

# Public Board Meeting

Wed 04 December 2024, 10:00 - 13:15

8th Floor Conference Room, Delta House, Glasgow

## Agenda

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### 10:00 - 10:40 1. OPENING BUSINESS

40 min


#### 1.1. Welcome and apologies

10.00 *Chair*

Verbal

#### 1.2. Register of interests

*Paper* *Chair*

 Item 1.2 Register of Interests.pdf (2 pages)

#### 1.3. Minutes of the Board meeting on 25 September 2024

10.05 *Chair*

*Paper*

 Item 1.3 Board PUB Minutes.pdf (5 pages)

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

*Paper* *Chair*

 Item 1.4 PUB Action Register.pdf (1 pages)

#### 1.5. Chair's Report

10.10 *Chair*

*Paper*

 Item 1.5 Chairs Report.pdf (3 pages)

#### 1.6. Executive Report

10.20 *Chief Executive*

*Paper*

 Item 1.6 Executive Report.pdf (10 pages)

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### 10:40 - 11:15 2. SETTING THE DIRECTION

35 min

#### 2.1. Responding to Concerns Review Action Plan

10.40 *Chief Executive*

*Paper*

 Item 2.1 Responding to Concerns Action Plan.pdf (12 pages)

#### 2.2. NHS Greater Glasgow and Clyde Emergency Departments Review

**11:15 - 12:35** **3. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE**  
80 min

**3.1. Organisational Performance**

11.15

**3.1.1. Quarter 2 Performance Report**

*Paper Director of Finance, Planning and Governance*

 Item 3.1.1 Q2 Performance Report.pdf (5 pages)

**3.1.2. Financial Performance Report**

*Paper Director of Finance, Planning and Governance*

 Item 3.1.2 Financial Performance Update.pdf (7 pages)

**3.1.3. Workforce Report**

*Paper Director of Workforce*

 Item 3.1.3 Workforce Report.pdf (5 pages)

**3.2. Workforce Plan**

11.35 *Director of Workforce*

Paper

 Item 3.2 Workforce Plan.pdf (2 pages)

 Item 3.2 Appendix 1.pdf (33 pages)

**3.3. Integrated Planning Update**

11.50 *Director of Finance, Planning and Governance*

Paper

 Item 3.3 Integrated Planning Update.pdf (9 pages)

**12.05 – 12.35 Refreshment break**

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**12:35 - 12:45** **4. ASSESSING RISK**  
10 min

**4.1. Risk Management: strategic risks**

*Paper Director of Finance, Planning and Governance*

 Item 4.1 Risk Management.pdf (12 pages)

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**12:45 - 13:10** **5. GOVERNANCE**  
25 min

**5.1. Governance Action Plan Updates - Committee Annual Reports 2023-24 and Blueprint for**

## Good Governance

12.45      *Director of Finance, Planning and Governance*

Paper

 Item 5.1 Governance Action Plans Update.pdf (5 pages)

### **5.2. Governance Committee Chairs: key points from the meeting on 20 November 2024**

12.55      *Chair*

Paper

 Item 5.2 Gov Chairs Key Points.pdf (1 pages)

### **5.3. Audit and Risk Committee: key points from the meeting on 27 November 2024; approved minutes from the meeting on 4 September 2024**

*Paper*      *Committee Chair*

 Item 5.3 ARC Key Points.pdf (1 pages)

### **5.4. Executive Remuneration Committee: next meeting 3 December 2024**

*Verbal*      *Committee Chair*

### **5.5. Quality and Performance Committee: key points from the meeting on 6 November 2024; approved minutes from the meeting on 14 August 2024**

*Paper*      *Committee Chair*

 Item 5.5 QPC Key Points.pdf (2 pages)

### **5.6. Scottish Health Council: key points from the meeting on 14 November 2024; approved minutes from the meeting on 12 September 2024**

*Paper*      *Scottish Health Council Chair*

 Item 5.6 SHC Key Points.pdf (2 pages)

### **5.7. Staff Governance Committee: key points from the meeting on 23 October 2024; approved minutes from the meeting on 7 August 2024**

*Paper*      *Committee Chair*

 Item 5.7 SGC Key Points.pdf (2 pages)

### **5.8. Succession Planning Committee: next meeting 16 January 2025**

*Verbal*      *Chair*

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**13:10 - 13:15**      **6. ANY OTHER BUSINESS**  
5 min

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**13:15 - 13:15**      **7. DATE OF NEXT MEETING**  
0 min

Next meeting will be held on 26 March 2025

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Register of Interests</b>
<b>Agenda item:</b>	<b>1.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Pauline Symaniak, Governance Manager</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 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 September 2024. The following declarations have since been made:

- Abhishek Agarwal – added Board Member - Colleges Scotland, part of Forth Valley College Chair role. Started from 28 June 2024.
- Robbie Pearson – added Non-Executive Director, Wheatley Care. Interest commences on 2 December 2024. Removed sister-in-law is

nurse at St Columba’s Hospice (regulated by HIS) – ended 14 November 2024.

- Angela Moodie – added Board Trustee at Cambridge Community Arts (will commence on 10 December 2024) and Member of the Institute of Chartered Accountants of Scotland (ICAS).
- In light of recent changes in Executive posts, Ann Gow’s job title has been updated and Mhairi Hastings has been added to the register as Interim Director of Nursing and System Improvement.

### Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	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.
<b>Risk Management</b>	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.
<b>Clinical and Care Governance (CCG)</b>	There are no specific CCG implications.
<b>Equality and Diversity, including health inequalities</b>	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
<b>Communication, involvement, engagement and consultation</b>	The Register was last considered by the Board at its meeting on 25 September 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.

## MINUTES – Draft

**Public Meeting of the Board of Healthcare Improvement Scotland at  
 10:30, 25 September 2024 by MS Teams**

<b>Present</b>	<b>In Attendance</b>
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Abhishek Agarwal, Non-executive Director	Lynsey Cleland, Director of Quality Assurance and Regulation
Keith Charters, Non-executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair	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	Lynda Nicholson, Head of Corporate Development
Nikki Maran, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Evelyn McPhail, Non-executive Director	Simon Watson, Medical Director/Director of Safety
Doug Moodie, Chair of the Care Inspectorate (from item 4.1)	
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
<b>Board Support</b>	<b>Apologies</b>
Pauline Symaniak, Governance Manager	Michelle Rogers, Non-executive Director

<b>1.</b>	<b>OPENING BUSINESS</b>
<b>1.1</b>	<b>Chair's welcome and apologies</b>
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. An apology was noted as above. The Chair highlighted that this was the final Board meeting for Lynsey Cleland and Lynda Nicholson and extended thanks on behalf of the Board for their contribution to the organisation.
<b>1.2</b>	<b>Register of Interests</b>
	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. The Chair congratulated Abhishek Agarwal in respect of his new interest as Chair of Forth Valley College.
	The Director of Finance, Planning and Governance asked the meeting to note that a register of gifts and hospitality is held for all staff and any declarations by the Board or Executives in this category are added to both the Register of Interests and the Register of Gifts and Hospitality.
	<b>Decision: The Board approved the register for publication on the website.</b>
<b>1.3</b>	<b>Minutes of the Public Board meeting held on 25 June 2024</b>
	The minutes of the meeting held on 25 June 2024 were accepted as an accurate record. There were no matters arising.
	<b>Decision: The Board approved the minutes.</b>
<b>1.4</b>	<b>Action points from the Public Board meeting on 25 June 2024</b>
	It was noted that all actions were complete or their status updated except the action in relation to One Team/HIS Employee being captured in Staff Governance Committee key performance indicators which is in progress.

	<b>Decision: The Board gained assurance from the action updates.</b>
<b>1.5</b>	<b>Chair's Report</b>
	<p>The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following information:</p> <ul style="list-style-type: none"> <li>a) There is a now a timetable for Board recruitment with interviews expected in late November and a start date for the new appointment in January 2025.</li> <li>b) The NHS Board Chairs recently held their annual development session and it included a very informative visit for Chairs to the Flow Navigation Centre at Ninewells Hospital.</li> </ul> <p>The Vice Chair highlighted that she has joined a new Vice Chair Action Learning Set which supports engagement across the system and the Vice Chair Forum is also increasing its activity.</p> <p><b>Decision: The Board noted the update.</b></p>
<b>1.6</b>	<b>Executive Report</b>
	<p>The Chief Executive provided the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>a) He reiterated thanks to Lynsey Cleland and Lynda Nicholson for their contribution to HIS.</li> <li>b) Regarding the National Care Service, he will be giving evidence to the Health, Social Care and Sport Committee of the Scottish Parliament on 1 October 2024.</li> <li>c) The Scottish Approach to Change is a commission from Scottish Government to develop a coherent approach to the use of tools for change in the health and social care system.</li> <li>d) Good progress has been made with the perinatal Quality Management System (QMS) and inspections will commence form early 2025.</li> <li>e) He attended the launch of the national Mental Health and Substance Use protocol which demonstrated the organisation's impact in this area.</li> <li>f) Thanks were extended to the Organisational Development and Learning Team for the excellent progress with HIS Campus and to the Communications Team for recent positive media activity.</li> </ul> <p>The questions from the Board and the additional information provided covered the following:</p> <ul style="list-style-type: none"> <li>g) Regarding use of Artificial Intelligence (AI), the Scottish Health Technologies Group is examining uses of AI in NHS Scotland and we are looking at possible applications within HIS to improve internal processes. However, there are information governance requirements and national position statements are awaited.</li> <li>h) The Eljamel inquiry will examine evidence between 1995 and 2013, covering HIS and two of its predecessor organisations. There has been early engagement with legal advisors. This is one of five current inquiries requiring HIS input. A report will be provided Board Members, following discussion at the Executive Team meeting, outlining the costs and impact to HIS of supporting a number of public inquiries.</li> <li>i) The scope of the regulation of independent healthcare services has expanded and will also include private ambulances. Cosmetic interventions by non-professionals is also being considered by Scottish Government (SG). HIS will continue to engage with SG to understand the implications for our work.</li> <li>j) HIS Campus runs in parallel with Turas Learn but is focused on learning activity to support delivery of the strategy and uses internal expertise.</li> <li>k) The perinatal QMS programme is using the equally sensitive approach and inclusivity guidance which will include translation considerations.</li> <li>l) Mental Health Reform work is focussing on adult care at the moment but the programme will continue to evolve.</li> <li>m) Our quality assurance activity is focused on in-patient services but it is recognised that as the model of care delivery changes, we will need to review our assurance approaches.</li> </ul> <p><b>Decision: The Board gained assurance on the developments reported.</b>  <b>Action: Report to be provided to Board Members outlining costs and impact of supporting a number of public inquiries.</b></p>

<b>2.</b>	<b>SETTING THE DIRECTION</b>
<b>2.1</b>	<b>NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update</b>
	<p>The Director of Quality Assurance and Regulation provided an update on progress with the NHS Greater Glasgow and Clyde Emergency Department Review, noting that the review plans to report in January 2025.</p> <p>In response to a question from the Board, it was advised that after Lynsey Cleland leaves the organisation at the end of October, the Deputy Chief Executive/Director of Nursing and System Improvement will fulfil the interim Director position and the Associate Director of Quality Assurance will provide additional support.</p> <p><b>Decision: The Board noted the update.</b></p>
<b>3.</b>	<b>HOLDING TO ACCOUNT – including FINANCE AND RESOURCE</b>
<b>3.1</b>	<b>Organisational Performance</b>
<b>3.1.1</b>	<b>Quarter 1 Performance Report</b>
	<p>The Director of Finance, Planning and Governance provided the quarter 1 performance summary report and asked the Board to note emerging risks to delivery. 73% of programmes are on track, reduced from 81% the previous quarter but a number are behind schedule and are not expected to deliver in line with the original plan. Alongside this, new commissions are stretching resources.</p> <p>The Chair of the Quality and Performance Committee advised they had held a detailed discussion about performance and sought more detail for the next meeting on programmes behind schedule.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ol style="list-style-type: none"> <li>In the Primary Care portfolio, work has been focused on the GP contract but seven vacancies will soon be filled from HIS Employee and we expect to deliver the whole programme by the end of the commission by adapting processes. SG are supportive of our approach and any allocations not spent can be flagged to them and returned if appropriate.</li> <li>The risk related to the new medical workforce model relates to a need for new underpinning infrastructure to support delivery of the model and this is receiving focussed attention.</li> <li>Key performance indicators will be reviewed at six months but those not being met won't necessarily be downgraded as we need to be able to identify the areas needing more focused attention to bring them back on track.</li> </ol> <p><b>Decision: The Board scrutinised the Performance Report and accepted the moderate assurance offered in the paper.</b></p>
<b>3.1.2</b>	<b>Financial Performance Report</b>
	<p>The Director of Finance, Planning and Governance provided the financial report as at the end of July but noted that the August position was now available and showed the underspend had increased to £1m. It is being invested in HIS Employee and strengthening of the Quality Assurance and Regulation Directorate The savings target is on track but only 40% of that is recurring savings.</p> <p>The Chair of the Audit and Risk Committee advised that the Committee had discussed the need for more recurring savings to ease the financial challenges of future years. It had supported the redirection of the underspend into the two areas noted.</p> <p>In response to a question from the Board, it was advised that we have the ability to redirect baseline underspend throughout the year but if seeking to return funds, this is usually done by December.</p> <p><b>Decision: The Board approved the redirection of the underspend and accepted the moderate assurance offered in the paper.</b></p>
<b>3.1.3</b>	<b>Workforce Report</b>
	<p>The Director of Workforce provided the Workforce Report noting that turnover had decreased but sickness absence remained high at 4.5%. Training is being delivered to managers in relation to managing attendance. The Workforce Plan requires further discussion at the Staff Governance</p>



	<p>Committee and Partnership Forum before being submitted to the Board for its quarter 3 meeting.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> <li>a) The main reason for sickness absence continues to be mental health and support is focused in this area although there are a range of measures in place. Organisational change and levels of vacancies may also be impacting sickness absence so learning is being taken forward and local arrangements are in place to support staff in these circumstances.</li> <li>b) The NHS Scotland sickness absence target is 4% which is a historical target and HIS is in line with other national Boards.</li> <li>c) Reduced turnover is related to less fixed term contracts and exit interview data is generally favourable.</li> </ul> <p><b>Decision: The Board reviewed the Workforce Report and accepted the moderate assurance offered in the paper.</b></p> <p><b>Action: Workforce Plan to be provided to quarter 3 Board meeting.</b></p>
<b>4.</b>	<b>ASSESSING RISK</b>
<b>4.1</b>	<b>Risk Management: strategic risks</b>
	<p>Paul McCauley, Risk Manager, joined the meeting to speak to the paper. He drew the Board's attention to the increase in the rating of the risk related to the covid inquiries due to uncertainty around requirements and the cumulative risk effect of the number of current inquiries.</p> <p>In response to a question from the Board, it was advised that all proportionate actions to address the cyber security risk are being taken including following best practice and engaging with the centre for excellence but it remains a significant risk.</p> <p><b>Decision: The Board gained assurance of the management of the strategic risks and accepted limited assurance on strategic risks out of appetite with the exception of data breach and Covid Inquiries which are marginally out; for within appetite risks the Board accepted significant assurance when the residual score is medium or low, and a moderate assurance when the score is high.</b></p>
<b>5.</b>	<b>ENGAGING STAKEHOLDERS</b>
<b>5.1</b>	<b>Death Certification Review Service (DCRS) Annual Report</b>
	<p>George Fernie, Senior Medical Reviewer, joined the meeting to present the report. He delivered a presentation setting out the key highlights including a further improvement to in-order rates for medical certificates of cause of death (MCCDs) and a summary of service performance which showed all targets were met.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> <li>a) MCCDs are still paper based which can lead to challenges in interpretation of handwriting.</li> <li>b) The resourcing risk recorded for DCRS during quarter 1 has been resolved and in future the new programme management function within the directorate will provide flexibility.</li> </ul> <p><b>Decision: The Board accepted the significant assurance offered and approved the report for publication.</b></p>
<b>6.</b>	<b>GOVERNANCE</b>
<b>6.1</b>	<b>Board and Governance Committee Meetings Schedule 2025-26</b>
	<p>The Director of Finance, Planning and Governance provided a proposed schedule of Board and Committee meeting dates for 2025-26.</p> <p><b>Decision: The Board accepted the significant assurance offered and approved the schedule.</b></p>
<b>6.2-6.8</b>	<b>Committee Key Points and Minutes</b>
	<p>Committee Chairs provided key points from the quarter 2 Committee meetings and approved minutes where appropriate from the quarter 1 meetings as follows:</p> <ul style="list-style-type: none"> <li>a) Governance Committee Chairs: key points from the meeting on 28 August 2024</li> </ul>

	<ul style="list-style-type: none"> <li>b) Audit and Risk Committee: key points from the meeting on 4 September 2024; approved minutes from the meeting on 18 June 2024</li> <li>c) Executive Remuneration Committee: key points from the meeting on 17 September 2024</li> <li>d) Quality and Performance Committee: key points from the meeting on 14 August 2024; approved minutes from the meeting on 22 May 2024</li> <li>e) Scottish Health Council: key points from the meeting on 12 September 2024; approved minutes from the meeting on 23 May 2024</li> <li>f) Staff Governance Committee: key points from the meeting on 7 August 2024; approved minutes from the meeting on 1 May 2024.</li> </ul> <p>It was noted that the Succession Planning Committee had not met in quarter 2.</p> <p><b>Decision: The Board noted the key points and minutes.</b>  <b>Action: The Equity in Medical Devices paper provided to the Quality and Performance Committee to be shared with all Board members.</b></p>
<b>7.</b>	<b>ANY OTHER BUSINESS</b>
<b>7.1</b>	<p>There were no items of any other business.</p> <p>Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.</p>

Approved by:  
Date:

Next meeting: 4 December 2024

## DRAFT ACTION POINT REGISTER

 Meeting: **Public Board Meeting**

Minute ref	Report Heading	Action point	Timeline	Lead officer	Current Status
<b>25 September 2024</b>					
1.6	Executive Report	Report to be provided to Board Members outlining costs and impact of supporting a number of public inquiries.	Immediate	Head of Corporate Development	<b>Recommend for Closure</b> Report issued on 3 October 2024.
3.1.3	Workforce Report	Workforce Plan to be provided to the quarter 3 public Board meeting.	27 November 2024	Director of Workforce	<b>Recommend for Closure</b> On agenda.
6.2-6.8	Committee Key Points and Minutes	Equity in Medical Devices paper provided to the Quality and Performance Committee to be shared with all Board members.	Immediate	Governance Manager	<b>Recommend for Closure</b> Paper shared on 25 September 2024.

## Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Chair's Report</b>
<b>Agenda item:</b>	<b>1.5</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Carole Wilkinson, HIS Chair</b>
<b>Purpose of the paper:</b>	<b>Awareness</b>

### 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 30 October 2024. The meeting covered delayed discharges and NHS reform. The next meeting will be held on 11 December 2024.

Board Chairs held their monthly private meetings on 21 October and 18 November 2024. Our main topics for consideration were whistleblowing and speaking up, actions from the Chairs' development session in September, Value Based Health and Care, and finalisation of the Chairs' portfolios groups covering: Digital and Innovation; Governance, Finance and Sustainability; Population Health; Integration; Workforce.

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.

#### Succession Planning

I continue to support the second cohort of the Aspiring Chairs programme through mentoring for our host participant and supporting our HIS participant, Evelyn McPhail. I also continue to chair the Aspiring Chairs Advisory Panel and along with David Garbutt,

Chair of NHS Education for Scotland, delivered a session to participants on 25 November 2024 covering appointments and working with non-executives.

## 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 its governance. A programme has commenced to invite each of the Governance Committee Chairs to attend a huddle to talk about the work of their Committees. In the first of these, the Chair of the Executive Remuneration Committee provided an overview of the Committee at the October staff huddle.

The Chief Executive and I welcomed staff at a corporate induction session on 19 November 2024 and were delighted to meet those who had joined the organisation recently through the HIS Employee programme. There was an opportunity to hear from new staff about their previous roles, their reasons for joining the organisation and which areas of work they were undertaking.

### External Engagement

Along with two of our Non-executive Directors, I attended HIS' Scottish Patient Safety Programme national learning event on 26 September 2024. This was an in-person event chaired by the Chief Executive which covered how the Essentials of Safe Care can support improvements in safety. It was also an important opportunity for sharing best practice and networking with a variety of the organisation's stakeholders.

The Chief Executive and I also attended an online celebration event on 5 November 2024 to mark the 10th anniversary of the Scottish Improvement Leaders. The event was delivered by NHS Education for Scotland.

The annual event to celebrate Scotland's Health Awards was held on 7 November 2024 and attended by myself and the Chief Executive. The awards celebrate those working across NHS Scotland and its partners to deliver high quality health and social care services to the people of Scotland. I was delighted to be invited to announce the winner of the volunteer category.

## GOVERNANCE

### Annual Review

The HIS annual review was held as a non-ministerial, online event on 20 November 2024. The programme included a presentation from the Chief Executive covering achievements in 2023-24 followed by questions from stakeholders (the Chief Operating Officer of NHS Scotland and the Executive Nurse Director from NHS Forth Valley) and from the audience. In response to questions, we discussed our use of evidence to ensure it drives improvement in care, challenges related to our new inspection programme for maternity care, achievement of financial balance and value for money, and how we ensure ongoing stakeholder engagement in the design and delivery of work programmes. There were two questions from Partnership Forum colleagues covering the increased sickness absence rate in the organisation and the embedding of partnership working.

### Non-executive Directors

Mid-year discussions have been held with all Board Members and Non-executive Directors, led by the Vice Chair, held their annual meeting without me present on 27 November 2024. This meets the requirements of the Code of Corporate Governance.

Interviews were held on 22 November 2024 to fill the current Board vacancy. Recruitment activity sought to deliver actions set out in the Succession Plan and included targeted publicity and videos from current Board Members to explain the role. The Vice Chair also joined me for an online information session for people interested in applying for the post. I anticipate a start date for the new appointment in early January 2025.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Executive Report</b>
<b>Agenda item:</b>	<b>1.6</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Robbie Pearson, Chief Executive</b>
<b>Report Author:</b>	<b>Executive Team</b>
<b>Purpose of the paper:</b>	<b>Awareness</b>

## Purpose of the Report

This report from the Chief Executive and Directors provides Healthcare Improvement Scotland's (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 HIS Board is asked to note the content of this report and accept the following Level of Assurance: **MODERATE** - providing 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.

## 1. Report from the Chief Executive

**National Care Service (NCS) Bill** - I gave evidence to the Health, Social Care and Sport Committee of the Scottish Parliament on [1 October 2024](#), in relation to the Committee's ongoing scrutiny at Stage 2 of the NCS (Scotland) Bill. This was alongside representatives from the Care Inspectorate, Scottish Public Services Ombudsman, and Scottish Social Services Council. HIS also submitted a [written submission](#) to the call for views on the proposed Stage 2 amendments of the Bill. HIS continues to engage with Scottish Government (SG) regarding proposals for the NCS. At the time of writing the timelines for Stage 2 of the Bill have been extended.

**NHS Scotland Executive Group** – I, alongside the Director General/Chief Executive for NHS Scotland co-chair the newly formed NHS Scotland Executive Group. The focus of this group will cover productivity and efficiency, as well as enabling the recovery and reform work through the Care and Wellbeing Portfolio, that is pivotal to the sustainability of the NHS. It signals an intent, not simply to maintain an effective NHS, but to ensure it thrives. We will continue to meet every six weeks.

There are five concurrent health and social care focused **public inquiries** ongoing involving HIS across a breadth of subject matters. The timing and projected longevity of these inquiries are creating unpredictable and potentially concurrent peaks of demand on workload, but we remain committed to being actively engaged. The Inquiries are: Scottish Covid Inquiry, UK Covid Inquiry,

Eljamel & NHS Tayside Inquiry, Scottish Child Abuse Inquiry and the Scottish Hospitals Inquiry. A strategic risk has been raised, that we fail to comply with the demands of the inquiries, as a result of the volume of approaches being made.

**The National iMatter Health & Social Care Staff Experience Survey 2024** results were published in November, providing insights into the experiences of health and social care staff across Scotland, including our own organisation. Our contribution to the report highlights that this has been a challenging time, with ongoing financial constraints and cultural shifts in how we work. Our scores, in comparison with other NHS boards, reflect the substantial change that we have experienced. As an improvement organisation, we know that the insight offered through our results presents an important opportunity for reflection, learning and action. We've created an action plan in partnership and identified key actions that we believe create the best chance of achieving solutions that will be meaningful and sustainable.

**Anti-racism Plan** - NHS boards have been asked to develop and deliver anti-racism plans covering workforce and racialised healthcare inequalities. HIS's anti-racism plan is being developed concurrently with the development of a refreshed set of equality outcomes, to be published in April 2025 and undertaken co-productively with our local Race and Ethnicity staff network. It will also be informed by engagement with minority ethnic communities, which we undertook between October and November. The engagement will contribute evidence to support national NHS boards in the development of their own anti-racism plans. We have established executive co-sponsorship for the anti-racism plan and updates are being made to the Scottish Health Council and Staff Governance Committee.

**Complaints Handling** - Refinement of the HIS Complaints Handling Procedure, adopting the Scottish Public Services Ombudsman Model Complaints Handling Procedure, is near completion with the final version now progressing through internal governance routes for approval and implementation. A new data-driven Complaints Handling Log facilitating improved tracking, monitoring, and analysis of complaint handling times is complete, allowing data and reporting to be shared for governance, assurance and learning purposes. To strengthen the capture and application of learnings from complaints and increasing the frequency of reporting to the HIS Clinical Care Governance to enhance oversight, a new Complaints Learning Log is now also in place.

To date nine complaints about HIS Services have been received, handled and closed.

	Number of complaints	Not Upheld	Partially Upheld	Upheld	Within timescales	Extended timescales
Stage 1	6	4	1	1	3	3
Stage 2	3	2	1	-	1	2

Six of the complaints related to Quality Assurance and Regulation Directorate (QARD) Independent Healthcare (IHC), one to QARD Death Certification Review Service, one to Community Engagement and Transformational Change and one to Nursing and System Improvement/ Healthcare Staffing Programme.

**One Team** - all staff on the HIS Employee scheme are now in post and working on assignments across the organisation. The logistics of recruiting and onboarding a large group presented both challenges but also the opportunity to work differently, improving staff experience and reducing the time to competency.



**Scottish Health Awards** - I was privileged to be asked to judge and present at the Scottish Health Awards on 7 November. I was delighted to present the Global Citizenship award to Breast Feeding Promotion Team, NHS Greater Glasgow and Clyde. This was a thoroughly enjoyable evening celebrating the best NHS has to offer.

**UK Caldicott Council** - I am delighted to announce that Dr George Fernie has been appointed Chair of the UK Caldicott Council for the next three years from the end of December 2024. Excluding Dame Fiona Caldicott (born in Troon although worked in England), George is the first Scot to inhabit the post.

**Heather Dalrymple**, National Cancer Lead for Cancer Medicines at HIS was nominated for the 'Above and Beyond' award at the British Oncology Pharmacy Association Conference 2024.

