustainable and practical. |
|---|---|
| **Resource Implications** | Staff drawn from across HIS are supporting the review. This has the potential to impact on the delivery of planned core work within a number of directorates. There will be additional staffing costs related to some of the external core team members. |
| **Clinical and Care Governance (CCG)** | As with all quality assurance programmes, the HIS Clinical and Care Governance Framework will be used to consider specific CCG factors and ensure that the assurance interventions included in the review support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland. |
| **Risk Management** | The CRG will consider emergent risks at each of its meetings, and these will be escalated accordingly. Any risks identified as the review progresses will be monitored and managed through established governance arrangements. |

| | |
|---|---|
| **Equality and Diversity, including health inequalities** | An Equality Impact Assessment has been completed for the programme. |
| **Communication, involvement, engagement, and consultation** | The wide-ranging membership of the CRG and the ERG will ensure that the full relevant range of stakeholder views are considered in the delivery of the review and in respect of the final output. Communications in respect of the progress of the review will be open and transparent and the ToR have been published on the HIS website and shared with relevant stakeholders. |

## 4.    Recommendation

The Board is asked to note the progress to date to deliver the NHS GGC Emergency Department review.

# Healthcare Improvement Scotland

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|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Performance Report, Quarter 1 24/25** |
| **Agenda item:** | **3.1.1** |
| **Responsible Executive:** | **Angela Moodie, Director of Finance Planning & Governance** |
| **Report Author:** | **Julia Simac, Policy & Business Analyst** |
| **Purpose of paper:** | **Assurance** |

## 1. Introduction

This report provides the Board with a summary of progress against Healthcare Improvement Scotland (HIS)'s Strategic Plan 2023-28, Annual Delivery Plan (ADP) 2024-25 and Key Performance Indicators (KPIs) covering the quarter 1 (Q1) period, April–June 2024.

## 2. Performance Measures

### 2.1. Corporate KPIs

Our corporate KPIs for 24/25 were agreed by the Quality and Performance Committee (QPC) on 22 May 2024. At the end of Q1, six out of fifteen KPIs were on or ahead of target, six were behind target and three will begin reporting in Q2. The detailed progress against KPIs can be found in Appendix 1.

In addition to the corporate KPIs, it was agreed that an additional level of metrics would be reported to each Committee. These will translate corporate KPIs from the strategic level to the operational level and a deeper dive into the areas in the remit of each Committee. These are available in Committee papers.

### 2.2. Draft strategic milestones

To support a greater focus on ownership and delivery of the HIS strategy at the end of its first year, we have been developing specific milestones to support and demonstrate implementation. The strategic milestones are developmental and change-focussed; while some of these may link directly to elements of the work programme, they will all articulate the shift in organisational approaches required to achieve the strategy. We will next develop timelines and report on progress in future performance reports.

### 2.3. Work programme status report

At the end of Q1 there were **86** active workstreams in the work programme, and a further **17** that were either paused or not started. This includes work we proposed to pause in our ADP submission but does not account for work we have been asked to undertake since then, which requires consideration through the commissioning process.

**Activity status of all workstreams**
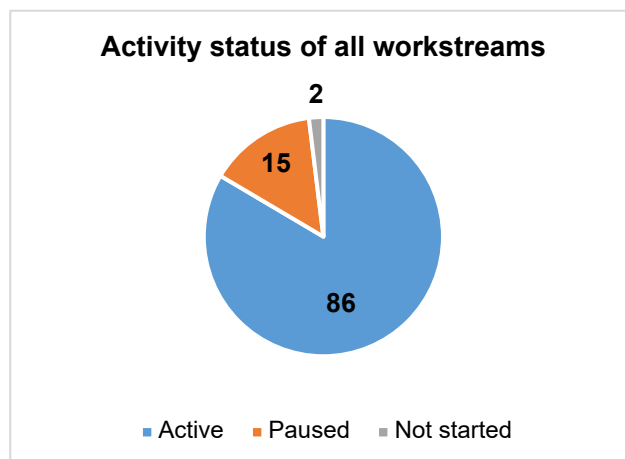


73% of active workstreams were rated green (on track to deliver in line with ADP/commission), **19%** were rated amber (may not deliver in line with ADP/commission), and **8%** were rated red (will not deliver in line with ADP/commission). The programmes reported as red were Primary Care Improvement, Transformational Change – Drugs, Alcohol and Housing, and Regulation of Independent Healthcare (IHC). The main reasons for workstreams to be reported amber or red were team capacity and availability of resource as well as uncertainty of funding. Actions for Q2 to bring these programmes back on track are outlined below.

**Primary Care Improvement**

- Recruitment delays have resulted in significant under-resourcing in the portfolio, impacting on delivery scope and timescales. Whilst recruitment is now progressing, there remain significant vacancies within the team which continues to impact progress. We are in discussions with Scottish Government (SG) to refocus/reduce commitments in line with existing capacity which impacts on our ability to catch up and allows us to balance risk.

**Transformational Change - Drugs, Alcohol and Housing**

- Delayed confirmation of funding combined with long-term vacancies across the portfolio have resulted in a significantly under-resourced portfolio, with resulting pressures on timescales for some deliverables.
- Confirmation of the additional allocation funding was received via grant letters in July 2024 and was received as baseline funding. This fundamental shift in the stability of the programme's funding will enable all remaining vacancies to proceed to recruitment. To bring our programmes back into delivery we need our full staff complement. We currently have five posts remaining to fill:
    - Senior Improvement Advisor: the advert is live externally
    - Administrative Officer: we are waiting for appointment via HIS Employee
    - Improvement Advisor: included in the current recruitment campaign alongside the Mental Health and Substance Use programme
    - Strategic Planning Advisor: this has been unsuccessful following internal redeployment
    - Public Involvement Advisor: awaiting Resource Approval Form sign off
- Planned start dates for November are in the budget for all posts. In the interim, we have worked closely with SG to agree revised timescales for some deliverables

within this financial year which has reduced the delivery risk. We have focussed on agreeing prioritised deliverables for incoming staff, and strategically planning for 2025 and beyond. As a result of our current reduced capacity, we have not been able to focus on our engagement activity or data capture for the purposes of evidencing impact. This will be an ongoing consideration. We are confident that, provided we can recruit to our vacancies at pace, we can still achieve delivery within this financial year. To support this, current available capacity is being prioritised towards essential deliverables which are on track to be delivered.

**Regulation of Independent Healthcare**
- Several inspections were carried forward from 23/24 and resources have been prioritised to support the IHC deep dive, which includes a review of ventilation requirements. Low risk inspections planned in Q1/2 have been paused to focus on this work.
- The 2024/25 Quality Assurance and Regulation plan has been updated to reflect changing assurance priorities and resource considerations since the plan was agreed by the Board in March 2024. The number of IHC inspections for 2024/25 has been revised from 158 to 129. We are on target to achieve this, but the reduced number of inspections will impact the ability to meet the KPI of 80% of inspections being carried out within the service risk assessment (SRA) timeframe in 2024/25. All inspection activity will continue to be risk-based and intelligence-led with resources prioritised towards those services that are deemed to be high risk. We are about to commence a fundamental review of our regulation activities (IHC and Ionising Radiation (Medical Exposure) Regulations). The deep dive review of ways of working, policies, processes, and distribution of workload across the Quality Assurance and Regulation Directorate (QAD)'s regulatory functions, initiated after the directorate's organisational change, was intended to be led in-house with regulation team staff. However, it has become apparent that a more fundamental review of our regulatory approach is required than initially anticipated. External support has been sought to help us take forward this review in a timely manner and enable IHC staff resource to be focussed on continuing to deliver essential regulatory activities in an effective, proportionate, and risk-based way. The review will consider not only our future strategic approach to regulation, but also the ways of working needed to deliver this, including SRAs and inspection planning.

## 2.4. Value for money

In Q1 we reviewed the Focus on Frailty programme, in accordance with the 4Es approach to assessing base value and linking each to the NHS Scotland Value Based Health and Care Action Plan. The interim evaluation of the programme shows that teams have valued the opportunity to network, share learning, and to transform this learning into improvement in their local health and social care systems. Like previous best value reviews, it was concluded that this programme would further benefit from more specific performance indicators to ensure clearer measurement of the programme's objectives. Opportunities to align with other work and similar programmes could also be explored, such as Hospital at Home to ensure best value in how and where we deploy our resources.

### 2.5. Very high and high operational risks

At the end of Q1 there were five very high and sixteen high risks on the operational plan register. The very high risks included:

- <u>Under-delivery</u>: risk to ADP delivery due to inability to reallocate resources across the organisation to our priority programmes (new)
- <u>Under-delivery</u>: risk to ADP delivery due to high number of competing priorities and volume of new work leading to overcommitment of resources (new)
- <u>Statutory obligations</u>: risk of not fulfilling our statutory obligations, in particular in programmes such as IHC and Death Certification Review Service due to pressing priorities and resource constraints (new)

New risks raised this quarter included:

- <u>Clinical and Care Governance</u>: reputational damage caused by pausing and restarting programmes
- <u>Nursing and Systems Improvement directorate-wide</u>: inability to plan for a number of services
- <u>Medical</u>: inability to manage the Strategic National Clinical Lead Team

## 3. Forward Look

### 3.1. Developments since ADP submission

HIS was asked to reinstate some programmes that were originally paused in the ADP (National Review Panel, Palliative Care, and Excellence in Care). HIS has also been asked to consider several additional areas of work. Some fall under broader programmes in our ADP and require existing resource to be redirected as well as significant input at a senior level, and others were not included in the ADP and require full commissioning. While further commissioning requests can be considered throughout the year, there is a significant risk to delivery if operationally we are unable to respond and action key programmes due to the overall volume of work.

### 3.2. Q2 onward

The emerging concern for Q2 is the risk of delivery slippage caused by the large volume of new work requests received since the ADP was submitted. We will continue to engage with SG, our staff and stakeholders throughout the year to ensure that our actions reflect priorities and needs while recognising that difficult decisions may have to be made to delivery on key priorities.

**Healthcare Staffing Programme**
The Interim Chief Nurse at SG has written to HIS expressing concern about the delays to Maternity and Mental Health and Learning disability workforce tools. These have been due to a combination of funding delays, system pressures, restrictions on parliamentary and digital timeslots and the team having set an overly ambitious timescale. Meetings are in place to agree new timescales and a response has been sent to the Interim Chief Nurse at SG.

**Mental health inspections**

Following confirmation of funding and discussions with SG on the future scope of our mental health assurance work we will be recommencing routine unannounced inspections of NHS Adult Mental Health Inpatient Services before the end of the calendar year. These inspections initially focussed on infection prevention and control consideration but going forward we will be considering wider determinants of safety and quality of care in accordance with our established Safe Delivery of Care inspection methodology. This new approach is much broader than our previous inspection approach for mental health services. It is designed to provide robust and proportionate public assurance that is reflective of and responsive to current system pressures and is focussed on helping services identify and reduce risks within the current operating environment, whilst minimising the impact of inspection on staff delivering frontline care. Additionally, it will provide a vehicle of assurance for the vision and objectives of the national mental health strategies and drivers for improvement.

## 4. QPC consideration

At the QPC meeting on 14 August 2024, the Committee scrutinised the points raised in the performance report. They acknowledged that while performance in Q1 remained strong, with 73% of workstreams on track to deliver in line with the ADP/commission, there are risks developing regarding delivery. Since the start of the year, we have struggled to pause work in line with our ADP and that was agreed with SG. We have also been asked to undertake several new pieces of work, including developmental/scoping work requiring significant senior level input. Though we have a robust process for considering new work, the volume and conflicting priorities have created a risk that we are above our capacity to deliver what has already been agreed.

In addition, the following points were discussed:

- Regarding workforce pressures, the HIS Employee solution is progressing but it will take time to implement and fully see the benefits. In the meantime, temporary measures such as internal staff movement and agency work are being considered.
- Discussion took place around whether lowering KPI targets would be appropriate given current pressures on staff, however it was also noted this may mask underlying issues. This will be kept under consideration.
- It was agreed that the Executive Team and Board need to give further consideration to de-prioritisation within the work programme in order to redirect resources where required.
- It was asked that clear mitigations and plans are made available for programmes at risk, both within Q1 and anticipated challenges for the reminder of 24/25.

## 5. Assessment Considerations

| Quality / Care | The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver. |
|---|---|
| Resource Implications | Workforce constraints are highlighted in various programmes of work where applicable. |

| Clinical and Care Governance | The performance report is a key part of corporate governance which in turn ensures appropriate clinical and care governance requirements and considerations. |
|---|---|
| Risk Management | The performance report is compiled with reference to programme risks and key risks on the organisational risk register. |
| Equality and Diversity | There are no equality and diversity issues as a result of this paper. |
| Communication, Involvement, Engagement and Consultation | The detailed Q1 performance report was considered and endorsed by the Executive Team, then approved by QPC on 14 August 2024. |

## 6. Recommendation

The Board is asked to approve this report accept the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## 7. Appendices

Appendix 1: Corporate KPIs for 24/25 – status at Q1

## Appendix 1: Corporate KPIs for 2024/25 – status at Q1

| Corporate KPIs: RAG status | Number of KPIs | % of KPIs |
|---|---|---|
| Red (behind target >10%) | 4 | 27% |
| Amber (within 10% of target) | 2 | 13% |
| Green (ahead/on target) | 6 | 40% |
| N/A (KPI to begin reporting next quarter) | 3 | 20% |

| KPI title | KPI metric | 24/25 target | Quarterly target | Q1 | Notes for KPIs behind target |
|---|---|---|---|---|---|
| **Safety & Quality of Health & Care Services** | | | | | |
| NHS inspections | % of follow up inspections carried out within agreed timescales | 100% | 100% | 100% | |
| Independent Healthcare inspections | % of services inspected within SRA timeframes | 80% | 80% | 26% | In Q1 8 inspections were within SRA and 23 out with. This was due to several inspections being carried forward from 23/24 due to implementation of the quality framework. |
| Adverse events | % NHS boards using the adverse events Community of Practice and sharing learning by April 2025 | 75% | 20% | 30% | |
| **Assess & Share Intelligence & Evidence** | | | | | |
| Responding to concerns | % of cases with initial assessment undertaken within agreed timescales | 90% | 90% | 81% | Specific pressure points identified which are being reviewed and resilience support is being considered while we await the outcome of the independent review. |
| New medicines advice | % of decisions communicated within target timeframe | 75% | 75% | 59% | Decisions deferred as a result of capacity issues. This has now improved, so anticipate increase for subsequent quarters. |
| **Practical Support for Sustainable Improvement** | | | | | |
| Responsive support | Number of commissions undertaken | 4 | 1 | 1 | Delayed Discharges scoping work. |
| Primary care improvement programme | Number of learning events held with demonstrator sites and collaborative teams | 47 | 12 | 0 | Result of limited capacity in the team due to vacancies. |
| Mental health reform | % of supported NHS boards with an improvement plan in place | 80% | 20% | N/A | Programme to launch in Q2. |
| **Voices & Right of People & Communities** | | | | | |
| Service change engagement | Number of NHS board/IJB service change engagement plans influenced by advice & assurance | 60 | | 34 | |
| Governance for engagement | % of directorate self-assessment engagement plans completed by agreed timescales* | 100% | N/A | N/A | To commence in Q2. |
| Annual stakeholder survey | Response rate* | 50% | N/A | N/A | To commence in H2. |
| **Organising Ourselves to Deliver** | | | | | |
| Complaints | % upheld with an improvement plan | 100% | 100% | 100% | |
| iMatter | Employee engagement index (EEI) score | 80 | N/A | 75 | |
| Recurring savings | Recurring savings | £2.5m | £0.6m | £0.5m | Overall savings ahead due to non-recurring savings. |
| Communications | 70 broadcast pieces per annum | 70 | 17 | 24 | |

# Healthcare Improvement Scotland

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| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Financial Performance Report** |
| **Agenda item:** | **3.1.2** |
| **Responsible Executive/Non-Executive:** | **Angela Moodie, Director of Finance, Planning, Governance** |
| **Report Author:** | **Karlin Rodgers, Head of Finance & Procurement** |
| **Purpose of paper:** | **Decision** |

## 1. Situation

This report provides the Board with the financial position at 31 July 2024 and a summary of consideration of the report at the Audit and Risk Committee on 4 September 2024.

