Board meeting: a public meeting of the Healthcare Improvement Scotland Board will be held on:

Date: Wednesday 20 March 2019  
Time: 13.30 – 16.00  
Venue: Rooms 6.4/6.5 Delta House, Glasgow  
Contact: Pauline Symaniak | boardadmin.his@nhs.net | 0131 623 4294

## AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OPENING BUSINESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 13.30</td>
<td>Welcome and apologies</td>
<td>Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 14.00</td>
<td>Integrated Planning 2019-2020: Final Operational and Financial Plans for Approval; Draft Workforce Plan for Review</td>
<td>Chief Executive</td>
<td>BM2019/5 Presentation</td>
<td></td>
</tr>
<tr>
<td>1.3 13.35</td>
<td>Chair’s Report</td>
<td>Chair</td>
<td>BM2019/3</td>
<td></td>
</tr>
<tr>
<td>1.4 13.45</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2019/4</td>
<td></td>
</tr>
<tr>
<td>2. STRATEGIC DIRECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 14.00</td>
<td>Financial Performance Report to 28 February 2019</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/6</td>
<td></td>
</tr>
<tr>
<td>2.2 15.00</td>
<td>Organisational Performance Report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/7</td>
<td></td>
</tr>
<tr>
<td>2.3 15.20</td>
<td>Risk Management Update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/8</td>
<td></td>
</tr>
</tbody>
</table>

14.30 – 14.45 Refreshment break

3. DELIVERING OUR CORPORATE PLAN

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 14.45</td>
<td>Financial Performance Report to 28 February 2019</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/6</td>
<td></td>
</tr>
<tr>
<td>3.2 15.00</td>
<td>Organisational Performance Report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/7</td>
<td></td>
</tr>
<tr>
<td>3.3 15.20</td>
<td>Risk Management Update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2019/8</td>
<td></td>
</tr>
</tbody>
</table>
4. **ADDITIONAL ITEMS OF GOVERNANCE**: Board will receive minutes of standing committees and a report of key highlights from the Chair of each committee: *for information and discussion*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4.1 15.30 | Scottish Health Council Committee:  
Key points from the meetings on 27 November 2018 and 27 February 2019, and approved minutes from the meeting on 27 November 2018. | Committee Chair | BM2019/9 BM2019/10 BM2019/11 |
| 4.2 | Quality Committee: key points from the meeting on 27 February 2019 and approved minutes from the meeting on 31 October 2018 | Committee Chair | BM2019/12 BM2019/13 |
| 4.3 | Audit and Risk Committee: key points from the meeting on 6 March 2019 and approved minutes from the meeting on 15 November 2018 | Committee Chair | BM2019/14 BM2019/15 |
| 4.4 | Staff Governance Committee: key points from the meeting on 21 February 2019 and approved minutes from the meeting on 10 October 2018 | Committee Chair | BM2019/16 BM2019/17 |
| 4.5 15.45 | Register of Interests | Director of Finance and Corporate Services | BM2019/18 |

5. **ANY OTHER BUSINESS**

6. **DATE OF NEXT MEETING**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 15.50</td>
<td>The next meeting will be held on 26 June 2019, 12:30pm, meeting room 6A/6B, Delta House, Glasgow</td>
<td></td>
</tr>
</tbody>
</table>
MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: 5 December 2018
Time: 12.30–3.30pm
Venue: Room 6A/B, Delta House, Glasgow

Present
Carole Wilkinson, Chair
Dr Hamish Wilson CBE
Robbie Pearson, Chief Executive
Dr Bryan Anderson
Jackie Brock
Paul Edie
John Glennie OBE
Kathleen Preston
Duncan Service
Pam Whittle CBE

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glassborow, Director of Improvement
Ann Gow, Director of Nursing, Midwifery and Allied Health Professions
Sandra McDougall, Acting Director, Scottish Health Council
Richard Norris, Honorary Fellow, University of Edinburgh
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services
Jane Illingworth, Policy and Governance Manager – for item 2.2

Apologies
George Black CBE
Dr Zoë M Dunhill MBE
Dr Brian Robson, Medical Director

Committee Support
Pauline Symaniak, Governance Manager

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

Registerable Interests

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

<table>
<thead>
<tr>
<th>1.1</th>
<th>Chair’s welcome and apologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chair opened the meeting of the Board by extending a warm welcome to all in attendance.</td>
<td></td>
</tr>
<tr>
<td>Apologies were noted as above.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2</th>
<th>Minutes and Action Points of the meeting on 26 September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>The minutes of the public meeting held on 26 September 2018 were accepted as an accurate record subject to the following amendment: Hamish Wilson to be noted as Interim Chairman on the attendance list.</td>
<td></td>
</tr>
<tr>
<td>The action point register was reviewed and accepted. All actions were noted as complete. There were no additional matters arising.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.3</th>
<th>Chair’s Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board received a report from the Chair updating them on recent developments. The following key points were highlighted at the meeting by the Chair:</td>
<td></td>
</tr>
<tr>
<td>a) The Chair and the Chief Executive had held a very positive meeting with the Cabinet Secretary. She was very supportive of our work, particularly the placement of scrutiny and improvement in the same organisation, and of the need to prioritise work to support Scottish Government policy.</td>
<td></td>
</tr>
<tr>
<td>b) The HIS Annual Review on 15 November 2018 was a success and thanks were extended to staff who supported and attended the event.</td>
<td></td>
</tr>
<tr>
<td>c) Board members were encouraged to share across their networks the current advert for the non-executive vacancies.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.4</th>
<th>Executive Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>This item was taken out of order after agenda item 3.1.</td>
<td></td>
</tr>
<tr>
<td>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</td>
<td></td>
</tr>
<tr>
<td>The Chief Executive highlighted the following points:</td>
<td></td>
</tr>
<tr>
<td>a) The winner will be announced in December of the Margaret McAlees award which recognises an individual’s or team’s outstanding contribution to advancing equality and diversity within HIS.</td>
<td></td>
</tr>
<tr>
<td>b) The outputs of a stakeholder perception survey will soon be available.</td>
<td></td>
</tr>
<tr>
<td>c) SIGN is celebrating 25 years. Its success is attributed to the hard work by staff.</td>
<td></td>
</tr>
<tr>
<td>In response to questions from the Board, the following additional points were made:</td>
<td></td>
</tr>
<tr>
<td>d) In future, Hospital Standardised Mortality Ratio will be used as part of a broader set of indicators that will help to measure the quality of the health and care system in Scotland.</td>
<td></td>
</tr>
</tbody>
</table>
e) Value Management was included as a commitment in the Programme for Government. HIS has worked with partners to design ways to spread the Highland model but funds have not yet been secured for the work, leading to delay.

f) HIS had been requested by Scottish Government to host a new National Hub for Reviewing and Learning from Child Deaths. The HIS Board took a position a year ago that HIS should be involved in the work but it was not appropriate to host it. Discussions around this had been ongoing for some time but HIS has now received a letter from Ministers setting out the expectation that HIS will host the hub. There are some advantages in it sitting alongside the work with children and families, and SUDI (Sudden and Unexpected Death in Infancy). Engagement will continue with other stakeholders in the hub.

g) Regarding the independent review of proposals for a new Monklands Hospital, there is insufficient information available as yet to identify how it will sit alongside the SHC report whose publication has currently been paused. The review is expected to look at the totality of the Monklands proposals. Guidance states that SHC provide their report to inform the Board’s decision-making and submission to the Cabinet Secretary where there is major service change.

The Directors highlighted the following from the report:

h) The Scottish Health Council review was at an important point in the process with the staff consultation closing that week. An unforeseen absence in the team has created a challenge to the timelines and related strands of activity such as the governance work. Additional resource has been secured and the position will be reviewed in the new year.

The Board noted the content of the report and the advice that the purpose of the report was to close an assurance gap around areas not covered within the operational plan.

2. STRATEGIC DIRECTION

2.1 Planning Process 2019-2020: Corporate, Operational, Financial and Workforce Plans

Robbie Pearson was absent from the meeting for this item.

The Board received a paper from the Chief Executive setting out the proposals and timescales for the planning process for 2019-2020. In the Chief Executive’s absence, the Director of Finance and Corporate Services highlighted the following points:

a) The planning proposals had been created by a short life working group formed from the Senior Leadership Group.

b) The work will incorporate the Cabinet Secretary priorities and will be underpinned by several principles: cross-organisational working; values and behaviours; robust, evidence-based decisions.

c) There will be ongoing stakeholder engagement throughout the process.

d) A specialist has been recruited to assist with workforce planning.
e) The financial plan had not changed since it was presented at the Board seminar but Directors of Finance had been advised that the NHS pension fund is being revalued and there will be a 6% increase in employer contributions. For HIS, this equates to just under £1m per annum. It is likely that Boards will have to finance some of this and further information is expected.

f) The timelines for the planning process will allow for the Board to review a draft plan at the February seminar in advance of the Staff Governance and Quality Committees and receive the final plan for approval on 20 March 2019 to ensure submission to Scottish Government by 31 March 2019.

In response to questions from the Board, the following additional points were made:

   g) The 6% pension increase is an increase in payroll and alongside the Agenda for Change pay increase and is significant over the next three years.

   h) The planning process this year will enable outputs to be more clear using the evaluation framework, although some areas may need more work than others to be able to demonstrate impact. It will be possible to test impacts across HIS’ five priority areas.

   i) The ihub had undertaken some work to review priorities for Integration Joint Boards as their priorities needed to be addressed as well as those of the Cabinet Secretary. The learning from this work would be shared to enable priorities to be met.

The Board endorsed the principles and timelines of the planning process, and noted the importance of cross-organisational working.

2.2 Health and Sport Committee Governance Report – HIS Action Plan Update

Jane Illingworth joined the meeting.

The Board received the HIS action plan update regarding the Health and Sport Committee Governance Report from the Chief Executive who highlighted the following points:

   a) The action plan captures actions for HIS in relation to the Health and Sport Committee report and the Cabinet Secretary’s response.

   b) The actions relate to how HIS operates.

   c) Scottish Government are sighted on the actions and the Cabinet Secretary is content with the direction of travel.

In response to questions from the Board, the following additional points were made:

   d) Regarding access to data and employees, the Safe Staffing Bill will ensure there is access to employee data. It will be a general principle of the Bill. Access to employees is implicit in HIS duties, for example, in scrutiny activity.

   e) Contact by HIS with the Health and Sport Committee Clerk had increased to support them to better understand HIS’ role. In addition, HIS’ blogs had been shared to raise awareness.

The Board noted the update to the action plan and approved the actions going forward.
3. **DELIVERING OUR CORPORATE PLAN**

3.1 **Financial performance report to 31 August 2018**

*This item was taken out of order after item 2.1. The Chief Executive was absent for the start of this item.*

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance as at 31 October 2018. The following points were highlighted:

- a) The year-to-date variance is an overspend of £63k but when outstanding allocations are taken into account, there is an underspend of £27k.
- b) The outstanding allocations are £161k for iHub work and £18k for SHC work and there is minimal risk associated with the receipt of these allocations.
- c) The savings target for this year is £1.9m and £1.85m of that had been achieved to date. However, £1.5m of the savings were non-recurring which will leave challenges for the following financial year, especially with increases to pay and pension contributions.
- d) It is predicted that targets set out by Scottish Government will be met. Scottish Government agreed an over or underspend of 1% for each of the next three years but there must be balance after three years.