## 2. Achievements

### A Safer NHS

The annual **Scottish Patient Safety Programme (SPSP)** national learning event was held in September and focused on creating the conditions for safe care. The event attended by all NHS boards provided an opportunity to focus within the Essentials of Safe Care and programme specific improvements. Keynote speaker Professor Charles Vincent, Professor of Psychology, University of Oxford and Emeritus Professor Clinical Safety Research, Imperial College London reflected on "Safer Healthcare Strategies for the Short and Longer Term". In addition, Professor Vincent led a focused discussion with members of the HIS Executive Team around the HIS approach to safety with a further wider discussion with delegates on the role of HIS in supporting the safety of health and care in Scotland.

The inaugural **HIS Safety Bulletin** was published in November. The bulletin shared intelligence relating to emerging concerns about Maternity Early Warning Score, Paediatric Early Warning Score and postpartum haemorrhage risk assessment with senior leaders across NHS Scotland. The bulletin outlines concise safety and governance considerations for boards and requires them to provide HIS with further information from the wider system so that we can consider what future actions are required and how HIS can support the delivery of safe care.

In October the **National Cancer Medicines Advisory Group** issued advice on four proposals – one for an off-label targeted treatment of ovarian cancer and three low-cost medicines for the prevention of breast cancer.

Our first recommendations to Scottish Ministers under the **Health and Care (Staffing) (Scotland) Act 2019**, were made in October. Revisions to all staffing level tools to reflect the reduced 37-hour working week as well as the inclusion of a recommended staffing level within the three community nursing tools were recommended. Evaluation is underway following the first Board engagement calls to support how they are discharging their duties as cited in the legislation. Data entry for observation studies undertaken within Mental Health and Learning Disabilities Inpatient is now complete.

The **Healthcare within Justice** (HWJ) team have carried out one full prison inspection (His Majesty's Prison (HMP) Dumfries), one follow-up inspection (HMP Addiewell) and one full police custody inspection (Glasgow City) since August. Action plans following publication of the

inspection reports have been requested from the NHS board/Health and Social Care Partnership (HSCP) and will be followed up by our inspection team. A HWJ three-year strategy has also been developed and is with stakeholders for consultation. This sets out our vision for improving healthcare provision for people within the context of the justice system, aligned with HIS strategic objectives.

**British Asthma Guideline** - The National Institute for Health and Care Excellence (NICE) has joined the collaboration between Scottish Intercollegiate Guideline Network (SIGN) and the British Thoracic Society (BTS) to produce a new UK-wide joint guideline for the diagnosis and management of chronic asthma in adults, young people and children. As part of the final guideline publication a new digital resource has been developed on the Right Decision Service (RDS) and on the NICE website. This will act as a 'one stop shop' online where the asthma pathway is linked to tools, resources and information, all stored in a central hub, accessible from each organisation's website. The guideline is due to be published at the end of November.

### **More Effective Care**

**Hospital at Home** - A new service is being developed in Renfrewshire and the new services in Shetland and Dumfries and Galloway are progressing. NHS boards/HSCPs are progressing with the trial of point of testing technology which we will evaluate to understand its potential impact on service delivery and patient benefits.

The **Excellence in Care (EiC)** programme, in partnership with the Scottish Executive Nurse Directors communities of practice launch a national resource '[Quality of Care Review Guidance](#)' to support a consistent approach to Care Assurance across Scotland in September. The EiC Measurement Oversight Group has been re-established to support the development of EiC quality and safety measures. A new Learning Disability Measure and data collection tool is being tested by NHS Highland, Grampian, Fife and Lanarkshire. Measures for Health Visiting and School Nursing were agreed in November.

The Area Drugs and Therapeutics Committee Collaborative has developed a **gathering views** programme to understand the views of those with lived experience of taking valproate. This will help inform boards in their planning for the safe use of valproate in line with a recent National Patient Safety Alert.

**Right Decision Service (RDS)** continues its strategic partnership with the Centre for Sustainable Delivery Modernising Patient Pathways Programme. In the last reporting period, RDS delivered a national UK Conformity Assessed marked intravenous fluid prescribing calculator and added vascular surgery to its suite of national referral pathways. The RDS team has transferred over 100 quality assured clinical pathways from six NHS boards from the old NHS Education for Scotland (NES) pathway platform (now expired) to RDS, updating and modernising the formatting.

Within **Mental Health** reform, two of the sites we have supported to develop an early intervention in psychosis service have demonstrated reduced duration of untreated psychosis: NHS Tayside reducing from 11 weeks to 2 weeks and NHS Dumfries & Galloway reducing from 85 to 11 weeks. In addition, NHS Dumfries & Galloway has reported a reduced re-admission rate (12.6% compared with the local average of 39.3%).

We received significant positive feedback following the publication in September of the **gender identity healthcare standards** which are also available on RDS.

The **Accelerated National Innovation Adoption (ANIA) collaborative** - achieved a milestone with its first 'ANIA-approved' national programme going live in November: [Scottish patients to benefit from new national digital derma](#). A new digital dermatology service is now receiving patient referrals. [Scottish Health Technology Group \(SHTG\) advice](#) informed ANIA decision-making on the rollout of the service.

The [Chief Medical Officer report 'Realistic Medicine, Taking Care'](#) published in October 2024 highlighted work we supported in NHS Forth Valley to develop a new model for early detection and intervention in type 2 diabetes in an area of multiple deprivation. An evaluation demonstrated 59% of people will lower their blood glucose level after a single conversation, compared to 36% who follow a traditional pathway, and that people reported better relationships with professionals and increased resilience.

Our work on **Responsive Support for Delayed Discharge** continues, including specific improvement work for mental health, learning disabilities and adults with incapacity, with five test sites established within a month, and local and national improvement plans presented to Collaborative Response and Assurance Group. In addition, we are supporting the development of best practice case studies including a detailed example in Dundee.

We have developed a **Scottish Approach to Change** to underpin **NHS Reform** with a clear and coherent approach that drives high quality, safe and person-centred change. An initial high-level draft framework was approved by Quality and Performance Committee on 6 November 2024 and a decision made to progress with phase 2 which involve refining of the draft through further stakeholder engagement and testing. SG is publishing a National Clinical Framework to support NHS Reform which will link to the Scottish Approach to Change.

### **Supporting the voices and Rights of People and Communities**

Our [14th Citizens' Panel report](#) was published on 14 November 2024, summarising the public's views on **NHS Reform** and on Realistic Medicine and Value Based Health and Care. It found 81% of respondents identified primary care services as their top NHS priority, followed by urgent care, and that 84% were willing to travel for specialist care. People overwhelmingly wanted to be involved in decisions about their care. The report makes ten recommendations for SG and NHS boards.

The SG [Alcohol and Drug Partnerships \(ADP\) 2023-24 Annual Survey](#) published on 12 November 2024 states 60% of ADPs have revised their residential rehabilitation pathways because of their collaboration with our **Pathways to Recovery: Redesigning Residential Rehabilitation Pathways Programme**. The improved pathways are expected to increase people reporting Residential Rehabilitation as easily accessible, to reduce wait for detoxification and improved post-rehab support.

We have published a [major service change report](#) regarding the engagement undertaken on the future of four cottage hospitals in Dumfries & Galloway HSCP. We found that that Dumfries and Galloway HSCP's consultation process had met the requirements of *Planning with People*

guidance set out by the SG and COSLA. An extraordinary meeting of the Integration Joint Board was held on 29 October 2024 to consider the outcome of the consultation and our report.

We supported Dundee City HSCP with the implementation of its **Multi-Agency Consultation Hub** which brings together different statutory and third sector services for people with co-occurring mental health and substance use conditions. Data from October 2024 shows that 85% of people referred received support from at least one other service which should reduce risk of suicide and psychological harm. The HSCP's Head of Health and Community Care said: *"It's helped us achieve things at a pace that we would not have been able to do if Healthcare Improvement Scotland hadn't been involved."*

To support our **assurance of engagement on service change**, a framework for dealing with situations when boards and partnerships fail to comply with *Planning with People* guidance has been developed with the support of a Short Life Working Group with members of the Scottish Health Council. The framework includes a three-step approach to escalation for nine different scenarios to ensure a consistent approach is taken. We anticipate launching the framework in December 2024.

The BBC ran a number of media stories on the **diabetes and eating disorders** angle within our SIGN type 2 diabetes toolkit. This included a case study of an individual who developed an eating disorder while managing his diabetes. The final story ran across BBC radio, TV and online.

To support **NHS Reform** and national decisions on service change, we developed new guidance on the engagement required for [nationally determined service changes](#) which was published in October. It was sent to all NHS boards and HSCPs in a letter co-signed by HIS and SG on 31 October 2024. The Engagement Practitioners' Network will meet to discuss the practical implications of the new guidance before the end of December.

### **Organising ourselves to deliver**

Twenty new Project Officers and Administrative Officers commenced employment over September and October 2024 as part of the new **HIS Employee model** within the six priority areas for delivery as agreed by the Executive Team. They have been orientated into the teams, have had a welcome meeting with the Chief Executive and Employee Director and are working through their induction process. Separate support sessions have taken place with the line managers as well as the new employees and follow-up meetings and check-ins will be arranged in coming weeks.

We have successfully relocated to the ground floor within **Gyle Square**. Feedback from staff continues to be positive, and access to an outdoor garden area has been particularly well received. Since moving into the new working environment, the storage areas within the second floor have been cleared out. The second floor area is now 'out of bounds' to staff and National Services Scotland are in the process of closing down services and access to the whole wing under the national property rationalisation programme.

An updated interim **Workforce Plan** has been presented to the Staff Governance Committee, Partnership Forum and the Executive Team over recent weeks. This included further detail on the recognised workforce drivers, including detail on directorate drivers and aspirations as well as actions underway and planned in relation to these drivers. The plan also focuses on the continued support for cultural change and the commitment of the Executive and Senior

Leadership Teams to performance, partnership working, personal commitment and personal governance. The final version of the plan was presented the Staff Governance Committee prior to submission to the Board for final agreement.

Our Health & Safety Committee have several initiatives in place to **support staff mental health and wellbeing**. Regular sessions include weekly meditation and wellbeing support drop-in sessions, alongside our various networks who have regular sessions for staff e.g. Menopause Café, Carers Network, Disability Network and Race & Ethnicity Network). We are also signposting the National Wellbeing Hub supported by SG and offering our own Employee Assistance Programme available for all staff via Spectrum.

The **Strength Deployment Inventory (SDI)** is a self-assessment tool used to identify an individual's motivational values and core strengths. We launched this to all staff in September and to date 298 (50%) of colleagues have completed the self-assessment, with 24 colleagues also completing their SDI accredited facilitator training. The corporate induction process has also been updated to include SDI as part of the onboarding process.

### 3. Challenges and Issues

Some programmes have been impacted by **delays in recruiting to vacancies and long-term sickness absence**, mainly the Primary Care Improvement and Drugs & Alcohol programmes. This has resulted in reduced capacity to deliver workplans and evidence impact, risks associated with delivering statutory duties and significant underspends – all which have been considered recently at the Quality & Performance Committee. Where appropriate, agreed deliverables have been discussed and renegotiated with commissioners.

**Sickness absence rates** have remained high since April 2024, reaching 4.3% in October 2024, 68% of which is attributed to long-term conditions. While there is a slight decrease in the absence rate, 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.

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. There was a national update on the HR system on 1 October 2024 which impacted on actual hours for part time staff. Our HR team have now manually made the adjustments to the part time hours across the system to ensure that the hours recorded for our part time staff are accurate across all our systems.

All programmes are challenged by **wider system pressures** which reduce the capacity of local areas to participate in improvement activity, with some programmes operating on a one third reduction. The Healthcare Staffing Programme has been particularly impacted due to the manual capacity required for data processing from observational studies.

Vacancies in the **National Health Technology Assessment** programme is affecting SHTG's delivery for non-medicinal health technologies. The reduction in the core team is affecting operational delivery and engagement with essential partners, including NHS boards, SG, industry and academic institutions.

Our corporate website has been audited by the UK Government Digital Service (GDS), who monitor the **accessibility of public sector websites** and mobile apps. We are now in the process of drafting an action plan to respond to the concerns raised by GDS under the governance of Audit & Risk Committee. There remains a risk of non-compliance, especially on our other websites.

There is a need for identified direct interim cover to be put in place for the prolonged **Chief Pharmacist vacancy** to assume temporary professional lead responsibility to maintain clinical, operational and reputational credibility. Given the need for a quick resolution this could be drawn from existing senior pharmacy staff within HIS.

There continues to be lack of guidance to territorial boards on management of **National Cancer Management Advisory Group** (NCMAG) advice, which is prolonging disengagement from the Directors of Pharmacy group. We are engaging with regional cancer Network governance groups to address understandings and listen to concerns.

Financial challenges are particularly affecting **Hospital at Home** services across boards that are early in their development and are seeking recurring funding to maintain and expand their delivery. The Hospital at Home service in Glasgow City HSCP will close on 8 November due to being unable to secure ongoing funding.

Additional responsive external assurance work, the introduction of new inspection programmes and internal review and improvement of the Responding to Concerns and IHC functions continues to cause **capacity challenges** across the QARD team. Work is ongoing to establish the impact of extension to IHC regulations.

#### 4. External Developments & Stakeholder Engagement

Engagement has continued with NHS boards and key stakeholder organisations to collaborate on the **Adverse Events Framework Revision** due for publication in early 2025. The chapter for involving patients' families and carers in the Significant Adverse Events Review process has been shared with members of the public who have experienced adverse events and feedback is positive. The new community of practice SharePoint site for adverse events has been developed and 16 NHS boards have been trained on site utilisation and navigation.

Our **Volunteering Practitioners' Network** hosted a practice development event in October, attended by 27 NHS volunteering practitioners. Participants described the session was 'engaging, insightful and thought provoking'.

Our Transformational Change Systems team hosted a webinar in September that explored the findings of **research on ethical commissioning** to improve sustainable and person-centred community health and care. Initial evaluation showed 76% of attendees reported that the webinar provided them with new ideas, and 74% plan to apply these insights in their work.

Our **Service Design Community of Practice** will meet in November with a focus on mental health crisis. Police Scotland will share learnings and impact of how they designed a police service for callers in a mental health crisis.

We are holding a webinar in November focusing on 'What we need to know about looking after people with psychosis?' This will launch a TURAS training module, developed jointly with NES, on Essentials of **Early Intervention in Psychosis** to build staff understanding of psychosis and how to support people presenting with it.

We have been invited to join Scotland's **Volunteering Action Plan Governance Group**. The group has a national remit to provide oversight of implementation of the Volunteering Action Plan, provide expert advice to SG and wider third sector, and report on progress to the Cabinet Secretary for Social Justice.

We are working with NES and SG **suicide reduction team**; Time, Space, Compassion, to support improvement initiatives in response to the National Confidential Inquiry into Serious Harms.

Discussions about stakeholder testing for the **Scottish Approach to Change** were held with Aberdeen City HSCP including the Chief Officer, frontline managers and staff. This identified 12 improvement areas for using this approach, addressing cultural barriers to implementation, which will form an ongoing programme led by the Chief Officer with expert support from HIS.

SIGN reached out to third sector organisations and patient and public involvement network members to get input on the **leg ulcer guideline**. This included organisations such as Leg Ulcer Forum, Circulation Foundation and British Heart Foundation and Diabetes Scotland.

The Standards and Indicators team have engaged with stakeholders on the scope of our **maternity standards work**, as well as undertaking consultation on draft standards for pregnancy screening and cervical screening. The **Bairns' Hoose** knowledge exchange programme facilitated events and speakers from Sweden, Finland and Hungary on the standards, self-assessment and readiness tool.

In its first year of delivery through **RDS**, use of the national palliative care guidelines has increased by 189% compared with the last available data for the old platform. A user survey conducted with SIGN and the Scottish Palliative Care Guidelines Group showed that 88.5% of respondents use the toolkit to deliver direct patient care; 80% rate impact on practice and decision-making as very high and 74% rate time saving as high. RDS has been invited to join the Steering Group for the ANIA value case for Diabetes Prevention technology, to share the learning from the positive impact of the RDS Prevent the progress of diabetes app in NHS Grampian which reported an 88-94% increase in knowledge, confidence and motivation for lifestyle change.

The Director of Evidence & Digital, Scottish Medicines Consortium (SMC) Chief Pharmaceutical Adviser and SMC Chair met with the Cabinet Secretary and the Medicines Policy team in September. The meeting provided an opportunity to highlight the work of SMC with a particular focus on opportunities with the [Innovative Licensing and Access Pathway](#) and the [Voluntary scheme for branded medicines Pricing, Access and Growth](#).

Engagement has taken place with Directors of Nursing, Midwifery Directors and Clinical Directors on the planned **new inspection programmes** to prepare senior teams and the wider system. Engagement has been positively received and will be ongoing while we commence both new

programmes. We also achieved significant media coverage around the announcement of our maternity unit inspections. The story was offered as an exclusive to the BBC, and our Deputy Chief Executive was media trained and interviewed for the piece.

Our **Annual Review 2024** was held in November and included questions from John Burns, Chief Operating Officer, NHSScotland and Frances Dodds, Executive Nurse Director NHS Forth Valley as a 'guest reviewer'. The event was held, for the first time, entirely online and attracted nearly 100 attendees. A recording of the event will be available and HIS will receive a follow-up letter from SG reflecting on the event which will be published on the HIS website.



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Responding to Concerns – External Review Report and Proposed Action Plan</b>
<b>Agenda item:</b>	<b>2.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Robbie Pearson, Chief Executive</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

The independent review of HIS's Responding to Concerns (RTC) process has now concluded and a series of recommendations have been made by the reviewers. The outcome of the review sets out a series of conclusions and recommendations which relates both directly to the RTC programme and to the wider strategic and operational approach to the management of safety intelligence within HIS. This paper proposes an action plan which responds to those recommendations and has been informed by discussions at the Quality and Performance Committee meeting on 6 November 2024.

## 2. Background

HIS is required by statute to support, ensure and monitor the quality of healthcare provided or secured by the health service in Scotland. HIS is also a prescribed body under the Public Interest Disclosure Act 1998 (PIDA), a law that protects whistleblowers. HIS has a duty to respond to concerns raised by NHS Scotland staff, or referred to us by another organisation, about the safety and quality of care, with the aim of helping make care better. NHS staff can raise concerns directly within their NHS Board, or with the [Independent National Whistleblowing Officer](#). Where staff do not wish to raise concerns through these routes, for example because they wish to do so anonymously, they can raise them with us.

Following receipt of a complaint from Emergency Department consultants at the Queen Elizabeth University Hospital regarding their experience of the RTC process, a complaints investigation was undertaken, and areas for improvement were identified. After further consideration of the issues raised, an external review of the RTC process was commissioned by the HIS Chief Executive and undertaken by Niki Maclean and Phelim Quinn. Updates on progress with the review were provided throughout the process to the HIS Quality and Regulation Short-Life Governance Group prior to a presentation on conclusions and recommendations to the HIS Board members in September.

### **3. Assessment**

#### **3.1 Current context in which the recommendations have been considered**

Members of the Executive Team have considered the recommendations from the review, which extend beyond the RTC programme, and a proposed response to these is set out in section 3.2 below. The proposed response takes account of the wider context for HIS, including relevant work already planned or underway, and Our Strategy 2023-28.

Our Strategy already sets out commitments that are aligned to the recommendations in the RTC review. Priority 2 sets out how we will “assess and share intelligence and evidence which supports the design, delivery and assurance of high-quality health and care services”. Steps to achieve this include that we will:

- Build a digitally enabled intelligence base to inform our priorities and support the provision of information to stakeholders on the quality and availability of health and care in Scotland.
- Ensure our assurance and improvement activities benefit from the most up to date evidence and intelligence available, so we can target our work for the greatest impact.

This priority reflects our ambition to ensure that our work is dynamic, risk-based and intelligence-led, informed by up-to-date information and intelligence about safety and harm in the system. This includes information and intelligence both received from third parties by HIS through formal channels (e.g. website, dedicated email address) and intelligence received or identified by HIS staff through its workstreams, networks or other mechanisms.

Our Medical Director/Director of Safety is leading work to create a stronger network of intelligence and knowledge to identify the key attributes of a safer system of care; align our functions around a responsive Quality Management System approach to managing safety risks; and to collaborate with other organisations on emerging concerns or to address long standing, ingrained patient safety risks in the system. This will build on and strengthen existing work including the Scottish Patient Safety Programme, the Safety Network and the Sharing Intelligence for Health and Care Network.

This work on safety intelligence requires to be considered in the context of our wider Digital, Data and Intelligence Strategy, led by our Director of Evidence and Digital, which is currently in draft form subject to approval, and the work of our Data Measurement and Business Intelligence team.

During the RTC review, the external reviewers met with and offered feedback and suggestions to the RTC team and Executive Team. Taking account of this input, actions are being taken forward to improve the interim RTC process which was put in place in April 2024, and this work is being overseen by the RTC Executive Review Team.

#### **3.2 Proposed actions in response to the recommendations**

An excerpt from the presentation by the external reviewers to the HIS Board setting out the recommendations from the review is included in Appendix 1. The key recommendations can

be summarised as follows, and should be read alongside the accompanying narrative in the presentation:

- 1) **Strategic Intent and Clarity of Purpose** – HIS should integrate information coming through the concerns route, as well as other unsolicited intelligence, into their established managing intelligence approach to ensure consistency and proportionality across the organisation.
- 2) **Operational design and delivery** – HIS should adopt a consistent, principles based, intelligence-led operating framework for all of its assurance and improvement activities. Consideration should be given to the creation of a ‘single front door’ for all unsolicited intelligence and enquiries to ensure early and consistent initial assessment, signposting, risk assessment and escalation. The operating framework should include development of the provision of professional advice to support robust assessment and management of intelligence.
- 3) **Intelligence** – An intelligence strategy should be developed to support the delivery of the strategic vision to be a digitally empowered, data driven, intelligence-led organisation by 2028.

A further recommendation in respect of governance and oversight was that “HIS should consider adopting a Programme Management approach with clear governance structures to ensure effective implementation of these recommendations, with Board level input.”

The proposed response to these recommendations is set out below.

### 1) **Strategic Intent**

Whilst the recommendations are interrelated and will take some time to fully implement, there is an immediate need to clarify and strengthen the existing systems and processes for managing concerns and intelligence received across HIS, with a particular focus on patient safety. This will include setting out and communicating to all staff what is meant by ‘concerns and intelligence’ about patient safety, why this is important for our work, how to identify it, how to record and share it, and the potential outcomes/interventions in response to this. This will also set out what is both in and out of scope for HIS, linking to our statutory duties. It is essential that this is also supported by appropriate external communication, ensuring a shared understanding with relevant stakeholders.

It is important to recognise that intelligence is not an end in itself. The appropriate handling of intelligence enables targeted actions, including:

- Addressing immediate internal or external concerns.
- Identifying insights and information to support healthcare providers to improve care.
- Sharing information that may inform and support key external partners.

### 2) **Operational Design and Delivery**

The review recommendations on organisational design and delivery relate to the systems and processes that require to be in place to ensure that intelligence is handled appropriately and consistently, in line with a robust operating framework. It is essential that the operating framework is aligned to the Quality Management System (QMS). This would provide robust

administrative underpinning and support consistent decision-making on the deployment of targeted assurance or improvement support interventions.

The recommendation of a 'single front door' for handling unsolicited concerns and intelligence has implications both for our online presence and the routing of enquiries, in addition to the resource that is required to support the handling of this intelligence once received.

The recommendation includes the development of professional advice provision, as a key part of the agreed operating framework. This will require to be considered as part of a wider workforce plan covering all relevant staff. Work has begun in the context of our RTC programme to address the need for professional advice (including clinical advice) to support assessment of RTC cases. This includes the induction and training requirements for those providing advice and support, development of a role descriptor (including associated competency framework) and a professional advice request form, and a list of those available to provide such advice and support. It also includes clarification of processes to obtain external professional advice when this is unavailable in-house. It is anticipated that this approach will have wider applicability than the RTC programme, including our wider handling of safety intelligence.

### 3) Intelligence

As outlined at 3.1 above, work is already underway to develop and strengthen our approach to managing safety intelligence in the context of a wider Digital, Data and Intelligence Strategy for HIS. This work requires to move forward at pace. Whilst the development of a comprehensive digital system to support this will take some time to design and implement, there is an immediate need to address the issues highlighted by the RTC external review. This will involve putting in place interim measures to ensure that all relevant safety intelligence is recorded and managed effectively pending the development of a digital system.

In order to ensure appropriate governance and oversight for this work, it is proposed that an Oversight Board is established, and with regular progress reports to the Quality and Performance Committee.

The Chief Executive will be the Executive lead for this work, with delegation to relevant Directors as appropriate. A programme director will require to be identified to provide appropriate leadership and co-ordination and ensure timely delivery of the action plan. Given the corporate nature of this work, it will be supported by the One Team programme. A draft action plan with deliverables and timelines for the workstreams set out above is included at Appendix 2.

### Assessment considerations

<b>Quality/Care</b>	The effective management of concerns and intelligence about the quality and safety of healthcare is a cross-cutting theme across HIS' strategic priorities and is required in terms of our core statutory duties in the National Health Service (Scotland)
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	<p>Act 1978 as amended by the Public Services Reform (Scotland) Act 2010, in addition to PIDA.</p> <p>The proposed action plan in this paper is designed to strengthen the systems and processes for delivering on these statutory duties, to enable increased assurance on how these are being delivered in practice.</p>
<b>Resource Implications</b>	<p>Dedicated staff time required, including from members of the Executive Team. This will require ongoing prioritisation of workload to accommodate this activity. A programme director (non-recurring) will also be required to provide additional leadership for implementing the action plan and co-ordination of related activity.</p> <p>Development of a digital system to support the management of concerns and intelligence will require additional investment and needs to be considered in the context of our Digital, Data and Intelligence Strategy. This will also require development of the operating framework to be designed and process-mapped for appropriate application into a digital system.</p>
<b>Clinical and Care Governance (CCG)</b>	<p>Development of our systems and processes for managing safety intelligence will require to demonstrate compliance with Clinical and Care Governance requirements and good practice. Appropriate clinical representation will be required for the proposed Oversight Board.</p>
<b>Risk Management</b>	<p>Several concerns on our risk register relate to managing concerns and intelligence about safety in healthcare services. The Oversight Board will require to consider whether these are sufficient in light of the external review.</p> <p>Risk 1922: 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. Impact 5 x Likelihood 3 = 15, high.</p> <p>Risk 1043: There is a risk that the intelligence about the quality of care shared by our teams is not complete, accurate, relevant and up-to-date, because of a lack of understanding around which pieces of information should be shared. This results in Healthcare Improvement Scotland's work being poorly focused, and even missing potentially serious concerns about the quality of care. Impact 4 x Likelihood 4 = 16, high.</p> <p>Risk 1044: There is a risk that our teams do not contribute/access up to date intelligence about the quality of care, because we do not have an electronic system to enable this. This results in Healthcare Improvement Scotland's work being poorly focused, and even missing potentially serious</p>

	<p>concerns about the quality of care. Impact 4 x Likelihood 4 = 16, high.</p> <p>Risk 1196: There is a risk that HIS is unable to respond appropriately to concerns raised about the quality and safety of care, because of increasing volume and complexity of concerns, resulting in missed opportunities to provide assurance or facilitate improvements, and challenges in meeting our obligations under the Public Interest Disclosure Act (PIDA). Impact 4 x likelihood 4 = 16, high.</p> <p>The actions/progress updates set out in this paper are designed to mitigate these risks.</p>
<b>Equality and Diversity, including health inequalities</b>	<p>Consideration will require to be given to the need for Equality Impact Assessments by the programme team once established.</p>
<b>Communication, involvement, engagement and consultation</b>	<p>The RTC external reviewers carried out engagement within HIS and with external agencies to inform their recommendations. The need for further engagement will be considered by the Oversight Board.</p>

#### 4. Recommendation

The Board is asked to:

- Approve the actions proposed in this paper to address the recommendations in the RTC external review, and
- Agree the establishment of an Oversight Board to take forward these actions and provide regular progress reports to the Quality and Performance Committee.