## 2. Background

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

## 3. Assessment

**Financial Performance Report**

At 31 July 2024, total expenditure was £13.3m, with a £0.8m underspend. This was mainly driven by non-pay underspends in Primary Care (£0.2m), Drugs & Alcohol (£0.2), IT equipment (£0.2m) and a rates refund received (£0.1m). Pay costs were below budget by £0.2m (2%).

We have achieved £1.5m towards our savings target of £2.5m by the end of July (60%). Over 40% of our savings to date are on a recurring basis and 60% on a non-recurring basis.

On additional allocations, we have received £8.6m (89%), which is all programmes bar two. We are expecting a further £0.7m for Palliative Care & Primary Care Improvement Programme and a further £0.5m in additional depreciation which is due in March-25.

At current run rates, our outturn position could be in the region of £2m underspend for 24/25. In order to protect our delivery, we have identified areas to repurpose some of the underspend.

Firstly, we have identified an investment in the HIS Employee at an organisational wide level. Across the roles of Administrative Officer and Project Officer, recruitment into centralised roles, being able to flex across the organisation to reflect our priorities allows agility and a quicker response to the demand on our resources.

Another area identified for investment is resourcing in quality assurance and regulation. Since April 2024, there have been new and changing priorities to our 24/25 assurance and regulation plan, including; NHS Greater Glasgow & Clyde emergency department review, Responding to Concerns review, Adverse Events and Regulation of Independent Healthcare. In addition, we have further developed our inspection programme to include mental health and acute perinatal services. These new and changing priorities have led to a reconsideration of our overall approach and the need to strengthen our resources in the Quality Assurance and Regulation Directorate.

Both of these investments will predominately be on a permanent, recurring basis. It is expected to be funded by reprioritising our work and savings targets across the whole organisation in 25/26 and beyond. While it is not an intention to determine our 25/26 work priorities now, there is a need to move quickly in order to strengthen our assurance of safety in the system and manage increasing reputational risks.

Further items of investment, such as support for our intelligence strategy and safety are also under consideration.

The FPR at 31 July 2024 is available in **Appendix 1**.

**Update from Audit & Risk Committee (ARC)**
At the ARC meeting on 5 September 2024, the following points were discussed:
- The composition of the savings target and need to identify more recurring initiatives to ensure financial sustainably for future years.
- The likelihood of funding already received this year being recalled. Although there has been no ask to date, there remains a risk to additional allocations or additional savings targets given the proposed pay award and financial context across NHS Scotland.
- The underspend position was considered and ARC approved the repurposing of part of the underspend to two key areas detailed above.

**Assessment considerations**

| Quality/ Care | The recruitment delays and uncertainty in the funding may impact on the initiatives we can deliver with the aim of improving quality of care in Scotland. |
|---|---|
| Resource Implications | There are no financial implications beyond the information detailed in the paper. |
| | We have lower resource than budgeted at present so our plans to ensure we remain in budget is likely to impact/ increase resource levels. |

| | |
|---|---|
| **Clinical and Care Governance (CCG)** | The report has a limited direct impact on CCG but the activity driving the underspend position may result in an impact on delivery of our Annual Delivery Plan. |
| **Risk Management** | The appropriate risks are included in the strategic and operational risk registers where relevant. |
| **Equality and Diversity, including health inequalities** | No impact on equality and diversity. |
| **Communication, involvement, engagement, and consultation** | The Finance Team has prepared this report and a detailed version was considered by the recent ARC. |

## 4. Recommendation

The Board is asked to accept **moderate assurance** – which is reasonable assurance that controls upon which the organisation relies to manage the risks are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## 5. Appendices and links to additional information

Appendix 1: Financial Performance Report 31 July 2024.

# Year to Date - Performance Summary – P4

At 31 July 2024, total income was £14.1m and total expenditure was £13.3m, driving a £0.8m underspend (6%).

The underspend was driven mainly by non pays in additional allocations programmes (£0.4m), lower IT spend (£0.2m) and phasing of e-Rostering costs (£0.1m).

The underspend to date is in addition to £1.5m of savings delivered as part of our annual target of £2.5m. The graph below shows the full year impact of this trajectory, with an outturn underspend of £2m (5%).

A breakdown of the YTD position is shown in **Appendix 1**.
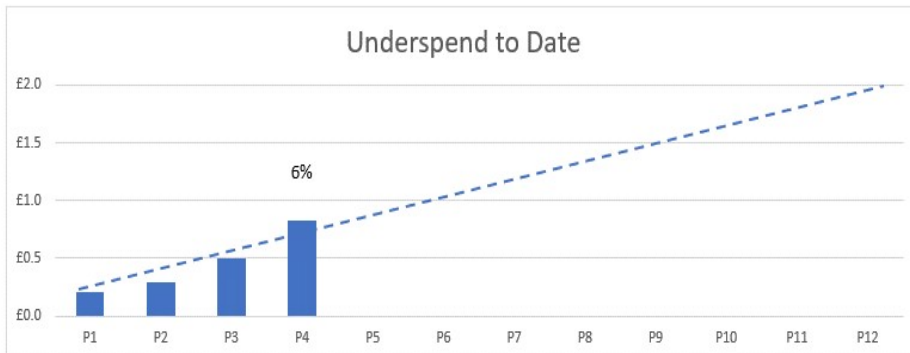
|  | Annual Budget (£m) | YTD Actual (£m) | YTD Budget (£m) | YTD Variance (£m) |
|---|---|---|---|---|
| Income | £43.1 | £14.1 | £14.2 | (£0.1) |
| Pay | £36.6 | £11.8 | £12.0 | £0.2 |
| Non Pay | £6.5 | £1.5 | £2.2 | £0.7 |
| Under/(over) spend | - | £0.8 | - | £0.8 |
| Total WTE |  | 505 | 519 | 14 |

*\* Budget WTEs have been restated to align with the financial position/affordability.*

WTEs at the end of July were 505 – an increase of 1 from P3. Compared to budget, WTEs are behind by 14 (3%), mainly due to vacancies in NSI (15 WTE).

There are currently 10 staff on the redeployment register, with 31 roles that have current live campaigns.


Underspend to Date

# Performance by Funding Source

| Year to Date – P4 | Baseline (£m) | Additional Allocations (£m) | Independent Healthcare (£m) | Grants (£m) | Total (£m) |
|---|---|---|---|---|---|
| Income | £11.3 | £2.3 | £0.5 | £0.0 | **£14.1** |
| Pay | £9.8 | £1.5 | £0.5 | £0.0 | **£11.8** |
| Non Pay | £1.3 | £0.2 | £0.0 | £0.0 | **£1.5** |
| Under/(over) spend | **£0.2** | **£0.6** | - | - | **£0.8** |

| Full Year Budget | Baseline (£m) | Additional Allocations (£m) | Independent Healthcare (£m) | Grants (£m) | Total (£m) |
|---|---|---|---|---|---|
| Income | £33.8 | £7.5 | £1.6 | £0.2 | **£43.1** |
| Pay | £29.1 | £5.9 | £1.4 | £0.2 | **£36.6** |
| Non Pay | £4.7 | £1.6 | £0.2 | - | **£6.5** |
| Under/(over) spend | - | - | - | - | - |

Key areas of underspend YTD are:

- Underspend in IT spend by £0.2m
- Pay costs were lower to budget by £0.2m due to lower WTEs
- Depreciation was lower to budget by £0.2m due to accelerated depreciation for Delta House being postponed
- E-Rostering costs of £0.1m not yet incurred

Confirmed funding:
Baseline funding confirmed at £33.8m
Additional allocations £8.7m, (higher than budget due to post budget approved allocations received of £2.4m)
Grants income £0.2m

Unconfirmed funding:
Additional allocations £1.2m

# Allocations and Grants

## Additional Allocation Status at P4

| Cost Centre Name & Number | Funding Expected (£) | Funding Received (£) | Total (£) |
|---|---|---|---|
| Q10113 - Sudi | 0 | 67,000 | 67,000 |
| Q10174 - National Review Panel | 0 | 63,797 | 63,797 |
| Q10176 - Cancer Medicines: Ncmag/sact | 0 | 210,000 | 210,000 |
| Q10185 - Right Decision Services | 0 | 680,000 | 680,000 |
| QA0062 - Police Custody (ext) | 0 | 178,431 | 178,431 |
| QB111B - Maternity - Evidence | 0 | 34,500 | 34,500 |
| QC0060 - Finance | 0 | 1,179,315 | 1,179,315 |
| QC0081 - Smc - External | 0 | 450,000 | 450,000 |
| QD0053 - Palliative Care Guidelines | 169,000 | 0 | 169,000 |
| QE0034 - Asp | 0 | 250,000 | 250,000 |
| QE112A - Mental Health Refrdm - Qad | 0 | 480,000 | 480,000 |
| QG0070 - Additional Depreciation | 516,000 | 0 | 516,000 |
| QM0030 - Eic External | 0 | 460,000 | 460,000 |
| QM0040 - Hsp-external | 0 | 1,235,354 | 1,235,354 |
| QM333A - New Pcip (external) | 492,348 | 1,061,652 | 1,554,000 |
| QN221A - Drugs + Alcohol Programmes Allocation(s) | 0 | 1,478,002 | 1,478,002 |
| QN231A - Mental Health Reform Programme Allocation(s) | 0 | 473,616 | 473,616 |
| QT0059 - Caesarean Section (external) | 0 | 59,903 | 59,903 |
| QT0086 - Hospital At Home (external) | 0 | 290,000 | 290,000 |
| **Total** | **1,177,348** | **8,651,570** | **9,828,918** |

## Additional Allocation (Over)/Under Spend at P4

| Cost Centre Name & Number | Actuals (£) |
|---|---|
| ⊞ Q10113 - Sudi | 22,333 |
| ⊞ Q10174 - National Review Panel | 17,912 |
| ⊞ Q10176 - Cancer Medicines: Ncmag/sact | (17,396) |
| ⊞ Q10185 - Right Decision Services | 130,504 |
| ⊞ QA0062 - Police Custody (ext) | 3,219 |
| ⊞ QB111B - Maternity - Evidence | (1,812) |
| ⊞ QC0060 - Finance | 68,612 |
| ⊞ QC0081 - Smc - External | 1,242 |
| ⊞ QE0034 - Asp | 25,599 |
| ⊞ QM0030 - Eic External | 778 |
| ⊞ QM0040 - Hsp-external | (49,243) |
| ⊞ QM333A - New Pcip (external) | 188,569 |
| ⊞ QN221A - Drugs + Alcohol Programmes | 167,469 |
| ⊞ QN231A - Mental Health Reform Programme Allocation(s) | (9,619) |
| ⊞ QT0059 - Caesarean Section (external) | 15,777 |
| ⊞ QT0086 - Hospital At Home (external) | 60,486 |
| **Total** | **624,431** |

- Spend on allocations to date is £1.7m, which is £0.6m behind the budgeted position (26%)

- At P4 we have received £8.7m versus expected total of £9.8m (89%). Included within the £9.8m total is £2.4m of additional allocations received after the budget submissions had been sent to Scottish Government.

# Savings Targets

| | Full Year Budget | P4 | Remaining savings to be made | |
|---|---|---|---|---|
| Savings target - budget | 2.5 | 0.8 | | 1.7 |
| | | | | |
| Pay savings: | | | | |
| Remove posts | 0.6 | 0.2 | | 0.4 |
| Hold vacancies | 1.1 | 0.4 | | 0.7 |
| Undefined | 0.1 | 0.2 | - | 0.1 |
| | | | | |
| Non-pay savings: | | | | |
| OD&L | 0.1 | | | 0.1 |
| Travel and events | 0.1 | 0.1 | | - |
| IT & Digital - undefined | 0.2 | 0.1 | | 0.1 |
| Undefined | 0.3 | 0.6 | - | 0.3 |
| | | | | |
| Savings target - actuals | 2.5 | 1.6 | | 0.9 |
| | | | | |
| Split by: | | | | |
| Planned savings | 1.9 | 0.7 | | 1.2 |
| Unplanned savings | 0.6 | 0.9 | - | 0.3 |

- At the end of P4 we have achieved £1.6m of savings against the annual target of £2.5m (64%).

- We are exceeding our savings target due to unplanned activities, mainly in non-pay costs.

- This reliance on non-recurring savings creates a risk the organisation moves out of recurring balance.

- Consideration is being given to areas of non-recurring investment for the remainder of the year.

| | |
|---|---|
| High Risk | (red) |
| Medium Risk | (orange) |
| Low Risk | (green) |

# Risks Summary

**_Overspend_** **£m**

| | £m |
|---|---|
| Overspend on IHC | (0.1) |
| Unfunded 24/25 pay award (assume 3%) | (1.1) |
| Lower staff vacancy rates | (0.6) |
| Cost of change | (0.3) |
| Additional allocations not yet received | (1.4) |
| | **(3.5)** |

**_Underspend_**

| | |
|---|---|
| Higher staff turnover / vacancies - 5% | 0.5 |
| Additional allocations received but not spent | 1.0 |
| Additional savings in non-pay spend | 0.5 |
| Underspend on IHC | 0.3 |
| | **2.3** |

High Risk
Medium Risk
Low Risk

- There are several uncertainties in 23/24 which are not captured in the budget but have been presented here as risks and opportunities to achieving a balanced outturn position.

- IHC reserves were released in full in 23/24 so any overspend would need to be funded from elsewhere.

# Appendix 1 – YTD Financial Position

## Financial position at P4

| Category | Actuals (£) | Budget (£) | Variance (£) |
|---|---|---|---|
| **Income** | | | |
| ⊞ Allocation Income | 2,313,270 | 2,433,516 | (120,246) |
| ⊞ Baseline Income | 11,227,841 | 11,146,728 | 81,112 |
| ⊞ Grant Income | 38,445 | 72,728 | (34,283) |
| ⊞ Other Income | 541,412 | 597,847 | (56,436) |
| **Pay Costs** | | | |
| ⊞ Agency Costs | (2,255) | 0 | 2,255 |
| ⊞ Pay Costs | 11,814,664 | 12,017,424 | 202,760 |
| **Non Pay Costs** | | | |
| ⊞ Communications | 27,900 | 12,975 | (14,925) |
| ⊞ Depreciation | 72,104 | 256,833 | 184,729 |
| ⊞ IT Costs | 253,551 | 477,344 | 223,793 |
| ⊞ Miscellaneous | 73,599 | 107,239 | 33,640 |
| ⊞ Non Pay Savings Targets | (0) | (207,742) | (207,742) |
| ⊞ Payments To Other Organisations | 527,097 | 819,023 | 291,926 |
| ⊞ Professional Fees And Charges | 231,223 | 320,818 | 89,595 |
| ⊞ Rent, Occupancy & Office Costs | 196,846 | 246,267 | 49,421 |
| ⊞ Training | 20,660 | 65,965 | 45,305 |
| ⊞ Travel & Subsistence | 74,200 | 134,674 | 60,474 |
| ⊞ **(Over)/Underspend** | **831,378** | **(0)** | **(831,378)** |

## WTE at P4

| Funding Source | Actual WTE | Budget WTE | Variance |
|---|---|---|---|
| IHC Income | 17.3 | 19.4 | 2.1 |
| Grant Income | 0.7 | 2.8 | 2.1 |
| Baseline Funding | 410.4 | 406.2 | (4.2) |
| Additional Allocation | 76.5 | 90.8 | 14.3 |
| **Total** | **504.8** | **519.2** | **14.4** |

## Over/Underspend by Directorate at P4

| Directorate | Actuals (£) | Budget (£) | Over/Underspend (£) |
|---|---|---|---|
| Corporate Provision | 560,820 | (58,903) | 619,723 |
| Areas For Investment | 93,155 | (0) | 93,155 |
| Nursing And Systems Improvement | 72,043 | (0) | 72,043 |
| Community Engagement & Transformational Change | 39,931 | 0 | 39,931 |
| Medical And Safety | 17,740 | (0) | 17,740 |
| Evidence | 14,469 | (0) | 14,469 |
| Finance Planning + Governance | 3,427 | 0 | 3,427 |
| Quality Assurance | 3,376 | (0) | 3,376 |
| It + Digital | 2,791 | 0 | 2,791 |
| One Team | 1,749 | (0) | 1,749 |
| People + Workforce | (506) | 0 | (506) |
| Chief Executive | (11,795) | 0 | (11,795) |
| Property | 34,181 | 58,904 | (24,723) |
| **Total** | **831,378** | **0** | **831,378** |

## WTE by Directorate at P4

| Directorate | Current Headcount | Budget Headcount | Variance |
|---|---|---|---|
| ⊞ Nursing And Systems Improvement | 86.9 | 101.9 | 15.0 |
| ⊞ Community Engagement & Transformational Change | 92.0 | 96.8 | 4.8 |
| ⊞ Areas For Investment | | 1.0 | 1.0 |
| ⊞ Medical And Safety | 45.1 | 45.9 | 0.8 |
| ⊞ It + Digital | 16.9 | 17.7 | 0.8 |
| ⊞ Corporate Provision | | 0.8 | 0.8 |
| ⊞ One Team | 8.3 | 8.8 | 0.5 |
| ⊞ People + Workforce | 15.9 | 15.8 | (0.2) |
| ⊞ Quality Assurance | 100.8 | 100.2 | (0.5) |
| ⊞ Chief Executive | 3.7 | 3.1 | (0.6) |
| ⊞ Finance Planning + Governance | 28.6 | 27.3 | (1.3) |
| ⊞ Evidence | 106.7 | 100.0 | (6.7) |
| **Total** | **504.8** | **519.2** | **14.4** |

The financial position by directorate is shown after the 'banking' of underspends at Q1. The budget is shown as nil for each Directorate as budget includes income which offsets expenditure apart from Property where income from Delta House lease offsets savings in Corporate Provisions.