In response to questions from the Board, the following additional points were made:

- e) Workforce planning will include ensuring the organisation has the right skills to deliver the operational plan. It will also look at the capacity of generic posts within HIS to aim to use them for best effect.

Robbie Pearson rejoined the meeting at this point.

- f) Regarding securing recurring savings, once the operational plan is finalised, areas for recurring savings can be identified. The Finance Team is reviewing non-pay costs and an internal change board is being set up to support HIS through any required changes to improve efficiency and productivity.
- g) Alongside money savings, the current Efficient Processes Group have secured time savings.
- h) The current vacancies have not been removed from the budget and there is no plan to reduce staffing as part of the impetus to achieve savings. There is some slippage that is contributing to savings but there is not a plan to not fill vacancies.
- i) Regarding £0.3m returned to Scottish Government, this was due partly to timing of when funding is received.

The Board scrutinised the report and noted the financial position.
### 3.2 Operational Plan Performance

<table>
<thead>
<tr>
<th><strong>Report from the Quality Committee: performance against the Operational Plan June to August 2018</strong></th>
</tr>
</thead>
</table>

The Board received a report on performance from the Quality Committee. The Director of Evidence highlighted the following points:

a) Due to timing, it was not possible to make proposed changes to the format of the report for the Quality Committee meeting on 31 October 2018.

b) There are 56 programmes of work on the operational plan. One work programme has red status (Mental Health Access) and eight have amber status.

c) The paper explains factors such as vacancies, workload issues and external influences.

d) In future the Quality Committee will provide a larger report to the Board which will include successes and horizon scanning.

The Board noted the report and that there will be further work undertaken to develop performance reporting.

<table>
<thead>
<tr>
<th><strong>Measuring our Impact Report April to September 2018</strong></th>
</tr>
</thead>
</table>

The Board received the report from the Director of Finance and Corporate Services who advised that this report is provided to the Board every six months. However, following the Board development session in November, work will be undertaken to improve the report to better show impact.

There then followed a discussion about the difficulties in articulating the impacts of HIS’ work. The following key points were noted:

a) Consideration might be given to focusing on some priority areas to demonstrate impact or to bundling activities together to show impact.

b) Impact requires qualitative measurements as well as quantitative measurements.

c) Incorporating impact measures at the start of a work programme may make it easier to identify the impacts of the work.

d) It is important to recognise that the full impact report is an essential part of the assurance for Non-executive Directors.

In response to questions from the Board, the following points were clarified:

e) Workforce measures are reported through the Staff Governance Committee rather than this report. The Workforce Plan will be signed off by the Board after being reviewed by the Committee.

f) Regarding the length of time between a Quality of Care inspection and the publication of the report, it was advised that there is significant internal work beforehand plus the checking element takes some time. Providers do however receive a report within a few weeks and also verbal feedback at the time of the inspection.

The Board scrutinised the report and noted the performance. It was agreed that a short life working group would be set up to review the reporting processes within HIS and proposals would be brought back to
the Board for consideration and final approval.

### 3.4 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks and their management. This included all of the risks from the Corporate Risk Register and the very high risks from the Operational Risk Register. The Director advised that risk appetite will be re-assessed at the Board seminar in February 2019.

In response to questions from the Board, the following points were made:

- **Risk 737** – wording will be reviewed to accurately reflect the risk.
- **Risk 631** – this risk will be closed.
- **Risk 759** – a timeline for completion will be added to the risk.
- **Risk 782** – actions relate to adult support only because HIS is specifically named in adult support legislation. The reference to child support will be removed.
- **Risk 697** – it was noted that the level of the risk will be kept under review as Brexit proceeds.

The Board reviewed the risk registers and were assured, subject to the comments above, that risk management and the controls applied were effective.

### 4. ADDITIONAL ITEMS OF GOVERNANCE

#### 4.1 Scottish Health Council Committee

The Board noted the key points report from 25 September 2018 and the approved minutes from 26 June and 25 September 2018.

The Chair of the SHC updated the Board that legal advice had confirmed that SHC does not have a role in major service change where Integration Joint Boards are involved.

#### 4.2 Quality Committee

The Board noted the key points report from the meeting on 31 October 2018 and the approved minutes from the meeting on 22 August 2018.

The Chair of the Committee advised that a development session had been held to look at the role of the Committee in the context of the Governance Blueprint and performance reporting. The value of the transformational redesign work was noted.

#### 4.3 Audit and Risk Committee

The Board noted the key points report from the 15 November 2018 and the approved minutes from the 5 September 2018.

The Vice Chair of the Committee highlighted that there had been a mid-year review of financial sustainability and a positive internal audit plan had been received from the new internal auditors, Grant Thornton.
### 4.4 Staff Governance Committee

The Board noted the key points from the meeting on 10 October 2018 and the approved minutes from the meeting on 16 May 2018.

The Chair of the Committee highlighted the resource secured to look at the workforce plan, the career pathways work which will move forward more quickly now the new intranet has been launched, and workforce data around stress.

### 4.5 Register of Interests

The Board received the current register of interests from the Director of Finance and Corporate Services.

The Board approved the register. Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring.

### 5. ANY OTHER BUSINESS

The Chair noted that this was the last public Board meeting for members Hamish Wilson and Pam Whittle. On behalf of the organisation, she extended her thanks to them for their significant contribution to HIS over a number of years.

### 6. DATE OF NEXT MEETING

6.1 The next meeting would be held on 20 March 2018 in Delta House, Glasgow.
### ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board Meeting - Public  
**Date:** Wednesday 5 December 2018

<table>
<thead>
<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 December 2018</td>
<td>3.4 Risk Management Update</td>
<td>The following actions on risk were agreed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk 737 – wording will be reviewed to accurately reflect the risk.</td>
<td>31 January 2019</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete – risk reviewed but not changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk 631 – this risk will be closed.</td>
<td>31 January 2019</td>
<td>Acting Director SHC</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk 759 – a timeline for completion will be added to the risk.</td>
<td>31 January 2019</td>
<td>Director Evidence</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk 782 – actions relate to adult support only because HIS is specifically named in adult support legislation. The reference to child support will be removed.</td>
<td>31 January 2019</td>
<td>Director NMAHP</td>
<td>Complete – risk closed as lead appointed</td>
</tr>
</tbody>
</table>
SUBJECT: Chair’s Report

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key strategic and governance issues.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to:
   • receive and note the content of the report.
   • approve the proposed membership of the Governance Committees at section 5.

3. Strategic issues
   a) NHS Scotland Board Chairs Group
      I attended the NHS Board Chairs meetings on 10 December 2018 and 28 January 2019. The common themes through these meetings were updates from the Chair’s thematic groups, Brexit, performance against the Waiting Times Improvement Plan and winter planning. I also joined a Board Chairs’ developmental session on 11 January 2019 in which we looked at planning for our meetings with the Cabinet Secretary.

   b) National Boards Collaboration Chairs’ and Chief Executives’ Meeting
      The Chief Executive and I attended the joint meeting on 20 December 2018 which looked at a governance framework for the collaborative and a plan for engagement with our key stakeholders.

   c) Ministerial Strategic Group for Health and Community Care
      The latest meeting of the Ministerial Strategic Group was held on 23 January 2019. I contributed to the Group’s report, Review of Progress with Integration, which has now been published. The report was discussed at the Chair’s January meeting and I will bring it to a future Board seminar for discussion.

   d) Quarterly Strategic Meeting with Scottish Government
      The Chief Executive and I met with the Scottish Government Sponsor Division on 20 December 2018. Our agenda covered feedback from our meeting with the Cabinet Secretary, an update on the Scottish Health Council review and adverse events.

   e) Once for Scotland Workforce Policies, Engagement Event
      I attended this event on 22 January 2019 to hear about the programme to deliver transformational change in NHS Scotland workforce policies and how they are developed on a “Once for Scotland” basis.
4. Stakeholder engagement

a) Meeting with Monica Lennon MSP, Labour Health Spokesperson
   Along with the Chief Executive, I met with Monica Lennon MSP on 21 February 2019. We had a very positive meeting in which we shared the breadth of our work including our full range of scrutiny activity. We discussed organisational cultures and the Waiting Times Improvement Plan.

b) QI Connect
   I delivered the closing remarks at a very successful event as part of the QI Connect programme. A number of our stakeholders attended the Glasgow Science Centre on 11 February 2019 for an evening with Dr JD Polk, Chief Medical Officer with NASA. The event highlighted many insightful perspectives on healthcare and provided an opportunity to promote the QI Connect programme.

c) Holyrood Magazine Feature
   I was interviewed by Holyrood Magazine for a feature published on 28 February 2019 about my appointment as Chair and the role of Healthcare Improvement Scotland in supporting progress with integration.

5. Our governance

a) Non-Executive Director Appointments
   Four new non-executive appointments have been made to the Board – Rhona Hotchkiss, Gill Graham and Suzanne Dawson from 1 March 2019, and Christine Lester from 1 April 2019. In addition, Duncan Service has been re-appointed to the Board for a further 4 years.

b) Governance Committee Membership
   In light of these appointments, the proposed membership of our Governance Committees is as follows:

   • Audit and Risk Committee: John Glennie (Chair), Bryan Anderson (Vice Chair), Kathleen Preston, Gill Graham and Rhona Hotchkiss.

   • Quality Committee: Zoë Dunhill (Chair), Jackie Brock (Vice Chair), Duncan Service, John Glennie, Bryan Anderson, Suzanne Dawson and Gill Graham.

   • Staff Governance Committee: Duncan Service (Chair), Kathleen Preston (Vice Chair), Bryan Anderson, Christine Lester.

   • Scottish Health Council Committee: John Glennie (Vice Chair), Suzanne Dawson, Christine Lester. Chair to be confirmed.

   • Executive Remuneration Committee: Kathleen Preston (Chair), Carole Wilkinson, Duncan Service, John Glennie. Vice Chair to be confirmed.
c) **Annual Review**
   The HIS Annual Review was held on 15 November 2018. The follow-up letter from the Cabinet Secretary has now been received and is attached at Appendix 1.

d) **Board Seminar, 20 February**
   A Board seminar session was held on 20 February 2019 which covered operational planning for 2019/2020, stakeholder engagement, the HIS contribution to the Waiting Times Improvement Plan and a re-assessment of the Board’s risk appetite.

**Carole Wilkinson**
Chair
Healthcare Improvement Scotland
I am writing to you following the 2017/18 Annual Review of Healthcare Improvement Scotland (HIS), which took place at the Golden Jubilee National Hospital on Thursday the 15th of November 2018. The National Clinical Director, Jason Leitch, has updated me on discussions from the day, which I understand was live-streamed online. I was interested to hear that the Review incorporated feedback from your Partnership Forum, Clinical and Care Forum and Public Partners and that you introduced a level of scrutiny into the review by including a panel of guest reviewers. I note that the key themes which arose were HIS’s role in the spread of good practice, pace around integration and further development of your participation and engagement work.