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

**LIMITED:** some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.

#### 5. Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1 – Excerpt of Recommendation slides from RTC external review presentation to HIS Board on 25 September
- Appendix 2 – Action Plan 2025

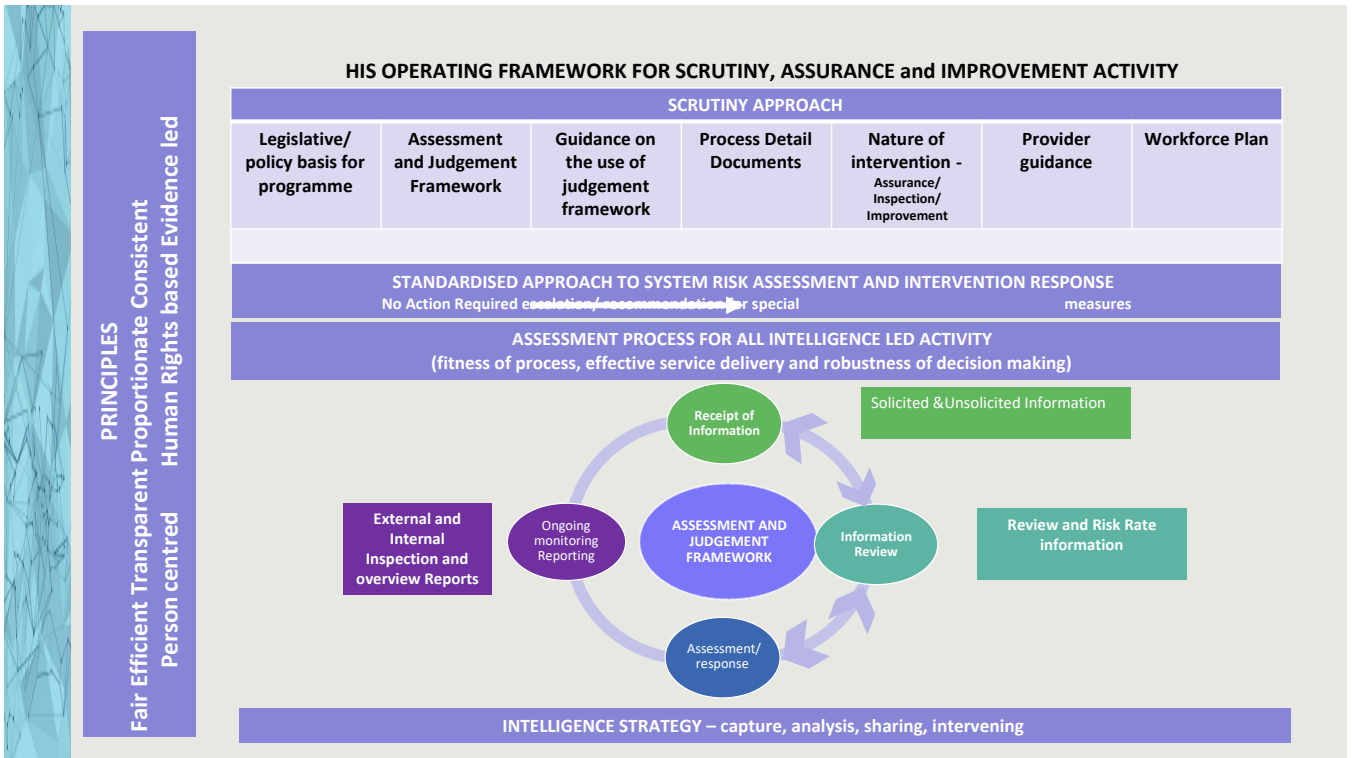
## Appendix 1 – Excerpt of Recommendation slides from RTC external review presentation to HIS Board on 25 September

### Recommendations relating to Strategic Intention

- *Approach: HIS should integrate information coming through the concerns route as well as other unsolicited intelligence into their established managing intelligence approach to ensure consistency and proportionality across the organisation*
- *Principles* - HIS should adopt a principles led approach to all of its assurance and improvement activities. These principles should apply to the whole organisation
- *Work done* - to maintain focus and manage expectations, the HIS Board and Executive should be clear in their signalling about the work HIS does and how it does it in the delivery of its mandatory/statutory functions and commissioned work. This should provide further clarity to all stakeholders in relation to purpose and output of HIS.
- *Key stakeholder engagement and communication* – ensuring clarity around the statutory responsibilities of delivery boards and the role of entities such as Scottish Government, INWO and the new Patient Safety Commissioner with regards to concerns, in particular concerns relating to speak up culture.
- *Interventions* – the types of interventions HIS can and does make should be more clearly publicly defined and more systematically recorded internally, recognising particularly that assurance is a form of intervention
- *Transparency* – this approach should be supported by the principle of transparency by design at a strategic, thematic and operational level, with a clear publication scheme

### Recommendations relating to organisation delivery

- *Intelligence led operating framework* : HIS should adopt a consistent principles' based, intelligence led operating framework for all of its assurance and improvement activities. As part of the application of this framework HIS should:
  - *ensure that all, relevant incoming intelligence is considered consistently in the delivery of its assurance and improvement functions.*
  - *re-examine and co-produce assessment and judgement frameworks relevant to its activities and programmes of work.*
  - *review the assessment process against the existing SOPs and the feedback from this review and against the agreed principles, in particular in relation to initial triaging and assessment and the review/challenge*
  - *review and develop the risk and escalation process.*
  - *establish a mechanism for publication of the outcomes of its programmes of work.*



## Recommendations relating to organisation design considerations


- *Single front door* : consideration of the creation of a single front door for all unsolicited intelligence and enquiries to ensure early and consistent initial assessment, signposting, risk assessment and escalation.
- *Professional advice* : development of professional advice provision, in line with the operating framework
- Develop a mechanism whereby all relevant intelligence about a provider or emerging quality and safety themes can be examined and responded to in line with the operating framework
- Build in further mechanisms for ensuring sharing and learning from working practices and knowledge across the organisation's structure and functions.





## Recommendations relating to intelligence

- Ensuring all intelligence including that from Scottish Government is dealt with consistently
- Reviewing how intelligence is captured and assimilated across all functions in order for it to be used more effectively - generating timely and system scrutiny and improvement interventions (irrespective of source)
- Development of an intelligence strategy to support the delivery of the strategic vision to be a digitally empowered, data driven, **intelligence led** organisation by 2028



## Recommendations relating to the delivery of the independent review findings

- *Programme Management* : In the design and implementation of these recommendations HIS should consider adopting a Programme Management approach with clear governance structures to ensure effective delivery within a busy environment and changing team members, with Board level input.
- *Interim Process* : the project work relating to the Assessment Process work, the Assessment and Judgement Framework and the Risk Assessment and Intervention Response should be completed as priority to reduce current resourcing risks at a senior level within the organisation, alongside a scheme of delegation for decision making and escalation
- *Resource planning and organisation development*: consideration will need to be given as to how to balance BAU resource requirements with freeing up/consolidating resource across the organisation , as well as creating a sense of ownership across the organisation for a developing approach.

## Appendix 2 – Action Plan 2025

Please note: the timelines in this plan are indicative and will be subject to further confirmation by the Oversight Board pending development of a detailed programme plan to underpin this work.

<b>1 STRATEGIC INTENT AND CLARITY OF PURPOSE</b>				
<b>Ref</b>	<b>Action</b>	<b>Rationale</b>	<b>Milestone</b>	<b>Executive leadership</b>
1.1	Establish Oversight Board to implement the Maclean and Quinn Recommendations.	The oversight board will provide appropriate scrutiny, leadership and governance of the implementation of this action plan and report to the Quality and Performance Committee of HIS. It will ensure that risks are registered, and mitigating action is taken as appropriate.	Establish January 2025	Chief Executive
1.2	Appoint programme director.	To establish programme leadership for the action plan reporting to the Chief Executive of HIS	Appoint February 2025	Chief Executive
1.3	Developing (internal) HIS Operating Framework to establish accountability arrangements and principles to underpin external assurance and improvement.	Set within the context of QMS and HIS's statutory duties, there are transparent principles as to how we consider intelligence and how we act.	May 2025	Programme Director
1.4	Consistent with approach in 1.3 develop and publish 'hierarchy of interventions' with appropriate transparency in their subsequent dissemination and understanding.	There is clarity about the scope of our responsibilities and the balance between Healthcare Improvement Scotland, Scottish Government, NHS boards and other national bodies. The development and publication of a 'hierarchy of interventions' will give clarity about how and why HIS carries out its work in relation to unsolicited intelligence and in the context of its Annual Delivery Plan. This will ensure that we meet our obligations to have <i>transparency by design</i> in respect of our work. The 'hierarchy of interventions' will range from 'seeking assurance' through to formal escalation to Scottish Government.	September 2025	Programme Director
1.5	Revise Operating Framework with Scottish Government to ensure that it is consistent with action 1.3 and 1.4.	It is important that the Operating Framework with Scottish Government reflects the changes that we are making, including with regard to the 'hierarchy of interventions above'.	June 2025	Head of Planning and Governance

## 2 OPERATIONAL DESIGN AND DELIVERY

Ref	Action	Rationale	Milestone	Leadership
2.1	Conclude review of RTC process with case handling and senior level decision-making agreed.	<p>Actions have been agreed with the RTC Executive Review Team, informed by the external review, to revise the RTC process and this work is underway. This includes:</p> <ul style="list-style-type: none"> <li>• A more systematic approach in determining the appropriate route for concerns, supporting decision-making and tracking progress, from initial assessment through to case closure.</li> <li>• Separation of operational case handling from Executive oversight and decision-making.</li> <li>• Clarification of roles and responsibilities for operational case handling.</li> <li>• The requirement for a wider pool of clinicians to provide clinical advice to inform decision-making, and to support engagement with clinicians that raise concerns.</li> </ul>	December 2024	Associate Director of Quality Assurance and Regulation
2.2	Ensure that there is appropriate and timely communication to Scottish Government with regard to 'live cases' and any appropriate intervention that is required.	It is essential that there is appropriate and timely communication with Scottish Government in line with the established protocol.	Ongoing	Associate Director of Quality Assurance and Regulation
2.3	Establish and publish 'single point of entry' for approaching HIS across freedom of information, contact and complaints.	A single route for contacting HIS with complaints, concerns or enquiries will support robust and consistent monitoring and handling.	June 2025	Interim Director of Nursing and Systems Improvement
2.4	Ensure that the application of the Quality Assurance Framework (QAF) is underpinned by a robust assessment and judgement framework.	More explicit use of the QAF in supporting the assessment of concerns will ensure a robust and consistent approach to assessment and decision-making.	Draft framework by June 2025	Associate Director of Quality Assurance and Regulation

2.5	Ensure that the application of the QAF is fully understood by the system, including the assessment and judgement framework.	Increased understanding by the system about the application of the QAF will ensure an open and transparent approach.	Finalised framework, following stakeholder engagement by December 2025	Associate Director of Quality Assurance and Regulation
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### 3 INTELLIGENCE

Ref	Action	Rationale	Milestone	Executive leadership
3.1	Develop intelligence strategy and seek approval of Quality and Performance Committee and the Board.	The Strategy will reflect the commitment to ensure that our work is dynamic, risk-based and intelligence-led, informed by up-to-date information and intelligence about safety and harm in the system.	May 2025	Director of Evidence and Digital/Medical Director and Director of Safety/Director of Nursing and Systems Improvement
3.2	Undertake process mapping of existing intelligence flows throughout Healthcare Improvement Scotland.	Our current approach to capturing and managing intelligence needs to be understood in order to identify and address any areas for improvement.	March 2025	Director of Evidence and Digital/Medical Director and Director of Safety/Director of Nursing and Systems Improvement
3.3	Develop roadmap for testing and implementing intelligence sharing mechanisms and reporting through governance channels.	Given the importance of intelligence for our work, a continuous improvement approach is required in relation to our systems for capturing and managing intelligence.	June 2025 onwards	Director of Evidence and Digital/Medical Director and Director of Safety/Director of Nursing and Systems Improvement

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>NHS Greater Glasgow and Clyde Emergency Department Review</b>
<b>Agenda item:</b>	<b>2.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Ann Gow, Director of Quality Assurance and Regulation, and Deputy Chief Executive</b>
<b>Report Author:</b>	<b>Edel Sheridan, Review Programme Manager</b>
<b>Purpose of paper:</b>	<b>Awareness</b>

## 1. Situation

This paper provides an update to the Healthcare Improvement Scotland (HIS) Board on the progress of the NHS Greater Glasgow and Clyde Emergency Department Review.

## 2. Background

On 4 April 2024, 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. 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 account of 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. The report of the inspection at GRI was published on 5 September 2024. Findings from these inspections have been fed into this review.

Initial Terms of Reference for the review were shared with NHS GGC and the consultants who raised the concerns in May 2024. 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 (ERG), an updated [Terms of Reference](#) document was published on the HIS website. The publication date for the review was originally agreed to be in January 2025. To allow time for the review team to fully consider the scope and complexity of the data and feedback received this date has been moved to March 2025. NHS GGC and the Emergency Department consultants of the QUEH have been informed of the delay.

### **3. Assessment**

#### **3.1 Core Review Group**

The work of the Core Review Group (CRG) continues to move forward productively.

The timeframes for some of the planned review activities have been adjusted due to the need to carry out extensive staff engagement across three Emergency Department sites and ensure time to receive evidence from NHS GGC, allow time for meetings with review group members and analyse national data. The following key elements have been delivered to date:

- Relevant comparative national data compiled and reported to CRG meetings.
- Initial contextual evidence request sent to NHS GGC in July 2024 and evidence received from the NHS board.
- 1:1 meetings held between the co-chairs of the CRG and all CRG members to seek their perspective.
- Further emergency medicine consultant and senior nurse input to the CRG have been secured.
- External expertise has been sourced to support the thematic analysis of qualitative data proactively supplied by staff in NHS GGC and captured through our engagement activities.

Discussions with HIS Information Governance colleagues and the Central Legal Office (with subsequent written advice) to support aspects of the review, underpinned by a Data Protection Impact Assessment document have taken place

#### **Engagement with NHS GGC Staff and Patients**

A familiarisation visit took place on 4 and 5 September 2024 for six members of the CRG (including the two co-chairs) plus a programme manager to visit the Emergency Departments at QUEH, GRI and RAH. This involved a tour of the departments led by representatives from NHS GGC to support CRG member understanding of the environment and the service provision. Debrief notes from the visit were shared with all CRG members and highlights were shared with ERG members at meeting on 9 October.

Virtual bookable 1:1 staff engagement sessions were offered to medical and nursing staff and managers spread across four dates during w/c 7 and 14 October, led by relevant CRG members based on a peer-to-peer approach. Twenty members of staff attended individual sessions and a number of additional staff have been in touch to request diary dates for sessions to suit their availability. A communication has been sent to NHS GGC to share with staff to confirm that we will continue to offer this option to NHS GGC staff until the end of November 2024.

A two-day on-site visit was undertaken on 30 and 31 October at the QUEH involving a variety of scheduled discussion sessions and drop-in sessions for a wide range of staff, as

well as attendance at Emergency Department safety pauses and hospital site huddles, and a tour of the Emergency Department.

A one-day on-site visit to RAH was undertaken on 6 November and to the GRI on 7 November, similar to the QEUH visit programme and supported by virtual sessions where required.

Meetings with GGC senior leadership are scheduled for 20, 21 and 27 November to avoid overlap with the ongoing [Scottish Hospitals Inquiry](#).

Patient engagement activities were agreed with the NHS board involving a patient survey and telephone interviews facilitated by colleagues within HIS Community Engagement and Transformational Change Directorate with support from social research colleagues in terms of the survey design. The paper-based survey was distributed by the NHS board with a deadline of end November 2024 for patients to submit their feedback to HIS.

A staff survey was developed based on a validated tool and using learning from Scottish Government colleagues around using a listening approach. NHS GGC circulated the link to the survey to all relevant staff with a deadline of end November 2024 for completion.

A short, announced visit to the QEUH, GRI and RAH has been scheduled out-with office hours for three members of the CRG (supported by a programme manager) to view the Emergency Departments at that time and to speak with the consultant in charge; nurse in charge and the on-call manager.

### **Sub-Groups**

Three working subgroups of the CRG have been established to examine key lines of enquiry with clear key tasks and deliverables:

- Staff and People Experience
- Leadership and Culture
- Care Provision and Safety

The subgroups undertook a gap analysis based on a review of the initial evidence submission, and identified additional data and evidence required from NHS GGC. A second detailed evidence request was sent to NHS GGC w/c 2 September 2024 informed by the subgroup gap analysis and the evidence was received from NHS GGC. A third evidence request has been sent to NHS GGC for submission by the end of November 2024.

The CRG continues to report progress to the HIS Executive Team on a monthly basis.

### **3.2 External Reference Group**

An ERG has been established to oversee and steer the review. This is chaired by Professor Sir Lewis Ritchie and has membership from a wide range of stakeholders.

The third meeting of the ERG took place on 9 October and a fourth meeting is scheduled for 28 November. The ERG Chair has been meeting individually with ERG members to seek their views and discuss review progress.

### 3.3 Liaison with NHS GGC

A briefing was circulated to the NHS board to cascade to relevant staff to inform them of our confidential mailbox and the various ways in which they will be able to provide feedback and input to the review.

In mid-September the NHS GGC Chief Executive appointed the NHS GGC Chief Operating Officer as executive lead for the review, working alongside the single point of contact. A series of fortnightly meetings has been arranged to ensure focus on upcoming requirements and to help NHS GGC ensure they are prepared for the milestones outlined in the review plan. The first of these meetings took place on 26 September.

### 3.4 Review Timelines

The Terms of Reference state that it is envisaged the review will be undertaken within six months. We initially anticipated having a report of the review by January 2025. However, it has not been possible to meet this timeline given the scope of the review, the range of evidence that requires to be considered and the extensive staff and patient engagement essential to the review process. While a draft report is expected to be produced by the end of January 2025, the requirements of internal governance and assurance processes mean that the report is expected to be published towards the end of March 2025. An update on these reporting timelines has been provided to NHS GGC and also to the consultant group that raised initial concerns.

A detailed reporting plan with key milestone dates has been developed and informed by discussions with the CRG and the ERG.

### **Assessment considerations**

<b>Quality / Care</b>	The review will consider the full breadth of the leadership, clinical, governance and operational issues highlighted in its Terms of Reference, 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.
<b>Resource Implications</b>	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 are additional costs related to the external CRG members and support to conduct independent qualitative analysis.
<b>Clinical and Care Governance (CCG)</b>	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.
<b>Risk Management</b>	<p>An overarching strategic risk and specific operational risks have been compiled and were discussed at the August meetings of the CRG and ERG. A revised risk register was subsequently discussed at the 9 October 2024 ERG meeting following off-line review by the CRG.</p> <p>The risk register is a standing item on the CRG and ERG meeting agendas and will be regularly reviewed to consider emergent risks, and these will be escalated where required. Any risks identified as the</p>



	review progresses will be monitored and managed through established governance arrangements.
<b>Equality and Diversity, including health inequalities</b>	An Equality Impact Assessment has been completed for the programme.
<b>Communication, involvement, engagement, and consultation</b>	The wide-ranging membership of the CRG and the ERG will ensure that the full relevant range of stakeholder views are sought and 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 Terms of Reference 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 and the new timeline for delivery.

It is recommended that the Board accepts 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.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Performance Report, Quarter 2 24/25</b>
<b>Agenda item:</b>	<b>3.1.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Julia Simac, Policy &amp; Business Analyst</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 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 quarter 2 (Q2), July to September 2024.

While performance in Q2 remains overall strong and in line with Q1, with 74% of our workstreams rated green (on track to deliver in line with the ADP/commission) (Q1: 73%), there are ongoing risks regarding delivery due to the volume of work and pressures on existing resources.

## 2. Performance Measures

### 2.1 Corporate KPIs

At the end of Q2, eight KPIs were on or ahead of target and three were behind target – see Appendix 1.

### 2.2 Strategic Milestones

The following achievements in Q2 demonstrate progress against our strategic milestones.

- The Responding to Concerns (RTC) external review was completed and changes to the RTC process are being made in response to its findings and recommendations.
- Sessions with NHS Board and Integration Joint Board (IJB) strategic leads to raise awareness of "Planning with People" guidance and discuss where whole-system challenges (finance and workforce) are having a potential impact on meaningful engagement.
- A refreshed set of HIS equality outcomes for 2025-29 has been drafted and circulated for internal consultation.

- The inaugural HIS Quality Management System (QMS) Perinatal Workshop was held, as well as the first Perinatal QMS Learning System session, with cross-organisational participation.

### 2.3 Work Programme Status Report

74% of active workstreams were rated green (on track to deliver in line with ADP/commission), 22% were rated amber (may not deliver in line with ADP/commission), and 4% were rated red (will not deliver in line with ADP/commission).

The main reasons for workstreams to be reported amber or red were team capacity and availability of resource as well as delays to receiving funding. The two programmes reported as red were:

- Primary Care Improvement: Recruitment delays have resulted in significant under-resourcing in the portfolio, impacting on delivery scope and timescales. Recruitment is now progressing and in Q3 the intention is to induct eight new project support staff allocated through HIS Employee. We are in discussions with Scottish Government (SG) to refocus/reduce commitments in line with existing capacity.
- Transformational Change – Drugs, Alcohol and Housing: Baseline funding confirmation was received in July 2024 enabling progression of recruitment of permanent resources. Long term vacancies remain challenging and have resulted in postponement of deliverables including in relation to public involvement. As a result, there has been renegotiation with commissioners of subsequent deliverables and further renegotiation will be required if current vacancies are not filled by end of Q3.

The following workstreams were paused or not yet started in Q1 and active in Q2: Excellence in Care, National Review Panel, Sexual Assault Response Coordination Service (SARCS) National Standards Refresh, and perinatal standards.

### 2.4 Very High and High Operational Risks

At the end of Q2 there were fourteen high risks and three very high risks on the operational risk register. The three very high risks were:

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

New risks raised this quarter were:

- NHS Greater Glasgow and Clyde Emergency Department review: reputation risk on publication of our review findings

- Management of Adverse Events: risk of inconsistencies due to variation in practice across Scotland and misunderstanding of the roles and responsibilities of relevant organisations including HIS
- Sickness absence: risk to delivery of work programmes and the wider health and wellbeing of the workforce

### 3. Forward Look

#### Inspection Programmes

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. We also announced in August that we will carry out inspections of maternity units from January 2025.

#### Responsive Support – Delayed Discharge

HIS and other national boards and organisations are working together to support the national mission and to ensure that support is coherent and avoids duplication. SG has asked us to provide targeted improvement support in two areas: mental health and learning disability, and adults with incapacity. HIS is also working with NHS Education for Scotland, Convention of Scottish Local Authorities, and SG to establish a national learning system. Plans for further improvement support are also being considered and will focus on leveraging our existing programmes of work.

### 4. Quality and Performance Committee (QPC) Considerations

At its meeting on 6 November 2024, QPC approved the Q2 performance report noting overall performance remained strong with 74% of workstreams reporting as on track. They further noted ongoing risks in relation to delivery due to the volume of work and pressures on existing resources. In addition, the following points were discussed:

- There was a reflection on some key themes that have emerged in the first half of the year, namely staffing and recruitment issues, which also correlates to operational risks. It was noted this is not isolated to HIS as staffing pressure across the health and care system is making it difficult to engage. There was also a reflection on slow confirmation of funding impacting on our ability to deliver without having the resources to do so.
- The Independent Healthcare Inspections KPI is reporting as behind target >10% (red) due to ongoing staffing issues impacting on the number of inspections being carried out. The team are using the risk assessment framework to prioritise inspections and the number of planned inspections for 2024/25 has been reduced.
- The value for money assessments continue to be well received however it was noted more needs to be done to report on outcome/impact measures demonstrating how effectively and efficiently we are using our resources.

## 5. Assessment Considerations

<b>Quality/Care</b>	The performance report is a key part of corporate governance which in turn ensures the best outcomes in services we deliver.
<b>Resource Implications</b>	Workforce constraints are highlighted in various programmes of work where applicable.
<b>Clinical and Care Governance</b>	The performance report is a key part of corporate governance which ensures appropriate clinical and care governance requirements and considerations.
<b>Risk Management</b>	The performance report is compiled with reference to programme risks and key risks on the organisational risk register.
<b>Equality and Diversity</b>	There are no equality and diversity issues as a result of this paper.
<b>Communication, Involvement, Engagement and Consultation</b>	The detailed Q2 performance report was considered and endorsed by the Executive Team (ET), then approved by QPC on 6 November 2024.