Depreciation is under budget due to a change in budget assumptions, but this is fully offset by corresponding income.

IT costs are underspend driven by timing differences relating to purchase of hardware. This underspend is fully offset by pays overspend in the Evidence directorate.

'Payments To Other Organisations' is underspent due to lower costs on HSP (£74k), PCIP (£53k), e-Rostering costs not yet incurred (£72k) and lower spend on website YTD (£55k).

Professional fees are underspent due to IHC and RTC costs.

Corporate provisions is showing significant underspend due to the 'banking' of directorate savings at Q1.

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# Healthcare Improvement Scotland

| | |
|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Workforce Report** |
| **Agenda item:** | **3.1.3** |
| **Responsible Executive/Non-Executive:** | **Sybil Canavan, Director of Workforce** |
| **Report Author:** | **Sybil Canavan, Director of Workforce** |
| **Purpose of paper:** | **Awareness** |

## 1.    Situation

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

## 2.    Background

The full standard report is provided monthly to Executive Team colleagues.
This report provides Board members with several high-level key workforce metrics across the organisation.

## 3.    Assessment

**Workforce Data**

Our current workforce comprises of a headcount of 569 staff as at the end of **August 2024**. 537 are on our payroll as directly employed staff, a whole time equivalent of 504.1 (w.t.e.) and 32 (headcount) secondees into the organisation, a whole time equivalent of 12.9 (w.t.e.) people. This represents a relatively static position compared to the preceding months.

During the current financial year (24/25) 23 people have left the organisation, and 15 individuals have joined Healthcare Improvement Scotland representing an overall turnover rate of 3.9% to date. This is a slight reduction in turnover compared to the same period last year (4.9%). The organisation ended the previous financial year (23/24) with a turnover level of 15.7% which was a reduction on the previous financial year.

Current absence levels are **4.5%,** as compared to 3.4% for the same period last year. This represents a continuing increase in absence across the organisation. Detailed information regarding current absence has been shared with the Executive Team and the HR team are continuing to provide input to ensure staff and managers are getting appropriate support and guidance. As has been reported previously, most of the long-term absence

continues to be attributed to anxiety, stress, or depression. These metrics are available in **Appendix 1** contained within this document.

**Workforce Plan**

As Board members will be aware, the draft of the Interim Workforce Plan was presented to both the Staff Governance Committee and the Partnership Forum at their meetings in August.

It was planned that, following these discussions, the final plan would be brought to the Board in September for agreement. However, further work is required given the detailed feedback received from both meetings. Also, given the continued financial work being undertaken in relation to budgets and final resourcing arrangements, an updated version of this work will return to both the Staff Governance Committee and Partnership Forum prior to the next Board meeting.

Based on the current financial position, the overall affordable workforce position for Healthcare Improvement Scotland is sitting at around **520** whole time equivalents.

**Assessment considerations**

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

| engagement, and consultation | |
|---|---|

## 4    Recommendation

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

It is recommended that the Board/Committee accept the following Level of Assurance:

**MODERATE:** reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
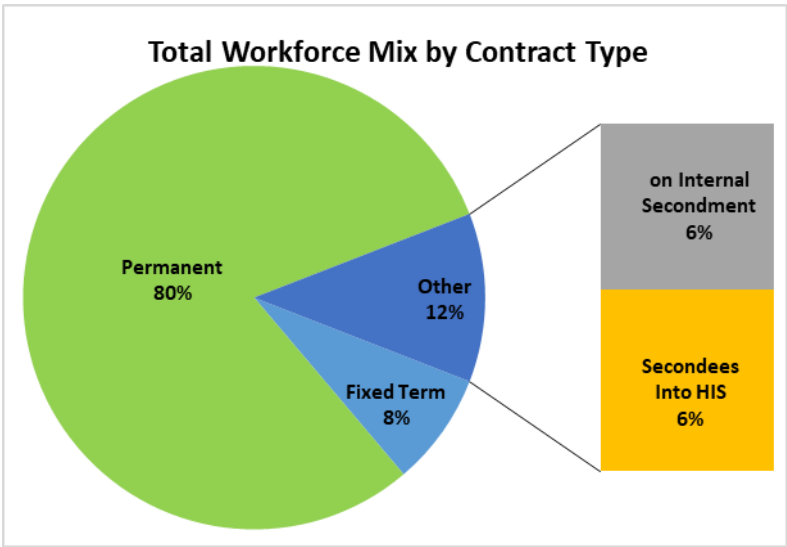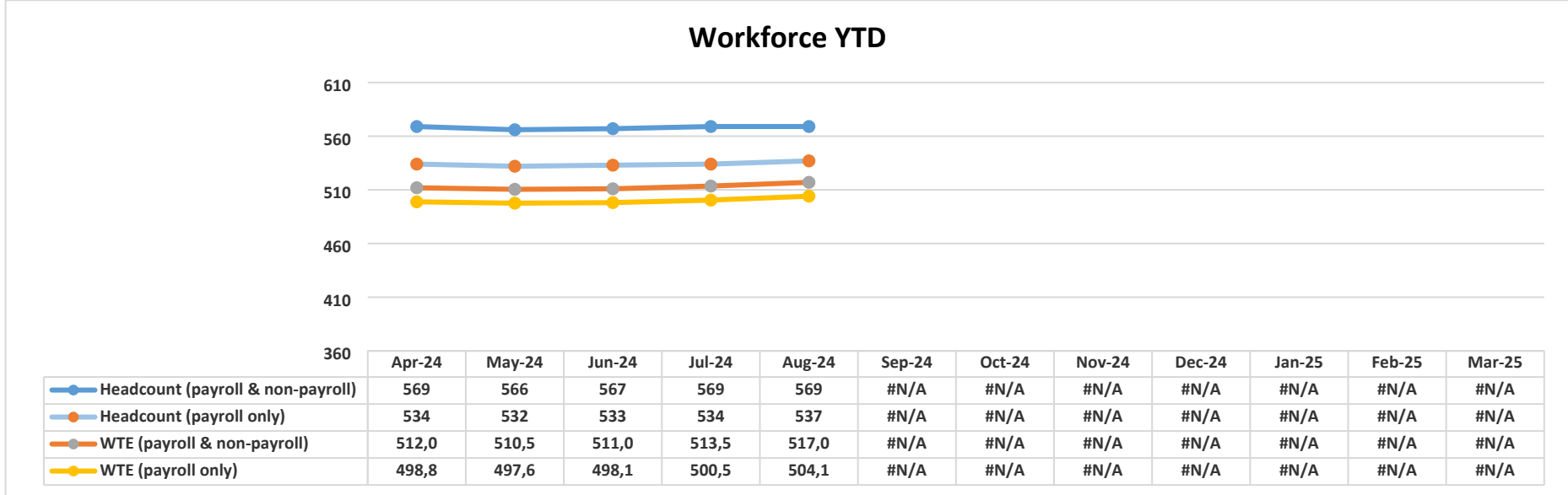
As described earlier in the paper, there is a range of specific work and focus on absence across Directorates to ensure that the appropriate steps and support is in place for those off sick and managers supporting individual members of staff. This is essential to ensure we can facilitate the return to work for staff where this is possible.

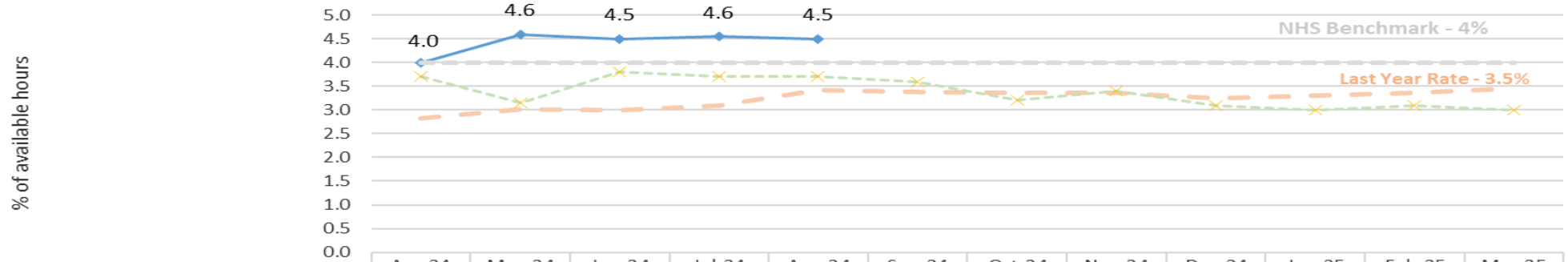## 5    Appendices and links to additional information

The following appendices are included with this report:
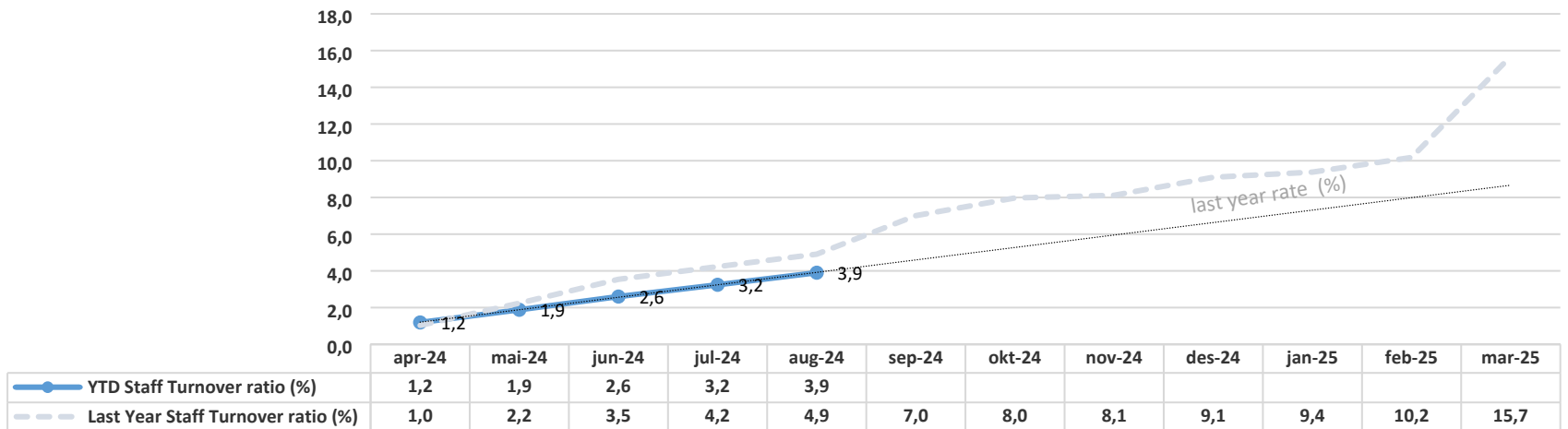
- Appendix No 1 Workforce Metrics

**Appendix 1 – Workforce Report**

## Workforce YTD

| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Headcount (payroll & non-payroll) | 569 | 566 | 567 | 569 | 569 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |
| Headcount (payroll only) | 534 | 532 | 533 | 534 | 537 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |
| WTE (payroll & non-payroll) | 512,0 | 510,5 | 511,0 | 513,5 | 517,0 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |
| WTE (payroll only) | 498,8 | 497,6 | 498,1 | 500,5 | 504,1 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |

## Total Workforce Mix by Contract Type

Permanent 80%

Other 12%

Fixed Term 8%

on Internal Secondment 6%

Secondees Into HIS 6%

## Sickness Absence Rate (%) YTD by Month

% of available hours

| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YTD Sickness Absence (%) | 4.0 | 4.6 | 4.5 | 4.6 | 4.5 | | | | | | | |
| Last Year Sickness Absence (%) | 2.8 | 3.0 | 3.0 | 3.1 | 3.4 | 3.4 | 3.4 | 3.4 | 3.3 | 3.3 | 3.4 | 3.5 |
| NHS Benchmark (%) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Pre-Covid/2019-20 (%) | 3.7 | 3.2 | 3.8 | 3.7 | 3.7 | 3.6 | 3.2 | 3.4 | 3.1 | 3.0 | 3.1 | 3.0 |

NHS Benchmark – 4%

Last Year Rate – 3.5%

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

last year rate (%)

| | apr-24 | mai-24 | jun-24 | jul-24 | aug-24 | sep-24 | okt-24 | nov-24 | des-24 | jan-25 | feb-25 | mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YTD Staff Turnover ratio (%) | 1,2 | 1,9 | 2,6 | 3,2 | 3,9 | | | | | | | |
| Last Year Staff Turnover ratio (%) | 1,0 | 2,2 | 3,5 | 4,2 | 4,9 | 7,0 | 8,0 | 8,1 | 9,1 | 9,4 | 10,2 | 15,7 |

# Healthcare Improvement Scotland

| | |
|---|---|
| **Meeting:** | **Board - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Risk Management** |
| **Agenda item:** | **4.1** |
| **Responsible Executive/Non-Executive:** | **Angela Moodie, Director of Finance, Planning and Governance** |
| **Report Author:** | **Paul McCauley, Risk Manager** |
| **Purpose of paper:** | **Assurance** |

## 1. Situation

The paper presents the Board with the strategic risks as at 5 September 2024 for review.

## 2. Background

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

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

The current risk appetite by category is shown below in bold, with exceptions also noted:

| Minimalist | Cautious | Open |
|---|---|---|
| - Fraud<br>- Regulatory | **Financial** | |
| - Cyber Attack<br>- Major IT Failure | **Operational** | - Use Of New Technologies |
| -Legal/Regulatory Compliance | **Reputational** | |
| -Workforce inappropriate behaviour | **Workforce** | - New Ways of Working |
| | **Clinical and Care Governance** | |

## 3.    Assessment

**Strategic Risks**

There are currently 14 strategic risks, one lower than the last quarter with the removal of the corporate website risk which has moved to the operational risk register. There are two very high, eight high and four medium rated risks. Seven risks are out of appetite and seven are within appetite. The full Strategic Risk Register can be found at Appendix 1.