I have considered your self-assessment and acknowledge your commitment to aligning your work with the Scottish Government’s priorities. I have noted the following in respect of HIS’s five strategic priorities.

- **Enable people to make informed decisions about their own care and treatment**

I was encouraged to hear of the work that HIS has done to put people at the heart of its work, and look forward to seeing the Scottish Health Council take forward the next phase of the Our Voice Citizens’ Panel.

In its report on the Governance of the NHS in Scotland, published in July last year, the Health and Sport Committee observed that Boards must move to a relationship with those who use their services and the wider public that goes beyond informing and consulting to encompass genuine collaboration and coproduction in service delivery, particularly where there are proposals for service change. I agree with this and would like to see implementation of your proposed changes for the SHC, following your recent review, taken forward as a priority by HIS once your new Director for Community Engagement is in post. In particular I welcome your intention to take a more cohesive and integrated approach to community engagement across the organisation, and expect that the SHC will draw upon the resources of the whole of HIS as it engages at a more strategic level with NHS Boards to

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

The Scottish Parliament, Edinburgh EH99 1SP

www.gov.scot
support more meaningful engagement with communities, according to the Our Voice principles of openness, flexibility and inclusion.

- **Help health and social care organisations to redesign and continuously improve services**

I was pleased to see that the Scottish Patient Safety Programme continues to drive improvements across key areas of healthcare, including contributing to a reduction in cardiac arrest rates of 26% across 16 acute hospitals, and 30 day mortality from Sepsis decreasing by 21%. I would welcome your engagement with officials in developing plans for the next phase of this programme, taking account of lessons learned over the past 10 years and Scottish Government priorities. The patient safety programme in mental health needs to continue its improvement work. Specifically, I look forward to hearing about progress with implementation of HIS’s actions to support improvement of inpatient CAMHS, as set out in the Mental Health Delivery Plan.

I note that the Improvement Hub (ihub) provided improvement support to all 31 Integration Authorities and all 14 territorial Boards in 2017-18. I welcome HIS’s collaboration with other bodies, such as the Care Inspectorate, the Improvement Service and National Services Scotland, to ensure improvement offers are co-ordinated to best support the priorities of the Integration Authorities and NHS boards.

Since the annual review we have published our Waiting Times Improvement Delivery Plan and I am expecting HIS to play a key role in supporting sustainable improvements in waiting times as well as supporting awareness and spread of good practice in one board area to other boards using Quality Improvement Methodology,

- **Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve**

I am pleased to see HIS is supporting Health and Social Care Partnerships (HSCPs) to implement anticipatory care planning, so that people are able to have good conversations about what matters to them with those providing their care, and make informed decisions about their future care and treatment. Your work with 10 HSCPs across the north of Scotland to improve community-based care and support for people with frailty is particularly to be commended. I would now like to see HIS do more to build the evidence for anticipatory care planning approaches and to support implementation, so that good practice is scaled up across Scotland and, as discussed at the Annual Review, includes the involvement of patients and carers.

I note the publication of new standards for healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse, and commend your work to involve people with lived experience in developing these standards.

I welcome HIS’s continued involvement in national improvement programmes related to mental health, primary care, housing, acute care, dementia, maternity and children, medicines, palliative care, neighbourhood care and frailty. I would ask HIS to increase its focus on how the local, regional and national best practice identified and evidenced through these programmes can be spread and scaled up across Scotland.
It is important that HIS links into the priorities and policies of the new Mental Health (MH) Directorate, including:

- improving access to Child and Adolescent Mental Health Services (CAMHS) and psychological therapies through effective MH Access Improvement Support Team (MHAIST) work is a priority. Fresh thinking and impetus is needed to improve performance, as is your contribution to delivery of the child and young persons mental health taskforce.

- HIS has an important role in improving the collection and use of data to drive MH improvement. This includes HIS promoting and supporting the mental health quality indicator profile use across services.

- HIS contributes to suicide prevention through its Suicide Reporting and Learning System, and will continue to work with the Scottish Government and the Mental Welfare Commission on improving the ways in which investigation findings and recommendations are disseminated and used for improvement.

- **Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve**

Please accept my congratulations on the publication of the first iteration of the Quality Framework in September 2018. I was pleased to see a report of the pilot review in NHS Orkney published in August. I understand HIS will continue to test this approach and accompanying tools and templates and would be interested to know what plans are in place for the further work that is needed to ensure that the different aspects of quality management are in balance, before the formal roll out in 2019-2020.

I was interested to see the full range of planned and ad-hoc inspections that HIS continued to undertake across a range of settings, while the Quality of Care approach was tested and refined.

I would be interested to hear how HIS will bring the Openness and Learning approach together to develop a coherent narrative and effective governance structure for adverse events, the Duty of Candour procedure and Mortality and Morbidity Reviews. This should both support Boards to identify and understand their own learning and improvement needs and support the self assessment elements of the Quality of Care Reviews. I am also cognisant of the information I provided in my response to the Health and Sport Committee in September on their Report into NHS Governance and our undertaking to provide a redeveloped approach to Serious Adverse Events Reviews by 31 March 2019. I would therefore be keen to be updated on the progress HIS has made on this work.

- **Makes best use of resources**

I note the range of work you have taken forward, through the provision of guidelines, standards and assessment of medicines and non-medicine technologies, to support NHSScotland to reduce harm, waste and unnecessary variation in the design and provision of services, and to identify opportunities to provide high quality care at the same or less cost.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

The Scottish Parliament, Edinburgh EH99 1SP
www.gov.scot
In terms of your own organisation, I am pleased to note that HIS has met the financial target set for 2017-2018 set by Scottish Government and that HIS achieved £2.7 million of savings, of which £0.6 million was released for re-investment in other work. I would be grateful if you could continue to keep Scottish Government Health Finance colleagues and the HIS sponsorship team updated on the ongoing financial situation.

Kind regards

[Signature]

JEANE FREEMAN
SUBJECT: Executive Report to the Board

PURPOSE OF THE REPORT

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

- key internal developments, including achievements and challenges currently facing the directorates
- priority work programme developments (these may be high profile and/or timing-wise have not fitted into routine performance reporting to the Quality Committee)
- external developments of relevance to HIS, and
- stakeholder engagement

RECOMMENDATION

The HIS Board is asked to note the content of this report and provide feedback on the revised format.

REPORT FROM THE CHIEF EXECUTIVE

Recruitment

Sara Twaddle, Director of Evidence and Richard Norris, Scottish Health Council Director, Richard Norris are due to retire from HIS in April 2019. Recruitment is currently underway for the positions of Director of Evidence and Director of Community Engagement with interviews due to take place in mid-March 2019. Recruitment for both posts has been supported by Eden Scott and has followed the NHS Scotland values based recruitment process published last year.

People and Workplace

Following an external review of the People and Workplace function, we have appointed on a fixed term basis a new Associate Director of Workforce. Sybil Canavan will take up post at the end of April 2019. This post will report directly to the Chief Executive and will provide senior leadership whilst the internal change programme is underway and lead on actions from the HR review.

Communications

Ken Miller, Head of Communications, has taken up an opportunity on secondment to Creative Scotland as Director of Communications. Lynda Nicholson has now been appointed and started with us in February 2019 as interim Head of Communications to support during Ken’s secondment. Lynda comes from the Scottish Fire and Rescue Service and brings with her a wealth of knowledge and experience.

Scottish Health Council Changes

A 90 day consultation with staff affected by the change proposals has been completed and a response to the themes arising from feedback received has now been issued to staff. There was significant feedback specifically relating to proposed revisions to job descriptions, and a
supplementary response is being prepared to address these. Phased implementation of the staffing changes will take place in the first half of 2019-20.

A short-life Governance Group has undertaken a review of the Scottish Health Council Committee role, remit and membership and it reported to the Scottish Health Council Committee in February 2019. Revised Terms of Reference for the Committee will be included within the HIS Code of Corporate Governance being presented to the June Board meeting.

A plan to progress and implement renaming and rebranding changes has been developed. A short-list of names has been tested with a sample of internal and external stakeholders to inform a decision on the new name. The changes to name and branding will be accompanied by a stakeholder engagement strategy, both to communicate with stakeholders about the changes which are taking place, and to facilitate ongoing stakeholder dialogue.

**Making a Difference Awards**

Healthcare Improvement Scotland launched a new staff appreciation scheme - the Making a Difference Awards, to recognise colleagues who make a positive difference to our organisation by demonstrating behaviours which champion our shared values.

We were delighted to receive 27 nominations (individuals and teams) for the Making a Difference Awards. Eight staff members were selected and recognised for championing our shared values and making a positive difference to our organisation at a presentation held at the meeting of the Staff Governance Committee in February.

**Margaret McAlees Awards**

We have created an award in memory of our late colleague Margaret McAlees, who worked tirelessly to further equality and diversity within our organisation and NHS Scotland. 12 nominations were submitted from across a number of different directorates and the winners announced in December 2018 were the Focus on Dementia Team. Members of the Focus on Dementia Team, have been invited to meet with the Board and Margaret’s partner and brother at a presentation planned for the Board meeting.

**Operating Framework**

An Operating Framework document which lays out the terms of engagement between ourselves and Scottish Government, has been signed off by the Cabinet Secretary for Health and Sport. The framework describes the approach for escalating concerns, re-affirms the importance of independence in key aspects of our work and describes the approach for the Scottish Government commissioning new work from our organisation. Work is underway to publish the framework.

**HIS Impact Campaign**

In addition to our use of our blog site as a channel to engage stakeholders about our work, in 2018 we introduced our first blog campaign. It was created to support the wider communications objectives of demonstrating the impact of our work in supporting better health and social care services for people, and increasing stakeholder awareness and understanding of Healthcare Improvement Scotland.

Planning is now underway for the next campaign which will focus on the Cabinet Secretary’s priorities and how we will be delivering our work as set out in the operational plan for 2019-2020.
Internal Change Programme

As part of our approach to planning for 2019-20 we have established an internal change programme to bring together internal improvement work to align with our wider organisational priorities and demands. The approach we are taking to the internal change programme was endorsed on 13 February by Partnership Forum. We advertised a role of Programme Lead for the programme, although we have not received a strong response. Discussions are ongoing about how best to take programme management and leadership forward. Staff side have identified their key member of staff to work on the programme as part of the core team. It is hoped to present draft key priority areas of focus for discussion to the next Partnership Forum on 11 April, although with the staffing issues this may not be possible.

QMS Collaborative Launch

Following the publication of the Quality Management System (QMS) Framework by Healthcare Improvement Scotland in 2018, an organisational wide collaborative was launched in February to test the application of a quality management approach at team and organisational level. Seven teams, one from each directorate, are participating over the next 6 months supported by the iHub’s Quality Improvement Infrastructure Portfolio. Each team has been assigned a team coach from the recent cohort of HIS coaches to have graduated.

Health and Sport Committee report on Governance in NHSScotland

The Health and Sport Committee commenced an inquiry into NHS governance in February 2017. It covered three broad areas: staff, clinical and corporate governance. HIS contributed both written and oral evidence to the clinical governance strand of the inquiry.