## 6. Recommendation

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

**MODERATE:** 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.

## 7. Appendices

Appendix 1: Q2 24/25 Corporate KPIs

## Appendix 1: Corporate KPIs for 2024/25 – Status at Q2

Corporate KPIs: Q2 RAG status	Number of KPIs	% of KPIs
Red (behind target >10%)	3	20%
Amber (within 10% of target)	0	0%
Green (ahead/on target)	8	53%
N/A	4	27%

KPI title	KPI metric	24/25 target	Quarter target	Q1	Q2	Notes for KPIs behind target
<b>Safety &amp; Quality of Health &amp; Care Services</b>						
NHS inspections	% of follow up inspections carried out within agreed timescales	100%	100%	100%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment (SRA) timeframes	80%	80%	26%	20%	24 of 25 inspections scheduled in Q2 were completed however only 5 were within SRA timeframes due to the number of inspections carried forward from previous quarters. The annual inspection target has been reduced to 129 from 158 and the Quality Assurance and Regulation Plan was updated.
Adverse events	% NHS boards using the adverse events Community of Practice and sharing learning by April 2025	75%	20%	30%	74%	
<b>Assess &amp; Share Intelligence &amp; Evidence</b>						
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	90%	81%	N/A	This is on hold due to the ongoing external review of the Responding to Concerns Programme.
New medicines advice	% of decisions communicated within target timeframe	75%	75%	59%	79%	
<b>Practical Support for Sustainable Improvement</b>						
Responsive support	Number of commissions undertaken	4	1	1	0	The ET has proposed a 'case conference' be held in relation to potential responsive support for a specific NHS board during November.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	12	0	4	Learning sessions and masterclasses undertaken in Q2. Year end target unlikely to be achieved due to vacancies in the team.
Mental health reform	% of supported NHS boards with an improvement plan in place	80%	20%	N/A	N/A	Pilot testing complete. Assessments for readiness with improvement leads to begin within Q3
<b>Voices &amp; Right of People &amp; Communities</b>						
Service change engagement	Number of NHS board/IJB service change engagement plans influenced by advice & assurance	60		34	27	Notional annual target surpassed due to the number of service changes being considered across the system.
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	N/A	N/A	42%	Cumulative metric. Expected to be 100% by year end.
Annual stakeholder survey	Response rate*	50%	N/A	N/A	N/A	On hold due to emergency spending controls. Alternatives under consideration.
<b>Organising Ourselves to Deliver</b>						
Complaints	% upheld with an improvement plan	100%	100%	100%	100%	
iMatter	Employee engagement index score	80	N/A	75	N/A	Annual survey
Recurring savings	Recurring savings	£2.5m	£0.6m	£0.5m	£0.6m	Cumulatively £1.1m of recurring savings made to date
Communications	70 broadcast pieces per annum	70	17	24	42	Higher volume than expected with maternity inspections and Diabulimia stories (23/24 full year was 59)

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Financial Performance Report (FPR)</b>
<b>Agenda item:</b>	<b>3.1.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning, Governance</b>
<b>Report Author:</b>	<b>Karlin Rodgers, Head of Finance &amp; Procurement</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

This report provides the Board with the financial position at 31 October 2024 and a summary of consideration of the report at the Audit and Risk Committee on 27 November 2024.

## 2. Background

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

## 3. Assessment

### Financial Performance Report

At 31 October 2024, total expenditure was £24.0m, driving a £0.7m underspend. The underspend was driven mainly by non pays in additional allocations programmes (£0.5m).

We have achieved £2.1m towards our savings target of £2.5m by the end of October (84%). Nearly half of our savings to date are on a recurring basis.

We have received all our programme allocation funding of £6.5m, with the depreciation allocation expected in March 25 as planned. An additional £0.5m of allocation funding for Primary Care Improvement Programme (PCIP) is outstanding, but at this stage is not likely to be required due to current underspends in the programme and is not included in the forecast.

Our expected outturn at the end of the year is £0.3m underspend (4%).

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

## Update from Audit & Risk Committee (ARC)

At the ARC meeting on 27 November 2024, the following points were discussed:

- It was confirmed the forecasted outturn position includes all expected staff costs for the remainder of the year.
- The balance of savings delivery between recurring and non-recurring savings was discussed. As a substantial saving target was applied in 24/25, our work plan and budgets are misaligned and require unplanned savings to deliver a balanced financial outturn. The planning approach for 25/26 is to avoid the use of savings targets and fully align work and resources. While this requires hard decisions now, it will benefit delivery across the organisation next year as crude cost cutting measures are avoided. The Committee endorsed the need for the further recurring savings to be made to maintain financial balance in 25/26.
- The Committee discussed and were content with the approach for depreciation costs and the increase in employers pension contributions.
- The Independent Healthcare (IHC) ventilation provision remains unchanged, with the first payment not expected until 25/26.
- The Committee also positively reflected on the recent Fraud Awareness week events and our commencement of work in regard to the National Fraud Initiative.

## Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	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.
<b>Clinical and Care Governance (CCG)</b>	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.
<b>Risk Management</b>	The appropriate risks are included in the strategic and operational risk registers where relevant.
<b>Equality and Diversity, including health inequalities</b>	No impact on equality and diversity.
<b>Communication, involvement, engagement, and consultation</b>	The Finance Team has prepared this report and a detailed version of the 31 October 2024 FPR was considered by the ARC on 27 November 2024.



#### **4 Recommendation**

It is recommended that the Board accept **SIGNIFICANT** reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver with regards to the financial report. There may be an insignificant amount of residual risk or none at all.

#### **5 Appendices and links to additional information**

Appendix 1: Financial Performance Report 31 October 2024.

# Year to Date - Performance Summary – P7

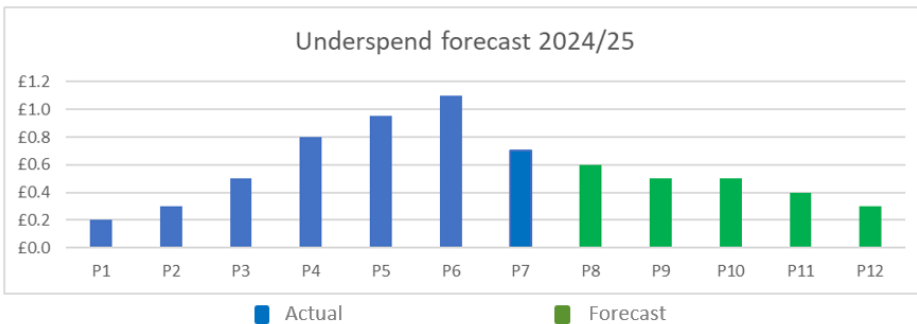
At 31 October 2024, total income was £24.7m and total expenditure was £24.0m, driving a £0.7m underspend (3%), which is down from £1.1m in September.

The underspend was driven mainly by non pays in additional allocations programmes (£0.5m).

The underspend position includes £2.1m of savings delivered to date as part of our annual target of £2.5m.

The graph below shows the full year forecast with an outturn underspend of £0.3m (4%).

A breakdown of the YTD position is shown in **Appendix 1**.



	Annual Forecast (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£44.4	£24.7	£25.2	(£0.5)
Pay	£38.7	£20.9	£21.3	£0.4
<u>Non Pay</u>	£5.4	£3.1	£3.9	£0.8
Under/(over) spend	£0.3	£0.7	-	£0.7
Total WTE		532	535	3

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

WTEs at the end of October were 532 – an increase of 23 from P6, mainly due to the HIS Employee scheme.

There are currently 11 staff on the redeployment register, with 33 roles that have current live campaigns.

# Performance by Funding Source

Year to Date – P7						Full Year Forecast					
	Baseline and Other Income (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)		Baseline and Other Income (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants (£m)	Total (£m)
Income	£20.2	£3.6	£0.8	£0.1	<b>£24.7</b>	Income	£36.2	£7.0	£1.3	£0.3	<b>£44.8</b>
Pay	£17.1	£3.1	£0.6	£0.1	<b>£20.9</b>	Pay	£31.9	£5.8	£1.2	£0.2	<b>£39.1</b>
Non Pay	£2.4	£0.4	£0.3	£0.0	<b>£3.1</b>	Non Pay	£4.0	£1.0	£0.3	£0.1	<b>£5.4</b>
<b>Under/(over) spend</b>	<b>£0.7</b>	<b>£0.1</b>	<b>(£0.1)</b>	-	<b>£0.7</b>	<b>Under/(over) spend</b>	<b>£0.3</b>	<b>£0.2</b>	<b>(£0.2)</b>	-	<b>£0.3</b>

Key areas of variance YTD are:

- Pay costs underspent by £0.3m due to lower WTEs year to date
- Non pays costs lower by £0.8m due to a delay in spending on the website project, IT expenditure, and in HSP & PCIP programmes
- Depreciation lower to budget by £0.3m due to accelerated depreciation for Delta House being postponed. This has been offset by a reduction in income.

The above forecast assumes:

- Baseline funding now includes £1.8m of pay award funding
- £0.4m of pension funding has been reallocated between baseline and allocation during P7
- Increase in IHC costs due to aged debt

# Allocations

## Additional Allocation Status at P7

	Funding received £	Spend to date £	Full year forecast £
<b>Funding received</b>			
Primary Care Phased Investment Programme	1,061,652	560,906	1,061,652
Right Decision Service	688,320	276,732	500,000
Healthcare Staffing Programme	1,235,354	494,655	900,000
Excellence in care	460,000	27,995	130,000
SUDI / Perinatal lead	100,000	-	50,000
Maternity Standards/C-section	94,403	13,521	50,000
Scottish Medicines Consortium	450,000	261,457	450,000
National Review Panel	63,797	1,864	30,000
National Standards Refresh	52,004	-	52,004
ASP Joint Inspection Programme 2024-25	250,000	111,278	250,000
National Cancer Medicines Advisory Group	210,000	152,426	210,000
Volunteer Management System	231,000	-	131,000
Mental health care	1,115,616	680,174	1,115,616
Police custody	178,431	99,278	178,431
Drugs & alcohol	1,478,002	607,590	1,000,000
Chronic Pain SIGN guidelines	64,924	-	64,924
Scottish Palliative Care Guidelines	159,892	103,420	159,892
Hospital at Home for Older People	290,000	75,822	250,000
Savings	(1,657,867)	-	-
	6,525,528	3,467,118	6,583,519
<b>Funding outstanding</b>			
Additional depreciation	516,000	-	210,000
	<b>7,041,528</b>	<b>3,467,118</b>	<b>6,793,519</b>

- At P7 we have received all our programme allocations of £6.5m, with the depreciation allocation expected in P12 as planned.
- Spend on allocations to date was £3.5m, which is 51% of our forecast spend year to date.
- The 'savings' of £1.7m represents the difference between our budget and SG policy allocations from the start of the financial year. While not a true saving, this is an adjustment applied by SG and was included in our original budget.
- An additional £0.5m of allocation funding for PCIP is outstanding, but at this stage is not likely to be required due to current underspends in the programme and is not included in the forecast.

# Savings Targets

	Full Year Budget	P7	Remaining savings to be made
Savings target - budget	2.5	1.5	0.9
<b>Pay savings:</b>			
Remove posts	0.6	0.3	0.3
Hold vacancies	1.1	0.6	0.5
Undefined	0.1	0.4	- 0.3
<b>Non-pay savings:</b>			
OD&L	0.1		0.1
Travel and events	0.1	0.1	-
IT & Digital - undefined	0.2	0.2	-
Undefined	0.3	0.5	- 0.2
Savings target - actuals	2.5	2.1	0.4
<b>Split by:</b>			
Planned savings	1.9	1.0	0.9
Unplanned savings	0.6	1.1	- 0.5

- At the end of P7 we have achieved £2.1m of savings against the annual target of £2.5m (84%). This has fallen in the month as anticipated due to the reinvestment of the underspend in H1.
- The forecast remains that we will still exceed 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.



# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Workforce Report</b>
<b>Agenda item:</b>	<b>3.1.3</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 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 602 staff as at the end of **October 2024**. 566 are on our payroll as directly employed staff, a whole time equivalent (WTE) of 531.6 and 36 (headcount) secondees into the organisation, a WTE of 15.6 people. This represents a relatively static position compared to the preceding months.

During the current financial year (2024/25) 27 people have left the organisation, and 52 individuals have joined HIS representing an overall turnover rate of 4.5% to date. This represents a continuing reduction in turnover compared to the same period last year (8.0%). The organisation ended the previous financial year (2023/24) with a turnover level of 15.7% which was also a reduction on the previous financial year.

Current absence levels are **4.3%**, as compared to 3.4% for the same period last year. This represents a continuing increase in absence across the organisation from the highest point of 4.6% in July. 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.

A 'deep dive' in relation to sickness absence within the organisation is being undertaken with a final report on this being taken back to the Staff Governance Committee in February 2025.

### Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	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.
<b>Clinical and Care Governance (CCG)</b>	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.
<b>Risk Management</b>	The workforce risk and mitigation activity are described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
<b>Equality and Diversity, including health inequalities</b>	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.
<b>Communication, involvement, engagement and consultation</b>	People and Workforce Directorate use local and national systems to monitor and report workforce data.

## 4 Recommendation

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

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

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

As described earlier in the paper, there is a range of specific work and focus on absence across Directorates to ensure that the appropriate steps and support is in place for those off sick and managers supporting individual members of staff. This is essential to ensure we can facilitate the return to work for staff where this is possible.

## **5 Appendices and links to additional information**

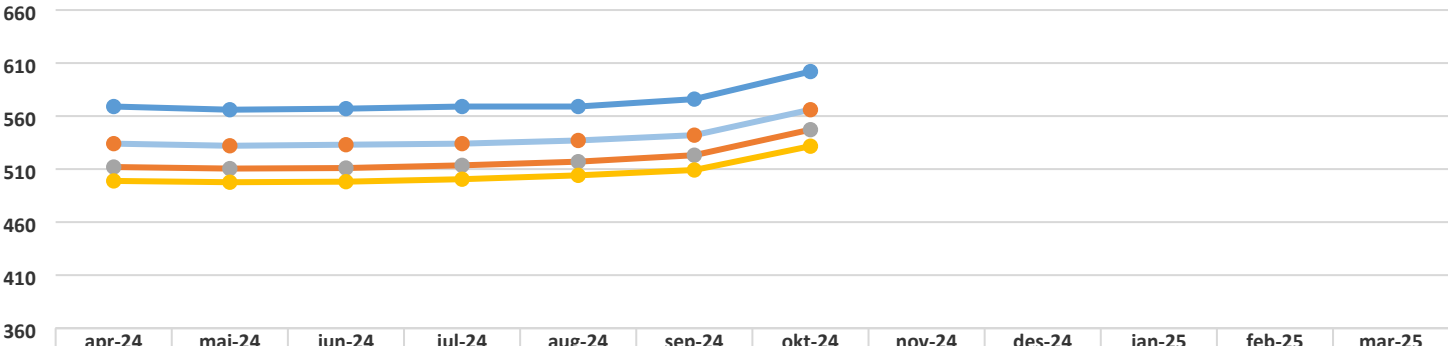
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

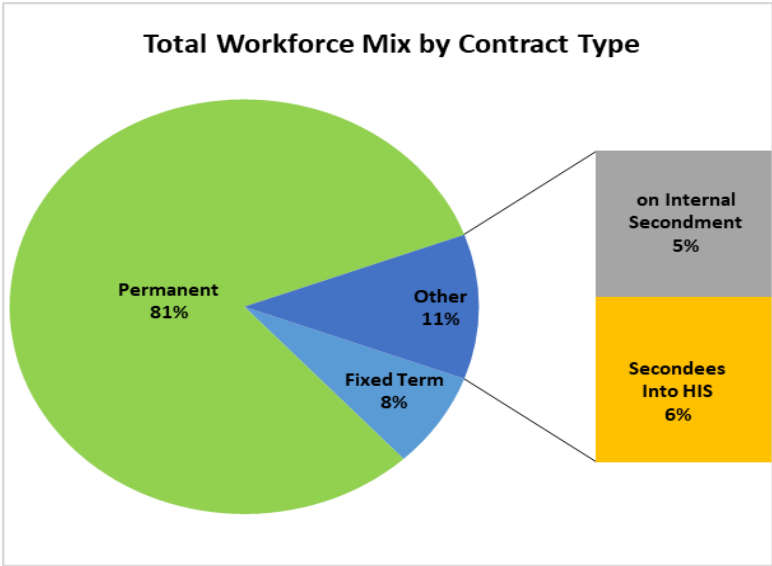


**Appendix 1 – Workforce Report**

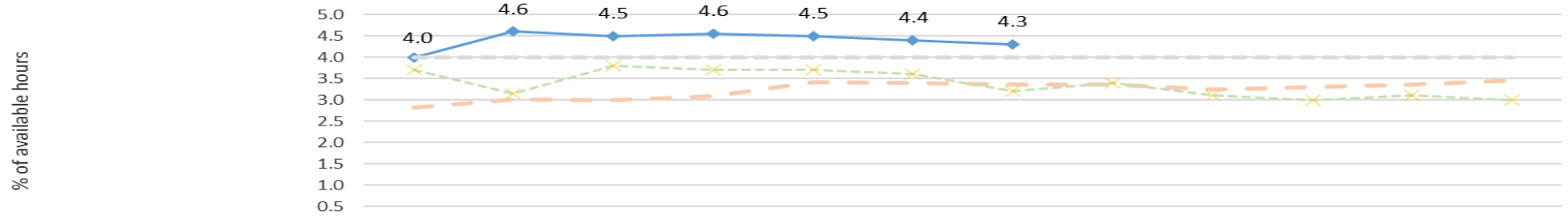
**Workforce YTD**



	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	jan-25	feb-25	mar-25
Headcount (payroll & non-payroll)	569	566	567	569	569	576	602	#N/A	#N/A	#N/A	#N/A	#N/A
Headcount (payroll only)	534	532	533	534	537	542	566	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll & non-payroll)	512,0	510,5	511,0	513,5	517,0	523,1	547,2	#N/A	#N/A	#N/A	#N/A	#N/A
WTE (payroll only)	498,8	497,6	498,1	500,5	504,1	509,2	531,6	#N/A	#N/A	#N/A	#N/A	#N/A

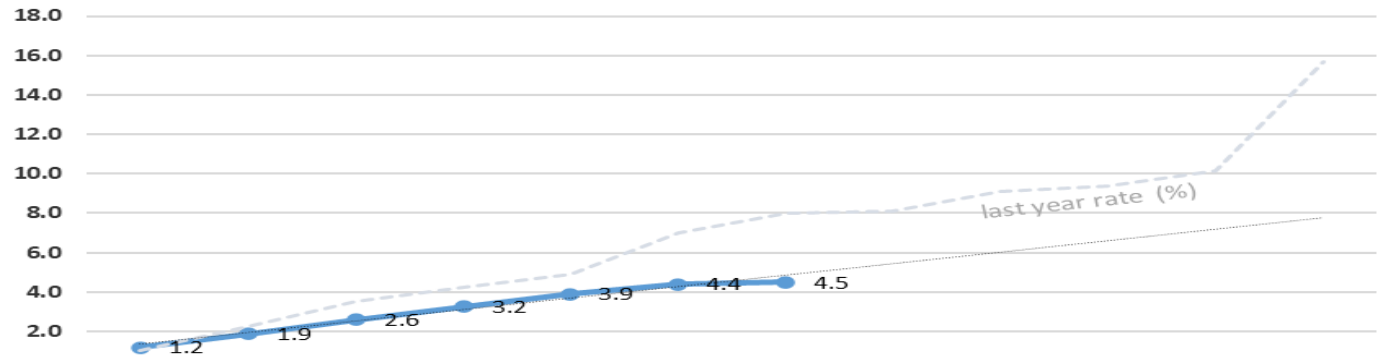


**Sickness Absence Rate (%) YTD by Month**



	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	4.4	4.3					
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

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



	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 Staff Turnover ratio (%)	1.2	1.9	2.6	3.2	3.9	4.4	4.5					
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

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Interim Workforce Plan</b>
<b>Agenda item:</b>	<b>3.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Report Author:</b>	<b>Sybil Canavan, Director of Workforce</b>
<b>Purpose of paper:</b>	<b>Decision</b>

## 1. Situation

This report is to provide Board members with the final draft of the Interim Workforce Plan.

## 2. Background

Following a previous version of the draft plan, this version has been updated with further detail of the Directorate Workforce returns and in recognition of the ambition detailed in the HIS Strategy and current Annual Delivery Plan and available budget.

## 3. Assessment

The plan provides further detail on the recognised workforce drivers for Healthcare Improvement Scotland and provides details in terms of actions underway or planned in response to these.

The document has been shortened with a revised level of detail regarding Directorate activity and further workforce information for the overall headcount for the organisation.

The plan also references the recent organisational commitments confirmed to the Executive and Senior Leadership teams, namely.

- **Performance**
- **Partnership working**
- **Personal commitment**
- **Personal governance**

This focus will be important in terms of continuing to support cultural change. Given the ongoing and changing nature of service delivery, individual Directorate Drivers have been summarised into themes in the document.

Following discussion at the Staff Governance Committee in October, further work has been undertaken to standardise the Directorate 'sections.'

## Assessment considerations

<b>Quality/ Care</b>	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.
<b>Resource Implications</b>	The Workforce plan provides detail on staffing within the organisation and the plans regarding development and deployment to meet organisational needs.
<b>Clinical and Care Governance (CCG)</b>	The Workforce Plan will include detail regarding our clinical and care staffing requirements, to ensure appropriate support is in place for clinical and care governance activity.
<b>Risk Management</b>	The workforce risk and mitigation activity are described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
<b>Equality and Diversity, including health inequalities</b>	The report is intended to inform how the workforce is developing in relation to current and anticipated workforce and financial planning across Healthcare Improvement Scotland. An impact assessment will be completed on the final document when it is available.
<b>Communication, involvement, engagement, and consultation</b>	Ongoing – Staff Governance Committee, Partnership Forum, and Executive Team.

## 4 Recommendation

Board members are asked to:

- a) Review the detail of final draft version of the Interim Workforce Plan and confirm members are content with the publication of this document as the final version.

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

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

## 5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 – Final Draft Interim Workforce Plan

## **Executive Summary**

In recognition of the continued focus on change and the need for increased workforce flexibility across Healthcare Improvement Scotland, a further interim workforce plan has been developed. The interim Workforce Plan for 2024-25 for Healthcare Improvement Scotland builds upon the published [Workforce Plan 2022-25](#).

Since the publication of the previous plan, the organisation has seen a reduction in the number of Directorates with the dissolution of the ihub. The subsequent changes to the Medical and Safety, Nursing and Systems Improvement and Community Engagement and Transformational Change Directorates have been significant. This, combined with the known organisational changes for both Community Engagement and the Quality Assurance and Regulation Directorates have resulted in a large proportion of our workforce experiencing change in one form or another, be it in terms of managerial arrangements or more significantly in relation to the scope and responsibilities of individual roles.

In March 2023, we published our 5 year strategy: [Leading quality and health and care for Scotland: Our Strategy 2023-2028](#) which outlines our role in working with stakeholders including health boards and other national organisations for the safe delivery of effective care across Scotland. In this we set out four priorities:

- To better understand safety and quality in health and care and where improvement will have most impact.
- To use intelligence and evidence to guide the design, delivery and assurance of high quality health and care services.
- To place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.
- To speed up sustainable improvements in the safety and quality of Scotland's health and care services.

The safety challenges and financial constraints facing health and social care services will continue throughout the coming year and this interim workforce plan will reflect the structural and service changes that have already taken place as well as focus on any new arrangements for service delivery and workforce developments for the coming year. Work will continue in 2024-25 to review what work will be stopped, paused or consolidated and repurposed which will impact on the wider workforce. We have been required to make difficult choices about what we can sustain in 2024-25 whilst ensuring we meet our financial obligations without destabilising key statutory programmes. Within our Annual Delivery Plan for 2024-25, we are committed to:

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

## **1 Introduction**

As detailed within our strategy, our workforce is our greatest asset, and we attract people who are passionate about what they do and about driving improvement in health and social care. We continue to focus on how we can endeavour to support and develop our staff to remain a flexible, agile and high performing workforce with the right skills and expertise to support changing organisational and national priorities. Amongst our aims and ambitions for our workforce, we aspire to:

- Be innovative, flexible and responsive to changes to the context in which health and care is delivered.
- Be an exemplar public sector employer.

Given the information provided from our Directorates and recognising the work already underway we also know that within our workforce and as part of our planning we must

- Recognise that skills, knowledge, and experience requirements are shifting.
- Ensure relevant and timely skills development, including leadership and management development.
- Recognise that there will be a continued focus on service change, skill mix and redesign.
- Ensure that where anticipated funding has not been baselined, appropriate workforce solutions are identified and delivered in partnership.
- Recognise we will have a continued focus on delivery of statutory duties and functions
- Ensure continued staff recruitment and retention – focusing on pipeline, pathways, and approaches.
- Implement and embed the 'HIS Employee' to ensure sharing and flex of resources across the organisation.

Over the last 2 years we have continued to see an increase in our overall headcount and whole time equivalent (WTE) employees. This can be attributed to an increased workload that is generated from additional allocations due to the continued demand for a range of services from HIS. There is an ongoing need for robust financial control which can lead to uncertainties amongst our workforce supply and demand.

In the coming year, there will be an even greater focus on supporting a new workforce model, health and wellbeing, supporting leadership and development through our revised learning and development model and HIS Campus Learning Offer. This interim workforce plan will focus on a defined number of tangible actions from both a directorate and organisational perspective.

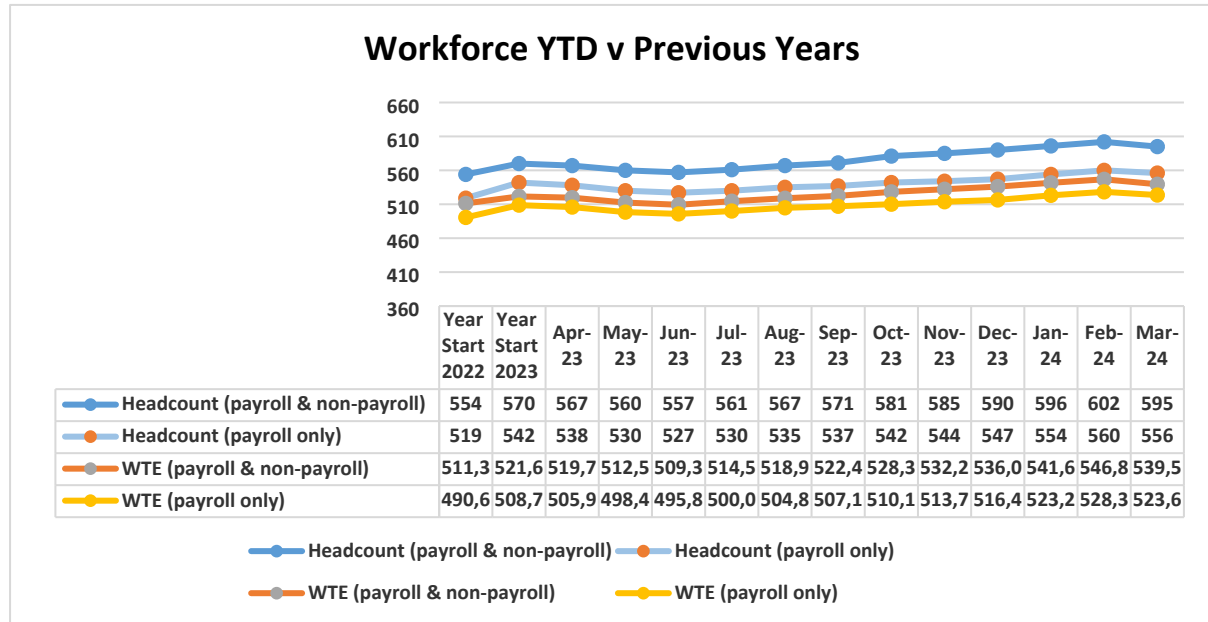
### **Governance and Review**

The detailed actions included within this document will be reviewed on a quarterly basis by both the Partnership Forum and Staff Governance Committee.