Chart A Strategic Risks Six Months Trend
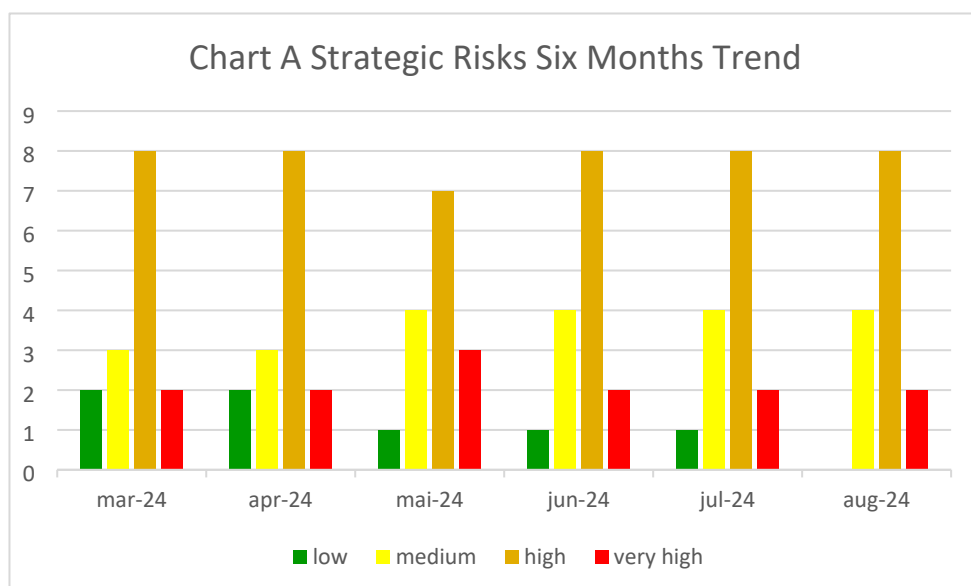
**Out of Appetite Risks**

The seven risks out of current appetite are summarised below:

| Out of appetite risks | Residual score | Maximum in appetite score |
|---|---|---|
| Cybersecurity | 16 | 8 |
| Inspections & assurance activities | 16 | 8 |
| Independent Healthcare | 12 | 8 |
| Workforce skills & availability | 15 | 12 |
| Safety of patient care | 15 | 8 |
| Data Breach | 9 | 8 |
| Covid Inquiry | 9 | 8 |

Work continues on actions which will bring these risks into appetite or further towards appetite and this will be reported in detail to the relevant Governance Committees.

**Cyber Security:** Although the annual Network and Information Systems Regulations (NISR) compliance score has improved, HIS remain exposed to the wider international cyber threat landscape and this does not go away. With the recent attacks on other public sector bodies in Scotland and a core NHS Scotland supplier and now the attack on NHS

Dumfries and Galloway, where it is suspected that hackers could have acquired a "significant quantity" of patient and staff data, the threat remains significant and the risk scoring must remain the same. No further mitigations or controls have been identified at this stage to reduce the scoring of this risks and bring it closer to appetite.

**Inspections and Assurance Activities:**

Several actions have been underway to seek to reduce the likelihood of this risk and bring it within appetite. A new Directorate structure and ways of working were introduced in December 2023 to enable better flexing of resources across inspection, regulation and review programmes in response to changing risk considerations and scrutiny imperatives.

Clinical care governance arrangements have been reviewed and continued to be strengthened and the quality assurance system has been implemented across all assurance programmes to support a robust and consistent scrutiny approach. However, following concerns about the way in which the organisation responded to concerns about safety and quality of care at the Emergency Department of the Queen Elizabeth University Hospital a review of our Responding to Concerns processes is underway. In addition, there are resource considerations associated with ongoing vacancies across key assurance work programmes and additional responsive review work has required the redirecting of stretched resources and expertise meaning that the risk rating cannot be adjusted at this stage. However, some of the additional work will be completed later in the year and this should alleviate the pressures.

Ongoing actions to bring this risk within appetite include:
- reviewing and adjusting scrutiny and assurance plans to reflect available resource.
- repurposing existing baseline resources in order to provide additional investment in assurance and scrutiny activity.
- an ongoing external review of Responding to Concerns processes, with interim executive lead oversight arrangements in place while this review is completed.

**Independent Healthcare**:

Much of the mitigation for this risk lies out with HIS and requires wide ranging legislative reform which will not be achieved in the short term, particularly where changes to primary legislation may be required. We are continuing to engage with the Scottish Government on this, with legislative changes in relation to independent healthcare services provided by pharmacy professionals and the regulation of independent medical agencies recently enacted. Other legislative changes have also come into effect providing the ability to remove services from the register that do not pay annual fees and changes to current fee caps to reflect the costs of regulating the sector. A review of current ways of working, processes, policies and distribution of workload across HIS regulatory functions is underway to ensure we continue to regulate the independent healthcare sector in a robust, proportionate and effective way.

**Workforce Skills:** The revision of the workforce plan and the budget and work prioritisation process has delayed plans to bring this risk to within appetite. The interim workforce plan was presented and discussed in detail at the Staff Governance committee in August and also with Partnership Forum colleagues where a range of feedback and comment was provided. From this, the final plan will be completed and presented to the Board in December at which point it is anticipated that the actions and work identified should bring this risk into appetite.

**Safety of Patient Care:** The Safety Network is very engaged in workshops and related activities to reduce this risk. The clear direction of travel is to a more robust safety intelligence capture, analysis and action-focused group.  Key outputs would be regular internal safety bulletins and, potentially, publications on safety in the system for a wider external audience.  The formal plan to realise this is still in development.  As this aspect of the Network's work is still in the conceptual phase, we feel the committee can only take limited assurance in this area at this time and therefore the risk remains out of appetite at this stage. However, a proposal to develop a Safety Intelligence Service is going to the Executive Team this month and if this is approved we could be on track to reduce this risk at the start of next year.

**Data Breach:** Directorate governance reviews were scheduled to begin in March but were delayed to May due to a substantial increase in statutory information requests. One review is outstanding and work continues on all work streams. The status of security controls is being reviewed with asset owners during these view sessions and when any remedial actions are taken the risk will be reassessed. Data Protection audits have commenced as well as supplier management checks.

**Covid Inquiries:** Whilst we have done what we can to fulfil our obligations to the UK Inquiry so far we have not yet received any requests from the Scottish Inquiry. Once we are aware of what is required by the Scottish Inquiry we will review our level of risk.

**Risk Improvement Update**

We have always taken a continuous improvement approach to risk, making incremental advances to our approach. In discussion with the new Chair of the Audit and Risk Committee we have agreed to consider and progress the following:

- Review of the levels of assurance currently gained from operational risks
- Role and scope of the Risk Advisory Group
- Clearer distinction between risks and issues
- More evidence-based approach to provision of levels of assurance
- Emerging risks

A review of our strategic risks and risk appetite with the Board is planned for January 2025.

**Assessment considerations**

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

## 4 Recommendation

The Committee is offered a **limited** level of assurance on the strategic risks which are out of appetite with the exception of data breach and Covid Inquiries which are marginally out of appetite and therefore considered to be within tolerance. Regarding the risks which are within appetite the Committee is offered a **significant** level of assurance when the residual score is medium or low and a **moderate** level of assurance when the score is high.

The Committee is asked to review the attached paper to:

- Assure themselves that the levels of assurance provided are reasonable.
- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.

## 5 Appendices

- Appendix 1, Strategic Risk Register

# Appendix 1 - Strategic Risk Register

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HIS Strategy 2023-28 | Reputational / Credibility | Cautious | 1072 | Robbie Pearson | There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS. | 25 | We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections.

The wider changes in HIS will seek to provide a platform for us building a more flexible and cohesive response to the challenges facing the system.

The annual delivery plan 2024-25 has been developed and agreed with Scottish Government in the context of the operational and financial challenges facing HIS and the system and progress on it is reported to the Quality and Performance Committee, Board and Scottish Government. The process for managing new work commissions in HIS has been redesigned to ensure a stronger collective response to the requests from SG. In the past month, clarity has been received on additional allocations, including those that will now be in the baseline. This will give us greater opportunity to have certainty re financial planning over remainder of 2024-25 and into the next financial year, with greater ability to match delivery with resources. | Our new strategy marks a significant shift in our approach as an organisation, with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure we are meeting the needs of the health and social care system. The Board will continue to consider how best to flex resources within our baseline to secure out strategy and that will require difficult choices, and potentially different choices for 2024-25 and future years. In the meantime, work is progressing to confirm the specific milestones to be achieved between now and the end date of the strategy in 2028. | 4 | 3 | 12 ⟷ | 05/09/2024 |
| Finance Strategy | Financial / Value for Money | Cautious | 635 | Angela Moodie | There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend. | 20 | The financial context and associated uncertainty creates a challenging set of circumstances for 24/25. Financial monitoring continues to be a key control in our ability to deliver financial balance. Work plan prioritisation, within the affordability envelope, has, and will be key to ensure a balanced budget for next year, alongside detailed and achievable savings plans. In addition, current financial controls will be key to ensure all spend is authorised and within approved budgets in 24/25. We have been transparent with SG on our position regarding allocation funding and continue to highlight the risk and impact on our ADP. | HIS is committed to delivering at balance budget in 24/25, which includes a £2.5m (8%) savings target. To date, 86% of our total allocation funding has been confirmed and savings of £1.1m have been delivered (£0.5m recurring and £0.6m non recurring).

The outturn position is an underspend for the year and therefore areas of non-recurring spend are being considered to ensure delivery on our key programmes remain on target. | 3 | 4 | 12 ⟷ | 06/09/2024 |

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ICT Strategy: Cybersecurity | Reputational / Credibility | Minimalist | 923 | Safia Qureshi | There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage. | 20 | Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates.<br><br>HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly.<br><br>Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy. | Update 30/08/2024<br>With the ransomware attack in August on a sub-supplier of a core NHS Scotland system the threat remains significant and the risk scoring must remain the same. DSG have discussed this risk and its appetite with the new ARC chair and it should be discussed further at ARC. DSG note that it is a requirement of the Network & Information Systems (NIS) regulations that "Senior management and boards regularly review the organisational cyber risks and threats." | 4 | 4 | 16 ⬌ | 06/09/2024 |
| Information Governance Strategy | Reputational / Credibility | Minimalist | 759 | Safia Qureshi | There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner). | 16 | Staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule; Staff training and awareness; review of the information asset register for compliance gaps on quarterly basis; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework on annual basis; Implementation of One Trust governance module; adverse event report training; | Training sessions with key staff who will be users of the OneTrust governance platform have commenced. Data protection audits have commenced. Supplier management annual checks commencing July 24. Ongoing improvements to the process are underway through discussion with Procurement and Digital Services Group. | 3 | 3 | 9 ⬌ | 06/09/2024 |

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inspections & other assurance activity | Clinical Care Governance | Minimalist | 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. | 20 | The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Ensuring there are sufficient staff to deliver the annual scrutiny plan together with responsive reviews or inspections.  Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate.

Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns. We have taken steps to strengthen intelligence sharing across relevant programmes within QAD and with other agencies. QAD Clinical and Care Governance Group ensures monitoring of CCG issues and management of relevant risks, and QAD also reports into HIS CCG. | The annual quality assurance and regulation plan for 2024/25 has been updated to reflect new and changing assurance priorities.  This additional work includes a quality and safety review in relation to NHS GG&C Emergency Departments, redesign of our Responding to Concerns process, adjustments to our Adverse Events work programme and a review of our regulation work (IHC and IRMER) . Staff and workload has been reallocated to accommodate these changing priorities and the revised . The revised quality assurance and regulation plan was discussed by QPC in August. Separately, a significant staffing challenge has arisen in DCRS with a reduction in available Medical Review Assistants (MRAs) that play a key role in service delivery - temporary staff are supporting the service  while recruitment to vacant MRAs post concludes . As resources are further stretched, the risk of impact on the delivery and quality of work increases, and the risk likelihood was increased from 3 to 4 as a result. However, implementation of the new structure and ways of working that were agreed as part of the QAD transformational change process has ensured clearer structure and reporting lines, and enables greater visibility of demands across the directorate | 4 | 4 | 16 ⟷ | 06/09/2024 |
| National Care Service | Operational | Cautious | 1131 | Robbie Pearson | There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers.

There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill. | 16 | We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement.

We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts".

We also continue to work with a range of partner organisations in designing the future priorities for improvement support in integrated health and social care services. | There have been substantial revisions to the proposals regarding the shape of the NCS following the publication of the Verity House agreement between Scottish Government and the Convention of Scottish Local Authorities (COSLA).  In essence, local authorities will retain existing powers and functions in any new arrangements.   We are working with Scottish Government policy officials and our sponsors to ensure that there is a shared understanding of the possible implications of the Stage 2 amendments to the Bill and particularly our relationship with the NCS Board. | 5 | 2 | 10 ⟷ | 06/09/2024 |

60/100

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Climate Emergency & Sustainability Strategy | Reputational / Credibility | Cautious | 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. | 16 | National Sustainability Assessment Tool (NSAT) annual assessment<br><br>Development of an organisational Net-Zero Route map action plan.<br><br>Active Travel Adaptation Policy.<br><br>Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government.<br><br>Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans, including Biodiversity reporting. | HIS are continually looking for opportunities to reduce our carbon footprint and collaborate more with other national health boards. The Chief Operating Officer of NHS Scotland has indicated that Sustainability initiatives are imperative to improving care and reducing cost. HIS are now looking to set new targets within its new net zero route map that will help deliver the targets within the national strategy. | 3 | 2 | 6 | 06/09/2024 |
| Regulation of Independent Healthcare | Clinical and Care Governance | Minimalist | 1159 | Lynsey Cleland | There is a risk that HIS cannot effectively regulate the independent healthcare sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS. | 25 | The IHC Team are at full staffing in terms of the current model. Work is underway to review the strategic approach, ways of working, polices , processes and governance arrangements for our IHC regulation , but there will be dedicated leadership and programme support for to ensure key regulatory functions can continue to be delivered while this work is ongoing.  A new approach to accessing the required clinical expertise and updating staff knowledge has been developed in partnership with the medical directorate and the Quality Assurance Directorate Clinical and Care Governance Group. HIS/SG Group considering the policy and financial considerations to enable effective and sustainable regulation of the independent healthcare sector in to the future. Legislation has been enacted to adjust maximum fee levels and there is an annual baseline funding of £260K from SG. Work ongoing with main partners Central Legal Office (CLO) and NSS to improve debt recovery processes. The QAD Clinical Care Governance Group considers and monitors relevant risks and  is seeking to ensure appropriate and timely clinical input.. Online forum between Care Quality Commission,  Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales & HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare. | A detailed review is being undertaken of ways of working, policies, processes and distribution of workload across QAD's regulatory functions (IHC & Ionising Radiation Medical Exposure Regulations (IRMER) to ensure the effective and sustainable delivery of statutory duties in a way that makes best use of collective skills knowledge and expertise; reflects available resources; and ensures fair and achievable workloads.<br><br>There is ongoing work and regular engagement with Scottish Government on regulatory reform proposals to close known loop holes. The legislation for the regulation of independent healthcare services provide by pharmacy professionals and the regulation of independent medical agencies  has bene enacted and we are working through the scope of these new legislative requirements.  Other anticipated legislative changes, include the ability to remove services from the register that do pay annual leaves and changes to the current fee caps to enable HIS to continue to collect sufficient fees to cover existing regulatory costs . However, significant legislative reform will take time, particularly where changes to primary legislation are required. In addition, The Chief Executive has written to sponsor colleagues at SG to detail patient safety concerns and set out the need for wider reform of IHC regulation and discussion with SG are ongoing in relation to this. | 4 | 3 | 12 | 06/09/2024 |

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service Change | Reputational / Credibility | Cautious | 1163 | Clare Morrison | There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity. | 20 | The Scottish Health Council and its Service Change Sub-Committee continues to provide governance over the issue (discussed at each meeting). Regular discussions with Scottish Government to monitor the risks. Revised Planning with People and Quality Framework for Engagement to support its implementation published in 2023. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS. Involvement in regional and national planning is helping to highlight the importance of engagement in planning decisions. This is being further enhanced by introduction of our new Strategic Engagement Leads to engage at board and regional level. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG. | There is a continued growing concern that financial and workforce pressures will lead to a high volume of service change and impact boards' ability to meaningfully engage. We have reviewed the support we provide to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. In the first half of 2024 we have: appointed Strategic Engagement Leads and developed an Assurance of Engagement Programme to enhance our assurance processes; developed and tested a new assurance process for engagement on all service change activity; and worked with Scottish Government to update Planning with People to clarify this assurance process, engagement on national service changes, and IJBs' engagement responsibilities. These updates were approved by the Cabinet Secretary in May 2024 and the updated Planning with People guidance was published by SG/COSLA on 29 May 2024. We simultaneously published a new flowchart to provide clarity for boards on assurance of service change, including reducing our timelines by making our processes more efficient. We met with board engagement leads in June 2024 to discuss the updated Planning with People and flowcharts. We held an Engagement Practitioners Network session in July 2024 to share this information more widely and published follow up guidance in August 2024. | 4 | 3 | 12 ⟷ | 06/09/2024 |
| Workforce | Operational | Cautious | 634 | Sybil Canavan | There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives. Within this risk it is recognised that there is a risk in relation to executive remuneration and recruitment which is reflected in the operational risk register. | 16 | Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum.

Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, | The draft Interim Workforce Plan was presented to the Staff Governance Committee at its August meeting in parallel with discussion with the Partnership Forum, based on the timing of relevant meetings. The final version will be presented to the Board in September for approval. Further confirmation of the financial position for the organisation was provided at the end of June 2024 which has enabled further detail to be included in this version in terms of activity and planning ahead. | 5 | 3 | 15 ⟷ | 06/09/2024 |

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Organisational Change | Workforce | Cautious | 1266 | Sybil Canavan | There is a risk that the current and potential future organisational change activity within Healthcare Improvement Scotland will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS. | 16 | Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within Healthcare Improvement Scotland ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity. | The organisational changes for both QAD and Community Engagement and System Redesign (CESR) have been completed.  Following receipt of the completed Organisational Change Review report, which provided a range of findings and learning in relation to both the recent processes but also consideration of future approaches, the majority of findings have now been implemented, including establishment of the Change Oversight Board who will be active as required in relation to any proposed change. At this time there is continued oversight of the proposed strategic priorities for the organisation in light of the funding arrangements for 2024/25, and continued focus on the change requirements will be a central area of discussion with Partnership colleagues and all other appropriate forums. An update on the agreed actions will be provided to the Staff Governance Committee on an ongoing basis. | 4 | 3 | 12 ⟷ | 06/09/2024 |
| Safe Care in Scotland | Clinical Care Governance | Minimalist | 1922 | Simon Watson | In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public. | 20 | We have a range of touchpoints with the wider health and care systems.  These include representation on key leadership groups within the NHS - Chairs, Chief Execs, Medical & Nurse Directors and other functional lead groups.  Safety intelligence is gathered in all these forums. HIS also has access to intelligence about safety through programme-specific forums, links to other national or UK groups and informal professional connections.  In addition, HIS continues to play a leading role in the Sharing Intelligence Network of 16 national scrutiny and regulatory organisations.  All of this intelligence will have some influence over our work programmes.  However we lack a coherent system of capturing this 'fugitive' intelligence, analysing it for key themes and sharing useful outputs within the organisation. | The HIS Safety Network has taken a one team approach to designing a system that will enable robust cross organisational capture, analysis and distributing of key safety intelligence via internal bulletins for HIS.  There is a further ambition to produce safety bulletins for an external audience.  Work is underway to develop and resource a programme to deliver this system.  For the time being, the Safety Network provides a forum for intelligence sharing between directorates.  The Quality and Performance Committee (QPC) will receive a further update in August 2024 | 5 | 3 | 15 ⟷ | 06/09/2024 |

| Risk Title | Risk Category | Appetite | Risk No | Risk Director | Risk Description | Inherent Risk Score | Controls & Mitigations | Current update | Impact score | Likelihood score | Residual risk score | Modified |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Information Governance Strategy | Operational | Minimalist | 1258 | Robbie Pearson | There is a risk that we fail to provide the required documentation or evidence to the UK and Scottish Covid19 Inquiries due to inadvertent destruction and an inability to locate and retrieve files due to non-compliant, person dependent document naming conventions and folder structures resulting in potential legal action against and reputational damage set in the context of HIS being in receipt of a 'Do Not Destroy' notice (by the Scottish Inquiry). | 12 | Continuity of senior oversight of our participation in both the UK and Scottish Covid Inquiries. Records management retention and disposal policy and guidance, along with other information governance good practice guidance. Ensuring an uninterrupted handover of the executive team lead for the Covid Inquiries which is likely to come at a time of peak activity for the UK Inquiry health hearings and ahead of the Scottish Inquiry's substantive investigations into NHS and care home sector activities. We continue to anticipate requests from both Inquiries by identifying key pandemic documentation and timelines of activity in advance, while trying to avoid overburdening staff who are already busy delivering our statutory functions. | The timeframe for these Inquiries is not in the hands of HIS. The two public inquiries are both undertaking activity later in 2024 and in 2025 that will potentially impact on HIS and require us to participate more actively. The UK Inquiry Module 3 (health sector) hearings are due to take place in October/November 2024 for which we have submitted a number of witness statements in response to Rule 9 requests from the UK Inquiry. These have proven to require a lot of detail, and have been on detailed subject matters we did not necessarily anticipate from our understanding of the published Terms of Reference. Scottish Inquiry hearings into NHS activity and the care home sector, for which HIS is a core participant, will not be held by the Scottish Inquiry until 2025 at the earliest, and we can anticipate formal requests for witness statements from the Scottish Inquiry at any time from this point forward. While we have been successful in providing all information requested by the UK Inquiry up to this point, turnover of staff (departure of those employed by HIS at the time of the pandemic) will continue to make the task of our future response more challenging. To mitigate this we have gathered and identified as much information as we can that we consider should be needed to support our future participation in both Inquiries and this is organised by subject matter in a set of folders within the | 3 | 3 | 9 ↑ | 06/09/2024 |
| Partnership Working | Operational | Cautious | 1323 | Sybil Canavan | There is a risk of partnership working arrangements across the organisation being destabilised because of the need to respond to the financial position in 2024/25 and beyond which will require changes to service delivery which could result in a more challenging employee relations environment for Healthcare Improvement Scotland | 16 | Healthcare Improvement Scotland has a long-established formal agreement regarding working in Partnership with both recognised Trade Union colleagues but also partnership representatives. This process is embedded in terms of the operation of the Partnership Forum (PF) and also the opportunity to respond to service issues and any potential changes on a partnership basis. The Partnership forum is co-chaired by the Employee Director and the Chief Executive of the organisation. Also the One Team Workforce Sub group is also chaired by the Director of Workforce and the Employee Director. There need for clear, consistent and transparent communication regarding any service issues or potential areas of change is actively managed and the recent Organisational Change review process has also provided further learning for HIS to ensure that further change or impact on staff reflects on the learning and utilises the established processes and policy frameworks in place. | HIS is currently actively engaging with the Partnership Forum and staff members regarding service planning and any potential changes which will impact on individual employees. Direct support is being offered by PF representatives, HR staff and also line managers. We continue to work in partnership with Trade union and staff representatives on a wide variety of individual and collective matters | 3 | 4 | 12 ↔ | 06/09/2024 |

# Healthcare Improvement Scotland

| | |
|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Death Certification Review Service Annual Report** |
| **Agenda item:** | **5.1** |
| **Responsible Executive/Non-Executive:** | **Lynsey Cleland, Director of Quality Assurance and Regulation** |
| **Report Author:** | **George Fernie/Angela Hay** |
| **Purpose of paper:** | **Approval** |

## 1. Situation

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

## 2. Background

The report attached provides details of the reviews carried out and information on service performance against agreed service level agreements as well as updates on developments and projects during 2023/24.

## 3. Assessment

The report is scheduled to be published on 2 October following consideration by the Quality and Performance Committee, Scottish Government and HIS Board. There are no risks identified with this report.

### Assessment considerations

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

| | request the service carry out an independent review of an MCCD. |
|---|---|
| **Communication, involvement, engagement and consultation** | The report includes feedback from stakeholders on the work of the service and as part of progressing this report, the service has sought feedback from HIS public Partners and Ms Minto, Minister for Public Health and Women's Health is content for the report to proceed to publication. |

## 4    Recommendation

- HIS Board consider the report as ready for publication on 2 October 2024.

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

  **SIGNIFICANT:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

## 5    Appendices and links to additional information
Appendix 1 - DCRS annual report 2023/24

Appendix 1

# Death Certification Review Service

Annual Report 2023-2024

# Contents

# Senior Medical Reviewer Overview 2023/24

The service remains committed to improving the quality of Medical Certificates of Cause of Death (MCCDs) whilst not causing any unnecessary impact on families.

This year, I am delighted to report that only 18.1% (1118) of certificates reviewed had an error requiring amendment and standard reviews were completed, on average, within one day[1].

**Dr George Fernie**
Senior Medical Reviewer

The success may be attributed to two significant changes we implemented this year. Our medical review team refocused our NHS board annual review meetings, initiating a self-assessment process to support boards to identify areas for internal improvement.

Our medical reviewer assistants initiated an improvement project aimed at shortening the time it takes the service to contact the certifying doctor to complete reviews. They also introduced new processes that enabled us to reduce the time required to approve repatriation to Scotland to just over one day, once the necessary documents were received.

We continue to work with NHS Lothian and other death certification stakeholders to progress development of eMCCD into secondary care.

Our educational resources have been updated and we work with NHS Education for Scotland (NES) to provide new materials to support accuracy with death certification.

We have direct access to all but two NHS boards clinical portals and aim to also connect to both this year.

Looking forward, we will continue to hold 'educational discussions' with doctors with the aim of further improving the accuracy of recording of causes of death and engage with our stakeholders to ensure the impact our review work has on bereaved families and partner agencies is positive.

I would like to end by thanking my review team. They work tremendously hard to support doctors to accurately certify deaths to provide the public with assurance of death certification in Scotland.

**Dr George Fernie**

[1] Please refer to page 13 for details of SLA timeframes

2

# Death Certification Review Service (DCRS) Medical Reviews

The Certification of Death (Scotland) Act 2011[2] is the legislative framework within which the Death Certification Review Service operates.

The role of the service[3] is to improve:

- quality and accuracy of Medical Certificates of Cause of Death (MCCD)s, giving the public assurance in the death registration process in Scotland.

- public health information about causes of death in Scotland, supporting consistency in recording that will help resources to be directed to areas most needed.

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

In Scotland last year, doctors certified over **60,000** deaths.

Around **12%** were randomly selected[5] for a review by National Records of Scotland (NRS).

Our medical reviewers review the MCCD and speak with the certifying doctor about the circumstances of the death to ensure the information on the certificate is accurate.

If the certificate is **'not in order'**[6] the medical reviewer will request the certificate is amended.

The local authority will complete death registration which then allows families to finalise funeral arrangements.

Families can ask for an MCCD to be reviewed either before or after death registration if they feel the certificate does not accurately reflect the cause of death.

The service is responsible for approval of burial or cremation to Scotland for persons who have died abroad.

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

# Highlights

| | 2022/23 | 2023/24 |
|---|---|---|
| **Public Assurance** | 5880 MCCD reviews completed **5880** | 6176 MCCD reviews completed **6176** |
| **Continuous Improvement** | 78.7% reviewed were 'in order' **78.7%** | 82.4% reviewed were 'in order' **82.4%** |
| **Impact on families** | Level 1 reviews completed in less than 4 hours **<4 hours** | Level 1 reviews completed in less than 4 hours **<4 hours** |
| | Level 2 reviews completed in less than 8.5 hours **<8.5 hours** | Level 2 reviews completed in less than 7 hours **<7 hours** |
| **Advance Registration requests** | Decision given in less than 2 hours **<2 hours** | Decision given in less than 1 hour **<1 hours** |
| **Repatriations to Scotland** | Authorised in less than 2 days **<2 days** | Authorised in less than 1.5 days **<1.5 days** |

4

# Case Overview

The service reviewed a total of **6,354** cases in 2023/24, of which **6174** (97.2%) were standard reviews[7] and 180 non-standard[8] reviews. The diagram [9] below shows a breakdown by case type and the outcome for cases reviewed.

**Sankey diagram of number of cases and breakdown of case type and outcome in 2023/24[10]**
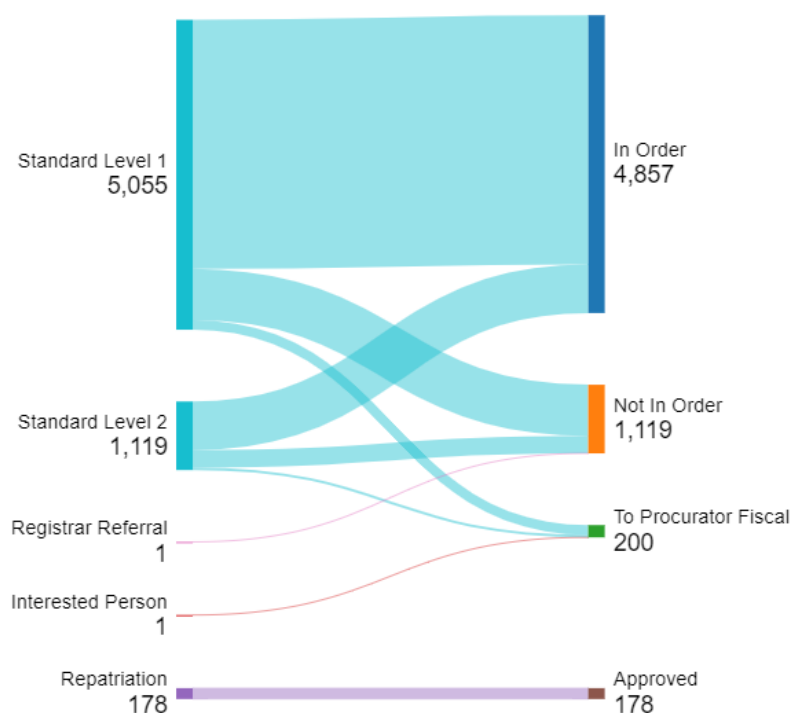


## Enquiry Line

The service dealt with 2,415 enquiries last year. This is a return to around 200 per month which is similar to the number recorded pre pandemic.

The majority of calls (84.8%) were from doctors seeking clinical advice on how to best represent a death on a MCCD.

- GP clinical advice 1,637 (67.8%)
- Hospital clinical advice 349 (14.5%)
- Hospice clinical advice 63 (2.6%)
- Others (Registrars/Procurator Fiscal, families) 366 (15.2%)

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[7] Standard Reviews (Level 1, Level 2). Level 1 reviews consist of a review of the MCCD and a discussion with the certifying doctors. Level 2 reviews also require a review of patient medical records.
[8] Non-standard Reviews (Interested Person reviews, Registrar referrals and Repatriations to Scotland)
[9] The Sankey diagram should be read from left to right. It shows how one category is broken down into components, then how second/subsequent categories are broken down. The diagram shows the size of the connecting paths between the categories.
[10] See Appendix 1 for full breakdown of cases and enquiries over last 3 years.

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

Run chart analysis of monthly percentage 'not in order' from May 2015 to March 2024 indicates that the percentage 'not in order' has improved to a current median of 18.8% in 2022; an overall reduction of 57.4% from the baseline of 44.0%. There are signs of potential further improvement.