The report’s recommendations were aimed at Scottish Government but a number of these made direct reference to the role and responsibilities of HIS.

An action plan was developed to co-ordinate the various workstreams and proposed actions in response to the recommendations of the Committee and was shared with the board in December 2018. Updates on some of the workstrands in the action plan are included in this report, specifically the Scottish Health Council review and the Operating Framework with Scottish Government. A wider progress update is included at appendix 1 to this report.

Complaints reporting (March 2019)

The purpose of this section of the report is to update the Board on complaints received relating to the work of Healthcare Improvement Scotland (HIS).

In January 2019 we received a complaint from a member of the public regarding Healthcare Improvement Scotland’s handling of a case arising from their concerns about the treatment of a family member by an NHS board. In line with our complaints policy, it would not have been appropriate for HIS to investigate the individual case. HIS did, however, undertake to seek assurance from the NHS board that they were acting on the quality of care issues raised and that sustained improvements were occurring as a result of this.

The complaint was formally investigated at Stage 2 by a Director outwith the area of work concerned and they found that the complaint was not upheld. They did recommend, however, that to ensure clarity and transparency, there should be an early meeting with anyone raising concerns with HIS which are subject to our ‘Responding to concerns’ process, in order to manage expectations and signpost to other organisations where appropriate.

All complaints received by Healthcare Improvement Scotland will be formally reported in our Complaints and Feedback Annual Report.
DIRECTORATE ACHIEVEMENTS & CHALLENGES

This section provides Board members with key internal developments, including the achievements and challenges within directorates.

Quality Assurance Directorate

CHALLENGES

Infections at Queen Elizabeth University Hospital

The Quality Assurance directorate responded swiftly in undertaking a safety and cleanliness inspection of the Queen Elizabeth University Hospital (QEUH), Glasgow following the high profile and ongoing press coverage of infections reported within the QEUH and the Princess Royal Maternity Hospital, Glasgow. Our inspection report for the QEUH was published on Friday 8 March.

The Health and Sport Committee will lead a short inquiry on Health Hazards in the Healthcare Environment at a meeting on 19 March 2019. Alastair Delaney, Director of Quality Assurance, will be giving evidence on behalf of Healthcare Improvement Scotland. Representatives from the following organisations will also be on the panel: Health and Safety Executive; Health Facilities Scotland and Health Protection Scotland. HIS have submitted written evidence to the inquiry and are working closely with the other agencies appearing in front of the committee.

Nursing, Midwifery and Allied Health Professionals (NMAHP) Directorate

ACHIEVEMENTS

Nursing and Midwifery Workforce and Workload planning

NMAHP directorate will transfer the Nursing and Midwifery Workforce and Workload planning programme from Scottish Government on 1 April 2019 to support implementation of the Health and Social Care Staffing Bill. Confirmation of funding has been received this will include an allocation for 2019/20 of £2,022,416 which will be base lined in 20/21 and a non-recurring allocation of £550K for set up in 19/20

Staffing

A new Head of Nursing has been recruited and will start on 1st April. This post was developed as a succession planning opportunity for director and associate level nurses. The post holder will spend a year with HIS and a further year at Scottish Government. Angela O’Neill will join us from 1 April 2019 and Ruth Thompson will join from 1 April 2020. Both hold associate nurse director posts in NHS Ayrshire and Arran and Lanarkshire respectively.

Growing Older in Scotland

The Growing Older in Scotland report is nearing final draft stage and will be shared with the Quality Committee in May. This report is a narrative of health and social care services for older people in Scotland based on data held and work done by Healthcare Improvement Scotland. A reference group of external experts and public partners have contributed to the report working alongside internal teams.
CHALLENGES

There have been a number of vacancies in the directorate coupled with an increase in workload associated with the transfer of the workforce team. New posts have been approved and are in the process of being recruited.

Medical Directorate

ACHIEVEMENTS

National Review Panel

The first meeting of the PACS Tier 2: National Review Panel took place in September 2018. A national learning event for the PACS Tier 2 and the National Review Panel took place in November 2018. There was good engagement and representation from across Scotland including NHS boards with both clinicians and pharmacists attending, Scottish Government colleagues and public partner representatives. A report will be made available.

Scottish Quality Registry Pilot

The pilot which has been funded by the Health Foundation’s innovation for improvement programme is making progress. We hope to start testing the pilot in clinic sites in NHS Lanarkshire and NHS Greater Glasgow and Clyde in April 2019. A report will be sent to the Health Foundation in July and circulated to colleagues shortly after.

Systemic Anti-Cancer Therapy Governance Framework

The Medicines and Pharmacy Team has been working with partners to update the national governance framework for Systemic Anti-Cancer Therapy (SACT) which supports NHS boards to implement the Scottish Government standards for safe delivery of SACT. The framework has been published and can be found on the HIS website here. The next audit cycle for SACT service delivery started in January 2019 and another training day has been arranged for Thursday 25th April.

Single National Formulary

The Chief Pharmaceutical Officer at Scottish Government has asked Healthcare Improvement Scotland to lead the delivery of the Single National Formulary (SNF) via the Area Drug and Therapeutics Committee Collaborative (ADTCC). Following the HIS Executive Team meeting held on 19 February 2019, it was agreed that the team would progress this work.

In addition to the lead organisation, other key changes to the approach include

- Maintaining local NHS Board governance for the decisions on product choice.
- A shift from a product based approach to a condition- based approach that will link to clinical pathways and will be supported by shared decision aids which have been shown to improve outcomes.

These require no legislative change and address the major concerns held by stakeholders.

The benefits of HIS hosting the SNF are that the work is inextricably linked to the work of the ADTCC, Scottish Medicines Consortium (SMC) and Scottish Intercollegiate Guidelines Network (SIGN) and therefore is considered to give the SNF the best chance of success. It also provides an opportunity to strengthen and connect our existing outputs. Finally, it mitigates against the high risk that SMC, ADTCC and SIGN business would be undermined and destabilised if it was led by an alternative organisation.
The disadvantage of HIS hosting this work is that more clarity is still required on the problem the SNF is trying to address, the measures of success and ensuring sufficient additional resource is secured.

**CHALLENGES**

**NHS Tayside NOSCAN**

The review of the clinical management of breast cancer in NHS Tayside is now complete and will be published the week beginning 25 March 2019. Scottish Government and NHS Tayside are working to ensure the necessary arrangements are in place to respond to any patient or wider enquires arising from our findings.

**Corporate Services Directorate**

**ACHIEVEMENTS**

**Delta House Refurbishment**

The building works at Delta House were completed successfully and on time at the end of January 2019. Some issues have been identified since the moves, but overall the changes have been received well by colleagues based onsite. Thanks to Brian Ross and the agile working project team for helping the move go so smoothly by being really proactive in going out and speaking to people about the planned changes.

Work is now focussing on creating an agile working policy for the organisation and a group has been formed to take this forward.

**Planning and Performance**

A geographical database is currently being created and almost ready to trial. This will allow for data to be organised and retrieved by geographical location and will help understand the totality of HIS work across the country. In addition, a capacity planning system is being finalised for testing in the Quality Assurance Directorate. This system is being developed to underpin the flexibility and monitoring of staffing resources to help deliver the Workforce Plan. A business continuity desk top exercise is also scheduled to take place in April with the Executive Team.

**Internal Improvement**

A new e-RAF process has been implemented to support a more efficient process for the approval and advertising of vacancies. Early feedback has been very positive and was developed using lean methodology with support from our trained lean practitioners. Challenges still remain with releasing lean practitioners to assist with internal improvement work but will be looked at as part of the internal change programme.

**CHALLENGES**

Progress is being made to agreeing ‘Target Operating Models’ for Finance, HR, Estates and Facilities and Procurement. These models set out the transactional areas of work that could be shared amongst the 8 National Boards. They also include broad timescales for transitioning to the agreed model. Significant further work is required before a solution is possible and this includes standardising policies and procedures across the 8 Boards. HIS staff from People & Workplace, Organisational Development & Learning and Finance Teams are involved in this work with ongoing challenges faced in capacity to support this work in addition to delivery of day jobs.
Evidence Directorate

ACHIEVEMENTS

Fleming Fund

The Scottish Antimicrobial Prescribing Group (SAPG) have been awarded a global volunteering grant from the Fleming Fund’s Commonwealth Partnerships for Antimicrobial Stewardship initiative led by the Tropical Health and Education Trust (THET) in partnership with the Commonwealth Pharmacists Association (CPA). The SAPG project is one of 12 health partnerships created in Ghana, Tanzania, Uganda and Zambia. Volunteer NHS pharmacists and other health care professionals will share expertise with participating Commonwealth nations to support their National Action Plans to tackle the threat of antimicrobial resistance.

Project lead Dr Jacqueline Sneddon and other SAPG members will join clinicians from several health boards and researchers from the University of Strathclyde to support the development of antimicrobial stewardship in Keta Municipal Hospital and Ghana Police Hospital. The partnerships will aim to improve antimicrobial stewardship, infection prevention and control and build in-country capacity and expertise for clinical pharmacy. From this experience, volunteers will bring leadership skills and knowledge back to their NHS boards.

The work will include training up to 25 professionals in each hospital to deliver a local stewardship programme and a supported point prevalence survey to provide baseline surveillance data on antibiotic use to inform improvements. The SAPG team will be supported by Health Psychologists from The Change Exchange at University of Manchester to embed behaviour change ensuring sustainability of the project with benefits for both Ghanaian partners and the volunteers.

Screening standards work

Standards to underpin external quality assurance of screening programmes in Scotland make up a high proportion of the work of the team. In the light of the Scottish Government Screening Review, a roundtable event was held in February bringing together people from across the screening community, Scottish Government and the Quality Assurance and Evidence Directorates. The meeting was very positive, identifying issues and challenges. As a result, the team have identified seven actions to follow up.

Work to support services for people experiencing rape, sexual assault and child sexual abuse

The team are beginning to develop significant expertise and reputation around this area. In addition to the standards and indicators, two pieces of work have been commissioned by Scottish Government to support consultation on the adult and children’s pathways and, most recently, work to support the introduction of the Barnahaus model for child victims of sexual abuse.

Scottish Health Council

ACHIEVEMENTS

Our Voice Citizens’ Jury

As part of the Our Voice programme, a Citizens’ Jury on the topic of shared decision making was commissioned in partnership with the Scottish Health Council, Chief Medical Officer and the Realistic Medicine Team, and independent facilitators Shared Future.

The work on the Jury process commenced in June 2018 after an initial phase which developed a literature review on citizens’ juries and engagement with stakeholders to focus on the particular question. A Citizens’ Jury of 24 members of the public was recruited and met on
3 separate days during October and November 2018 to deliberate the question ‘What should shared decision making look like and what needs to be done for this to happen?’

The jury established 13 recommendations which were presented by the jury to the Chief Medical Officer and health and social care stakeholders at an event on 6 February 2019. The interim report is published on the Scottish Health Council website and available from the following link: http://scottishhealthcouncil.org/our_voice/citizens_jury.aspx. A final report, incorporating an update the 6 February event is due to be published shortly.