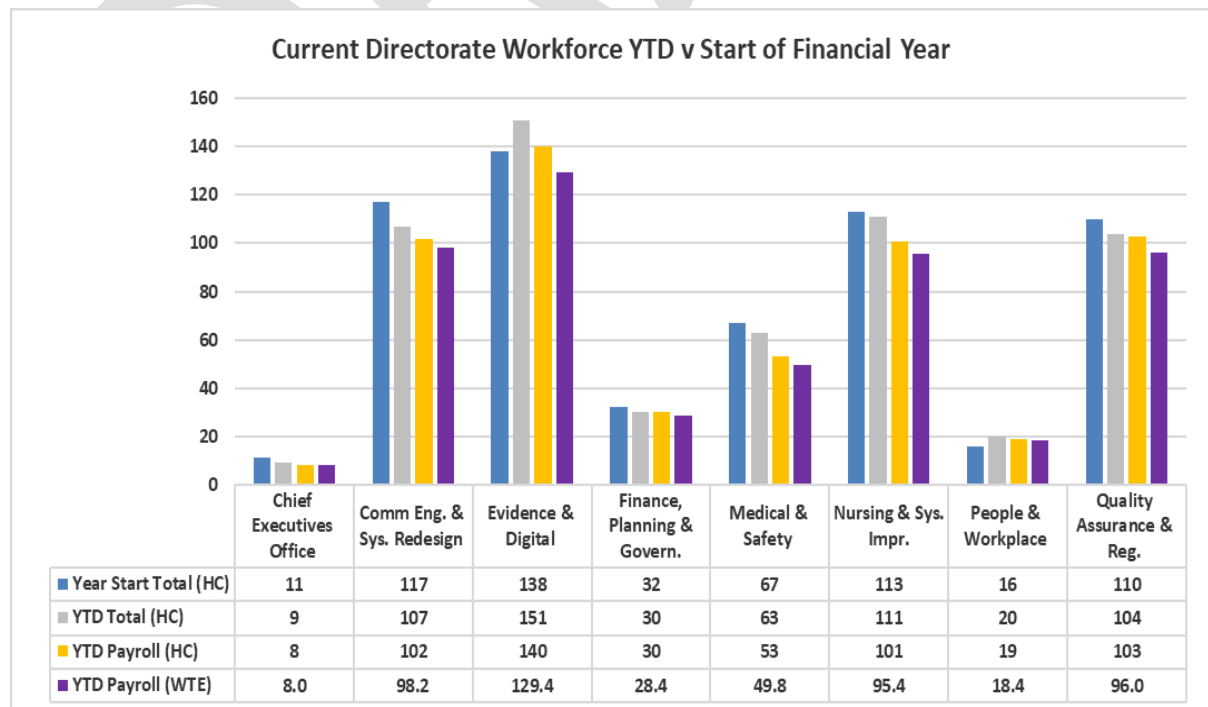
## 2. Workforce Profile – 31 March 2024

The financial year 2023 to 2024 saw a high level of staff movement and change across the organisation, including a reduction in Directorates from nine to eight. In December 2023, following the announcement of the revised financial allocation, we saw a significant reduction in our additional allocation funding and funding uncertainty into 24/25 which impacted on our approach to vacancies and recruitment at the start of 2024.

### 2.1 Summary Highlights on 31 March 2024



The following table provides breakdown of whole time equivalent (WTE) by Directorate, aligned to the 8 current Directorates.



Over the course of the 2023-24 financial year, the total workforce has changed by a net of -9 headcount/5.8 WTE. Our turnover was 15.7% over the previous year which was a slight decrease by 1.3% from the previous year.

## **2.2 Recruitment activity**

Between 1 April 2023 and 31 March 2024, 123 new campaigns commenced - out of these, 103 were filled (30 by internal/NHS staff) and 18 campaigns either withdrawn or unfilled.

## **3 Workforce Developments 2022-2024**

### **Organisational and Workforce Change**

Both the Community Engagement and Quality Assurance Directorates undertook significant formal organisational change during 2023 -24.

Both Directorates experienced protracted timeframes and challenges during the formal process and towards the end of 2023, an Organisational Change Rapid Review was undertaken and supported by the One Team programme. This approach was agreed and developed in Partnership and focused on learning and actions from the organisational change processes as well as the impacts of organisational change.

The report was published in January 2024 and the review found that:

- All participants believed they were working to deliver the right outcomes for HIS and staff, according to the principles set out in the policy.
- The policy is open to interpretation in some areas and there is a lack of detail in associated processes which has contributed to the timeline delays.
- There was not enough clarity around governance and decision-making and the work was not appropriately resourced.
- Relationships between directorate management and Partnership representatives was difficult at times during the organisational change process.

We recognise the unprecedented level of change over 2023-24 which affected both the organisation and workforce, impacting on delivery in some areas, staff morale and culture. We will continue to retain a focus on this via the Partnership Forum to explore ways to measure staff experience going forward and take action to address any issues over staff morale, culture and wellbeing.

A Transformation Oversight Board was established in May 2024 to strengthen governance arrangements for organisational change

As we continue in 2024-25, it is important that we embed and stabilise the revised directorate arrangements to support how we deliver both within the Directorates and across HIS and how the collective skills, knowledge and experiences of staff are used to best effect.



## 4 Drivers for 2024 – 2025 workforce plan

### Directorate Drivers

Individual Directorate workforce planning information was gathered as part of the process to complete this interim Workforce Plan.

The primary activity described in these returns reflects

- Continued embedding and stabilisation of Directorate and team structures and new models of delivery.
- Rebalancing of Directorate work programmes and priorities
- There will be a continued focus on service change, skill mix and redesign.
- Ensure skills development, including leadership and management development
- Continued organisational change to support changing work priorities and Directorate financial frameworks
- Implementation and continuation of specific programmes of work, such as Inspection of Perinatal services, Health Care Staffing Act requirements.
- Continued development of staff across a range of disciplines and skill requirements
- The ability to flex workforce to meet demand and recognise capacity.
- Anticipated baselining of some allocations across Directorates

All local Directorate change, and workforce implications will be discussed at a local management team meeting level and as part of our Partnership Forum activity. Ultimately the Transformational Change Oversight board will ensure a consistent and appropriate approach to change within Healthcare Improvement Scotland.

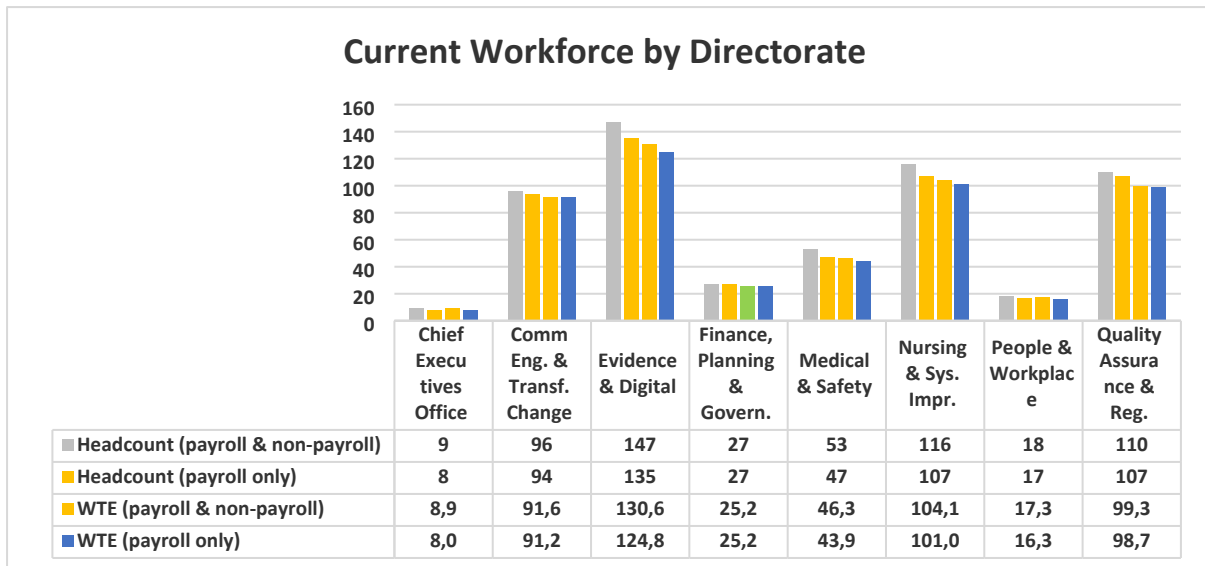
As part of recent discussions with the combined Executive and Senior Leadership Team, the Chief Executive confirmed the organisational commitment to

- Performance
- Partnership working
- Personal Commitment
- Personal Governance

### Overall headcount

Based on the current funding model for the organisation, the overall funded headcount within Healthcare Improvement Scotland based on current salaries is approximately **520** whole time equivalents.

As at the end of September 2024 staffing numbers and headcount per Directorate was -



## **Nursing and Systems Improvement (NSI)**

### **Needs and Priorities**

#### ***Healthcare Staffing Programme:***

The Healthcare Staffing Programme (HSP) have built a diverse programme infrastructure. The programme team have expanded considerably over the previous three years as the programme has grown in preparation for delivering HIS's legislative functions under the Health and Care (Staffing) (Scotland) Act.

#### ***Excellence in Care:***

The Excellence in Care (EiC) Programme have been significantly impacted by the funding model which has seen the momentum of the programme stalled while awaiting confirmation of funding, however the baseline funding for EiC has been increased from April 2025 enabling the recruitment to permanent roles. This provides a stable programme infrastructure of improvement advisors, research and project roles to support programme delivery. This will enable the programme to continue to contribute to the priority Quality Management work of HIS developing meaningful indicators of quality and safety to inform local and national assurance and improvement.

#### ***Nursing Midwifery and Allied Health Professionals (NMAHP) & Nursing and System Improvement (NSI) Operations:***

The overarching NMAHP aim for 2024-2025 is to lead on the development of a professional strategy and underpinning policies. Having the right NMAHP professional, clinical leadership team in place to deliver this is our main priority.

#### ***Systems Improvement and Implementation:***

The unit comprises of three portfolios, Community Care and Dementia, Primary Care and Improving Access. Each of these portfolios provides specialist Quality Improvement support through a range of national programmes and bespoke support.

Further skills development in these areas remains a workforce priority for the next finance year.

### ***One Team:***

With the One Team transformation programme coming to an end in March 2025, the focus for the remainder of the year will be to complete outstanding work packages and transition to business as usual where appropriate. However, there continues to be a need for change to enable the delivery of our strategy – through process improvement, digitisation and standardisation.

### **Current Challenges**

#### ***Healthcare Staffing Programme:***

The funding for HSP will be baselined from April 2025 therefore a priority is to stabilise the HSP through the transition of staff from fixed term to permanent roles and continue to operate within the new funding envelope and headcount.

#### ***Excellence in Care:***

As detailed above, the EiC Programme have been significantly impacted by the funding model which has seen the momentum of the programme stalled while awaiting confirmation of funding, however the baseline funding for EiC has been increased from April 2025 enabling the recruitment to permanent roles

#### ***NMAHP & NSI Operations***

For NSI Operations the focus for this coming year will be around ensuring that it has the required infrastructure and staffing to support the delivery of NMAHP strategy and to deliver an effective HIS Complaints service which will require additional training and support the continued development and establishment of the directorate through effective business governance arrangements and undertaking directorate improvement programmes.

#### ***Systems Improvement and Implementation:***

To combat the lack of appropriately experienced and skilled improvement staff we introduced a development role into our staffing compliment in 2023 and now have six Improvement and Implementation Facilitators who are being skilled up within in HIS to be able to continue career development in improvement, engagement, programme management or data and analysis

### ***One Team:***

In FY25/26 we will see continued need for skills in improvement – including specialised skills in lean process mapping to identify 'waste'; project and programme management – supporting cross-functional improvement activities, and digital skills – particularly in newer M365 applications such as Power BI and Power Automate.

## **Medical and Safety Directorate**

### **Needs and priorities**

The Directorate's principal objective is to lead HIS response to systemic challenges to safety of patient care in the NHS. This is a high-level view of our approach, objectives and actions.

### ***Directorate Approach***

The future approach focuses on three strategic areas:

1. Intelligence on current patient safety risks
2. Responsive safety risk management
3. Inter-organisational safety quality management systems

Within this work the Directorate will

- Continuously identify, monitor, and report on quality and safety risks.
- Align functions to manage emerging safety risks.
- Collaborate with other organisations to address ingrained patient safety risks.

### ***Medical Model***

A new approach to our Medical Model was agreed at the start of 2024 which has centralised medical management. This will make the best use of clinical skills across the whole organisation, as well as ensuring that secondees have a positive experience while at HIS. This model will ensure that HIS maximises the value and impact of its investment to address current risks and gaps in access to medical input. This had resulted in a change to the traditional National Clinical Lead model and the 5 new Strategic National Clinical Leads will work as a cohesive team across a broader strategic caseload to ensure provision of high quality clinical guidance, support and professional guidance.

### **Current Challenges**

Further work will be undertaken to develop and align pharmacy clinician support and leadership following replacement of the Chief Pharmacist role within Healthcare Improvement Scotland following the retirement of the previous post holder earlier in 2024.

### **Opportunities for Efficiencies and maintaining and developing our services**

The Medical and Safety Directorate will continue to ensure and support the organisational role of national oversight of quality and safety, including increased independent national assessments of quality and safety. As part of this work, they will also strengthen existing intelligence capabilities and collaborations with other organisations and ensure a continued national overview of safe delivery of care.

In support of the Quality Management system, there will be continued efforts to integrate quality and safety work across major policy areas, continued maintenance

of improvement via existing Scottish Patient Safety Programme activities and alignment of this with wider safety work.

Work will also be undertaken to establish a safety quality management system with multi-level accountability, working with the Scottish Government as part of the design and delivery arrangements for this system. There will also be further collaboration with the government to support safety in a reforming and changing NHS across system.

Work is underway to look at the ongoing resourcing and workforce requirements across the Directorate to support these work priorities on an ongoing basis.

## **Evidence and Digital**

### ***Needs and Priorities***

Staff across the Directorate have a mix of specialist technical skills, project management skills and administrative skills. All are essential to deliver our national, Once for Scotland, evidence-based advice and guidance. Specific areas we are exploring include:

- maintaining the critical mass of specialist posts required to deliver our national commitments and having the ability to retain highly skilled staff and offer career development opportunities
- reviewing administration and project roles, including the need for embedded Admin Officer and Project Officer posts in some teams given the process driven, fast paced nature of our work and to allow some shift from specialist to generalist roles
- ensuring a healthy pool of health economists as this is a growth area for us
- ensuring resilience across increasingly small teams. Scottish Antimicrobial Prescribing Group is currently a significant risk in terms of business continuity
- Digital Services Group (DSG) needs to expand to take on the workload coming from the National M365 team, support future use of SharePoint and to implement the HIS Digital strategy
- increase Subject Matter Experts (SME) WTE in the Information Governance team through an additional Information Governance Officer (Band 5) to respond to increasing demands on the team
- improved leadership and management development for our staff
- secure baseline funding for Right Decision Service team.

### ***Current challenges***

- Current financial arrangements are impacting on recruitment arrangements
- significant proportion of Scottish Medicines Consortium funding is still additional allocation and is assumed to be at risk, though Scottish Government have previously signalled that this would move to baseline
- ensuring continuous upskilling across all professions to keep pace with new methods in evidence synthesis, HTA, guideline development, incorporating lived experience and analyses of quantitative data

## ***Opportunities for efficiencies and requirements for maintaining and developing our services***

- skill mix reviews across the directorate, including upskilling, streamlining processes and cross-team collaboration
- continue to review all newly vacant posts before decision made to replace or not
- bring in and support students/graduates to support progress of digital strategy
- better onboarding programmes for new staff to ensure quick integration across interdisciplinary teams
- cross-functional training to enhance collaboration across teams

As part of this work the Directorate have an overall requirement to support implementation of the HIS digital strategy – “Our staff will be digitally empowered – we will grow our collective capability through digital learning programmes which support role-specific requirements, rooted in HIS business priorities”

## **Community Engagement and Transformational Change**

A new Directorate structure was implemented in June 2024. This followed the completion of the organisational change activity within the former Community Engagement Directorate, and the bringing together of both community engagement and the transformational change unit of the former iHub.

### **Needs and Priorities**

The Directorate defined its purpose by developing a clear vision which describes how the Directorate will contribute to delivery of the HIS strategy. This includes:

- Driving better health and care outcomes through meaningful community engagement and innovative system redesign
- Delivering our statutory duties to monitor, improve and assure engagement on service change
- Influencing and informing services/policies through evidence from engagement
- Delivering transformational change in the specific areas of mental health and drugs & alcohol
- Responding to significant service pressures and change including NHS reform.

### **Implementing opportunities for efficiencies in 2024-25**

The new structure and savings plan was developed in February-March 2024, followed by a staff engagement exercise about the proposed new structure in April-May 2024. The new structure was implemented in June 2024 and included re-naming the directorate the “Community Engagement and Transformational Change Directorate”.

This restructuring included:

- Reviewing all work to ensure it continues to be appropriate, relevant, valuable and focused on delivering the HIS strategy
- Reprofile teams to improve skill mix
- Delivering financial savings for 2024-25

Outcomes included:

- Combining two portfolios into a new “Systems Change” unit which created a new flexible team that responds to significant service pressures and releasing capacity to provide responsive support.
- Combining a single Operations Team for the directorate.
- Moving a small number of posts between portfolios to improve efficiency.
- These three actions resulted in: removing 4.0WTE baseline funded posts on a permanent bases and holding 2.0WTE baseline funded posts on a temporary base.

In addition, reprofiling of additional allocations was undertaken which resulted in:

- Stopping one programme (all posts redeployed)
- Significant reprofiling two programmes associated with additional allocations (removing 15.6 WTE posts).

### **Current challenges**

As detailed above, along with the organisational change and formation of the Directorate, it is clear the Directorate has been through significant restructuring over the past 18 months which is reflected in both our iMatter results and sickness absence rates. The biggest challenge the Directorate faces is the need for a period of stability to recover and support for staff.

## **Quality Assurance and Regulation Directorate**

### **Needs and Priorities**

Healthcare Improvement Scotland’s inspection, regulation and review activities are key components of our strategic priorities in relation to the safety and quality of care. Demands on all assurance programmes have increased in response to increased pressures in the system. Since April 2024, the following new assurance priorities have been added to the 2024-2025 assurance and regulation plan:

- NHS Greater Glasgow and Clyde Emergency Department Review
- Responding to Concerns Review

In addition, the following existing programmes of work have become greater strategic imperatives during the first quarter of 2024/25:

- Adverse Events
- Review of regulation activities (Independent Healthcare and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

As well as the four new or changing assurance priorities outlined above, Scottish Government recently confirmed funding for mental health inspections. This is welcomed but means further refocusing for staff who had been supporting other inspection activity while we were awaiting clarification of this funding. In addition, the development of the inspection programme for acute perinatal services will have implications for existing NHS inspection resource while we develop the new inspection team and build required inspection skills and experience for this work.

## **Current Challenges**

These new and changing priorities have required a re-prioritisation of resource and adjustments to planned assurance activities and an updated quality assurance and regulation plan for Quality Assurance Directorate has recently been taken to Executive Team and Quality and Performance Committee. Management of assurance resources continues to be challenging as we rely on the necessary skills, knowledge and experience of existing staff to manage multiple, high-profile assurance asks whilst seeking to build capacity and implement new ways of working.

In addition to existing work priorities, the commencement of legislation in relation to the regulation of independent healthcare services (IHC) provided by pharmacy professionals and the regulation of independent medical agencies further significantly increases the scope of our regulatory responsibilities. This expansion of regulatory remit, alongside emergent considerations from the review of our approach to ventilation requirements for independent healthcare services and the findings from an independent review of the Care Quality Commission (CQC), requires HIS to look at our strategic approach to regulation going forward as well as consider the senior leadership requirements for our regulation work going forward.

## **Opportunities for efficiencies and requirements for maintaining and developing our services**

To strengthen our assurance of safety in the system and manage increasing reputational and operational delivery risks for the organisation we have invested and strengthened resources in the following priority areas:

- Recruitment of additional Inspector, Review and Programme Manager resource
- Recruitment of external expertise on a fixed term basis to lead a fundamental review of our regulation activities.
- Recruitment of a Chief inspector of Regulation.

Organisationally, our drivers are also captured in our arrangement in relation to integrated planning and our financial position and plan.

## **Finance, Planning and Governance**

### **Needs and Priorities**

#### ***Integrated Planning***



Several changes have been introduced over 2024-25 with our approach to integrated planning across the operational, financial and workforce plans. This has commenced with the Board setting the strategic direction which is then cascaded down the organisation during a Board Strategy Day in September 2024 which commenced the 2025/26 planning process, by focusing on current progress, strategic milestones, emerging intelligence, risks and horizon scanning both internal and external.

### ***Finance***

Whilst finance is not a key driver for the workforce plan it does have a significant impact on the workforce, particularly regarding the uncertainty of additional allocations for workstreams.

### **Current Challenges**

#### ***Integrated Planning***

The outputs of the Board strategy day will be cascaded through three sessions in September, October and November with the Executive and Senior Leadership teams jointly. These sessions will aim to add further details to the strategic direction set by the Board and create a set of goals for the forthcoming year. This would also include details on work programmes such as what to stop, start and continue, and a strong link to our workforce plan – including forward planning for staff on fixed term contracts. These outputs would be supplemented by any available financial guidance from the Scottish Government and agreed corporate approaches in relation to risk appetite and handling of allocations.

### ***Finance***

Oftentimes the nature of funding and its associated risks to workforce contribute to the strategic planning of the workforce requirements. It also impacts on our staff in terms of feelings of uncertainty and insecurity. However, efforts have been made to develop a strategy to minimise the impact of allocation-based funding and this is outlined later within this plan

### **Opportunities for efficiencies and requirements for developing our services**

#### ***Integrated Planning***

As detailed above, activity is underway to look at our work programmes including prioritisation and reflections on what to stop, start and continue. This work is being supported by the Senior Leadership Team within Healthcare Improvement Scotland.

### **People and Workplace**

#### **Needs and Priorities**

The team have benefitted from investment from the One Team funding arrangements to enable expansion and implementation of a range of recent business requirements including HIS Campus, a range of leadership and development activities, introduction and mainstreaming of eRostering and ensuring continued staff engagement and partnership working.

Some of the main activities driving our Directorate workplan in the current year include

- New Workforce Model - the 'HIS Employee'
- Workforce Data
- Health & Wellbeing
- Health and Safety
- Supporting Cultural Change
- Equality and Diversity
- Strengthening Staff Experience and Engagement
- Modernising Learning and Development

## **Current Challenges & Opportunities for Maintaining and developing our services**

### **New Workforce Model**

Fixed term contracts are a direct result of the changing nature of allocation-based funding for many of our workstreams. These bring several challenges for the organisation in terms of the workforce and of course, staff experience of the organisation. HIS have experienced this in recent years, with the cessation of contracts being sometimes problematic for teams and individuals, particularly when there is an expectation that the work will continue.

The management of fixed term contracts is also resource intensive for managers, Directorates and our People and Workplace team. Resolving the need for such contracts through the development of an agile workforce is a key driver for the organisation.

### **Health & Wellbeing**

Skilled staff are crucial for our aim of making care better for the people in Scotland. The health and wellbeing of our people is important, and we offer a range of resources to support their needs from physical and psychological to financial wellbeing.

We have seen a consistently high level of sickness absence across the organisation, over the 4% target for NHS Scotland. A 'Deep dive' into the absence across the organisation has been commissioned by the Staff Governance Committee and will be reported on accordingly.

This work has an organisation-wide impact. Further detail regarding this activity is included in Appendix 1.

## **7. Risk analysis**

We maintain an overview of the main risks that may impact the achievement of our organisational objectives which includes any workforce risks. Our risk register captures the significant risks for the organisation as well as ensuring that appropriate control measures and mitigations are in place. The risks are monitored and updated by the Board's Audit and Risk Committee.

Currently the workforce risk highlights that we will not be able to deliver our work due to a skills shortage or lack of capacity. This in turn will result in a failure to deliver our objectives and present a risk to our organisational credibility. In the current financial environment, HIS faces the challenge of supporting improvement, maintaining the high quality of our work and prioritising resources we need against the financial position.

The impact of increased absence rates has also now been added to our operational risk register given the recognised impact of the increase in levels of staff absent from work.

Workforce capacity and capability as well as planned recruitment which impacts on our workforce plans will continue to be monitored through regular updates to the Staff Governance Committee.

## **8 Review of the Interim Workforce Plan**

Our workforce data is monitored on a regular basis and presented monthly to the executive team and appropriate board committees.

Our workforce plan is monitored on a quarterly basis by the Staff Governance Committee as well as discussions taking place on a regular basis with the Partnership Forum.

In accordance with the guidance in DL (2022)09, we will review and update our workforce plans annually in the years between the publication of our full three-year plans. This will be reflected through our updated actions and workforce planning assumptions.

## **Appendix 1**

### **New Workforce Model - the 'HIS Employee'**

During 2024-25, we will revise our approach to managing fixed term contracts and have started to develop a framework with support from the One Team programme for a test of change to deliver a new workforce model to support any workforce challenges by minimising our reliance on the use of fixed term contracts and creating a more flexible and agile model with staff on permanent contracts. This framework is being developed in partnership with a One Team approach to working collaboratively across our Directorates, process and teams to allow us to have greater scope to flexibly deploy and develop our staff across HIS as the work priorities change.

We are working to implement the "HIS Employee" concept through a small test of change with a small number of Project Officers and Administrative Officers. This will introduce a new workforce model that is aligned to the organisational priorities but also enable a flexible and agile approach to capacity and delivery across HIS, ensuring the integrated planning continues within the operational, financial and workforce plans and frameworks in place.

This approach contrasts with previous recruitment and deployment methods which assign an individual into a directorate and role. As such the organisation has implemented the following corporate objective for staff, to embed the One Team ethos across the organisation.

*'I will be part of, and demonstrate a commitment to, working collaboratively and flexibly across Healthcare Improvement Scotland, as part of One Team, during the 2024– 25 review period.'*

This is an ambitious and radical change to the way HIS manages and deploys its people, and this plan features how we will work to develop an agile and flexible workforce that supports our strategic vision, the changing needs of our organisation and ensures that the organisation can resource projects and workstreams accordingly whilst giving staff an enjoyable and varied working experience. In addition to this it is seen as a vehicle for staff development and growth, providing a career journey and bolstering our succession planning.

During the period 2024 to 2025 we will:

- Develop and test a process for the movement of staff across the organisation. A pilot test of change will take place to ensure that the process is fully tested prior to full implementation. This work will establish the principles associated with One Team.
- A cohort of staff will be recruited to a HIS Employee contract which will set out the intention to deploy them flexibly, this will ensure that the individuals recruited to posts are aware of the intention to move resources where they are needed.
- In the future, staff who may wish to change their contract to a HIS Employee contract will be invited to do so and supported to adapt to this new way of working.
- Reduce the use of fixed term contracts, ceasing the loss of talent and organisational knowledge as a result

It is acknowledged that to achieve this new way of working for staff there will be a requirement to establish the skills, knowledge and competencies of our workforce and to bridge any gaps identified. To do this, we will develop a system and process for capturing this information and will also continue to use the Performance Development and Wellbeing Review process to support this. This is a key element in understanding what our people need in terms of achieving delivery but also in their career journey.