### Run chart of monthly percentage MCCDs 'Not in Order' in Scotland
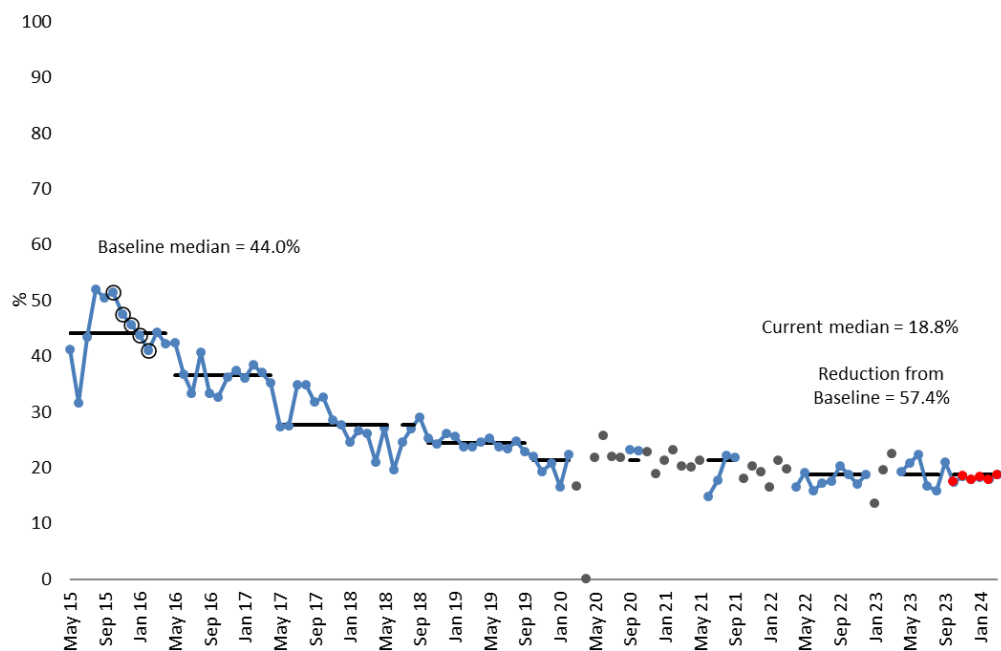


**Note:** Run chart analysis includes periods when the service is operating as 'business as usual' (blue dots). Hybrid reviews implemented during the pandemic are not included in the analysis (grey dots)
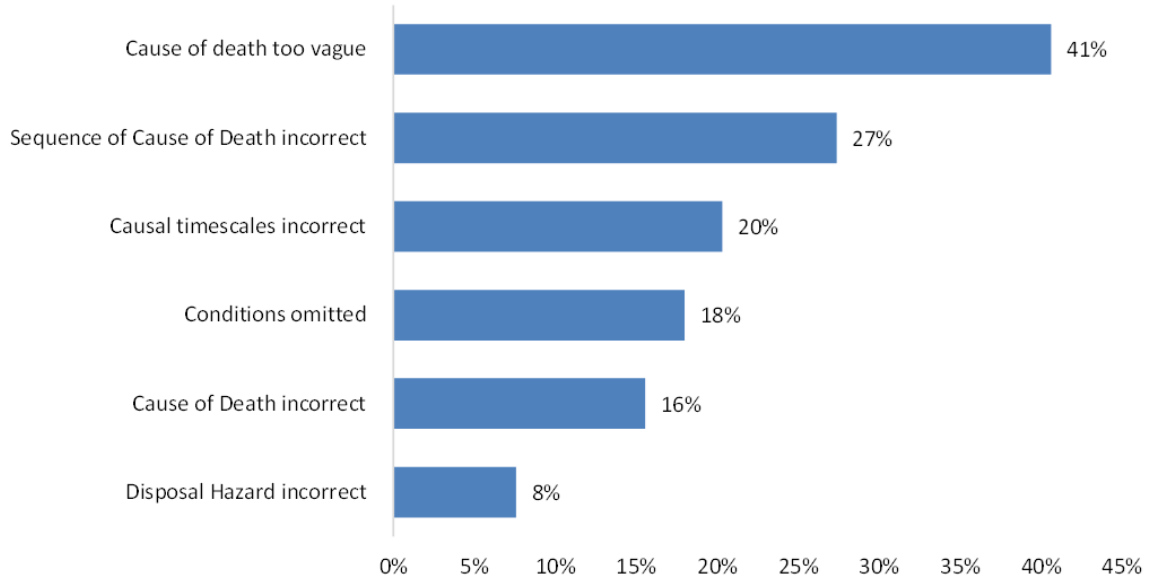
## Review outcomes

In 2023/24, 6174 medical reviews were carried out, of which

- 1,118 **(18.1%)** were found to be **'not in order'.** Of these,
- 778 **(70%)** had at least **one clinical closure category** error recorded[11].
- **41%** of these were classified as '**Cause of Death too Vague'.**

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[11]The cause(s) of death detailed on the MCCD must represent a reasonable conclusion as to the likely cause(s) of death, and the other information contained in the certificate is correct.  Where changes are required to the cause of death, these are categorised by clinical category, for changes to the information on the certificate this is categorised as administrative errors.
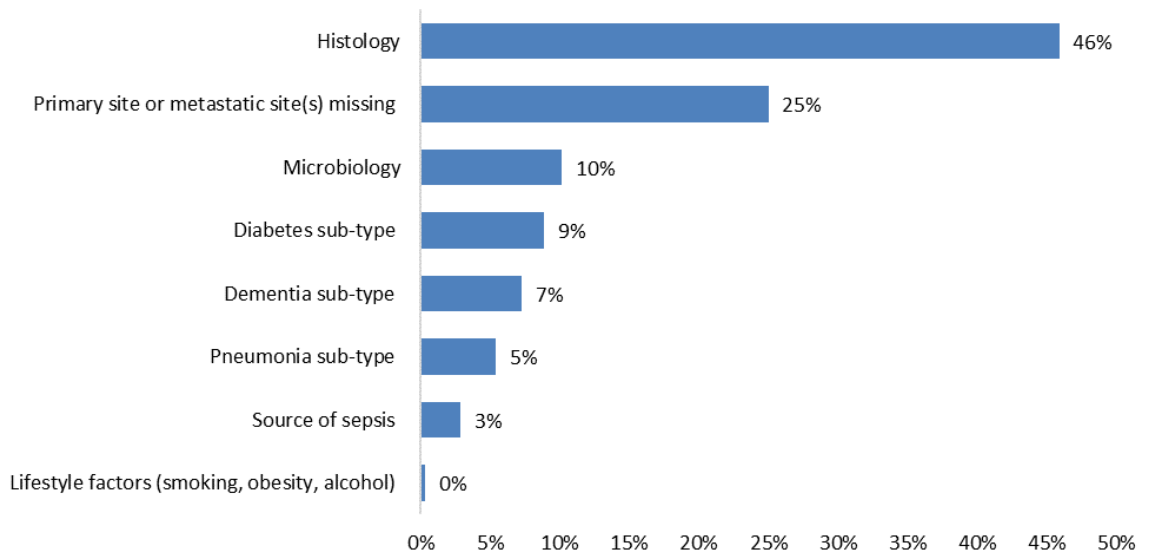
MCCDs can be closed with more than one closure category and the graph below shows the most common errors and omissions on MCCDs reviewed.

### Breakdown of closure category as a percentage of clinical categories



- Cause of death too vague — 41%
- Sequence of Cause of Death incorrect — 27%
- Causal timescales incorrect — 20%
- Conditions omitted — 18%
- Cause of Death incorrect — 16%
- Disposal Hazard incorrect — 8%

Analysis of reviews deemed to have 'Cause of Death too Vague' shows **46%** are due to Histology and **25%** due to primary site or metastatic site(s) missing[12].

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



- Histology — 46%
- Primary site or metastatic site(s) missing — 25%
- Microbiology — 10%
- Diabetes sub-type — 9%
- Dementia sub-type — 7%
- Pneumonia sub-type — 5%
- Source of sepsis — 3%
- Lifestyle factors (smoking, obesity, alcohol) — 0%

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[12] See Appendix 1 for full breakdown of reasons for 'not in order'.

| **Cause of Death Too Vague Educational Learning** | |
|---|---|
| **How to complete an MCCD**<br>**Part 1 (a) Cause of Death - disease or condition directly leading to death***<br>**Part 1 (b) Antecedent causes – any morbid conditions giving rise to above cause**<br>**Part 2 Other Significant conditions contributing to the death** | |

74 year-old man with Chronic Obstructive Pulmonary Disease (COPD) and Prostate Cancer with multiple bone metastases (malignant growths) presented to hospital with malignant spinal cord compression. Steroids and radiotherapy were given, however remained paraplegic and developed left basal pneumonia (sputum cultured Streptococcus Pneumoniae). Despite treatment, he died from pneumonia.

**MCCD completed by the certifying doctor**

**Part 1**
(a) Chest infection
(b) Metastatic prostate cancer

**Part 2**
(a) Chronic Obstructive Pulmonary Disease

**Amended MCCD following medical review**

**Part 1**
(a) Streptococcus Pneumoniae Hospital Acquired Pneumonia
(b) Malignant spinal cord compression
(c) Adenocarcinoma of Prostate with metastases

**Part 2**
(a) Chronic Obstructive Pulmonary Disease

*This does not mean mode of dying, such as heart or respiratory failure.*
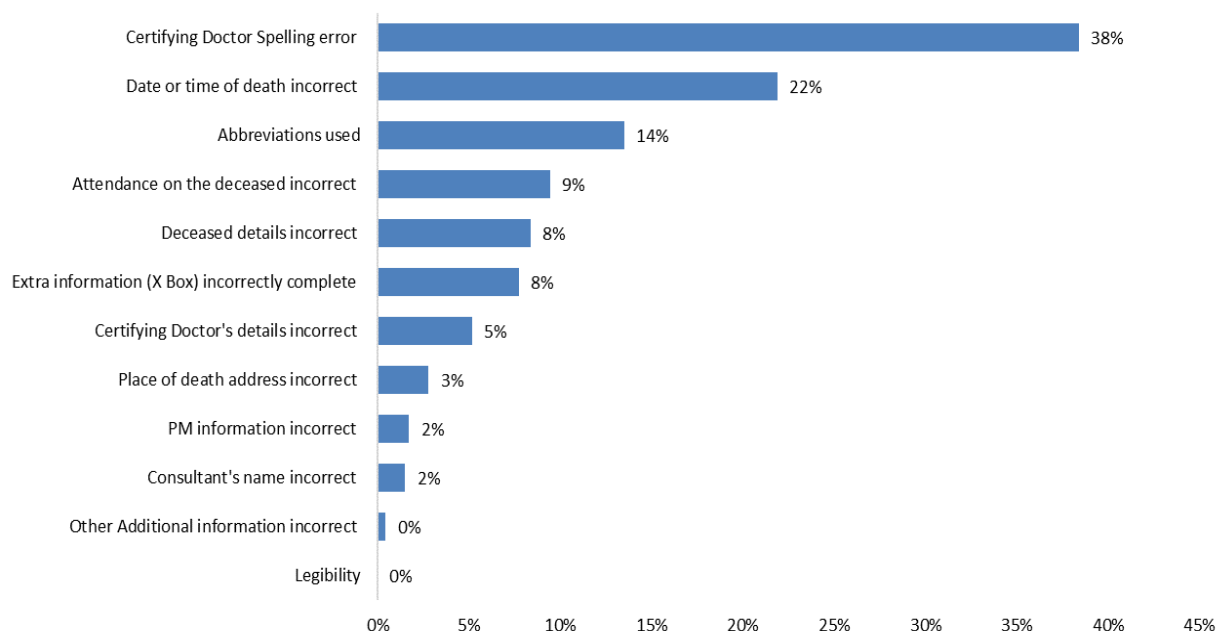
## Educational conversations

Medical reviews are 'educational conversations' and whilst some MCCDs require an amendment, many are deemed 'in order' (54.1%) or 'in order with educational support' (46.9%). The 3 most common areas for education are;

| **Cause of death sub-type should be more specific** | Cause of death is Dementia, however MCCD should include sub-type, such as Alzheimer, Vascular. |
|---|---|
| **Intervals inaccurate** | Cause of death is frailty. Duration of illness should be recorded. |
| **Time of death incorrect or ward details missing** | Time of death should be time of 'last breath'. Ward information/number must be included. |

## Administrative Improvements

Administrative errors include spelling mistakes, use of abbreviations and failing to sign the certificate. Last year, 42% of MCCDs 'not in order' had an administrative closure category recorded. Certifying doctor spelling error was recorded against 179 (38%) of MCCDs reviewed.

*Breakdown of 'Administrative errors' category as a percentage of total number[13]*

| Category | Percentage |
|---|---|
| Certifying Doctor Spelling error | 38% |
| Date or time of death incorrect | 22% |
| Abbreviations used | 14% |
| Attendance on the deceased incorrect | 9% |
| Deceased details incorrect | 8% |
| Extra information (X Box) incorrectly complete | 8% |
| Certifying Doctor's details incorrect | 5% |
| Place of death address incorrect | 3% |
| PM information incorrect | 2% |
| Consultant's name incorrect | 2% |
| Other Additional information incorrect | 0% |
| Legibility | 0% |

## Reports to the Procurator Fiscal

Sudden, suspicious, accidental, and unexplained deaths including deaths which may give rise to public anxiety, are required to be reported to the Procurator Fiscal[14].

Our medical review team found 200 (3.2%) of all certificates reviewed last year should have been reported to the Procurator Fiscal. The most common oversight in reporting was where a fracture or trauma (52%) or known industrial disease (34%) had caused or contributed to the death.[15]

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**Crown Office and Procurator Fiscal Service Education Learning When completing an E5 (report to COPFS form)**

GPs to provide direct dial numbers or direct email addresses to avoid long delays waiting in automated telephone and email systems.

Hospital doctors to provide direct telephone numbers or mobile/page numbers to avoid long waits on hospital main telephone lines.

If you require guidance on whether to report a death to the Procurator Fiscal consider calling the DCRS enquiry line for guidance first.

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[13] Table 3 and 4 within Appendix 1 provides full details of clinical and administrative errors recorded over the last 3 years.
[14] reporting-deaths-information-for-medical-practitioners.docx (live.com)
[15] See Appendix 1 for full breakdown of main reasons for reporting to the Procurator Fiscal

## Enquiry Call Educational Learning

A hospital doctor called the enquiry line for advice on how to represent the death of a 78-year-old man who was admitted to hospital with shortness of breath and confusion following a series of falls. The man had community acquired pneumonia and a subdural haemorrhage (bleed on the brain). He had also suffered a previous subdural haematoma two years earlier. No evidence of a skull fracture. The pneumonia was treated but the man continued to have delirium and deteriorated ten days after admission.

Even though there was no clear single traumatic event, the falls did contribute to his death and so the death was due, at least in part to an accident. The medical reviewer recommended the doctor report the death to the Procurator Fiscal.

## Hazards Audit

It is the duty of the certifying doctor to confirm the deceased body is safe to handle and cremate. If there are hazards, these should be recorded accurately on the MCCD.

Failure to correctly record hazards requires a new certificate to be written. This results in delays for families progressing with funeral arrangements and poses a health risk to funeral directors who may have already handled the body.

Our medical review team carried out the first national observational study of hazard error rates, auditing all MCCDs reviewed between May 2015 and May 2023 for DH1, DH2 and DH3[16] hazard errors. The table below shows improvement between 2015 and 2019, however errors in hazards rose again during the pandemic.

*Breakdown of 'MCCD Hazard Errors by year'*



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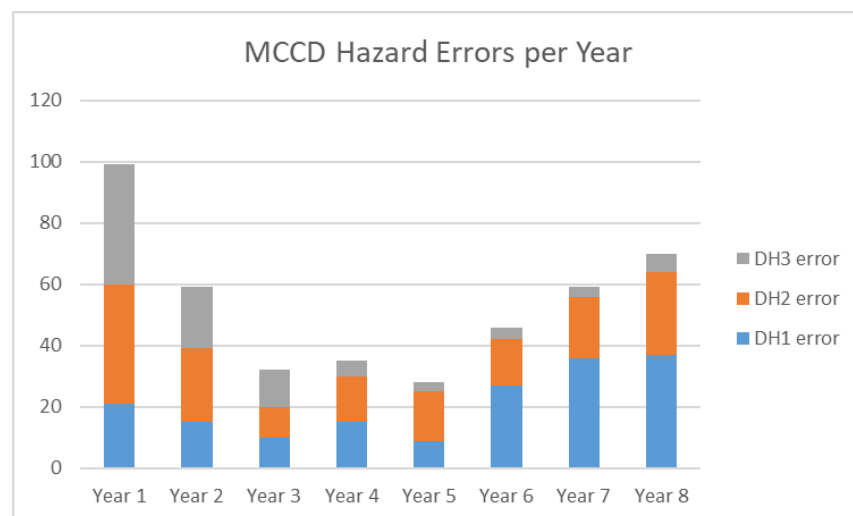
[16] DHI – Does the body post a public health risk (notifiable infectious disease/contraction of contamination before death
DH2 – Is there a cardiac pacemaker or other potentially explosive device present
DH3 – Is there radioactive material or hazardous implants present

The audit highlighted the issue was most prevalent within primary care and on average reviews took over a day to complete, as new certificates were required. This is of concern, as some faiths hold funerals within 24 hours of the death.

| Admin and report to Procurator Fiscal Educational Learning |
|---|
| Primary care - doctors should submit MCCDs electronically |
| Secondary care – doctors should print clearly using block capitals and black ink and ward information must be included |
| No abbreviations, no **Cerebrovascular Accident (**use Ischaemic Stroke or Cerebral Infarction) – use of abbreviations will require the MCCD to be amended |
| Cancer staging should not be recorded on the MCCD |
| Check whether there are any hazards present |
| Signatures must be legible |
| Know which deaths require to be reported to Procurator Fiscal |
| Influenza derogation is in place which means there is no need to report Influenza unless there are other concerns |
| Submit EF5 forms to the PF electronically. It reduces legibility errors |
| If necessary, contact DCRS for advice, weekdays 8.30am – 5.30pm (0300 123 1898) |

## Advance Registration

Families who have suffered a bereavement may need the funeral to go ahead promptly. The service aims to support this through our advance registration process, which allows funerals to proceed before the MCCD review is complete.