The Scottish Government has committed to carefully consider each of the jury’s recommendations and reply to them all, either with a commitment to action or an explanation as to why that recommendation cannot be taken forward. This will take place in the next few months.

The Scottish Health Council is conducting an evaluation of the Citizens’ Jury to determine the usefulness of such an innovative approach to public involvement for future work. This will report after the Scottish Government’s response to the recommendations.

**Major service change in NHS Highland**

During January 2019, the Scottish Health Council published its quality assurance on the engagement and consultation undertaken by NHS Highland. The report highlights that NHS Highland’s engagement activities were in line with national guidance and provides recommendations to inform next steps.

NHS Highland’s Board met in January 2019 and supported the change proposals which include the refurbishment the Caithness General Hospital and development of care hubs in both Wick and Thurso. NHS Highland plans to undertake additional engagement activity on areas identified in the recommendations within our quality assurance report, regarding the location of Wick Care hub, any potential GP Practice moves and further configuration detail such as any changes to bed numbers.

**CHALLENGES**

**Monklands Replacement/Refurbishment Project**

The Scottish Health Council’s Acting Director and Service Change Manager are meeting with the co-chairs of the Monklands Independent Review team on 11 March 2019. This will enable discussion of the Scottish Health Council’s assessment of how NHS Lanarkshire followed national guidance in relation to engaging and consulting with local people on Monklands service change proposals. Information about the Independent Review team is available at https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/hehta/monklands/

**ihub**

**ACHIEVEMENTS**

**Early Intervention in Psychosis SLWG**

Our understanding of current services for those suffering a first episode of psychosis is limited. With the exception of a small number of specialist services, a lack of data means we have no clear indication of the current level of access and quality of the service experienced by people. To provide intelligence to guide the development of an action plan, HIS have formed a Short Life Working Group (SLWG), surveyed every NHS Board, and carried out in-depth diagnostics within two Boards to provide case studies and a number of actions have been identified which highlight the importance of collaborative working across both HIS and the wider network of national boards.
National Board Collaborative – Transformational Redesign

A final report for Sprints 1-3 was delivered to the National NHS Boards Collaborative Programme Board in January 2019. The report provided an outline of current evidence and emerging thinking about transformational change and how this might be achieved. It identified a number of capabilities and enablers which should underpin the development of a coordinated national offer of support for transformation. A high level model for commissioning and delivering collaborative transformation support, based on the outputs and learning from Sprints 1-3 was proposed. This will require intensive development through testing and prototyping. For this work to progress at pace it is proposed to take forward the next stage of co-design work in parallel with practical prototyping. Identified next steps for the project include:

- Further developing and validating the proposed approach through engagement with the Integration Authorities, NHS Boards, NHS Regions and Scottish Government.
- Agreeing the mechanism and dedicated resource to map out the different capacity and capability held across National NHS Boards that could be deployed as part of collaborative models.
- Testing delivery of a more co-ordinated and aligned bespoke support offering in partnership with one health and social care system.
- Progressing work with Primary Care and Mental Health to develop and test practical approaches to better aligning the existing National NHS Board offers.
- Testing work with Primary Care and Mental Health against the framework identified to ensure there is appropriate focus on a combined approach across system/process redesign, technology, workforce and culture.

The recent review of progress with integration of health and social care includes a recommendation that “National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work”. This work undertaken by the National Board Collaborative will form a useful foundation for this formal review.

SPSP Mental Health – Improving Observations in Practice Programme

The Improving Observations in Practice (IOP) programme, part of SPSP Mental Health, was established in 2016 and has been successfully delivering improvements across a range of test sites over the past few years. The success of the programme is reflected in the recent publication of an article in the British Journal of Mental Health Nursing (“From Task to Intervention: Rethinking Mental Health Observation Practice in Scotland“ - February–April 2019 Vol 8 No 1). IOP focuses on improving both practice and culture around how observational support was provided to patients at high risk in acute mental health wards. The emphasis has been on moving away from a traditional task focused process defined by a person being passively observed by a staff member to minimise the risk of harm, to a culture where the focus is on pro-active, preventative, person-centred approaches to supporting people

CHALLENGES

Ongoing issues around vacancies, associated in part to the turnover rates. Recent analysis by HR highlighted that, in the time it takes to fill 5 posts, on average 4 more individuals leave their role resulting in a net increase of just 1 person.

As the end of the financial year approaches, senior management time is being spent negotiating with Scottish Government around extensions to funding allocations. Late decisions
have a particularly significant impact for staff on fixed term contracts and can result in HIS losing experienced staff which then impacts on our ability to deliver in the desired timelines.

The combined challenges of moving at pace whilst also working collaboratively across a range of different partners. The current commissioning and delivery landscape for improvement support is extremely complex. The research is clear that collaborative working always takes longer and hence should only be embarked on where the benefits clearly outweigh the additional time required. At present considerable senior management time is being spent negotiating the collaborative space.

EXTERNAL ENGAGEMENT

This section highlights a number of external meetings and events attended by the Chief Executive and Executive Team and hosted by HIS.

Alzheimer Europe Conference – October 2018

Focus on Dementia team members joined 800 delegates from 46 European countries to present their work at the Alzheimer Europe Conference in Barcelona in October 2018. The Portfolio Lead for Focus on Dementia was also invited to present on behalf of the EU Joint Action at the conference and to participate in a Steering Group Meeting of the EU Joint Action. Dementia has been identified as an international priority by the World Health Organisation who have launched their Global Action Plan on Dementia in 2018. A key theme from the conference was the importance of prevention and management of stress and distress for people with dementia. This priority area will be the target area for our Focus on Dementia hospital improvement work in the next two years.

Learning & networking sessions with stakeholders on Community Engagement

The Scottish Health Council participated in this year’s ‘Firestarter’ festival by hosting a session on ‘Changing Services in the NHS – supporting effective engagement’. The session was attended by stakeholders involved in engaging people in change, with representatives attending from NHS Boards, Health and Social Care Partnerships, Scottish Government and academic institutions. The session provided a networking opportunity for those involved in the work, and will act as a starting point for further sessions to support developing practice.

Public Participation Best Practice

A Participation Research Network event was hosted by the Scottish Health Council on 26 February to give researchers, policy makers and health and social care staff an opportunity to showcase best practice in public participation in health and social care, as well as innovation in participation research. Topics included participatory budgeting, community-led action research, participatory mapping, peer research supporting human rights and how feedback gathered by the Citizens’ Panel has supported inclusive communication. Presentations from the day are available on the Scottish Health Council website together with a summary of participants’ live tweets from the event.

Mental Health Waiting Times meetings with NHS Boards

Programme for Government (PfG) set out a new action for the Mental Health Access Improvement Support Team (MHAIST) to provide support to every board to identify areas of improvement by expanding the provision of our improvement support. The expectation from SG is that all NHS boards will have an improvement plan in place for mental health services by the end of March 2019, which include key milestones and timescales over the next 2 years. MHAIST has begun a ‘grand tour’ with colleagues from Mental Health Directorate, visiting seven boards so far and meeting with the Chief Executive, Chief Officer or lead from the Integration Joint Board; and clinical leads across mental health. By the end of March, all Boards will have received a visit with an offer to support local development of plans.
Frailty Presentation to Board Chief Executives

In January 2019, the Director of Improvement and the Leads for Acute Care and Living Well in Communities Portfolios delivered a presentation on the ihub’s frailty work to the NHS Boards Chief Executives (CEO) Group. The presentation included an overview of the Frailty at the Front Door Collaborative and work on preventative support for people living at home with frailty. The CEOs responded positively to the presentation with a series of questions and discussion that suggests the CEOs have an interest in community-based preventative support for people with frailty. This resulted in several follow-up discussions including a request for support by a CEO and follow-up discussions with the Scottish Ambulance Service about increasing their potential involvement in our work. Engagement with key leaders in Health and Social Care services continues as the ihub prepares to offer Health and Social Care Partnerships the opportunity to join a national collaborative to reduce unplanned bed days for people living in the community with frailty.

Housing

The HIS Portfolio Lead for Place, Home and Housing and the Director of Improvement met with Mr Stewart, Minister for Local Government and Housing. This meeting was requested by Mr Stewart following a visit to NHS Fife where he met the HIS Place, Home and Housing lead. It was a very positive meeting with a helpful sharing of ideas. Key issues covered included: how to strengthen the links between health and housing, the role of IJBs in creating stronger interfaces, work around homelessness services and the potential benefits that QI methodology could bring if applied systematically to housing improvement challenges. Mr Stewart has requested to keep the discussions going and additional links have been made to key policy leads.

‘From Mars to Medicine’… An evening with Dr JD Polk, Chief Medical & Health Officer, NASA

On 11 February 2019, Healthcare Improvement Scotland hosted an evening with Dr JD Polk at the Planetarium in the Glasgow Science Centre. Dr Polk’s talk focussed on developments within NASA around health technologies to support astronauts undertaking long haul missions and how we might transfer this learning to healthcare on Earth. Professor Jason Leitch chaired the session and Carole Wilkinson provided closing comments on behalf of Healthcare Improvement Scotland. Jennifer Graham was presented with the NASA CMO’s coin in recognition of her work with the space agency. Over 100 people attended in person with many more joining virtually via WebEx link. The feedback from attendees has been extremely positive and reflected well on the reputation of our organisation.

Integration Joint Board Chief Officer Network

The Director of Improvement attended the February meeting of the Integration Joint Board (IJB) Chief Officer Network following a request to provide an update on the work of the ihub. It was noted that the recent recommendation by the Integration Review for “national improvement bodies to work more collaboratively and deliver the improvement support partnerships require to make integration work” provides an opportunity to review the improvement support needs of IJBS. A number of Chief Officers highlighted a desire to have a stronger role in the prioritisation and design of national improvement support programmes. It will be important as part of the review to ensure there is clarity across all our key stakeholders on how new programmes of work are commissioned.
Q Governance Group

As a Health Foundation Q community, country partner, the ihub represented Scotland at the recent Q Governance meeting. This meeting provides both operational and strategic oversight of the range of Q Community offers across the UK and brings together country partners from NHS Wales, Northern Ireland, NHS Improvement and the Health Foundation. With the next phase of Q now under development, the ihub has informed and supported both the national and local specific Q activities with particular focus on the role of Q within the mature Scottish Quality Improvement Context.

QI Connect

We are now in our 6th year of QI Connect and we have seen our audience grow from a small number of clinicians in Scotland to 1046 organisations, including 77 universities across 62 countries. In January, we launched our first set of podcasts on iTunes and other webcasting platforms. This was a test of change in response to suggestions received from our QI Connectors and we have received very positive feedback on this.

International Learning Exchange Sessions

Due to the volume of requests from international groups to visit Scotland, we now schedule 2 international learning exchange sessions each year. In 2019, these are scheduled to take place on 9 May and 2 October. These afternoon sessions bring together all of our visitors to hear from senior leaders in Scotland about the strategic landscape of health and social care. In addition to these sessions, we work with each group to design a bespoke programme, including site visits and meetings based on their specific areas of interest. This work has been undertaken in partnership with Scottish Government, and Healthcare Improvement Scotland is now the ‘go to’ organisation for hosting these visits. A delegate rate of £120 per person ensures that we cover any costs incurred, such as venue hire, catering etc. This year we have visits scheduled from; Denmark, Italy, Sweden, the Netherlands and Qatar.