Governance of this process will come from existing arrangements, notably the Partnership Forum and the Staff Governance Committee.

### **Employee Assistance Programme**

From 1<sup>st</sup> April 2023, following a tendering exercise, we changed the supplier of our Employee Assistance Programme (EAP) and moved to the service provided by Spectrum. Life.

Their services support employees dealing with a range of personal or work-related issues. Spectrum Life offers a range of routes to access the service including live chat, WhatsApp and text, an online portal and a freephone telephone line for support.

From this they offer referral to professional services and referral into short term mental health interventions, which can be face-to-face, telephone or video counselling sessions. Healthcare Improvement Scotland employees also have access to e-Learning content around mental health topics and more.

The HIS EAP is a 24/7 free (to the employee) and confidential support service designed to assist individuals in dealing more effectively with any personal, health, work or life challenges they might be facing at any time.

Take-up for the service has been encouraging, with the service promoted every month on receipt of Spectrum's monthly newsletter. An example of usage comes from Q1 of 2024, when 7.6% of employees accessed the EAP services offered, and there were 15 consultations, of which 53% were mental health related. 7.7% of the consultations concerned a work-related issue.

We are currently working on further promotional materials to promote awareness of the service and encourage both staff and managers to utilise the EAP on both a personal and professional basis.

### **Once for Scotland Policies**

We have continued to provide a focus on the use and implementation of the full range of national policies. Following the launch of the NHS Scotland Work life Balance Policies in November 2024, the launch of which was jointly undertaken between Human Resources and Staff Side, we continue to work through the implementation of the suite of policies considering our current ways of working to ensure maximum agility of our workforce via access to a range of working arrangements to continue to enable flexible and agile working arrangements.

### **eRostering**

We successfully implemented the new national eRostering System in March 2024. We continue to work to embed the system across Directorates and develop staff skills as we transition through the post-implementation stage.

In addition to local training and guides being available, a national e-Knowledge Hub has also been developed and will be a key resource and support network enabling ongoing training and development for staff to maximise knowledge sharing and ensure the benefits from the system are fully realised. Continuing to work collaboratively with national groups will ensure that a 'Once for Scotland' approach is maintained and provide a channel for local feedback to shape national best practice.

### **Health and Safety**

2023-24 has seen significant transparency and improvement on safety related compliance. 67% of colleagues have provided their desk screen equipment (DSE) assessment scores ensuring that 388/579 recorded colleagues have received all the

suitable equipment they require. The DSE compliance scores show the successful management of display screen related ergonomic and equipment related matters and that they are being dealt with quickly and effectively providing us with confidence that we are delivering an efficient and effective service.

In 2023-24, 95% of staff completed the Fire Safety Module, 76% of staff have completed the Health and Safety induction module and 75% of staff have completed the moving and handling online training module. Each of these modules require completion every 3 years.

There were no recorded incidents of lost time incident (LTI) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) during 2023-24. There have been some minor incidents experienced in this timeframe not involving lost time in the home and in hospital environments. Investigations have been carried out for each of these incidents and further corrective actions have been adopted or are due to be incorporated in coming months.

Portable Appliance Testing (PAT) of Healthcare Improvement Scotland's equipment was undertaken during 2023- 24. This included all four floors within Delta House and the full Healthcare Improvement Scotland Suite on the 2nd floor of Gyle Square. In total 4727 electrical items were tested. 178 items from homeworkers were brought into Delta House and Gyle Square for testing with a high number of PAT testing (2274 items) being undertaken within the homes of our staff. There were 7 fails (0.14%) and these items were removed from service.

## **Digital Developments**

Since Covid and the advent of home working, all HIS staff have laptops and corporate mobile phones and have adopted the use of Teams for meetings and communications. This has been combined with the adoption of a Cloud based desk and room booking system to allow staff to view these resources at our fixed office sites and book them either via their laptop browser or corporate mobile phone.

Healthcare Improvement Scotland has moved to Microsoft Office365, and staff now always have access to the latest Microsoft Office tools and features. We have also migrated all legacy Customer Relationship Management (CRM) environments to the latest Microsoft Dynamics365 CRM platform. HIS are now in the process of upgrading all laptop operating systems from Windows 10 to Windows 11. We have also migrated the corporate website from the legacy platform to the latest WordPress platform.

With all these changes and the tools available through the NHS Scotland Microsoft365 contract, HIS requires digitally confident workforce to reap all the benefits that these tools can offer.

## **Workforce Data**

As part of the development of this plan several data points have been considered. This includes workforce statistics, qualitative information from the Partnership Forum and from staff themselves. As such several additional drivers have been identified:

- Higher levels sickness absence, exceeding HIS norms
- Staff exit interviews and feedback
- Partnership representative views
- Directorates intentions for the year ahead
- Recruitment and turnover rates

This data has led us to consider several required actions for this workforce plan, specifically regarding the health and wellbeing of staff and of organisational culture.

Using all the intelligence gained a thematic approach to planning has been undertaken.

Thematic Topics

### **Health & Wellbeing**

Skilled staff are crucial for our aim of making care better for the people in Scotland. The health and wellbeing of our people is important, and we offer a range of resources to support their needs from physical and psychological to financial wellbeing.

We have a history of being forward looking in our support to staff and we have continued to work within this ethos during the reporting period, which saw significant challenges for areas within the organisation. Two Directorates within the organisation have experienced formal organisational change processes and one directorate experienced changes through staff moving to other Directorates. During the autumn months of 2023 approximately 75% of staff within the organisation were experiencing significant changes.

These changes may be a contributory factor to the level of stress related sickness absence across the organisation. Using the EAP as an indicator of the impact that staff have experienced in terms of anxiety, uncertainty and stress we have been able to compile a range of information. In Q1 of 2024, 7.6% of employees accessed the EAP services offered, and there were 15 consultations, of which 53% were mental health related. 7.7% of the consultations concerned a work-related issue. It is not possible to say how many consultations were work-related and related to mental health.

This has also been reported via trade unions, management structures and staff themselves and is reflective of the current sickness absence rates which has exceeded the NHS standard 4%.

As a result, the wellbeing and health of our people is a priority going forward. Our health and wellbeing group continues to meet to maintain a positive focus on health and wellbeing by continuing to provide access to a range of services and interventions for staff such as weekly meditation sessions and weekly wellbeing support sessions.

During the period 2024 to 2025 we will:

- Continue to communicate to staff about the importance of wellbeing and health, pursuing a culture focused on the wellbeing of our people
- Monitor the impact of the 2024 to 2025 corporate objective '*I will demonstrate a commitment to supporting my health and wellbeing, and contribute to an inclusive and healthy work environment in the way that I work, during the 2024 – 25 review period*'
- Health promotion activities, including staff led opportunities and activities, such as weekly meditation sessions, yoga sessions, wellbeing support groups and webinars.
- Continue to promote the use of the EAP to best effect. The contract for this was revisited in 2023, and a new provider identified. The service is provided by Spectrum Life and offers an extensive package of resources for staff. In addition, we will continue to support any other requirements of staff using this service on a case-by-case basis. An example of this is funded counselling beyond 8 sessions provided as part of the service level agreement.
- Monitor and action plan at directorate levels, in partnership, to ensure that meaningful and tailored initiatives are developed and implemented.
- Continue to support those experiencing menopause & menstruation through initiatives led by a menopause and menstruation working group, which is staff owned and led.
- Develop managerial and leadership support capabilities for staff through the HIS Campus.
- Develop an organisational pulse survey which will capture wellbeing data, informing local and organisational action plans.
- Work with the HIS inclusivity networks (Race, Disability and Pride Networks) to ensure that equality and diversity complexities which may impact on wellbeing are considered and explored.

## **Equality and Diversity**

Healthcare Improvement Scotland aims to celebrate diversity, promote equality and embed inclusion in all our activities.

To support better health and social care for everyone in Scotland, it is important that we understand the needs and experiences of the diversity of people meeting health and social care services. Our efforts to mainstream equality are integral in ensuring that we support the highest standards of health and social care.

We are keen to support and learn from our diverse workforce, and to continue improving the experiences of our people right from the day they decide to apply to join us

Equality & Diversity is a mandatory part of the induction process for all new staff, and training is required to be refreshed on a regular basis.

Our Equality, Inclusion and Human Rights Manager, supported by a team member, facilitates training sessions which complement and reinforce the learning from the Equality and Diversity Induction e-Module accessed via Learnpro.



## Equally Safe at Work

In 2023/24 we participated in the NHSScotland pilot of the Equally Safe at Work accreditation programme and achieved accreditation.

As a national NHS organisation, we are committed to progressing gender equality within our workforce and across NHSScotland. We want the important work we do to be fairly remunerated and rewarding for all our staff. Moreover, we are committed to a supportive work culture with staff wellbeing and safety at its heart. This programme provides the tools to take forward meaningful change for all employees.

We undertook several activities to progress gender equality and better support victim-survivors of violence against women. Our activities included awareness raising across the organisation, reviewing our approach to things like flexible working, recruitment and progression and upskilling managers to support victim-survivors. We recognise that there is an integral link between violence against women and broader social and economic gender inequality. Promoting workplace equality is therefore a key part of the solution.

We are clear that gender equality is a priority for our organisation. It benefits everyone and it's important that all our colleagues are safe and supported.

We continue to drive forward equality and diversity within the organisation, adopting a corporate objective to ensure that Equality & Diversity is at the forefront of our employees' minds and in their actions:

- *'I will contribute to the inclusive engagement of staff, people, and communities, with attention to protected characteristics and marginalised identities, in developing and delivering HIS activities.'*

To help us achieve our ambitions in this area there are four staff led networks. Over the reporting year 2024 to 2025 the networks have continued to meet and to engage with the Partnership Forum.

The **Pride Network** is an inclusive space for Healthcare Improvement Scotland colleagues who identify under the LGBT+ rainbow, as well as for anyone who considers themselves an ally to LGBT+ communities.

The network celebrates and builds on the NHS Scotland Pride Badge Initiative. We developed our own set of PRIDE principles to build on the initiative and guide the network's activities. Our principles cover People, Responsibility, Identity, Development and Equality.

Network members can learn together, access peer support, attend events, and shape the network's impact in the organisation.

HIS Pride Network colleagues organised events and awareness of Pride Month as a celebration of LGBT+ communities around the world and an opportunity to recognise and support their fight for equality and acceptance.

Throughout June and July, the PRIDE Network held several events to celebrate Pride Month, including: a Pride picnic for members for our Pride Network; Film club as part of the 'Thursday Pride Hangouts'; LGBT+ awareness sessions for staff. Members of our Pride Network and NHS Scotland colleagues also attended some of Scotland's local Pride parades, which take place in towns and cities across Scotland. These included Edinburgh Pride in June and the Glasgow 'Mardi Gla' parade in July.

The **Race and Ethnicity Network** aims to share information, resources and ideas that will help challenge racism and health inequalities in our work and workplace culture.

At HIS, we are committed to learning from the diversity of people within our workforce and to actively identifying areas where our practice as an employer could improve. We seek ways to ensure all our people have access to support and career development opportunities, and within a context that sees and celebrates the diversity of their characteristics and life experiences.

We are part of NHS Scotland and recognise an important link between the way that we treat our staff and the type of health and social care we support. A workforce which reflects the communities it serves – both demographically and within the detail of its activities - is much better placed to offer quality and person-centred care for everyone.

The **Disability Network** is a space for disabled colleagues and their allies. Our network is for people living with physical or sensory impairments or long-term health conditions; who are neuro-divergent; who use a visual language, such as British Sign Language (BSL), or who are passionate about equality, inclusion and accessibility.

Our network aims to shape our organisation's culture and practice through a range of activities, including:

- Awareness raising about the diversity of disabled people
- Heightening awareness of barriers experienced by disabled people, including in the workplace
- Identifying and advocating for the removal of barriers, enabling disabled colleagues to fully participate and progress in their careers, and
- Creating a safe space where disabled colleagues and their allies can share experiences and develop change ideas through peer support.

The staff led Disability Network has developed a reasonable adjustment passport which will ensure that reasonable adjustments are able to follow staff through their HIS career journey. This will be implemented during the second half of 2024 and will be evaluated in 2025. This is a key element in ensuring that the requirements of the Equalities Act (2010) are met. The passport will be accompanied by guidance and HIS Campus will work to equip managers to understand the passport and the process of working with staff to understand any adjustments required.

## **Carers Network**

Scottish government defines unpaid carers as "people who provide care and support to family members, other relatives, friends and neighbours. The people they care for may be affected by disability, physical or mental health issues (often long-term), frailty, substance misuse or some other condition."

The HIS network is in place for staff to come together to ask / seek advice or support.

Network members can learn together, access peer support, attend events, and shape the network's impact in the organisation.

HIS achieved the Carer Positive Engaged Employer accreditation in 2021 and through the efforts of the group, went on to achieve Carer Positive Established Employer accreditation late in 2023.

The Staff Governance Associate will be working with all three networks during 2024 to understand their challenges and experience of the organisation, supporting them to meet their ambitions for the working period 2024 to 2025.

## **Partnership working**

HIS have a commitment to ensure that all aspects of workforce focused work are undertaken in partnership. During 2024 the Partnership Forum terms of reference was reviewed and updated to ensure it continues to meet the needs of the Forum. In addition to this, partnership representatives are undertaking several staff workshops to inform staff about the Partnership Forum and what is partnership working.

This is intended to strengthen partnership working at all levels of the organisation and will also use HIS Campus to reach and inform staff and managers about partnership working.

A key Partnership initiative for the organisation, which will assist in meeting several organisational workforce objectives, is the recruitment of the Staff Governance Associate role. This role is a two-year secondment and is an organisational investment into partnership working and strengthening partnership resource. The objectives of this role have been set in alignment of the workforce plan.

## **Supporting Cultural Change**

The context for HIS within the wider health and care system continues to be challenging. There is a requirement for HIS to operate in an increasingly dynamic, fluid and responsive way so that we continue to add our unique value within a landscape of uncertainty and risk.

Consequently, HIS is experiencing an ongoing period of significant cultural change and evolution, predominantly in the form of formal and informal organisational change within Directorates. The range and scale of this change is necessary to ensure that HIS is more effectively organised to deliver and respond to rapidly changing national requirements and priorities.

As an organisation, we're embarking on several major cultural shifts all of which are happening in parallel – for example growing our One Team ethos, moving towards a more flexible workforce, endeavouring to be a more digitally enabled workforce, setting out an ambition to become an exemplar employer, etc. This involves widespread cultural change and modernisation, affecting long-standing ways of working (and requiring people to think and act in different ways).

These circumstances also represent a time of opportunity for HIS, as we consider how we continue creating value in the wider health and care system, now and in the future.

How we bring people and keep people with us on the journey of organisational evolution is critical. It is people who deliver change, so it is vital to actively cultivate the cultural conditions which enable the new ways of working, and mobilise people in a positive way, towards our goals. Alongside that we also need to pay attention to how our leadership inspires, shows people the way, and creates energy around co-creating the organisation we want to become.

Therefore, at a strategic level, it has been necessary to create a focus on fundamentals to enable consistency of approach in relation to our people practices. Over the period of 2024/ 25, the following priorities will be progressed.

- o Strengthening staff experience and engagement
- o Modernising learning and development
- o Strengthening leadership and management capacity
- o Managing the implementation of change; resilience and sustainability
- o Workforce flexibility / agility; a common approach to support effective team working and collaboration
- o Supporting health and wellbeing

All of these are significant pieces of work, demonstrating visible commitment to prioritising the development and wellbeing of our staff, as set out in the HIS strategy. This is important, because of our national leadership role within the wider health and care system; this level of profile and potential scrutiny, needs to influence what we focus on internally, in terms of our people practices.

### **Strengthening Staff Experience and Engagement**

On 11 June, HIS received the results of the annual iMatter survey. This national approach aims to help individuals, teams, and health boards understand and improve staff experience. The HIS 2024 Board-level results indicate a downwards trend across all indicators, suggesting a loss of engagement and confidence at an organisational scale, and this is out of step with our ambition to work towards becoming an exemplar employer.

Our ongoing success as an organisation is built on the commitment and expertise of our people, therefore the iMatter results present an opportunity to create a visible

and strategic organisational response. The aim is to promote collective ownership of what the results are telling us; consider other relevant sources of information; and build clear infrastructure around our people and cultural practices.

In previous years, it has been challenging for Partnership Forum to progress areas for action at the organisational / aggregated level, as themes are not necessarily relevant for everyone, results are not supported with qualitative information, and the factors upon which people have based their responses will vary depending on their own circumstances.

There is therefore no single solution, and rebuilding people's confidence and engagement will require an investment of time, effort and energy. The proposed approach will enable us to develop a shared system of organisational intelligence (for listening, awareness and action) which supports a more conscious focus on consistency of staff experience across HIS. The following (headline) actions are designed to create the best chance of delivering meaningful and sustainable solutions – not just in relation to our iMatter results, but as a way of creating a clearer infrastructure around staff engagement.

1. Undertake a strategic review of iMatter results (confirming areas of statistical significance at Directorate / organisational levels)
2. Create clarity on what the survey questions mean in HIS by producing iMatter question guidance for 2025
3. Identification of additional supporting indicators to assess progress throughout the year
4. Development of Team Action Plans
5. Development of Directorate-level Action Plans (extending Pulse Surveys across all Directorates to track progress via 'you said, we did')
6. Confirmation of 'people' infrastructure in place in Directorates; creating assurance / minimum standards associated with exemplar employer ambition
7. Introduction of *Leadership Lens* sessions providing the opportunity for middle managers across HIS to understand and contribute to wider HIS challenges / opportunities
8. Capture / collate themes raised with TU / Partnership Forum Reps
9. Confirming Partnership Forum move to an oversight role, assessing progress on all actions at their (twice-yearly) Development Sessions

This comprehensive approach seeks to create an active focus on staff experience and engagement, and a collective investment in the energy and focus required to build positive people practices.

## **Modernising Learning and Development**

### *Interim Learning and Development Model*

We continue to modernise the approach to L & D in HIS, moving away from the legacy model of reacting to individual ad-hoc requirements, towards planned, evidence-based activity which supports the collective delivery of organisational

priorities, and the growth of defined organisational capability. This is articulated in our Interim Learning and Development Model, which we launched in April 2024, and will run as a test of change over the course of the year. The overall aim is to create clear structure around how we invest in and develop our people. Principles of this new approach include:

- The development of T-shaped people, with deep expertise in a particular specialism, plus broad knowledge and expertise in other areas. This will involve strengthening transferable skills, which enable people to step confidently into different spaces with ongoing support. This will facilitate the achievement of our strategic ambitions to be a flexible, agile and exemplar employer and to meet the future needs of the complex and dynamic health and social care context.
- A change in focus from responding to individual skills development to the more strategic and long-term development of organisational/collective capabilities. Capabilities are a combination / package of personal and technical skills, knowledge and experience, processes, tools and behaviours that are critical to an organisation's success. Capabilities consider the confidence, experience and insights required to apply skills effectively in a way that will positively impact on organisational performance. The focus on capabilities will provide us with a unique advantage in the same way as our cultural behaviours and infrastructure. Identified using organisational development diagnostics and agreed in partnership, our capabilities are as follows:
  - Leadership and management
  - Digital
  - Contextual Awareness
  - Collaboration
  - Leading and managing Change
  - HIS Core (a package of personal and technical skills to supporting the achievement of HIS T-shaped Skills and the HIS Employee model of resource deployment.)

The Interim Model continues underpins the vision for HIS Campus.

### *HIS Campus – Growing our Community of Active Learners*

HIS Campus is our one-stop-shop for organisational learning and development, which has for the first time, simplified the learning landscape, and created a shared, virtual space for learners to come together to learn.

HIS Campus was also formally launched in April 2024 with a planned programme of learning opportunities, mostly offered via our own internal SMEs. This programme included several new offerings relating to a range of topics including, HR Policies, Finance, Service Redesign, HIS Quality Management System and Influential Insights (with Executive Team members sharing their leadership journey). Following the summer break, the programme will return with new opportunities, including offerings from our Communications, Health Services Research, Partnership Forum and

Equalities Teams. Uptake and feedback on the learning programme thus far has been positive.

All progress in modernising the HIS approach to learning and development is informed and overseen by the HIS Campus Group, comprising representatives from all Directorates and our Partnership Forum. HIS Campus is an entirely collaborative venture.

- A HIS Campus SME Group has been established to ensure a co-ordinated and collaborative approach to delivering learning of corporate value, and to provide a forum for improvements and innovation to the learning programme.
- The HIS Campus Group are collaborating with our colleagues from the Digital and Communication Teams to create a digital home for HIS Campus on our new SharePoint intranet site.
- The Organisational Development and Learning (ODL) Team have streamlined our digital learning platforms so that all e-learning can now be accessed with a single sign on via the Learnpro e-learning platform.
- A new HIS Campus booking system to make it easier for staff to access learning, and our new event evaluation tool will launch in late Summer/Autumn.
- To support the SME Group to better understand the impact of their learning offerings, a review of our evaluation tools and processes is underway. A new evaluation will be piloted by September 2024.
- Following the organisational planning and Personal Development and Wellbeing Review processes, HIS Campus Group directorate representatives are working with their senior management teams and the ODL Team to:
  - Scope out directorate learning needs
  - Consider how their Directorates can proactively contribute to the HIS Campus learning programme, with particular emphasis on HIS Core capabilities which will support a flexible and agile workforce.

### **Maximising Investment in People**

One of the most important elements of HIS Campus is creating more equitable access to developmental opportunities – and that where opportunities are of corporate interest, they are accessible to greater numbers of people. This requires us to leverage any available funding for the benefit of the organisation. In this respect, we have secured One Team funding to progress the following areas, and these will be implemented during the period of the interim Workforce Plan.

#### *Strengthening Leadership and Management Capacity*

Consultancy support has been made available to support the Executive Team and Senior Leadership Group as they develop their work together. This opportunity will continue over the short-term and be rescoped to fit changing requirements.

HIS continues to move towards a One Team approach to how we organise ourselves to work with an emphasis on agility, flexibility and working across internal boundaries. This has resulted in significant and ongoing (formal and informal) organisational change and new ways of working, including a new hybrid working model. Consequently, HIS managers will need to be enabled to manage effectively within this challenging context, and fully contribute to our ambition to become an exemplar employer. In this respect, we are currently in the process of commissioning management development support. With a reach of up to 200 managers from all levels and areas of the organisation, this will take the form of a programme of events and access to resources based on contemporary management and leadership theory and practice. Themes included in the commissioning brief are as follows:

- Manager as coach
- Managing during change and uncertainty, with particular emphasis on managing emotions
- Managing in a hybrid and agile context
- Emotional intelligence
- Supporting and managing performance

This work is currently in progress, and it is anticipated that following successful commissioning, the programme will run between October 2024 – March 2025. This is based on the funding window.

### *Business Coaching*

Business coaching is a well-recognised developmental opportunity and is generally a staple offering within learning and development provision, supporting leadership development at all levels. We are conducting a viability assessment to establish whether HIS could develop some self-sufficiency to offer coaching for development beyond executive levels. This is also important if we wish to continue to be associated with the national Coaching Matters group, as reciprocity (which has not been possible up to this point) is now a requirement. Currently, we are seeking the support of staff in HIS, who already hold a formal coaching qualification, and reviewing their capacity to offer (with full developmental support and supervision) some time to contribute to a formal coach bank for use by HIS staff. It is anticipated that we will be able to confirm viability or otherwise towards the end of 2024.

### *NHS Education Scotland (NES) Leadership Development Opportunities*

In addition to areas being progressed through One Team funding, we are committed to supporting leadership development, supporting staff to develop their skills and knowledge and build leadership capacity throughout HIS and the wider system. Externally, we relate to NES through their leadership development programmes. We currently have five staff members participating in the Leading for the future programme. There are a number of staff supporting the facilitation and development



of the NES programmes and offers. Through HIS Campus, we actively promote other NES leadership programmes such as You as a Collaborative Leader, Scottish Improvement Leader Programme, Leading to Change and related resources.

A recent development is in connection with national work associated with succession planning for aspiring Chief Executives and aspiring Directors. Accessed via Turas, the Senior Leadership Gateway App hosts development and succession planning tools for those aspiring to Director and chief executive roles. These tools can be used for senior leadership development for those who wish to remain in their posts and for succession planning. We will work with NES colleagues to more fully understand the resource implications where people engage with the App and determine how and when to introduce this to the Executive and Senior Leadership cohort in HIS.

### *Managing the Implementation of Change; Resilience and Sustainability*

The Resilience Dynamic organisation has been commissioned to provide support for the Community Engagement & Transformational Change and Quality Assurance & Regulation Directorates, and core members of Partnership Forum. This is associated with the implementation of major change. The aim is to provide an opportunity for Directorate Management Teams with time and space for:

- Reflective practice around the (formal and informal) organisational change experience, using learning from this to influence and inform positive future action
- Strengthening individual and collective resilience and relationships (new and existing)
- Establishing foundational ways of working together to support the effective implementation of the formal organisational change process
- Considering methodologies which could be extended for use beyond each of the respective leadership (and Partnership Forum teams), to support positive cultural and people practices, as new structures, new teams and new ways of working become embedded

This work will take the form of team coaching sessions (dates to be confirmed), and one year's access to online resources to enable Directorate Management Teams (DMTs) to track and assess their progress as they move through the change implementation process.

### *Workforce Flexibility / Agility; A Common Approach to Support Effective Team Working and Collaboration*

The change environment within HIS requires an increasing focus on One Team working, and the development of a workforce who have the capacity to positively adapt to changing circumstances and requirements.

Consequently, it's more important than ever to understand our own motives and how they affect our strengths and behaviours as well as those of our colleagues and stakeholders. With this understanding, we can adapt our interactions to reflect individual preferences thereby improving interactions, relationships and ultimately outcomes.

To support this, HIS has made an investment and commitment at an organisational scale, to facilitating relational intelligence via the Strength Deployment Inventory 2.0 (SDI 2.0) and the Core Strengths Digital Platform. SDI 2.0 is an assessment of human motives and strengths. Rather than focusing on what we do, it helps us understand why we behave in certain ways and how we relate to each other. Core Strengths also provides a common language for understanding what's important for successful interactions and relationships, and this will be increasingly important, as we work towards our ambition of growing a flexible and agile workforce. The digital platform will:

- Enable individuals to understand their own personal profiles and how their motivations might impact on their interactions
- Allow individuals to share their profile with individuals and teams and support new and existing relationships
- Provide advice on how best to communicate and interact dependent on the recipients SDI profile type
- Provide managers with motivational information for team development
- In addition, there will be further investment of resources in supporting the implementation and embedding of SDI across the organisation with the provision of Certified SDI Facilitator Training and an active internal SDI Facilitator Network.

SDI 2.0 will be launched across the organisation in August 2024 and individuals will be invited to complete their SDI 2.0 Assessments and familiarise themselves with the Core Strengths Platform. Staff and managers will be supported by awareness sessions and our new internal SDI facilitators.

A programme of SDI team development sessions will also commence in August, beginning with senior leadership teams and teams significantly impacted by organisational change.