The number of advance registration applications remains low. In 2023/24, there were,

- **65** (1%) requests, of which
- **49** (75.4%) were approved
- **16** (24.6%) were declined. Of these
- **13** (81.3%) were due to the review being complete or nearing completion.

Of the 65 advance registrations, **all** received a decision within one hour, **8** (12.3%) were subsequently found to be 'not in order' and **3** (4.6%) were reported to Procurator Fiscal.

# Non-randomised reviews

## Interested person, registrar referrals, 'for cause' reviews

The service reviews MCCDs requested by members of the public (Interested Person review)[17] and local authority registrars (Registrar Referral)[18] if they feel the certificate is not accurate.

The volume of these types of requests remains low. Last year, the service reviewed

- 1 Interested Person request. The death was subsequently reported to the Procurator Fiscal.
- 1 Registrar referral. The MCCD was found to be 'not in order'.

## Deaths outwith Scotland (repatriations)

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

In 2023/24, the service received **178** repatriation requests, of which,

- **121** (70%) were male, **57** (30%) were female
- **113** (63.5%) were individuals aged 60 years or older
- **59** people (33.1%) died in Spain

Two postmortem applications were approved.

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

| Age | No of deaths | Repatriated from | No of deaths | Funeral type | No of deaths |
|---|---|---|---|---|---|
| 0 - 19 | 3 | Spain | 59 | Burial | 61 |
| 20 - 39 | 13 | Cyprus | 17 | Cremation | 117 |
| 40 - 59 | 49 | USA/Canada | 11 | | |
| 60 - 79 | 95 | Greece | 7 | | |
| 80+ | 18 | Italy | 7 | | |
| | | Portugal | 7 | | |

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

# Service Performance

## Service Level Agreements

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

| Level 1 review | Level 2 review |
|---|---|
| **Target – 1 working day** | **Target – 3 working days** |
| Target met < 4 hours | Target met < one day |
| **Advance registration request** | **Senior medical reviewer review** |
| **Target – 2 hours** | **Target – 1 working day** |
| Target met < 1 hour | No cases |
| **Interested person request** | **Repatriation request** |
| **Target – 14 days** | **Target – 5 days** |
| Target met < 4 days | Target met < 1.5 days |

Around 168 (2.6%) of case reviews breached[19] SLA timescales, of which

- 141 (83.9%) were due to the certifying doctor being unavailable
- 124 (74%) were in secondary care

Primary care doctors use electronic MCCD which results in instantaneous selecting for medical review. However, secondary care doctors continue to use paper MCCD and certificate selection does not happen until the local authority registrar begins death registration. This can be anything up to 8 days after the death. This reduces the likelihood of the doctor being available within the hospital and the availability of patient notes which are required to support reviews.

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[19] See Appendix for full breakdown of breached cases.

## Clinical Governance

As part of the MCCD review process, medical reviewers will discuss clinical governance issues or concerns raised by families with the certifying doctor. In 2023/24, no significant clinical governance concerns were identified.

# Service Improvements

## Stakeholder engagement

In October 2023, the service gathered views on the death registration process from 127 death informants[20]. The table below shows the key findings.

| We asked … | You told us… | |
|---|---|---|
| **Who advised you the Medical Certificate of Cause of Death could be selected for review?** | The local authority registrar provided this information when trying to progress death registration. | 74% |
| **Did the review cause a delay in your funeral arrangements?** | The majority reported no impact. | 86% |
| **Did you make an Advance Registration request. If so, how satisfied were you with the outcome of the request?** | All 3 respondents were very satisfied. | 100% |
| **How satisfied were you with the speed of the Advance Registration response?** | All 3 respondents were very satisfied. | 100% |
| **What 3 words would you use to describe the Death Certification Review process?** | Long and not enough communication.<br><br>More contact with families. | 1.5% |

Whilst the feedback was generally positive, the death registration process changed significantly during the pandemic and the service was keen to understand the impact for other key stakeholders.

The service works closely with National Records of Scotland (NRS), Association of Registrars of Scotland (ARoS), Crown Office and Procurator Fiscal Service (COPFS),

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[20] The person who registers the death is formally known as 'the informant'.

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NHS boards and funeral directors with the aim of ensuring the death registration process does not negatively impact on families.

In collaboration with NRS and ARoS, the service held a workshop to identify what was working well and areas for improvement. A number of areas for improvement were identified including: quality of MCCDs (spelling errors, abbreviations), delays by doctors submitting the MCCD to the registrar, availability of doctors, specifically locums and/or notes and delays to death registration caused by late reporting of deaths to the Procurator Fiscal.

The Death Certification Review Service management board has representation from all key stakeholder agencies. All work closely together to effect positive change.

## Complaints and Freedom of information (FOI) requests

The service received 6 complaints this year, of which 2 were upheld and instigated changes to service call management procedures and 4 were not upheld.

*Breakdown of complaints in 2023/2024*
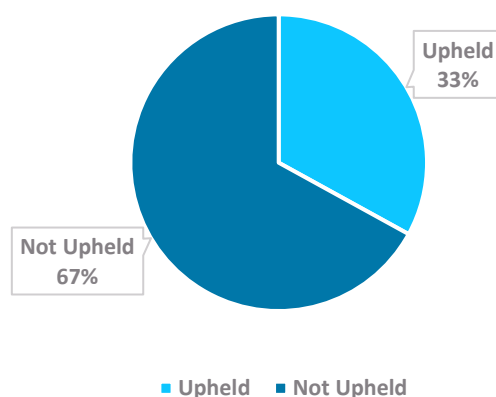


The service responded to 3 Freedom of Information (FOI) requests.

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# In 2024/25 we will...

- Support implementation of eMCCD into secondary care with key stakeholders.

- Continue to work with NHS boards to reduce the number of clinical and administrative errors on MCCDs and educate on appropriate reporting of deaths to the Procurator Fiscal.

- Regularly engage with stakeholders to ensure our medical reviews do not negatively impact on families.

- Finalise direct access to NHS board clinical portals to reduce administrative resource requirements within boards.

## Acknowledgements

Thank you to colleagues at Healthcare Improvement Scotland, National Records of Scotland and our own team. Your excellent collaborations have helped us to assure accurate death certification over the last year. Special thanks to our data analysts Keir Robertson, Alexandra Dunn, and data and measurement advisors Lucy Aitken and Tim Norwood, your support in developing our data reports has been invaluable.

# Death Certification Review Service Management Board

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

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

# Appendix 1: Service data

The tables below provide a more detailed breakdown of the service data over the last 3 years[21]. Percentages have been rounded to 1 decimal place. This means they do not always add up to 100%.

**Table 1: Cases reviewed by type**

| Case type | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023- 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Standard Level 1 and Level 2 | 5444 | (98.2%) | 5875 | (96.8%) | 6174 | (97.2%) |
| Repatriation | 87 | (1.6%) | 191 | (3.1%) | 178 | (2.8%) |
| Interested Person | 11 | (0.2%) | 4 | (0.1%) | 1 | (0%) |
| Registrar Referral | 2 | (0%) | 0 | (0%) | 1 | (0%) |
| MR For Cause Referral | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| *Total* | *5544* | | *6070* | | *6354* | |

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

| Outcome | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Email amendments | 892 | (88.4%) | 869 | (84.8%) | 985 | (88.1%) |
| Replacement MCCD | 117 | (11.6%) | 156 | (15.2%) | 134 | (11.9%) |
| *Total* | *1009* | | *1025* | | *1118* | |

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

| Closure Category | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Cause of Death too vague | 351 | (48.2%) | 279 | (37.3%) | 316 | (40.6%) |
| Cause of Death incorrect | 92 | (12.6%) | 114 | (15.2%) | 121 | (15.6%) |
| Sequence of Cause of Death incorrect | 167 | (22.9%) | 174 | (23.3%) | 213 | (27.4%) |
| Causal timescales incorrect | 167 | (22.9%) | 168 | (22.5%) | 158 | (20.3%) |
| Conditions omitted | 129 | (17.7%) | 135 | (18%) | 140 | (18%) |
| Disposal Hazard incorrect | 45 | (6.2%) | 74 | (9.9%) | 59 | (7.6%) |
| *Total* | *951* | | *944* | | *1007* | |

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

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

| Administrative Error | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Attendance on the deceased incorrect | 49 | (11.8%) | 38 | (9%) | 44 | (9.4%) |
| Abbreviations used | 65 | (15.7%) | 53 | (12.6%) | 63 | (13.5%) |
| Certifying Doctor's details incorrect | 44 | (10.6%) | 18 | (4.3%) | 24 | (5.2%) |
| Certifying Doctor Spelling error | 133 | (32.1%) | 172 | (41%) | 179 | (38.4%) |
| Consultant's name incorrect | 6 | (1.4%) | 13 | (3.1%) | 7 | (1.5%) |
| Date or time of death incorrect | 67 | (16.2%) | 80 | (19%) | 102 | (21.9%) |
| Deceased details incorrect | 34 | (8.2%) | 29 | (6.9%) | 39 | (8.4%) |
| Extra information (X Box) incorrectly complete | 46 | (11.1%) | 37 | (8.8%) | 36 | (7.7%) |
| Legibility | 4 | (1%) | 3 | (0.7%) | 0 | (0%) |
| PM information incorrect | 7 | (1.7%) | 9 | (2.1%) | 8 | (1.7%) |
| Place of death address incorrect | 11 | (2.7%) | 6 | (1.4%) | 13 | (2.8%) |
| Other Additional information incorrect | 4 | (1%) | 3 | (0.7%) | 2 | (0.4%) |
| *Total* | *470* | | *461* | | *517* | |

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

**Table 5: Cases reported to procurator fiscal by type**

| Case type | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Standard Level 1 and Level 2 | 255 | (98.8%) | 228 | (100%) | 199 | (99.5%) |
| Interested Person | 3 | (1.2%) | 0 | (0%) | 1 | (0.5%) |
| MR For Cause Referral | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| Registrar Referral | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| *Total* | *258* | | *228* | | *200* | |
| % cases reported to PF | 4.7% | | 3.9% | | 3.2% | |

**Table 6: Reasons Cases reported to procurator fiscal**

| Reason for reporting to PF | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2022 - 31 Mar 2023 | |
|---|---|---|---|---|---|---|
| Choking | 6 | (2.3%) | 5 | (2.2%) | 3 | (1.5%) |
| Concerns Over Care | 15 | (5.8%) | 5 | (2.2%) | 9 | (4.5%) |
| Drug Related | 3 | (1.2%) | 2 | (0.9%) | 6 | (3%) |
| Flagged in Error | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| Fracture or Trauma | 86 | (33.3%) | 96 | (42.1%) | 103 | (51.5%) |
| Industrial Disease | 54 | (20.9%) | 77 | (33.8%) | 68 | (34%) |
| Infectious Disease | 85 | (32.9%) | 42 | (18.4%) | 2 | (1%) |
| Legal Order | 4 | (1.6%) | 3 | (1.3%) | 4 | (2%) |
| Neglect or Exposure | 3 | (1.2%) | 3 | (1.3%) | 7 | (3.5%) |
| Stroke | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| Other Report to PF | 4 | (1.6%) | 1 | (0.4%) | 1 | (1%) |
| *Total Cases* | *258* | | *228* | | *200* | |

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

## Table 7: Number of calls received by the enquiry line

| | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| eMCCD issue | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| Funeral Director | 11 | (0.5%) | 16 | (0.6%) | 23 | (1%) |
| GP Clinical Advice | 1511 | (66.3%) | 1716 | (67.4%) | 1637 | (67.8%) |
| GP Process Advice | 154 | (6.8%) | 157 | (6.2%) | 130 | (5.4%) |
| Hospice Clinical Advice | 40 | (1.8%) | 36 | (1.4%) | 63 | (2.6%) |
| Hospice Process Advice | 6 | (0.3%) | 10 | (0.4%) | 5 | (0.2%) |
| Hospital Clinical Advice | 346 | (15.2%) | 384 | (15.1%) | 349 | (14.5%) |
| Hospital Process Advice | 44 | (1.9%) | 48 | (1.9%) | 39 | (1.6%) |
| Informant/family | 52 | (2.3%) | 34 | (1.3%) | 40 | (1.7%) |
| Interested Person | 6 | (0.3%) | 3 | (0.1%) | 2 | (0.1%) |
| Other | 27 | (1.2%) | 42 | (1.6%) | 26 | (1.1%) |
| Procurator Fiscal | 6 | (0.3%) | 8 | (0.3%) | 11 | (0.5%) |
| Registrar | 23 | (1%) | 45 | (1.8%) | 38 | (1.6%) |
| Repatriation | 1 | (0%) | 3 | (0.1%) | 5 | (0.2%) |
| Signposted | 40 | (1.8%) | 44 | (1.7%) | 47 | (1.9%) |
| No advice type recorded | 12 | (0.5%) | 0 | (0%) | 0 | (0%) |
| *Total* | *2279* | | *2546* | | *2415* | |

## Table 8: Advance registration requests with outcomes

| Request outcome | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 7 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Approved | 45 | (73.8%) | 63 | (86.3%) | 49 | (75.4%) |
| Not approved | 16 | (26.2%) | 10 | (13.7%) | 16 | (24.6%) |
| | | | | | | |
| Review outcome | | | | | | |
| In order | 52 | (85.2%) | 56 | (76.71%) | 54 | (83.1%) |
| not in order | 8 | (13.1%) | 13 | (17.81%) | 8 | (12.3%) |
| PF | 1 | (1.6%) | 4 | (5.48%) | 3 | (4.6%) |
| *Total* | *61* | | *73* | | *65* | |

## Table 9: Number (and percentage) of Breached Cases

| Reason for breach | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Certifying doctor unavailable | 193 | (88.1%) | 196 | (84.1%) | 141 | (83.9%) |
| DCRS delay | 0 | (0%) | 10 | (4.3%) | 6 | (3.6%) |
| Delay in obtaining/receiving required information* | 0 | (0%) | 25 | (10.7%) | 20 | (11.9%) |
| Other | 26 | (11.9%) | 2 | (0.9%) | 1 | (0.6%) |
| *Total* | *219* | | *233* | | *168* | |

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

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

**Table 10: Number and percentage of interested person reviews**

| Request outcome | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Not Approved | 1 | (9.1%) | 2 | (50%) | 0 | (0%) |
| Approved | 10 | (90.9%) | 2 | (50%) | 1 | (100%) |
| *Total Requests* | *11* | | *4* | | *1* | |
| | | | | | | |
| Review outcome approved | | | | | | |
| In order | 3 | (30%) | 1 | (50%) | 0 | (0%) |
| Not in order | 4 | (40%) | 1 | (50%) | 0 | (0%) |
| Reported to PF | 3 | (30%) | 0 | (0%) | 1 | (100%) |

**Table 11: Number and percentage of registrar referral reviews**

| Review outcome | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| In order | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| Not in order | 2 | (100%) | 0 | (0%) | 1 | (100%) |
| Escalated to PF | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| *Total* | *2* | | *0* | | *1* | |

**Table 12: Number and percentage of repatriation reviews**

| Request outcome | Year 7 01 Apr 2021 - 31 Mar 2022 | | Year 8 01 Apr 2022 - 31 Mar 2023 | | Year 9 01 Apr 2023 - 31 Mar 2024 | |
|---|---|---|---|---|---|---|
| Approved | 87 | (100%) | 191 | (100%) | 178 | (100%) |
| Not approved | 0 | (0%) | 0 | (0%) | 0 | (0%) |
| *Total* | *87* | | *191* | | *178* | |

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

**Healthcare Improvement Scotland**

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

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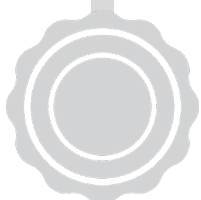http://www.healthcareimprovementscotland.org/

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

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

# Healthcare Improvement Scotland

| | |
|---|---|
| **Meeting:** | **Board Meeting - Public** |
| **Meeting date:** | **25 September 2024** |
| **Title:** | **Schedule of Board and Committee Meeting Dates 2025-26** |
| **Agenda item:** | **6.1** |
| **Responsible Executive/Non-Executive:** | **Angela Moodie, Director of Finance, Planning & Governance** |
| **Report Author:** | **Pauline Symaniak, Governance Manager** |
| **Purpose of paper:** | **Decision** |

## 1.    Situation

This paper sets out a proposed schedule of meeting dates for the Board and its Governance Committees for 2025-26.