Institute for Healthcare Improvement Strategic Review

As part of its strategic relationship with the Institute for Healthcare Improvement (IHI), Scottish Government hold an annual review to plan the focus of the work in the coming year. Healthcare Improvement Scotland’s Chief Executive, NMHAP Director and Director of Improvement all contributed to sessions over a period of two days. Value Management spread and Access QI were both identified as priorities for IHI input for 2019/20. Scottish Government agreed to fund IHI input into the initial design phase of Access QI and this is now being taken forward through a short term design group which is being led by Healthcare Improvement Scotland with input from IHI, Scottish Government, NHS Education Scotland (NES) and some representatives from territorial health boards.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Responsible / timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>The role of HIS</td>
<td>Develop a formal statement of the principles by which HIS should operate, underpinned by a revised Operating Framework*</td>
<td>HIS and SG / December 2018</td>
<td>An Operating Framework between HIS and Scottish Government has been agreed and approved by the Cabinet Secretary. The Framework will be published and HIS and SG will undertake to raise awareness of the Framework and develop underpinning processes where appropriate.</td>
</tr>
</tbody>
</table>
| The need to strengthen the visibility of HIS’ powers in relation to follow up to scrutiny and improvement activity, and HIS’ actual and perceived independence | Review legislation to establish areas where additional powers could be helpful*  
This would include  
(i) wider powers relating to access to information  
(ii) the introduction of improvement notices as an additional step in the escalation process | SG with input from HIS / December 2018 | The Staffing Bill legislation currently progressing through Parliament includes a duty on health boards to give such assistance to HIS as it requires to perform its functions in relation to staffing and the power for HIS to serve a notice on a health board to provide HIS with information.  
The escalation process (part of the Operating Framework) includes the ability for HIS to serve an improvement notice on a service provider. HIS will publish the improvement notice and publicly report on progress made in relation to it. |
<p>|                                                                      | Develop an organisation-wide, consistent and transparent process for escalation of issues to Scottish Government, integrating existing HIS escalation algorithms | HIS / December 2018                             | A new, organisation-wide escalation process has been developed for use where a service provider has made insufficient progress in improvements identified by HIS in its quality assurance activity. This is an annex to the Operating Framework above. |</p>
<table>
<thead>
<tr>
<th>Item 1.4, Appendix 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse Events</strong></td>
</tr>
<tr>
<td>The need to ensure consistency of approach across NHS boards to adverse events, and for HIS to become more proactive in its surveillance.</td>
</tr>
<tr>
<td>Explore the development of an Emerging Concerns Protocol – an internal process to consider concerns prior to escalation</td>
</tr>
<tr>
<td>HIS / December 2018</td>
</tr>
<tr>
<td>An organisation-wide process for responding to potential serious concerns was approved by the HIS Board on 5 December 2018. Work is now underway to fully implement this approach by early summer 2019.</td>
</tr>
<tr>
<td>Carry out a 90 day review of HIS’ role in the Adverse Events process, including:</td>
</tr>
<tr>
<td>- Develop a reporting baseline to establish the status, gaps and inconsistencies in adverse event management processes in NHS boards.</td>
</tr>
<tr>
<td>- Further develop a methodology to deliver an external assurance (HIS) component to adverse event management across NHS Scotland in line with the HIS Quality of Care approach and duty of candour reporting requirements.</td>
</tr>
<tr>
<td>HIS / March 2019</td>
</tr>
<tr>
<td>A reporting baseline questionnaire was issued to all patient facing NHS Boards in November 2018. This survey is intended to provide an overview of how boards are implementing the National Framework for Adverse Events. Preliminary findings were discussed at a meeting with Scottish Government (SG) on 7 March and the final draft report (subject to internal communications processes) will be shared with SG by the end of March 2019. SG will consider these findings, in conjunction with key stakeholders, in order to develop a joint action plan.</td>
</tr>
<tr>
<td>In collaboration with the adverse events network, Scottish Patient Safety Programme (SPSP) and the Data Measurement and Business Intelligence (DMBI) Unit, has collated an extensive list of ‘harms’ where national data is currently collected. Initial discussions on the potential use of this data were discussed with SG on 7 March and a summary paper will be shared with SG by the end of March.</td>
</tr>
<tr>
<td><strong>Public Involvement</strong></td>
</tr>
<tr>
<td>The need to clarify the role and contribution of the Scottish Health Council review implementation plan.</td>
</tr>
<tr>
<td>Range of activity being undertaken as part of Scottish Health Council review implementation plan.</td>
</tr>
<tr>
<td>HIS / April 2019</td>
</tr>
<tr>
<td>A recruitment exercise for the new Director of Community Engagement is being undertaken in March 2019.</td>
</tr>
<tr>
<td>A 90 day consultation with staff affected by the change proposals has been completed. A response to the themes arising from feedback received has now been issued to staff. There was a large volume of feedback specifically</td>
</tr>
</tbody>
</table>

*specific action included in the Cabinet Secretary’s response to the Committee*
**Item 1.4, Appendix 1**

| Council in supporting NHS boards and integration authorities to strengthen engagement with people and communities. | - strengthening the existing staffing structure and skills mix within the Scottish Health Council*
| - establishing revised governance arrangements for the Scottish Health Council incorporating clear mechanisms for open and transparent stakeholder engagement
| - strengthening communications and transparency regarding the work of Scottish Health Council, including agreeing a new operating name and brand identity which more clearly reflects its role | relating to proposed revisions to job descriptions, and a supplementary response is being prepared to address these. Phased implementation of the staffing changes will take place in the first half of 2019-20.

A short-life Governance Group has undertaken a review of the SHC Committee role, remit and membership and reported to the Scottish Health Council Committee in February 2019. Revised Terms of Reference for the Committee will be included within the HIS Code of Corporate Governance being presented to the June Board meeting.

A plan to progress and implement renaming and rebranding changes has been developed. A short-list of names has been tested with a sample of internal and external stakeholders and a decision on the name will be made soon. The changes to name and branding will be accompanied by a stakeholder engagement strategy, both to communicate with stakeholders about the changes which are taking place, and to facilitate ongoing stakeholder dialogue.

| The need for clarity regarding Healthcare Improvement Scotland’s role in monitoring and inspecting standards and guidance | Develop a refreshed ‘HIS advice – definitions and status’ document, to provide guidance on the purpose of specific Evidence outputs and how the advice should be used | HIS / December 2018 | A revised document, covering HIS Evidence products, along with those from the National Institute for Health and care Excellence (NICE), was presented to the February meeting of the Quality Committee. The document has been well received during consultation and will be published at the end of March 2019.

Complete review of current standards and agree process for ensuring these are up to | HIS / March 2019 | Our existing standards are being reviewed in relation to their currency for NHSScotland and only standards that remain current will be published on our website at the end of 2018/19.

*specific action included in the Cabinet Secretary’s response to the Committee
Item 1.4, Appendix 1

| date and fit for purpose (including work with NSD around screening standards) | A revised methodology for developing standards will be defined and tested in 2019/20. This will ensure that future sets of standards are better designed to support our external quality assurance work and also aims to create more efficient processes for maintaining the currency of the standards we develop. |

*specific action included in the Cabinet Secretary’s response to the Committee*
1. Purpose of the report

To provide the Board with the draft papers for approval to support the integrated planning process for 2019-20. The papers cover the Operational Plan, the Finance Plan and the Workforce Plan.

2. Key Points

The current draft plans from the integrated planning process are being presented to the Board for approval. As highlighted at the Board Seminar on 20 February 2019, the draft Operational Plan for 2019-2020 has been developed using a different approach from previous years. Members of the Senior Leadership Group have taken the lead and have worked closely with teams and function leads to strengthen collaborative working and their involvement in the planning process.

This approach will continue beyond finalisation of the Operational Plan for 2019–2020 as a significant step toward better cross-organisational working. This should maximise the value and impact of our work and make best use of the resources that we have through greater cohesion, prioritisation and mutual support across our teams and functions.

The Operational Plan was considered by the Quality Committee on 27 February, and the Finance Plan by the Audit and Risk Committee on 6 March. The draft Workforce Plan will be discussed at the next Staff Governance Committee (date to be arranged).

The Workforce Plan is currently still in draft as it has a later submission date to Scottish Government of 30 June 2019.

Feedback and comments from the Committees have been reflected in the updated drafts and the Board is asked to note the following points:

- The draft Operational Plan (Appendix 1) has been developed to support better quality health and social care in Scotland, with a clear focus on the priorities of the Cabinet Secretary for Health and Sport.
  - Integration
  - Mental Health
  - Access to services
  - Governance of quality of care

- Initial board feedback provided guidance on areas for improvement in the plan and these have been reflected in this draft presented today. In particular the following changes have been made:
  - Strengthened the accompanying narrative to highlight the Quality Management System and the ambition and vision of this plan and the work that will take place over 2019-20 to review our work through the strategic and internal change programmes.
Work also to done to highlight the collaborative working and move towards delivery of projects in this way over the course of the next 12 months.

The annex table has been redeveloped and reordered so that our work is described through the outcomes we are setting out to achieve.

Table no longer organised by priority but all of our work mapped to Cabinet Secretary priorities and highlighted if impacts and contributes to more than one priority. This column also highlights the legislative requirements upon us.

Addition of column providing details of stakeholders with whom we engage, develop or seek feedback and input to our work, noting the importance of their contribution to delivery of our work.

Addition of column providing details of the internal HIS teams supporting the development and delivery of this work, providing greater understanding of the existing cross-organisational delivery of our work and helping to identify opportunities going forward.

This draft reflects and includes feedback from Scottish Government policy leads and Sponsor Division. Overall feedback was positive and helpful and the following areas were highlighted which we have addressed:

Scottish Government identified a gap in our work in support for adult social care – we have now included references to this work within our strategic planning programme.

Mental Health – we have provided more detail on the work we will carry out in 2019-20 subject to the confirmation of funding from Scottish Government.

Health and Social Care Standards – these have been referenced throughout the plan and highlighted that these underpin the delivery of our quality of care programme.

Primary Care – more detail provided on our work in this area as part of the integration section.

Openness and learning unit are keen to work closely with us as this plan enabled them to see the breadth of our work and identify opportunities to work with us on a number of areas.

The draft Operational Plan has been shared with teams and function leads and their comments have been incorporated into this version.

We have convened a working group to review and design the associated performance reporting with this year’s Operational Plan. This is a key priority as part of our internal work on corporate governance and responding to the Blueprint for Good Governance.

The draft Operational Plan links our work closely with the quality management system to capture the balance of where our work sits and identifies potential gaps which we may wish to address.

The draft Operational Plan has been developed in tandem with our Financial and Workforce plans as part of a detailed integrated planning exercise.