Thereafter, it is anticipated that SDI 2.0 will be incorporated into wider organisational processes and practices. Examples include recruitment and onboarding; people management practices; team development; PDWRs; and iMatter.

## **Health and Wellbeing**

As established in our Workforce Plan 2022 – 2025, the health and wellbeing of our people is a key priority. This sentiment is confirmed in the HIS strategy, which seeks to ensure the wellbeing of all our staff. Several activities that are now embedded in this commitment include:

- Weekly meditation sessions
- Weekly wellbeing support sessions

- Monthly notifications from EAP supplier
- Monthly Carers Network Cuppa's
- 6 weekly Menopause Café meetings
- Network of Confidential Contacts
- Occupational Health services
- HIS Equality & Diversity networks

With the introduction of the Interim National Menopause and Menstrual Health Policy for NHS Scotland, our Menopause and Menstrual Health Short Life Working Group are progressing several awareness sessions for staff and managers to ensure collective understanding of the implementation of the policy.

Refresher courses for (previously trained) Mental Health First Aiders are being planned, and we are exploring opportunities to increase our numbers of Mental Health First Aiders. The approach offers a comprehensive view of how to support someone in a mental health crisis, recognising when a person may need help and how to approach them, learning basic suicide intervention skills, and importantly, how to protect your own and other people's mental health.

We are also implementing Train the Trainer, Mentally Healthy Workplace for Managers. Once our trained cohort is in place, we intend to offer Mentally Healthy Workplace for Managers development opportunities over 2024 and 2025. This programme will provide managers with a broad understanding of mental health in the workplace, ensure they are aware of their responsibilities and improve their skills in relation to health and wellbeing within the workplace.

Our HR colleagues are also delivering Once for Scotland policy sessions for managers to understand and have discussions around various scenarios and ensuring collective understanding and consistent implementation of the Once for Scotland policies.

## **Employability**

Supporting employability in more traditional forms (such as Modern Apprenticeships), has been challenging for HIS; our job roles tend to require some experience and expertise, and are therefore not classed as 'entry-level' particularly for young adults moving from school into the world of work. Similarly, following the pandemic, HIS adopted a hybrid way of working, and this presents some practical challenges in terms of the level of resource and presence which needs to be available to support physical attendance at work. This was a key area of learning, when we supported our Career Ready interns, for a period of one week during 2022.

Therefore, we are currently investigating more creative possibilities, which may offer a positive approach to how we support employability, deliver some of our Anchor institution responsibilities, and strengthen our approach to corporate parenting. Early discussions have taken place with MCR Pathways (an award-winning

mentoring programme that supports young people from care-experienced backgrounds as well as those experiencing barriers to their education) and Get the Gen (a Social Enterprise created to help businesses with challenges around the recruitment, retention and development of a multi-generational workforce starting from young people up). The purpose is to consider how we could work with these organisations to support young people into employment (in a creative way), offer development opportunities for our own staff, and ensure that we are supporting local level action around fair work opportunities for those at most risk of economic disadvantage.

### **Flexible Working & Flexible Work Location**

Since 2020 HIS have exercised a hybrid approach to working, with staff predominantly working within the home and using office space for collaborative working or for specific tasks. The organisation uses two key office spaces for collaborative working: Gyle Square in Edinburgh and Delta House in central Glasgow. Data shows that the footfall in Glasgow is greater than Edinburgh and unfortunately this may be because the Gyle Square office is experiencing a managed decline until the lease ends in 2029.

National Services Scotland, our landlords in Gyle Square, have reviewed the Gyle Square site as part of their 'Greater Use of Space' project. This project will see the mothballing of 50% of the building and will result in HIS moving in August 2024 to a smaller, more manageable space. The area identified will have 50 desks with storage space, a Quiet Room and an office for the Chief Executive. The area is considerably smaller than our current suite and the situation within Gyle Square is so significant that 50% of the building is being mothballed and poses a very specific question for staff and for the organisation as to whether our offices are required for delivery. This approach is being explored as part of the final detail to enable implementation of the Flexible Work Location Policy, which is a Once for Scotland NHS approach.

As the organisation has moved away from presenteeism and towards delivery focused self-directed autonomous working, staff and managers must be supported to ensure that the approach to the physical work environment supports:

- Delivery
- Health and well being
- Reduces isolation
- Supports positive collaborative experiences and
- Assists to attract, recruit and retain talent from across the UK

### **Digital Skills and Systems**

As mentioned earlier, HIS requires a digitally confident workforce to ensure we can also meet the plans laid out in the HIS strategy. The Healthcare Improvement Scotland Strategy for 2023-2028 contains several digital commitments, namely that HIS will:

- invest in our digital capability to increase the efficiency, effectiveness, accessibility and impact of our work.
- ensure our staff have the resources and infrastructure to support our new ways of working and promote a hybrid approach to work.
- develop information systems that improve the flow of knowledge, data and intelligence to guide our priorities and understand our impact.

It further states that by 2028 HIS will have:

- built a digitally enabled intelligence base of the quality and availability of healthcare in Scotland
- developed digital capability that gives frontline staff access to high quality online and up to date resources to inform clinical decision-making

The strategy further states that we will:

Honestly and openly identify where there have been barriers to implementation or unintended consequences and address them.

As mentioned in the workforce drivers above, HIS' potential lack of digital competency is a potential barrier to implementation of innovation. The unintended consequence of not addressing this is that we will not meet our strategic goals.

Therefore, to achieve our strategic goals we need to invest in developing our staff's digital skills.

The Digital Services Group have a plan in development to begin to address this to do this and will trial this with the first HIS Employee cohort in Q2 of 2024, assess and review the success and impact of this and then look to roll this out across HIS.

At the same time, the organisation has been able to support a range of Data Lab MSc student placements during 2024. This has enabled several students to apply their academic skills in a professional setting and for the organisation to get the opportunity to tap into a potential pipeline of future talent, whilst also getting a good understanding of the current focus of learning and development in this sphere.

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Integrated Planning Update</b>
<b>Agenda item:</b>	<b>3.3</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie Director of Finance, Planning &amp; Governance</b>
<b>Report Author:</b>	<b>Jane Illingworth, Head of Planning &amp; Governance</b>
<b>Purpose of paper:</b>	<b>Awareness</b>

## 1. Situation

This paper provides an update on Healthcare Improvement Scotland (HIS)'s integrated annual planning process for 2025/26.

A more detailed update was also considered by the Quality & Performance Committee on 6 November and the Audit & Risk Committee on 27 November.

## 2. Background

The budget for 2025/26 is due to be submitted to the Scottish Government (SG) in draft form by 27 January 2025, with a final submission by 17 March 2025. The commission for the 2025/26 Annual Delivery Plan (ADP) is expected from SG in late November, along with formal guidance on the budget, and at the time of writing, ADP submission dates are to be confirmed.

The Workforce Plan remains disconnected from the SG annual process. Healthcare Improvement Scotland's interim Workforce Plan is in development and will provide a refresh of the Workforce Plan for 2022-25.

The Board is aware that we are taking a revised approach to our integrated planning for 2025/26 following a review of the prior year process. We have moved to a 'top-down' approach, commencing with the Board setting the strategic direction which is then cascaded down the organisation. This paper includes detail on progress with implementing this approach alongside development of the draft budget.

The Board strategy day on 18 September started the 2025/26 planning process, by focusing on current progress, emerging intelligence, risks and horizon scanning. The

output of the day was a Board steer (**appendix 1**), setting the direction for the HIS Executive Team (ET) and Senior Leadership Team (SLT), as follows:

**We want Healthcare Improvement Scotland to be known for:**

1. Driving improvement (*as redefined*)
2. People at the centre
3. Credible system leaders
4. Providing a national viewpoint
5. Addressing inequalities

The outputs of the Board strategy day have been shared with the ET and SLT at planning sessions in October and November and work has taken place offline to add further details to the strategic direction set by the Board and create a set of goals for the forthcoming year. Specific areas of consideration include:

1. How do we reconceptualise improvement in our decision making?
2. How do we make the Quality Management System (QMS) our core approach?
3. What areas of work do, and do not, align with our roles and responsibilities?
4. Where is our presence and focus currently missing?
5. How do we demonstrate impact differently?

For 2025/26 indicative levels of funding will be communicated in the draft SG budget due to be published on 4 December 2024, however some early financial planning assumptions have been shared by SG:

- The majority of any new funding has already been allocated to previous commitments and deficits
- NHS Boards will be required to deliver recurring and non-recurring savings at least equivalent to this financial year
- Boards are asked to assume allocations will be provided in line with 2024/25 and should not assume any new funding unless that has been formally communicated by policy areas for 2025/26

### **3. Assessment**

The Finance, Planning and Workforce teams are working closely together to ensure an integrated approach. Planning and budget templates have been issued for budget holders to complete by 29 November with the following of note:

- Unlike previous years, Directorates will not start with a Baseline Target. The requirement is to provide expenditure detail for each area by work programme.
- Each work programme item included in the budget must have clear expected outcomes / impact measures on submission.
- The staffing position, in line with the current Workforce Plan, will be reviewed with Workforce colleagues as part of the process.

- Drop-in sessions are in place to support the completion of templates throughout November, with representatives from Planning, HR and Finance available.

Following the SG budget announcement on 4 December we should have a clearer view of the funding available for 2025/26. At this point we will revisit the planning process to evaluate the work programme and proposed expenditure to work towards a balanced financial position for the organisation.

We will also analyse the work programme submissions for alignment with the strategic direction set by the Board, and in particular scope for further implementation of a QMS approach on a thematic basis, key areas of priority and work with potential to be reduced or stopped.

The draft work programme and budget will then be shared with the Board at its seminar on 15 January 2025, with the ET and SLT also in attendance.

### **Other considerations**

As we move through the process we will be cognisant of SG policy and planning activity, including Programme for Government, as well as Annual Delivery Planning guidance and Ministerial priorities. Planning for engagement activities with our sponsors in SG as well as policy leads is underway, to ensure clear and consistent messaging on HIS' priorities in the coming year and to manage expectations in relation to any potential new commissions.

For 2025/26, Collaborative Planner has been introduced for financial budgeting and forecasting. This is part of our existing financial ledger software but has not been used by HIS to date. It will replace the traditional spreadsheet-based working and automate the budgeting cycle providing 'one version of the truth' to budget holders.

In line with the revised approach to 2025/26 planning, SLT have cascaded the Board planning steer to portfolio leads and budget holders within their teams. All staff communications have also been issued, keeping staff informed of the process and progress to date.

### **Assessment considerations**

<b>Quality/Care</b>	Our integrated planning process is a key part of corporate governance which in turn ensures the best outcomes in services we deliver and supports delivery against HIS' Strategy.
<b>Resource Implications</b>	No additional resource is required to deliver this approach. The integrated planning process will aim to ensure strong alignment between decision making and available resource, in line with our strategic priorities and statutory commitments.



<b>Clinical and Care Governance</b>	Work programme priorities and areas for development are informed by clinical and care governance risks and issues.
<b>Risk Management</b>	This work supports a number of aspects of our strategic risk register in relation to ensuring our work is responsive to the system, within our financial envelope and resourced appropriately.
<b>Equality, diversity, health inequalities</b>	Issues of health inequalities are considered as part of the development and prioritisation of the work programme.
<b>Communication, involvement, engagement, and consultation</b>	<p>Close communication with ET and SLT has taken place throughout the planning process, following the Board strategy session on 18 September.</p> <p>The Quality and Performance Committee received a planning update at its meeting on 6 November and the Audit and Risk Committee received an update at its meeting on 27 November.</p>

#### 4 Recommendation

The Board is offered a **significant** level of assurance that the processes in place for integrated planning for 2025/26 are aligned to our strategic direction and external context and that the work programme and budget are being developed in a co-ordinated way. The Board is offered a **limited** level of assurance that budget assumptions are being made in line with anticipated funding from SG, noting that the Scottish budget is not announced until 4 December 2024.

#### 5 Appendices and links to additional information

**Appendix 1** – HIS Board Strategy Day Steer for Executive Team

## Board Strategy Day Steer for Executive Team

The Healthcare Improvement Scotland (HIS) Board held a strategy day on the 18<sup>th</sup> of September 2024. The purpose of this day was to **develop a direction of travel and steer from the Board to the Executive Team (ET) regarding the strategic direction of Healthcare Improvement Scotland.**

This document summarises the direction of travel and steer that the Board wishes to provide to the ET. This will enable the ET to make decisions on how to prioritise effort and resources.

**As a Board, we want Healthcare Improvement Scotland to be known for the following as an organisation.**

- 1 Drives improvement** – We want Healthcare Improvement Scotland to drive improvement in health and social care in Scotland. We have many levers available such as influencing, creation of new ideas and evidence, assurance, and working alongside organisations to improve. When making decisions on which levers to use, in what combination, and in what situations, we want decisions to be underpinned by the desire for Healthcare Improvement Scotland to drive improvement.
- 2 People at the centre** – We want Healthcare Improvement Scotland to be on the side of the person – the citizens, patients, families and communities in Scotland. When developing our work, we want safety and the rights and outcomes for people to be at the heart of our work.
- 3 Credible system leaders** – We want Healthcare Improvement Scotland to be seen as a national System Leader in health and social care in Scotland. We want Healthcare Improvement Scotland to continually build credibility and knowledge and to actively leverage this to influence and support others in the system, including Scottish Government.
- 4 National viewpoint** – We want Healthcare Improvement Scotland to play a strong role in providing a national overview of systemic quality and safety concerns. We want to operate in a national context of the whole system, balancing how we support local improvement with our role as a national organisation.
- 5 Embeds Equality** – We want Healthcare Improvement Scotland to promote equalities in everything we do. We do not see addressing inequalities as a separate workstream, programme or activity, but embedded in all our work. We want to see Healthcare Improvement Scotland addressing inequalities in our approach to all of our work – it is the material upon which we cross stitch improvement onto.

## To achieve this, we want Healthcare Improvement Scotland to be brave in identifying improvement and looking for ways to drive this. We want Healthcare Improvement Scotland to be brave in the following areas.

- 1 Knowing our role** – We want Healthcare Improvement Scotland to be confident in setting out what it is responsible for and what falls outside its area of responsibility. We want Healthcare Improvement Scotland to be confident in understanding our role in the wider system and saying no when needed, in a way that maintains a strong reputation as being credible and helpful. During our work, we want Healthcare Improvement Scotland to be clear in its boundaries, avoiding scope creep and consider the risk to our effectiveness and impact by trying to do more than our capacity allows.
- 2 Generating insight** – We want Healthcare Improvement Scotland to be confident in drawing from all its work to create insight and knowledge across key themes and topics.
- 3 Communicating our views** – We want Healthcare Improvement Scotland to be confident in determining a viewpoint on safety, quality and improvement in health and social care in Scotland and be confident in articulating these externally to our stakeholders to influence others and drive improvement.
- 4 Building and utilising influencing skills** – We want Healthcare Improvement Scotland to be confident in building and utilising influencing and leadership skills within, and outwith, our organisation to enable us to fulfil our role with creditability and maximum impact.
- 5 Evidencing our impact** – We want Healthcare Improvement Scotland to be confident in articulating our impact in a way that is beyond output and throughput Key Performance Indicators. We want a strong focus on outcomes that matter to patients.

## As a Board, we want the Healthcare Improvement Scotland Executive Team to make decisions utilising the following parameters.

### 1 Reconceptualising improvement in our decision making

Historically the language used within Healthcare Improvement Scotland is that we have a range of functions including assurance, evidence, engagement, improvement, and transformation. Under this messaging improvement (and transformation) became a distinct activity that is often used to describe the home of our improvement programmes – where we utilise various quality methodologies to support NHS Boards and Health and Social Care Partnerships with their change programmes.

We are keen to change the way that we understand and communicate improvement across the organisation. To us, improvement is the focus of the whole organisation, and is made up of the effective utilisation of all our work – and this logic underpins our desire to see the organisation use our QMS approach more widely (see fig 1).

We need to deploy our work across the various categories (outlined on the left-hand side of fig 1) to ensure that we are approaching improvement holistically and not in a siloed or incomplete way. For example, in mental health we need to consider how we utilise scrutiny, assurance and review, engagement, evidence, redesign and transformation, guidelines standards and advice, and supporting change activities across the organisation to support improvement. Ideally where we are making decisions about whether and how to invest in an area (for example older people, perinatal and maternal, mental health, drugs, and alcohol) we want to put together a comprehensive set of work under the improvement puzzle. Where we are only doing one or two of these puzzle pieces, we need to be clear why that decision has been made.

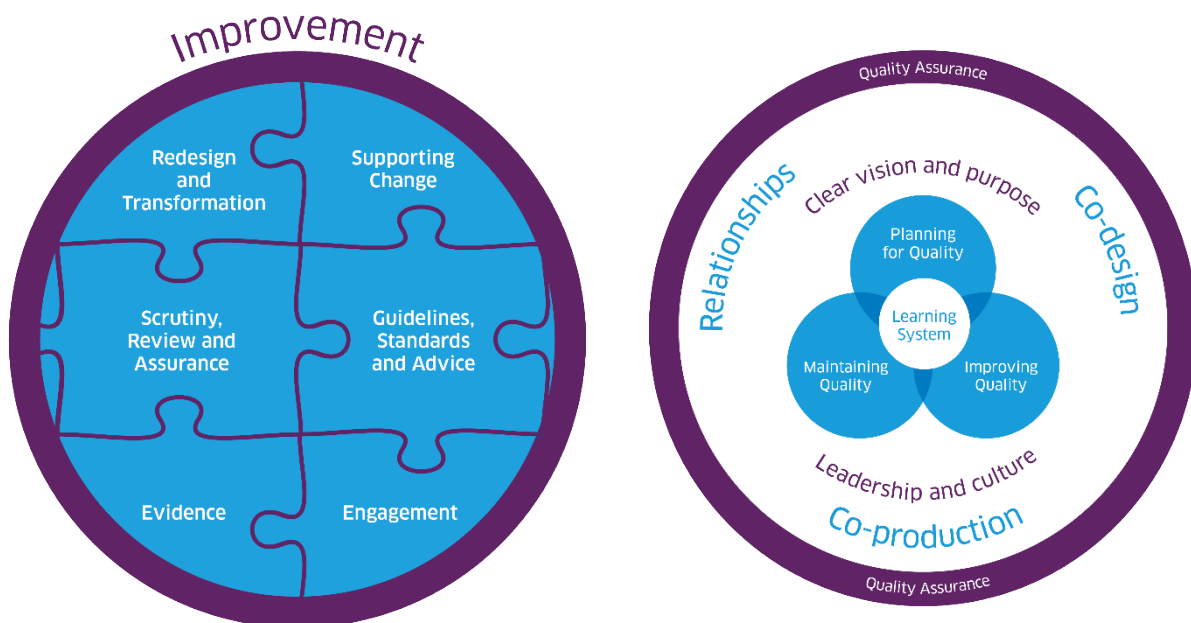


Figure 1 Reconceptualising improvement in our decision making

To enable this to happen we want to see:

- A shift in the organisation towards a widespread understanding of this conceptualisation of improvement.
- Greater cross Directorate activity by default, to bring together the various puzzle pieces on each area of health and social care or population group. This is how we conceptualise One Team. One Team to us is not just about staff being able to work in roles across the organisation more easily. One Team is about bringing together different parts of the activity to provide a more complete puzzle centred around improvement.

## 2 Determining our role and boundaries

The need for improvement support outstrips the resource available to Healthcare Improvement Scotland. Within this context, we need to make choices about where and how we invest our efforts. We need to know our role and confidently articulate it internally and externally.

We want decisions made by Healthcare Improvement Scotland to consider the following categories.

- This is our role – with a discussion about the nature of the role for Healthcare Improvement Scotland – for example is it our role to lead, contribute, deliver, and/or influence the work?
- This is our role in partnership – where it is our role but with shared responsibility with another organisation(s) so needs to be delivered in partnership.
- This is not our role – with a discussion and agreement about why – which might be because it is someone else’s responsibility, or because it isn’t a high priority for Healthcare Improvement Scotland investment, or because we feel we make little impact, or it is outside of our legal responsibilities and/or realm of influence.

### 3 Understanding the scale of investment required to leverage impact

It is clear from our current mix of activities that there are areas where we leverage a large impact from a small resource investment, while other areas that require a more significant investment in order to gain traction and achieve impact.

When making decisions, we want Healthcare Improvement Scotland to more explicitly identify the scale of investment required to achieve varying levels of impact, and to use this insight to right size the investment made. The return on investment of all our work must be articulated upfront and monitored throughout the life cycle of the work.

### 4 Changing the way we articulate impact

As an organisation we have been working on improving the way we articulate our impact but are still finding this challenging. It feels time to change the way we go about our reporting and what we include in our reporting. We want reporting and communications internally and externally to focus on the impact we have in two ways:

- We want to understand what our work enabled, or will likely enable, NHS Boards and HSCPs to do, change, or improve.
- We want to understand the expected impact (and subsequently actual impact) that these changes will have or have had on safety and the care of people and patients in Scotland.

## We want assurance provided to the Board on decisions made by the Executive Team

We want the HIS ET to provide assurance to the Board that the decisions made align with our purpose and strategic direction, are made using the considerations outlined in this note, are supported by our Finance and workforce plans, and will form part of performance reporting to the Quality and Performance Committee and the Board. This also includes decisions made by the ET in the following two areas.

- 1 **Areas of health and social care or population groups** – We would like assurance around decisions made by the ET about which area of health and social care or which population groups we target with our work. For example, the decision about how much we invest in mental health, older people, or any other area is a decision for the Healthcare Improvement Scotland ET.

**Balance of activities within improvement** – We want Healthcare Improvement Scotland to consider how it approaches improvement holistically across the various areas outlined in fig 1. We would like assurance around decisions made by the ET about the relative mix of activities within the improvement puzzle including which ones are utilised, in what way and at what scale. For example, on perinatal and maternal health, the decision about how and to what extent Healthcare Improvement Scotland invests in scrutiny assurance and review, engagement, evidence, redesign and transformation, guidelines, standards and advice, and supporting change activities is a decision for the Healthcare Improvement Scotland ET.

September 2024

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Risk Management</b>
<b>Agenda item:</b>	<b>4.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 1. Situation

The Board is asked to review all of the current strategic risks (Appendix 1) as at 11 November 2024 to gain assurance of the effectiveness of risk management at Healthcare Improvement Scotland.

## 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.

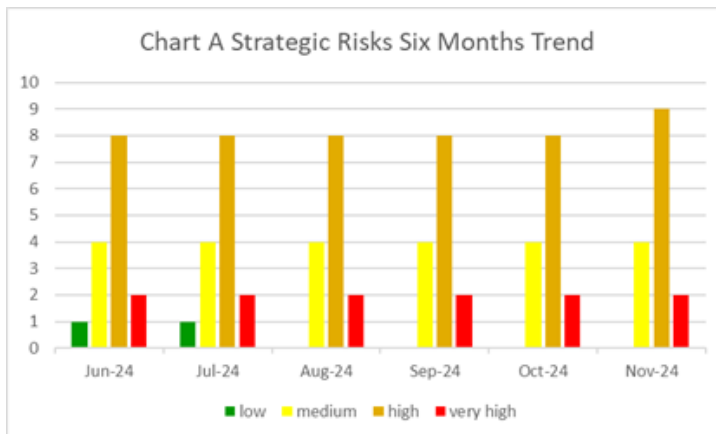
The current risk appetite by category is shown below in bold, with exceptions also noted:

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

### 3. Assessment Strategic Risks

There are currently 15 strategic risks, one higher than the last quarter with the addition of the risk in relation to the public inquiries 2024-28. There are two very high, nine high and four medium rated risks. Eight risks are out of appetite and seven are within appetite.

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



### Out of Appetite Risks

The eight 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
Public Inquiries 2024-28	12	8



The respective risk directors are continuing to work on actions which will bring their risks into appetite or further towards appetite and these will be reported to the relevant Governance Committees. Updates are noted below.

**Cyber Security:** With the recent attack on suppliers and direct attacks on NHS bodies across the UK the threat remains significant. Therefore, the cybersecurity risk remains unchanged at a score of 16. A risk deep dive for the HIS Board on cybersecurity is planned for February 2025.

**Inspections and Assurance Activities:** The updated annual quality assurance and regulation plan for 2024-25 reflects new and changing assurance priorities since the original plan was approved by the HIS Board. Staffing and workload have been reallocated to accommodate these priorities but availability of administrative staff is limited due to leave. The Directorate Management Team (DMT) is working collaboratively to manage the impact of this but as resources are further stretched, the risk likelihood remains at 4 as a result. The new Quality Assurance Directorate (QAD) structure and ways of working introduced this year have ensured clearer reporting lines, and greater visibility of demands across the directorate to support prioritisation and recruitment to pressured areas is ongoing. Some of the additional work is due to be completed later in the year. These will reduce the risk. Any further impacts on 2024-25 assurance plans will be escalated to the Executive Team and Board in accordance with established governance mechanisms where required.

**Independent Healthcare:** A detailed review is being undertaken of ways of working, policies, processes and distribution of workload across QAD's regulatory functions to ensure the effective and sustainable delivery of statutory duties. The legislation for the regulation of independent healthcare services provided by pharmacy professionals and the regulation of independent medical agencies has been 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 not pay annual fees and changes to the current fee caps to enable HIS to continue to collect sufficient fees to cover existing regulatory costs. Discussions with Scottish Government are ongoing but significant legislative reform will take time, particularly where changes to primary legislation are required.

**Workforce Skills:** The draft Interim Workforce Plan was presented to the Staff Governance Committee in parallel with discussion with the Partnership Forum. Given the detailed feedback received from both meetings it was confirmed that the final version will be presented to the Board in December, rather than the originally planned date of September for approval. Confirmation of the overall affordable headcount was discussed at the Board in September and further work is underway to finalise the plan.

**Safety of Patient Care:** 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. The quantity of

intelligence being shared is concerningly low at the present time. An analysis of potential barriers has been undertaken in partnership with network members. This was shared and discussed at the last meeting with good engagement and commitment to improvement. A paper (developed by Evidence & Digital, Medical & Safety and Nursing & System Improvement) on the development of a more comprehensive safety intelligence system will be taken to the Executive Team in November 2024.

**Data Breach:** The following activities have commenced: training sessions with key staff who will be users of the OneTrust governance platform; data protection audits; supplier management annual checks.

**Covid Inquiries:** The Scottish Inquiry will start its main work on the NHS response and in care homes in 2025. This will potentially impact on HIS and require us to participate more actively. Conclusion of the Inquiry will be some years away, therefore we may be asked for information at any time from this point forward and for an as yet undefined period into the future. The passage of time means that there has already been a natural turn over in members of staff who were involved in the pandemic work which makes the task of our response more challenging.

**Public Inquiries 2024-28:** This is a new risk raised in October 2024 as a result of the volume of approaches being made to HIS regarding five public inquiries. There is a risk we fail to comply with the demands of the inquires. The risk is out of appetite due to the volume of requests of late and therefore the need to prioritise and redirect resources across the organisation in order to meet this demand.