## 2.    Background

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

## 3.    Assessment

The schedule of meeting dates presented at Appendix 1 follows a similar pattern to 2024-25 and is based on a quarterly reporting cycle such that every Committee (with the exception of the Succession Planning Committee) holds a meeting each quarter which reports into the Board meeting at the end of that quarter.  There are then additional seminar and development events between the formal Board meetings. The proposed schedule has been shared with the HIS Chair, Committee Chairs and Lead Directors to ensure the dates fit within the timelines for the regular items of assurance that are presented to the Board and its Committees. The dates proposed for quarter 4 meetings at this time are provisional pending national meetings being scheduled for that period.

### Assessment considerations

| Quality/ Care | The schedule of meeting dates provides the opportunities for the Board and its Committees to deliver their functions as set |
|---|---|

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

## 4    Recommendation

The Board is asked to approve the schedule of meeting dates for 2025-26 and accept the following level of assurance given that the schedule mirrors previous patterns and has been reviewed by Lead Directors and Chairs for alignment to assurance needs:

**SIGNIFICANT:** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

## 5    Appendices and links to additional information

The following appendices are included with this report:

• Appendix No 1, Draft schedule of board and committee meeting dates 2025-26.

Appendix 1 - Meeting Dates 2025-26 (Dates are Wednesdays unless otherwise indicated)

### Quarter 1

| DATE | MEETING |
|---|---|
| 02 April 2025 | Succession Planning Committee |
| 23 April 2025 | BOARD DEVELOPMENT |
| 23 April 2025 | Governance Committee Chairs |
| 30 April 2025 | Staff Governance Committee |
| (Thurs) 15 May 2025 | Scottish Health Council |
| 21 May 2025 (afternoon) | Quality and Performance Committee |
| 28 May 2025 | BOARD SEMINAR |
| 04 June 2025 | Executive Remuneration Committee |
| (Mon) 23 June 2025 | Audit and Risk Committee |
| (Mon) 30 June 2025 | BOARD MEETING |

### Quarter 2

| | |
|---|---|
| 06 August 2025 | Staff Governance Committee |
| 20 August 2025 | Governance Committee Chairs |
| 27 August 2025 | Quality and Performance Committee |
| 03 September 2025 | Audit and Risk Committee |
| (Thurs) 4 September 2025 | Scottish Health Council |
| (Thurs) 11 September 2025 | Executive Remuneration Committee |
| 17 September 2025 | BOARD STRATEGY DAY |
| 24 September 2025 | BOARD MEETING |

### Quarter 3

| | |
|---|---|
| 8 October 2025 | Succession Planning Committee |
| 22 October 2025 | Staff Governance Committee |
| 5 November 2025 | Quality and Performance Committee |
| (Thurs) 13 November 2025 | Scottish Health Council |
| 19 November 2025 | BOARD DEVELOPMENT |
| 19 November 2025 | Governance Committee Chairs |
| 26 November 2025 | Audit and Risk Committee |
| (Tues) 2 December 2025 | BOARD MEETING |
| (Thurs) 4 December 2025 | Executive Remuneration Committee |

### Quarter 4 (provisional dates pending national meetings being set)

| | |
|---|---|
| 21 January 2026 | BOARD SEMINAR |
| (Thurs) 12 February 2026 | Scottish Health Council |
| 18 February 2026 | BOARD SEMINAR |
| 18 February 2026 | Governance Committee Chairs |
| 25 February 2026 | Staff Governance Committee |
| 4 March 2026 | Quality and Performance Committee |
| 11 March 2026 | Audit and Risk Committee |
| 18 March 2026 | Executive Remuneration Committee |
| 25 March 2026 | BOARD MEETING |

# Healthcare Improvement Scotland

**SUBJECT:** Governance Committee Chairs' Meeting*: key points*

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## 1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 28 August 2024.

## 2. Recommendation

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

### a) Resourcing

The Chief Executive and Director of Finance, Planning and Governance joined the meeting to discuss resourcing given that the matters highlighted will impact all of the Committees. Their presentation set out how changing priorities in our 2024/25 assurance and regulation plan as well as developments in our inspection programme to include mental health and perinatal services, require the strengthening of resources in the Quality Assurance and Regulation Directorate. Recurring investment has been identified for this and although below the threshold for Board approval, the developments are significant enough to be brought to the Board's attention. They will also link with discussions at the Board strategy day on 18 September to identify priorities for the next one to three years.

### b) Risk Management

We agreed that going forward, all Committees would have a greater focus on the risks they receive as part of their risk management reports. We also agreed the need to ensure that any serious risks identified by Committees are shared with the Audit and Risk Committee who consider all of the strategic risks and monitor the effective operation of risk management processes.

### c) Linking the Work of Committees

In sharing updates on the work of each of our Committees, we noted a need to ensure linkages are made where a matter considered at one Committee impacts another. We thought this might best be achieved by assigning the role to Non-executives who are members of more than one Committee and I will take this forward during mid-year discussions.

**Carole Wilkinson**
**HIS Chair/Chair of the Governance Committee Chairs**

**SUBJECT:  Audit and Risk Committee*: key points**

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### 1.  Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 4 September 2024. The approved minutes of the Audit and Risk Committee meeting on 18 June 2024 can be found here.

### 2.  Recommendation

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


#### a)  Best Value Annual Report

The inaugural report was welcomed by the Committee, demonstrating the arrangements in place across the organisation for assessment and self-evaluation of best value. The Committee agreed with the key reflection; that we can do more to further understand the impact and outcomes of our work. Suggestions were made around future actions, measurement principles and outcomes rather than outputs for next year's Key Performance Indicators. It was agreed this report would be shared with all HIS Governance Committees for their consideration at a forthcoming meeting, recognising the organisational wide reach and that Best Value's remit is not limited to Audit and Risk Committee.

#### b)  Risk

After consideration of the risks presented, forthcoming priorities for risk management were discussed. A review of the Board's risk appetite is scheduled for January 2025 and an ask was made regarding the need to re-establish risk deep dives. The Chair requested greater focus and scrutiny by all Committees on risk, focusing on operational risks and mitigating actions.

#### c)  Procurement Annual Report

Scottish Ambulance Service (SAS) jointly presented our first annual procurement report alongside HIS' Head of Finance and Procurement. SAS deliver procurement assistance by way of a service level agreement. The Committee welcomed the report, which contained analysis on supplier spend, contract management, non-competitive tenders, training & development and our input into the Anchors programme. It was agreed that going forward this report would also include international travel and gifts & hospitality spend.


**Rob Tinlin**
**Committee Chair**

**SUBJECT: Executive Remuneration Committee: key points**

1. **Purpose of the report**

   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 17 September 2024.

   **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) **Director of Quality Assurance and Regulation**
   Following the recent unsuccessful recruitment process for the Director of Quality Assurance and Regulation, the Executive Remuneration Committee confirmed that this role will now be advertised as secondment opportunity in the first instance. In advertising the role as secondment opportunity, the Committee recognised that Healthcare Improvement Scotland will be required to meet the costs of the substantive salary for any successful postholder, irrespective of the potential difference between those costs and the grade of the Director post. Any suitable candidate will be interviewed by a panel chaired by the Chief Executive with a subsequent recommendation being made to the Executive Remuneration Committee for approval. The Committee also agreed to internal interim arrangements whilst secondment procedures are undertaken and, to then proceed with a new recruitment process for a permanent replacement.

   b) **Director of Nursing and Systems Improvement**
   Following formal notification of the intention of Ann Gow, current Director of Nursing and Systems Improvement, to partially retire, the Executive Remuneration Committee confirmed the move to recruit to the Director of Nursing and Systems Improvement role as currently constituted. The role of Deputy Chief Executive will be subject to a separate internal recruitment process in line with previous arrangements.

   c) **Proposed Agenda for Change Pay Increases– Impact**
   The Committee received a presentation on the detail of the proposed pay increase across the Agenda for Change pay bands and specifically within the Grade 8C and D cohort. Information was provided on the comparative Executive Pay Grade salaries for Directors within the organisation and the recognition of the further pay differentials, and impact that the new Agenda for Change rates will have. The Committee Chair and Board Chair will take forward the collective Committee members' concerns with Scottish Government colleagues.

   **Rob Tinlin, Non-Executive Director**
   **Executive Remuneration Committee Chair**

**SUBJECT:   Quality and Performance Committee*: key points**

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### 1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 14 August 2024. The approved minutes of the Quality and Performance Committee meeting on 22 May 2024 can be found [here](#).

### 2. Recommendation

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

#### a) Adverse Events

The Director of Quality Assurance and Regulation provided a comprehensive update on our work in relation to Adverse Events which is a strategic priority for the organisation within the context of patient safety. Proposed key deliverables for future focus were set out: implementation of the revised adverse event framework with a clearly defined role for HIS; an established process for sharing learning from adverse events; and redefining relationships between NHS Boards, HIS and Scottish Government. However, the Committee were updated on resource challenges within the directorate which are impacting programme delivery. As a result, we took limited assurance from the paper and asked for a further update in the near future.

#### b) Equity in Medical Devices

The Committee welcomed Dr Neil Smart, Chair of the Scottish Health Technology Group, to talk about the Whitehead review which examined racial and ethnic inequities in healthcare arising from the use of medical devices. The paper set out a number of recommendations which have implications for HIS. We accepted moderate assurance and noted that a joint equalities session was planned between the Staff Governance Committee and the Scottish Health Council which would allow further exploration of equality considerations within our work.

#### c) National Cancer Medicines Advisory Group (NCMAG)

Dr Sally Clive, Chair of NCMAG and Consultant Oncologist, provided an update to the Committee on the NCMAG programme which provides advice to territorial NHS Boards on the clinical and cost-effectiveness of cancer medicines that are off patent or off label. Dr Clive advised that there are challenges with the work including resourcing and a lack of guidance from the Scottish Government for territorial health boards on how they should manage NCMAG advice. The Committee accepted significant assurance in relation to processes, governance and expertise; moderate assurance on engagement with key groups; and limited assurance about engagement with the programme within patient-facing NHS Boards. We asked for a further update in the near future on those aspects offering limited assurance.

The areas above represent the most salient points that the Committee wanted to highlight to the Board. However, we also noted throughout the agenda for our meeting, challenges in relation to resources and the importance of prioritisation of activities across HIS and the potential impact on our Annual Delivery Plan.


**Evelyn McPhail**
**Committee Chair, Quality and Performance Committee**

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**SUBJECT:** **Scottish Health Council: key points**

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### 1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the from the Scottish Health Council (SHC) meeting on 12 September 2024.The approved minutes of the SHC meeting on 23 May 2024 can be found [here](here).

### 2. Recommendation

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

### a) HIS's role in engagement on national service change

An increasing volume of service change is being considered at a national level via the NHS Scotland Planning and Delivery Board. SHC discussed the implications of this relating to HIS's statutory duty to support, monitor and assure engagement by health boards. Advice has been provided by Scottish Government that HIS has no role in assuring national engagement and that the arrangements set out in *Planning with People* for nationally determined service changes should be followed (ie HIS provides assurance of local engagement after the national engagement is completed).

SHC members were concerned about a lack of clarity on HIS's role; potential confusion about when engagement was national or local; and who would undertake the assurance of engagement at a national level. SHC agreed that for our own governance, Central Legal Office advice should be sought on HIS's statutory duties. Further clarification should be sought from Scottish Government to provide detail on the practical application of the guidance about national engagement, eg, through scenarios. Given the need to move forward quickly and the complexity of the issue it was agreed that an extraordinary meeting of SHC would be held to make a decision on HIS's future role.

### b) Planning With People

SHC agreed that a consistent approach is needed for when NHS Boards and Health & Social Care Partnerships do not follow *Planning With People* (Scottish Government and COSLA guidance on community engagement and participation). While the majority of boards continue to meet the requirements of *Planning With People*, there had been a few cases recently where this was not the case and HIS had to provide advice on what was required to meet expectations. SHC agreed that it remains vital that HIS continues to provide regular communication and support in the first instance, but decided that a standard approach should be developed to enable prompt and consistent approaches when we become aware that *Planning With People* has not been followed.

### c) Progress with delivery of community engagement activity in HIS

SHC recognised the significant progress in the way in which community engagement activity is now being delivered by HIS which directly results from the implementation of the new organisational structure in April 2024. This was in terms of:
   (1) the structuring and delivery of work around evidence, improvement and assurance of engagement, and strategic engagement
   (2) the span of approach that looks at both immediate reporting but also follows up on activity in the longer term to understand the impact of engagement work.

**Suzanne Dawson**
**SHC Chair**

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Review Date:

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

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1. **Purpose of the report**
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee meeting on 7 August 2024. The approved minutes of the Staff Governance Committee Meeting on 1 May 2024 can be found here.

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

   a) **Workforce Plan**
   The Director of Workforce provided the Committee with the draft Workforce Plan, accompanied by a detailed presentation. There has recently been an updated and evolving financial picture across the organisation, with additional allocations confirmed at the end of June. The main themes in the draft Workforce Plan included activity around health and wellbeing, the importance of equality and diversity (including the work of the equality networks), partnership working, cultural change (including staff experience and engagement), learning and development, and employability.

   Following detailed discussion at the Committee it was agreed that there would be further discussion with the Chair, Vice Chair, and the Executive Team on the further refinement of the final version to be presented to the Board.

   b) **iMatter**
   The Head of Organisational, Development & Learning presented a paper to the Committee on the iMatter results, outlining nine actions planned to tackle both the challenges and the opportunities presented by the most recent survey results for the organisation. The discussion on this item confirmed that the Board level response rate has decreased to 90%, down from 92% last year, and the employee engagement index has fallen to 75% from 80%.

   Key elements of the plan include shifting the partnership role into an oversight role, enhancing the role of the iMatter steering group and its members, an increased focus on addressing results at the Directorate level and expanding the use of pulse surveys within Directorates following recent activity in both the Evidence and Community Engagement & Change Directorates.

   c) **Organisational Change**
   The Director of Workforce presented the Committee with a paper on the Organisational Change Review. The paper included a summary of the work previously highlighted in the Organisational Change Review report and confirms that further progress has been made on the actions detailed in the report.

   The new Transformational Oversight Board met for the first time in May and reviewed additional proposals for changes to the Community Engagement & Transformational Change directorate. This included confirmation of the directorate's new name and the director's new title. The Board will meet on an as needed basis, depending on any proposed organisational changes.

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A short life working group was established to oversee the implementation of the remaining recommendations from the review. The group reported that all work has been concluded, except for one outstanding action: the review of the organisational change policy and broader guidance. This task will now be undertaken by a policy subgroup.

**Duncan Service**
**Staff Governance Committee Chair**

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