The Draft Financial Plan (Appendix 2) has been prepared to fully support the Operational Plan. It has been prepared for three years with the objective of breaking even each year. In order to achieve this, a strategic change programme will be introduced within the organisation to focus on achieving recurring savings from 2020-21. The plan is presented in the form of the templates required by Scottish Government Finance Department. A meeting is taking place to discuss the financial plan with Scottish Government colleagues on 14 March 2019 and a verbal update of that meeting will be
provided to the Board. An earlier draft of this plan was considered by the Audit and Risk Committee on 6 March 2019.

- The Draft Workforce Plan (Appendix 3) is presented as a near final draft. The plan fully supports the workforce that is required to deliver the Operational Plan and within the financial resources that we have. The workforce data is substantial and the quality of information has improved considerably since the introduction of eEES. Further work is required to enhance the use of graphs and trends within this plan and to finalise the end of year staffing numbers. These will be incorporated into the final draft plan to be signed off by the Board for submission to Scottish Government by 30 June 2019. This draft plan was discussed with Partnership Forum on 13 March and an earlier version was considered by the Staff Governance Committee on 21 February 2019.

- Looking ahead, we will link with the wider stakeholder engagement work currently being planned on the strategic vision of the organisation. This will include a programme of stakeholder engagement to support the development of the 2020-2021 work plan. We will continue to host a series of events for our programme and function leads to build on the collaborative development of our work. This will include the work of Executive Team geographical leads in terms of relationship management to understand at a strategic level the priorities of NHS Boards.

3. Actions/Recommendations

- The Board is asked to review and approve the Operational Plan 2019-20 and the Financial Plan 2019-22 for onward submission to the Scottish Government prior to 31 March 2019.
- The Board is asked to review the Draft Workforce Plan 2019-22 which underpins the Operational Plan 2019-20 and which will be returned to the Board in final form for approval prior to submission to Scottish Government by 30 June 2019.

Appendices:

Enter appendix details:
1. Operational Plan 2019–2020

If you have any questions about this paper please contact Maggie Waterston, Director of Finance & Corporate Services
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>The Draft Operational Plan 2019 – 20 is built around our strategic commitments and the Cabinet Secretary for Health and Sport priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td></td>
</tr>
<tr>
<td>• Make best use of all resources.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>There is a draft finance and workforce plan to underpin the operational plan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>An internal and external engagement plan is being prepared</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work.</th>
<th>These considerations are made as part of scoping our work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise how the work:</td>
<td></td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td></td>
</tr>
</tbody>
</table>
Making Care Better – Better Quality Health and Social Care for Everyone in Scotland

Our Operational Plan for 2019-2020

April 2019
Contents

Foreword Page X

About us Page X

How we plan our work Page X

How we are supporting national priorities Page X

Annex - Our work Page X
Foreword

Our purpose in Healthcare Improvement Scotland is to help make care better for people across Scotland. This operational plan for 2019-2020 sets out our work over the coming year to support better quality health and social care services in Scotland.

Throughout the United Kingdom, health and social care services are undergoing significant change, while at the same time facing some very difficult challenges. This is also the picture across Scotland. A huge amount of effort is also going into redesigning front line services. There is a strong focus on involving people in their care, delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious.

This all takes place in the context of real financial pressures, and with the challenges of maintaining the required numbers of staff with the right skills and experience. However more is required if we are to achieve the ambition, set out by Scottish Government, of an effective integrated health and social care system across Scotland. It is essential that we take this context into account as we plan the work of Healthcare Improvement Scotland to help make care better.

This plan describes the range of work we are carrying out during 2019-2020. It also illustrates how this work will support key national priorities and ultimately how we support the Health and Social Care Delivery Plan, based on its ambition to build a safer, healthier and fairer society; building on the 2020 Vision for health and social care, the Programme for Government published in September 2018, the implementation of the Health and Social Care Standards and the Quality Strategy. The strategic commitments we are using to shape our overall programme of work for 2019-2020 and beyond include a clear focus on the priorities of the Cabinet Secretary for Health and Sport.

We are supporting the integration of health and social care services; helping build stronger community based care services. We are working to improve access to, and the quality of, mental health services in particular for children and young people. We are strengthening the effectiveness of the governance of quality of care across Scotland through various workstreams and continue to deliver on the statutory duties placed upon us.

In our strategy Making Care Better and our 2018-2019 operational plan we drew attention to our work on a framework – the quality management system – that health and social care systems can use to help deliver high quality services in an effective and sustainable way. The components of this quality management system are quality planning, quality control, and quality improvement – supported by a learning system. We are using this framework to help shape our own overall programme of work, and we will build upon this approach throughout 2019-2020.

This year, we have embarked upon a different approach for planning our work. We are strengthening collaborative working across our different teams and functions, and also their
involvement in the planning process. We are putting a greater emphasis on demonstrating the value and impact of our work, and developing a more consistent, organisation-wide approach to how we engage with others as we develop our plans.

Planning our work in this way will enable us to make some of the difficult decisions that are required about how we rebalance our own overall programme of work. This is with the ultimate aim of ensuring we are making the biggest difference in supporting both the delivery of Scottish Government policy, and improvements to health and social care services.

Thank you for taking the time to read our plan for 2019-2020. We are already working on our plan for 2020-2021, with the ambition of further increasing the impact of our work through a maturing approach to collaborative working across our organisation and using the quality management system to help our planning. To help us plan our work for 2020-21, we would like to hear from you if you have suggestions for how we can best serve our purpose of making health and social care better for everyone in Scotland.

Carole Wilkinson Robbie Pearson
Chair Chief Executive
About us

Healthcare Improvement Scotland is an organisation with many parts and one purpose – to help make the quality of health and social care better for people across Scotland.

Our budget for 2019-2020 is approximately £30 million and we have nearly 500 staff, working mostly from two national offices and a network of local offices across the country.

As this plan illustrates, we carry out a wide range of activities to serve our overall purpose. Our programme of work supports the delivery of Making Care Better, our organisation’s strategy for 2017-2022, and in turn also the Scottish Government’s Health & Social Care Delivery Plan and Programme for Government.

As set out in our strategy the main ways in which we believe we can make the biggest difference and see as our strategic priorities are:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

We are working in an increasingly collaborative way across our organisation, with the aim of maximising the impact we have on improving the quality of health and social care across Scotland.

We believe that how we work with others to deliver our work programme is as important as what we focus our delivery on. In line with wider NHS values all of our work have our organisational values embedded within its delivery and development. Our values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork
How we plan our work

This operational plan describes the work of Healthcare Improvement Scotland during 2019-2020 to help make care better for people across Scotland. The plan provides a basis for our agreement with Scottish Government. It will also be of interest to others who wish to learn about, and offer feedback on, our work programme.

To describe how our work in 2019-2020 is helping make care better we have highlighted some of the work we are carrying out contributing to help deliver against the Cabinet Secretary’s priorities. We describe work being carried out across our organisation in relation to these priorities, illustrating how our different functions are working in an increasingly collaborative way and that we are one organisation, with many parts and one purpose.

Another frame of reference is the quality management system framework we published last year. By viewing our work in this way it illustrates how our work in 2019-2020 will help make care better, but also enables us to make better informed decisions about how we prioritise our work beyond 2019-2020 for example areas to further invest in or disinvest from.

Our Stakeholders

We work collaboratively with an extensive range of other organisations, groups, and people. We are continually adapting how we approach our work to reflect what is required for us to best support the services and people we work with. We value our working relationships including those with: 31 Health & Social Care Partnerships; 32 local authorities; 21 NHS boards; national clinical groups; a wide range of housing, third and independent sector organisations, and: people who use services, carers, and their local communities.

Understanding our stakeholders’ priorities and responding to them is a crucial element of how we plan our work, and this is an area we intend to strengthen further in line with the blueprint for good governance.

As well as working with local and regional partners, we work in collaboration with other national and support organisations, eg to co-ordinate our activities where a national approach will improve quality, value, efficiency and sustainability. Among the many national agencies we work closely with are the Care Inspectorate, NHS Education for Scotland, the Improvement Service, and NHS National Services Scotland. We also engage with international organisations who undertake work similar to ours, so we can learn from each other.

Our different teams and functions engage with an extensive range of stakeholders. One way we will strengthen our ‘quality planning’ is through developing more consistent, organisation-wide approaches to engaging with our stakeholders about the work we will carry out in future.
A new approach

This year, we have embarked upon a new approach for developing our operational plan, in tandem with our financial and workforce plans. We will continue to develop this throughout 2019-2020. As this approach matures, it will enable us to rebalance our overall programme of work so that it best reflects the needs of health and social care services across Scotland and also those of the people who use them.

To underpin the delivery of our work we have created an Internal Change Programme, to bring together internal improvement work to align with our wider organisational priorities and demands. This workstream will focus on innovation, internal improvement and efficiencies and supporting the delivery of the workforce plan in ensuring we have the right people, in the right place with the right skills to deliver the work. This aligns with the blueprint for good governance and will support the delivery of recurrent savings in the coming years. This work is in addition to the review of the Scottish Health Council and the internal QMS collaborative programme.

In 2019-2020 we will also establish a Strategic Change Programme to deliver a rebalancing of our work programme. As the national improvement organisation we are best placed to enable the spread and scale of best practice and will be looking to increase our work in this area. We will explore how we can support and help create the conditions for improvement and the cultural and leadership challenges that are faced by NHS Boards and Health and Social Care Partnerships when developing their strategic plans for the future of services. This work is closely linked with the Internal Change Programme and together will support the design and delivery of our work in future years.

We have convened a working group to review and design the associated performance reporting with this year’s operational plan. This is a key priority as part of our internal work on corporate governance and responding to the blueprint for good governance. We will focus on developing our reporting to reflect the impact of our work, focus on outcomes and not outputs and presenting risk, finance and staffing information alongside programme updates to enable a greater understanding of the programme and progress.

In our operational plan for 2018-2019 we explained that our financial outlook will require us to make tougher choices about priorities, and how we balance the demands for our input with the resources available to us. The integration of our operational, workforce and financial plans and the establishing of our internal and strategic change programmes is ensuring that we align priorities with the necessary expertise and the financial resources required to make care better.

Our operational plan for 2018-2019 drew attention to our work on developing a framework for a quality management system for Scotland. This framework is designed for checking that an organisation, service or individual team has the components in place that are required to effectively and sustainably deliver a high quality service.
As well as supporting the testing of a quality management system within NHS boards and Health & Social Care Partnerships we are testing this within the context of our own organisation and the services we deliver. We anticipate that, by testing the quality management system within Healthcare Improvement Scotland, we will learn about how we can strengthen how we do ‘quality planning’ and better understand the value and impact of our work.

In 2019-2020 we are already using a quality management system to describe and shape our ongoing programme of work and will build on this throughout the year. We will use the approach to improve our collaborative working across Healthcare Improvement Scotland and move towards delivering our work through integrated, multi-disciplinary teams, making best use of the skills and expertise from across the organisation.