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

#### Assessment considerations

<b>Quality/ Care</b>	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
<b>Resource Implications</b>	There is no financial impact as a result of this paper. Relevant financial risks are recorded on Compass and presented to the Committee.
<b>Clinical and Care Governance (CCG)</b>	CCG risks are included in the risk registers.
<b>Risk Management</b>	Risks and their mitigations are set out in the report for review by the Committee.
<b>Equality and Diversity, including health inequalities</b>	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.

<b>Communication, involvement, engagement and consultation</b>	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 Committee and Board considered all of the strategic risks at their previous meetings. The Executive Team review them monthly.
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#### 4 Recommendation

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

The Board is asked to:

- 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 and links to additional information


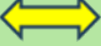
The following appendix is included with this report:

- 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	Reputation / 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	<p>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.</p> <p>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.</p> <p>The annual delivery plan 2024-25 has been developed and agreed with Scottish Government (SG) 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.</p>	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	05/09/24
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 Annual Delivery Plan.	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	06/09/24

ICT Strategy: Cybersecurity	Reputation I / 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	<p>Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates.</p> <p>HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly.</p> <p>Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.</p>	<p>Update 07/11/2024 With the recent attack on suppliers and direct attacks on NHS bodies across the UK the threat remains significant. Therefore, the cybersecurity risk on the Corporate Risk Register (923) remains unchanged at a score of 16.</p> <p>Digital Services Group note that it is a requirement of the Network &amp; Information Systems (NIS) regulations that "Senior management and boards regularly review the organisational cyber risks and threats.</p>	4	4	16	07/11/24
Information Governance Strategy	Reputation I / 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	<p>Staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule; 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;</p> <p>Implementation of One Trust governance module; adverse event report training;</p>	<p>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.</p>	3	3	9	06/09/24
Inspections & other assurance activity	Clinical Care Governance	Minimalist	1160	Ann Gow	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	<p>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.</p> <p>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 Quality Assurance Directorate (QAD) and with other agencies. QAD Clinical and Care Governance (CCG) Group ensures monitoring of CCG issues and management of relevant risks, and QAD also reports into HIS CCG.</p>	<p>The updated annual quality assurance and regulation plan for 2024/25 reflects new and changing assurance priorities since the original plan was approved by the HIS Board. These include a quality and safety review in relation to NHS Greater Glasgow &amp; Clyde Emergency Departments, redesign of our Responding to Concerns process, adjustments to our Adverse Events work programme and a review of our regulation work (Independent Healthcare and IRMER). Work is also underway to recommence mental health inspections and commence maternity inspections from early 2025. Staff and workload has been reallocated to accommodate these priorities. Availability of Administrative staff is limited due to leave. The QAD Directorate Management Team is working collaboratively to manage the impact of this. As resources are further stretched, the risk of impact on the delivery and quality of work increases, and the risk likelihood remains at 4 as a result. The new QAD structure and ways of working introduced this year has ensured clearer reporting lines, and greater visibility of demands across the directorate to support prioritisation. Recruitment to pressured areas is ongoing and should help reduce risk once staff are in place. Some of the additional work is due to be completed later in the year and this will also help alleviate the pressures, and reduce the risk. Any further impacts on 2024/25 assurance plans will be escalated to the Executive Team and Board in accordance with established governance mechanisms where required.</p>	4	4	16	01/10/24

National Care Service	Operational	Cautious	113 1	Robbie Pearson	<p>There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers.</p> <p>There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.</p>	16	<p>We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement.</p> <p>We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts".</p> <p>We also continue to work with a range of partner organisations in designing the future priorities for improvement support in integrated health and social care services. We have submitted evidence with regard to the Stage 2 amendments of the Bill as well.</p>	<p>HIS has offered comments to the Health and Sport Committee in relation to the proposed Stage 2 amendments to the NCS Scotland Bill and the Chief Executive gave evidence to the Committee at its meeting on 1 October 2024. The principal area of concern relates to the overlap and duplication of functions with regard to the role of the NCS Board with the statutory responsibilities of HIS.</p>	5	2	10 	09/10/24
Climate Emergency & Sustainability Strategy	Reputational / Credibility	Cautious	116 5	Safia Qureshi	<p>There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health &amp; wellbeing opportunities associated with sustainable delivery of our work.</p>	16	<p>National Sustainability Assessment Tool (NSAT) annual assessment</p> <p>Development of an organisational Net-Zero Route map action plan.</p> <p>Active Travel Adaptation Policy.</p> <p>Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government.</p> <p>Collaboration with other NHS boards contributing to Climate Change Risk Assessment &amp; Adaptation Plans, including Biodiversity reporting.</p>	<p>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.</p>	3	2	6 	06/09/24

Regulation of Independent Healthcare	Clinical and Care Governance	Minimalist	1159	Ann Gow	There is a risk that HIS cannot effectively regulate the independent healthcare (IHC) 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	<p>The IHC Team are at full staffing in terms of the current model. Work is underway to review the strategic approach, ways of working, policies, 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.</p> <p>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.</p> <p>The QAD Clinical Care Governance Group considers and monitors relevant risks and is seeking to ensure appropriate and timely clinical input.</p> <p>Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales &amp; HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare.</p>	<p>A detailed review is being undertaken of ways of working, policies, processes and distribution of workload across QAD's regulatory functions (IHC &amp; 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.</p> <p>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 been 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 not pay annual fees 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.</p>	4	3	12	17/09/24
Service Change	Reputation / 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	<p>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.</p>	<p>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 SG 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. Further guidance on engagement on national service change was jointly published by HIS and SG on 31 October 2024.</p>	4	3	12	04/11/24

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	<p>Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum.</p> <p>Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.</p>	<p>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. Given the detailed feedback received from both meetings it was confirmed that the final version will be presented to the Board in December, rather than the originally planned date of September for approval. Confirmation of the overall affordable headcount was discussed at the Board in September and further work is underway to finalise the plan.</p>	5	3	15	08/10/24
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	<p>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.</p>	<p>Confirmation of the completed actions from the recent Organisational Change Review report have been provided to the Partnership Forum and Staff Governance Committee. The Change Oversight Board continues to meet and review planned and potential areas of Organisational Change as required. Any areas of Organisational Change continue to be discussed with Partnership colleagues to ensure cognisance of due process and the recent lessons learned can be reflected in practice going forward.</p>	4	3	12	08/10/24
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	<p>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 &amp; 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.</p>	<p>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. The quantity of intelligence being shared is concerningly low at the present time. An analysis of potential barriers has been undertaken in partnership with network members. This was shared and discussed at last meeting with good engagement and commitment to improvement.</p> <p>It is anticipated that our first safety bulletin will be produced by the end of 2024.</p> <p>A paper (developed by Evidence &amp; Digital, Medical &amp; Safety and Nursing &amp; System Improvement) on the development of a more comprehensive safety intelligence system will be taken to the Executive Team in November 2024.</p>	5	3	15	28/10/24



Information Governance Strategy	Operational	Minimalist	1258	Robbie Pearson	There is a risk that we fail to provide the required documentation or evidence to the Scottish Covid19 Inquiry, in which we are a designated Core Participant, 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.	12	Continuity of senior oversight of our participation in both the Inquiry. 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 Inquiry 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 the Inquiry 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 any Public Inquiry is not in the hands of HIS. The Scottish Inquiry will start its main work on the NHS response and in care homes in 2025. This will potentially impact on HIS and require us to participate more actively. Our experience with public inquiries is that they require a lot of detail, and questions may have been on detailed subject matters we did not necessarily anticipate from our understanding of the published Terms of Reference. This work has involved drafting and re-drafting statements, time consuming search files, together with editing and document logging. The Inquiry, which will issue requests under Rule 8, is yet to approach HIS. Conclusion of the Inquiry will be some years away, therefore we may be asked for this information at any time from this point forward and for an as yet undefined period into the future. The passage of time means that there has already been a natural turn over in members of staff who were involved in the pandemic work, and newer members of staff who joined since the pandemic are now involved in supporting our participation. This makes the task of our response more challenging.	3	3	9	15/10/24
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 PF 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 PF 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. The Forum recently came together in September for a development session to further review and discuss organisational challenges and work underway.	3	4	12	08/10/24

Public Inquiries 2024-28	Information Governance Strategy	Minimalist	1474	Robbie Pearson	<p>Risk Name: Public Inquiries 2024-2028</p> <p>Risk description: "We fail to comply with the demands of five concurrent health and social care focused public inquiries due to competing and conflicting requests for detailed information, witness statements and documentation across a breadth of subject matter; uncertainty about precise requirements, timing and projected longevity of these inquiries also leading to unpredictable and potentially concurrent peaks of demand on workload, and associated reputational damage to HIS, along with the risk of staff churn during the extended periods of the inquiries resulting in possible loss of knowledge embedded within individuals."</p> <p>The Inquiries are:</p> <ul style="list-style-type: none"> <li>• Scottish Covid Inquiry</li> <li>• UK Covid Inquiry</li> <li>• Eljamel &amp; NHS Tayside Inquiry</li> <li>• Scottish Child Abuse Inquiry</li> <li>• Scottish Hospitals Inquiry</li> </ul>	12	We will monitor each of the inquiries as they run, anticipate requirements and prepare for these in advance as far as we can. We will make all relevant staff aware so preparation is shared within teams and find a way to harvest the individually held knowledge (memory) of our key staff if we or they know they are planning to leave within the timeframe of the Inquiries taking place. We will engage directly with the inquiries teams to build awareness of the role and contribution of HIS to each, and which will vary in accordance with our role and statutory functions.	This is a new risk in October 2024 given the approaches being made to us now by four out of the five inquiries, and the amount of work we have seen these requests can involve, even where the requirements are specific.	4	3	12 NEW RISK
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# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Board Meeting - Public</b>
<b>Meeting date:</b>	<b>4 December 2024</b>
<b>Title:</b>	<b>Governance Action Plan Updates - Committee Annual Reports and Blueprint for Good Governance</b>
<b>Agenda item:</b>	<b>5.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Angela Moodie, Director of Finance, Planning and Governance</b>
<b>Report Author:</b>	<b>Pauline Symaniak, Governance Manager</b>
<b>Purpose of paper:</b>	<b>Assurance</b>

## 1. Situation

This paper presents updates to two governance action plans - the actions identified by Governance Committees in their annual reports for 2023-24 and the actions set out in the Board's Blueprint for Good Governance self-assessment.

## 2. Background

The Code of Corporate Governance requires that each Governance Committee produces an annual report which summarises its activities during the course of year, how it has met its remit and what future actions are proposed for the subsequent year. The Blueprint for Good Governance self-assessment was a national exercise in which all NHS boards participated. Following completion of the survey by the HIS Board and Executives, a facilitated session was held to review the results and agree actions for inclusion in the action plan. The plan was approved by the Board at its public meeting on 27 March 2024.

## 3. Assessment

All Committees of the Board prepared an annual report for 2023-24 which included actions they agreed to take forward in 2024-25. Those actions were reported to the public Board meeting on 25 June 2024. As at quarter 3, Committee Lead Directors have provided a status update for each action to demonstrate if it is ongoing or complete. The more significant actions of note which are not covered by the Committees' normal standing business are highlighted below for information.

<b>Committee</b>	<b>Action</b>	<b>Update</b>
Audit and Risk	Continue risk deep dives, focusing on strategic risks which are out of appetite.	Deep dives have yet to commence, but plans are in place in Q4 with provisional session in the diary as part of the February 2025 Board seminar.
Executive Remuneration Committee	Work with internal audit to implement recommendations from the audit carried out at the end of 2023.	This work is underway, with the remaining action of updating the terms of reference on the agenda for the December meeting.
Quality and Performance Committee	Oversee work to develop measures to determine outcomes/impact.	The Committee has set, and demonstrates, a clear expectation that papers described impact measures that can be scrutinised. This is captured in minutes and levels of assurance given.
Quality and Performance Committee	Maintain an oversight of the development of mental health and maternal healthcare programmes.	The Committee considered assurance reports on mental health and substance misuse programmes in November 2024 and the perinatal Quality Management System programme in August 2024.
Scottish Health Council (SHC)	We will assess and prioritise the risk and planned mitigations around the increasing volume of service change arising from financial challenges in NHS Scotland.	Planned mitigations have been developed by the Directorate with SHC input and scrutinised by SHC, including: updates to Planning with People agreed with Scottish Government in May 2024 to provide greater clarity on engagement responsibilities; new guidance on engagement on national service change was agreed in October 2024; awareness raising with NHS boards and Health & Social Care Partnerships has taken place throughout 2024; and the new Directorate structure has enhanced intelligence gathering on service changes. This action required an extraordinary SHC meeting to produce a timely response on national service change.
Staff Governance Committee	Oversight of the implementation of learning from the organisational change after action review.	This work is complete. The Committee received reports confirming the activities undertaken to enable completion of the recommendations and actions from this review.
Succession Planning	Publish our Succession Plan after further consultation with stakeholders and provide oversight of progress of the actions within it.	The plan was published in 2024 following consultation with stakeholders and we will keep it under review on an annual basis, the next review being due in May 2025.

The full list of actions, their alignment to strategic objectives and status updates can be found in Appendix 1 in the additional reading folder on Admincontrol.

The Blueprint for Good Governance action plan can be found at appendix 2 and sets out the progress made against each action during the first part of the year. It is anticipated that actions will be delivered by the end of this financial year. However, it should be noted regarding the first action covering Board diversity that although the Succession Plan has been finalised, it is expected that the desired outcome of a more diverse Board could take several cycles of Board recruitment to achieve. It is anticipated that the Blueprint self-assessment exercise will be repeated regularly and timelines for this are awaited from Scottish Government.

### Assessment considerations

<b>Quality/ Care</b>	In completing their annual reports, the Committees are considering their effectiveness throughout the year and the contribution which they make to good corporate governance. This ensures the best outcomes for the services we deliver.
<b>Resource Implications</b>	The Audit and Risk Committee annual report included an action related to financial stability and a progress update has been provided for this.
	Updates have been provided for actions from the Staff Governance Committee's annual report which include actions related to workforce.
<b>Risk Management</b>	There are no risks on the risk register related to this paper.
<b>Equality and Diversity, including health inequalities</b>	The Staff Governance Committee considers matters concerning equality and diversity. The Scottish Health Council also has a role in the context of our work with stakeholders.
<b>Communication, involvement, engagement and consultation</b>	The Board considered the Committee annual reports at its Board seminar on 29 May 2024 and received the action plan at its meeting on 25 June 2024. The Blueprint for Good Governance action plan was approved by the Board at its meeting on 27 March 2024.

## 4 Recommendation

The Board is asked to gain assurance from the progress reported on actions identified in the 2023-24 Committee annual reports and the Blueprint for Good Governance action plan. The Board is asked to accept the following level of assurance given that actions in both plans are being progressed and expect to be delivered by the end of this financial year: **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 - The full action plan update for the Committee Annual Reports 2023-24 can be found in the additional reading folder on Admincontrol.
- Appendix 2 - Blueprint for Good Governance Action Plan Update

## Appendix 2 - Blueprint for Good Governance Action Plan Update

No.	Priority Area	Blueprint Function	High Level Action	Interdependency	Lead	Timeline	Status	Intended Good Governance Outcome
1	The Board make-up reflects the diversity of the communities it serves	Enabler - Diversity, Skills and Experience	Implement the actions in the Succession Plan which is in development with the oversight of the Succession Planning Committee. Refresh the Non-executive skills matrix.	Scottish Government Public Appointments Team	Succession Planning Committee	31/03/2025	Succession Plan approved by Succession Planning Committee on 30 May 2024 and implemented to support board recruitment in second half of 2024. The non-executive skills matrix was completed in the early part of 2024 and has been used to inform the Board development plan.	More diverse Board
2	Measure the Board's performance by benchmarking results against those of similar organisations	The Delivery Approach - The Assurance Framework	Identify a small number of performance indicators of other public sector organisations which could be benchmarked in HIS and with potential for linking to our Key Performance Indicators.	Performance data from other public sector organisations	Scope for Evidence/ Health Service Researchers support being explored	31/03/2025	HIS participated in a UK Cabinet Office corporate functions benchmarking exercise, with results recently published and will be considered at March's Audit and Risk Committee.	Assurance information that supports holding to account

3	Encourage and facilitate innovation, drive change and transform service delivery to support a culture of continuous improvement	Function - Setting the Direction	Better define what we mean by innovation in HIS; in particular consider in the context of constrained financial context and risk appetite. Identify mechanisms to share and celebrate innovations that have been delivered. Develop a board masterclass in health and social care innovation, including promoting and learning from how HIS is innovating to deliver the strategy.	One Team	Executive Team/Senior Leadership Group	31/12/2024	Digital mindset masterclass scheduled for February 2024 and will be delivered by the Digitally Enabled Workforce Team at NHS Education for Scotland. The developing Digital, Data and Intelligence Strategy includes work to digitally empower staff, encouraging improvement and innovation.	Board supported to set direction and influence organisational culture
4	Implement a collaborative approach to governance so that all parties who have an influence in the delivery of healthcare outcomes (e.g., integration authorities, local government, third sector, academia) recognise, understand and respect the needs of each other and work together to integrate or align their arrangements for the governance of the delivery of healthcare services and products within the healthcare environment	Delivery Approach - The Integrated Governance System	Explore the role of the HIS Chair within the NHS Board Chairs Group and the National Board Chairs' meetings. Use Care Inspectorate joint board meeting in April 2024 as initial opportunity to reflect on joint working with the aim of better outcomes.	HIS delivery partners Scottish Government / national board initiatives around shared planning/delivery, collaborative commissioning	HIS Chair	30/06/2024	Joint board meeting with Care Inspectorate held on 23 April 2024 and enabled discussions on key priorities for both organisations. Chair held a meeting with other UK regulators and meets regularly with the General Medical Council Chair. The summary paper from the Board strategy day in September 2024 set out that HIS should be known as a national system leader in health and social care in Scotland and should be bold in building and utilising influencing skills within and outwith the organisation. The Chair is playing a key role in these ambitions through external engagement at a strategic level across.	Governance arrangements aligned with key external stakeholders

**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 20 November 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) Developing Leadership Capability**

The Chief Executive joined the meeting to present a paper about the development of the senior cohort of managers in the organisation. The paper was relevant to the Governance Committee Chairs given the role of this leadership cohort in supporting the effective and efficient discharge of the responsibilities of the Governance Committees. The Chairs welcomed the paper, noting possible options for senior leaders to work alongside lead Directors for Committees or to contribute to future deep dives. Next steps will be considered by the Executive Remuneration Committee.

**b) Cross Cutting Issues including Risk Management and Best Value**

The Chair of the Audit and Risk Committee updated the Chairs on early proposals to strengthen the assurance that the Committee and the Board receive in relation to the management of risks. The Chairs agreed the need for all Committees to be seeking assurance on the management of risks as well as the achievement of best value to complement the lead role for these areas delivered by the Audit and Risk Committee.

**c) Use of Consent Agendas**

We discussed the possible use of consent agendas for our Board and Governance Committees whereby a section of the agenda is devoted to reports that are provided for approval or noting but which do not have time assigned on the agenda for discussion. The query arose as an option for managing busy Committee agendas. However, the Chairs agreed that there was a risk of downgrading the importance of some reports or missing key matters that require scrutiny. Therefore, they did not support the approach.

**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 27 November 2024. The approved minutes of the Audit and Risk Committee meeting on 4 September 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) Risk Management**

The Committee discussed a paper from the Audit and Risk Committee (ARC) Chair on a new approach to create more time for the consideration of risk across the organisation. Plans include the establishment of a sub-committee to focus on risk management and to report to ARC on their detailed findings, who in turn will report to the Board. The sub-committee will be jointly Chaired between ARC Vice Chair, Keith Charters and Head of Finance and Procurement, Karlin Rodgers. ARC endorsed the recommendations, highlighting the approach's intention to minimise duplication and alignment with responsibilities of risk with other Committees. It was agreed this recommendation should be taken forward to Governance Committee Chairs group and the paper shared with all Board members.

**b) Assurance Framework**

ARC approved the new HIS Assurance Framework, which identifies, maps and brings together the main sources of assurance from across the organisation. The Committee emphasised that this document will continue to evolve and should be updated accordingly. It was agreed the framework will be circulated to Board members, Executive Directors and the Senior leadership team.

**c) Internal Audit – Property & Estates**

KPMG presented their audit report on the processes around HIS' Property and Estates, focusing on the governance arrangements, strategy and decision making process over existing lease arrangements. They provided an assessment of 'significant assurance with minor improvement opportunities' (amber-green rating) which was in line with management expectations. One medium and two low risk findings were raised, for which appropriate corrective actions have been agreed with management.

**Rob Tinlin**  
**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 6 November 2024. The approved minutes of the Quality and Performance Committee meeting on 14 August 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) Mental Health**

The Committee considered several topics which span the organisation's work in mental health. We received an update on the Drugs and Alcohol Improvement Programme, and gained assurance that programme delivery is on track. We also received a progress report on Mental Health Standards Implementation and the Scottish Patient Safety Programme for Mental Health having considered the business case earlier in the year. We accepted moderate assurance on progress. In relation to both of these, the Committee highlighted the need to demonstrate the impact of the work and set out at an early stage the measures that will enable this. Finally, we received for information an update on HIS' engagement with the Mental Health Collaborative which seeks to address recommendations from the Scottish Government (SG) Mental Health Scrutiny and Assurance Review, including the request for HIS to host this work. The aim is to build upon existing collaboration amongst agencies, and to complement the work of the Sharing Health and Care Intelligence Network and the Committee will be updated throughout 2025.

**b) Healthcare Staffing Programme**

The Committee were updated on expected delays to the timeline for availability of revised staffing tools due to several factors including delayed confirmation of funding and vacancy issues. We were assured that ongoing discussions with the SG Chief Nursing Officer's Directorate would ensure that revised timelines were more realistic given the range of factors impacting delivery. The work will include the prioritisation of tools for undergoing review as a number of tools require updating. The Committee noted the current position and asked for an update on progress at their next meeting.

**c) Scottish Approach to Change**

The Director of Engagement and Change provided a paper to update the Committee on the organisation's work to develop a Scottish approach to change to underpin NHS reform with a clear and coherent methodology. The request was received from Scottish Government as this does not exist at present. The Committee were advised that phase 1 (the "understand" phase) to create a high-level overview of change is complete. Phase 2 is now commencing to publish a draft framework which will be refined through wide stakeholder engagement and the implications for HIS to be clarified.

**d) Other Issues**

The Committee were updated on the work relating to the NHS Greater Glasgow and Clyde Emergency Department Review and gained moderate assurance on progress. The Committee also were updated on the Independent Healthcare Environmental Ventilation Requirements review work and gained limited assurance on progress to date.

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

**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 points arising from the Scottish Health Council (SHC) meeting on 14 November 2024. The approved minutes of the SHC meeting on 12 September 2024 can be found [here](#).

**2. Recommendation**

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

**a) Engagement on service change: update to strategic risk register**

The SHC agreed that following a number of key developments completed by HIS in recent months – working with Scottish Government to update *Planning with People*, developing a new assurance process for engagement on service change, and agreeing with Scottish Government new guidance for national and local engagement on nationally determined service changes – that the strategic risk register entry on service change should be re-worded. SHC discussed proposed new wording, agreed a modification, and concluded that the new wording should be discussed with the HIS Risk Manager to update the impact and risk appetite, and then be updated in the risk register.

The draft wording agreed by SHC is: *“There is a risk that financial and workforce pressures, along with NHS reform, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, Health and Social Care Partnerships (HSCP), and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.”*

**b) Governance for Engagement: tailored process and triangulation**

The SHC considered the recent outcomes of the Governance for Engagement process and endorsed a proposal to introduce a slimmed down version of the self assessment template for corporate directorates, to ensure a proportionate approach. It was also suggested that a wider consideration across HIS governance committees' assurance and scrutiny processes would be useful. This would highlight any areas of potential duplication, or areas to improve alignment of governance process, while making sure there is still effective scrutiny of engagement responsibilities for all directorates. This should include a reflection on the engagement requirements set out in the Staff Governance Standard to avoid duplication with the Staff Governance Committee.

**c) Strategic Engagement: value of gathering intelligence**

The SHC highlighted the value of the Strategic Engagement Lead role and associated Engagement Advisor roles who have gathered significant intelligence through meeting NHS boards, HSCPs and community groups. This intelligence has been shared across the Directorate to inform work, and discussions are ongoing about how to share it with the rest of HIS. The continued vacancy of one of the Strategic Engagement Lead posts was noted as a risk to delivering this work across the country and it was agreed that this vacancy should be filled at the earliest opportunity.



**Suzanne Dawson**  
**Committee Chair**

**SUBJECT: Staff Governance Committee: Draft 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 23 October 2024. The approved minutes of the Staff Governance Committee meeting on 7 August 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) Culture/ Exemplar Employment Activity including the '4 Ps'**

The Head of Organisational Development & Learning presented a paper to the Committee to raise awareness about cultural change within HIS. It was confirmed that the predominant method for understanding people's experience of HIS is through the annual iMatter process. The paper also emphasised the intention to use the 4 Ps going forward as a core element of our future culture, ensuring that we are fit for purpose as an organisation and as an exemplar employer.

The Committee noted how the work aligns with the ongoing discussions around workforce planning and culture.

**b) Whistleblowing Activity update**

The Director of Workforce presented an update on whistleblowing activity, informing the Committee that the Independent National Whistleblowing Office had been requesting regular updates from the organisation beyond the annual report. Since there were no formal cases to report, a meeting was held to discuss meaningful reporting from HIS's perspective.

The Director of Workforce highlighted that of the 10 Key Performance Indicators (KPIs) for this work, two key areas for potential reporting are: 1) changes or improvements to services and procedures resulting from whistleblowing concerns, and 2) a statement on staff perceptions, awareness, and training related to whistleblowing.

It was agreed that the content could include detail in terms of engaging with staff including activities like the HIS Campus, health and wellbeing activity, the emerging pulse survey, listening sessions, cultural and exemplar employer activity, the annual "Speak Up" week, and organisational commitments. It was also confirmed that information on grievances and capability issues would provide a more comprehensive picture and would be included.

**c) Workforce Report, including sickness absence**

The Committee were provided with a paper detailing the Workforce Report which included information on the workforce metrics until the end of September 2024. There was an opportunity for the Committee to discuss the further detail, including new start detail, to be included in the next report. The KPI detail was also discussed in terms of the appropriate way to capture a measure for partnership working and how best to capture a meaningfully report on this work. This will be further discussed with Partnership Forum colleagues.

The Committee particularly focussed on the sickness absence detail, and it was confirmed that a 'deep dive' on this work would be undertaken, and a range of metrics and detail brought back to the meeting. It would be ensured that this was not personally identifiable.

**d) Project Work within HIS**

The Head of Corporate Development provided the Committee with a paper and covering report updating the members on work that was started a few months ago to capture the experiences of existing project related staff. This work had been undertaken as part of the One Team Workforce activity.

The listening sessions that were reported had created a safe space for participants to share their experiences openly. The methodology used had been designed and delivered in partnership which had been well received by staff and will be useful for similar work to be undertaken in the future.

The Committee noted this is excellent work and commended the plan to roll it out to other staff groups.

**Duncan Service  
Committee Chair**