A fuller list of our work, is included as an annex to this document. This list is correct at the time of publication, although our overall programme of work evolves on an ongoing basis in response to where we can make the greatest difference. Therefore there will inevitably be some changes to our work programme during 2019-2020, including some new pieces of work that we haven’t yet planned for.
How we are supporting national priorities

To help us plan and prioritise our work, we have a clear focus on the priorities of the Cabinet Secretary for Health & Sport, together with the framework for a quality management system, to describe some of the main activities we are carrying out in 2019-2020 to help make care better.

Many of our individual programmes and projects support more than one of the Cabinet Secretary’s priorities and, as highlighted below, there are some activities that we are required to carry out by legislation. This section does not refer to each and every one of our programmes or projects.

Integration of health and social care services

We are already carrying out a wide range of activities designed to help achieve the ambition of an effective integrated health and social care system across Scotland. This includes, for example, work focusing on the care of older people to maximise the impact of whole system planning and service provision. Essential characteristics of an integrated health and social care system include a stronger focus on involving people, their communities and their carers in the delivery and design of their care, delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious.

As part of our efforts to support the development of stronger community-based services, we are working to develop a more holistic, organisation-wide approach to our work on older people. We are leading improvement work focusing on supporting early identification of older people with frailty or long term conditions (such as chronic obstructive pulmonary disease) to live well in their community for longer. We are also helping to enable people at the end of their lives have a better experience of care and die in their place of choice, which is normally in the community.

We are working as part of the Adult Social Care Reform Programme to support key initiatives, including support to implement the Carers Act, develop Community Led Support hubs across several Health and Social Care Partnerships in Scotland, and support work to develop the community and social care market. This is being developed alongside HSCPs and other national organisations, as well as ensuring all of our work considers the opportunities of choice and control for people in their communities.

We bring together evidence and publish guidance about aspects of care delivered in community settings. For example, during 2019-2020 we are publishing guidelines on: the diagnosis and management of asthma; the pharmacological and non-pharmacological management of dementia, and: prevention, early recognition and treatment of type 2
diabetes. We are also building an informal evidence base of outcome based commissioning and opportunities for self-directed support.

Another key programme of work to alleviate pressures in hospital-settings is to improve outcomes and experience for frail people who present to unscheduled acute care services, by rapidly and reliably identifying frailty at the front door, delivering early comprehensive geriatric assessment within 24 hours, to ensure people experience well-coordinated care attuned to their needs with the focus on support at home or in a homely setting. This will support system changes that result in improved flow, reduction in avoidable admissions, and a reduction in length of stay.

We are continuing to work with the Care Inspectorate to deliver our programmes of joint inspections of health and social care services, which focus on services for children and young people – and also services for older people.

We fund and support strategic and targeted approaches to building a sustainable infrastructure for quality within NHS boards and Health & Social Care Partnerships. This includes, for example, generic support and coaching in quality improvement as well as support for specific, locally determined improvement programmes. Alongside this, we have a programme that provides support with whole system redesign to health and social care organisations. An integral part of this is promoting the involvement of people and their carers who use services in the design process, to ensure that the right services are designed based on their needs.

We will continue to build on our work within Primary Care and deliver targeted improvement support to optimise care and service redesign across primary care in Scotland; including GP Cluster support and supporting improvement work within Integration Authorities as they develop new service models for primary care. We are also beginning a new programme of work on external quality assurance of primary care services.

We are using the quality management system to consider our work on supporting the integration of health and social care services. An area where we could have a stronger focus is the quality assurance of community-based health services. We already have some plans to increase our work in this area and, during 2019-2020 for example, external quality assurance of primary care services.

### Mental health

The Scottish Government’s Programme for Government for 2018-2019 sets out a clear priority for transforming services across Scotland for people with mental ill-health – including children and young people.

We are already working to ensure that people with mental ill-health who need to access psychological therapies get the right help when they need it, and also to improve access to
mental health services for children and young people. As well as reducing waiting times, our work in this area is focused on enabling improvements to the quality of care more broadly.

We are working with NHS boards and Health and Social Care Partnerships to support them to develop robust plans to improve access to mental health services which are informed by the data, the evidence about what works, and service user and staff insights.

Through the mental health access collaborative, we are working with frontline teams to develop and deliver improvements to services across a range of mental health supports and settings.

Alongside this we have an established quality improvement safety programme focused on reducing harm in mental health settings, which is addressing issues such as the safe prescribing of medicines, self-harm, and the use of restraint and seclusion.

As part of this programme, in January 2019 we published new guidance which supports and challenges all mental health care practitioners to move away from the traditional practice of enhanced observation and work instead towards a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre. This is a significant change in practice which will require work to embed the new approaches. We are currently awaiting the outcome of a proposal to Scottish Government to extend the Improving Observation Practice programme for a further two years to enable us to support NHS boards to embed this new way of working into business as usual practice.

Other new areas of work include the translation of established safety principles into perinatal and infant mental health and children and young people’s services. We are also supporting work to ensure services take an evidence-based approach to early intervention when people have a first episode of psychosis.

We continue to develop methodology which supports local integrated teams, including young people, social care, education, police and community organisations to design preventative pathways for young people’s mental health.

During 2019-2020, we are developing a guideline on the care provided for people with eating disorders and we anticipate this will help improve existing services and also, where necessary, with the redesign of services. We are also working with Scottish Government colleagues on a Suicide Learning Reporting System to ensure we are maximising the opportunities for scale and spread of learning and best practice from our assurance work.

The majority of our work on mental health contributes to the quality planning and quality improvement components of the quality management system. We are now exploring options for how we can consolidate our work to help improve the quality of care for people with mental ill-health. This includes developing how we support front line services carry out quality control of mental health services, and also how we strengthen collaborative working across the different functions of Healthcare Improvement Scotland.

Our work is aligned to Scottish Government priorities and supports not only Programme for Government delivery plan but also Children and Young People Mental Health Taskforce.
delivery plan, the Mental Health Strategy Action Plan and the Suicide Prevention Action Plan.

Access to care

We are currently working with Scottish Government and NHS Education for Scotland to design a programme to help improve access to services and waiting times. This programme will seek to embed the key elements for ensuring a sustained reduction in waiting times over the medium and longer terms.

The Cabinet Secretary has recently asked for a new programme of Quality Improvement work to support the delivery of the Waiting Times Improvement Plan (WTIP). Healthcare Improvement Scotland, NES and the Scottish Government are working together with key colleagues across Scotland to complete the detailed design of this work with the aim of starting delivery from April 2019.

This work will support the deployment of quality improvement expertise against the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care. It will do this by:

- strengthening the use of Quality Improvement (QI) within existing access improvement programmes.
- supporting leaders to create the conditions for QI to be successfully applied to waiting time challenges
- supporting the accelerated implementation of locally redesigned pathways of care
- increasing QI capacity and capability

We are aligning and integrating this new programme of work with existing and proposed improvement work within HIS, including using our expertise in the development of evidence based advice, standards and guidance to add significant value to this priority area of work as well as using our QMS approach to support oversight and design of this work.

This is an area we are investing in further, recognising that some of our existing programmes and projects help with access to services; our work on access to mental health services, delivering reliable safe care through the Scottish Patient Safety Programme and in supporting people to live well in community settings.

Governance of the quality of care

Across Healthcare Improvement Scotland, we carry out a wide range of activities that are designed to help strengthen local governance arrangements for the quality of care. This is continuing in 2019-2020 and beyond.
Our external quality assurance work continues to include a focus on the robustness of NHS boards’ governance structures, and their systems and processes to support staff to consistently deliver safe, effective, compassionate and person-centred care. As part of this, there is an ongoing programme of NHS board reviews which look at the quality of care provided, with a particular focus on outcomes and the effectiveness of leadership.

Throughout 2019-2020, we are continuing to carry out inspections and reviews of hospital based services. These are designed to support improvements in care by highlighting where care is good and also where the quality of care should be better. We are currently reviewing our programmes of hospital-based inspections (which focus on the care of older people, and also safety and cleanliness) to take a more holistic approach to these reviews.

We are continuing to embed the Health and Social Care Standards and to ensure that the underpinning principles are reflected in the design and delivery of care. The Standards underpin our quality of care approach and also support improvements in the quality of services across health and social care.

We are developing our own approach to how we consider, and where necessary respond, to potentially serious concerns about the quality of care that our organisation is made aware of. This is also designed to help strengthen the effectiveness of governance mechanisms within NHS boards. We report publicly on how NHS boards have responded to concerns about quality of care (including their governance mechanisms), as well as on the quality of care itself.

One of the ways in which potentially serious concerns about the quality of care are brought to our attention is via our intelligence sharing work with other national agencies. This work is also designed to help strengthen the effectiveness of governance within NHS boards, by considering data and intelligence information from seven national agencies and discussing this with individual NHS boards.

We are leading a national programme to improve the quality of nursing care through the development of indicators and tools to improve and assure the robust and reliable delivery of nursing and midwifery care across NHS Boards We are also supporting the introduction of new legislation to implement the necessary workforce tools and to monitor the provision of safe staffing in our healthcare facilities.

During 2019-2020, we are setting up a programme of work to support NHS boards and Health & Social Care Partnerships to put in place quality management systems. We are now considering opportunities for additional support we can provide for NHS boards and Health & Social Care Partnerships to help them plan and improve their local governance mechanisms (i.e. the quality planning and quality improvement elements of the quality management system).
Ensuring the effective engagement of individuals in the design and provision of their care

Through our Scottish Health Council local office network we are continuing our work to enable local communities to participate in the planning, development, and delivery of services. As part of this work with local communities, individuals, and the Third Sector, we use equalities monitoring data to understand how well we are ‘reaching’ different parts of the community.

We have a legal duty to help reduce health inequalities, and to involve service users, carers, and the public in our work. Throughout 2019-2020 we are further developing how, for work carried out across Healthcare Improvement Scotland, we assess the anticipated impact on health inequalities. We are also continuing to produce and promote evidence that helps NHS boards and policy makers address health inequalities.

Helping build knowledge and share learning is also one of the aims of our international learning exchange which, through QI Connect, a series of interactive WebEx sessions, provides an opportunity for colleagues across health and social care to learn from international leaders in the fields of improvement, innovation and integration.

We are also incorporating the *Scottish Approach* to service design within our improvement work, which aims to empower and support the people of Scotland to actively participate in the definition, design and delivery of their public services.

Statutory duties to safeguard the public and to provide high quality care

There are a number of activities that we are required to carry out by law. These include:

- providing a single point of advice for Scotland on the clinical and cost-effectiveness of new and existing health and care technologies that are likely to have significant implications for people’s care;

- providing a single point of advice for Scotland on the clinical and cost-effectiveness of all new medicines, with the aim of reducing variation in availability of medicines across Scotland;

- maintaining and publishing the register of controlled drugs’ accountable officers in Scotland, and providing external quality assurance of the governance arrangements for the safe management of controlled drugs;
• providing advice and support to NHS boards on involving patients and communities in service change processes;

• helping to improve the quality and accuracy of death certificates, and giving public assurance around the death certification process; and

• regulating independent healthcare services, with the aim of ensuring that independent clinics, hospitals (including private psychiatric hospitals) and hospices are maintaining high standards of care.

• Regulatory inspections to ensure safe care, for patients, carers and staff who are exposed to medical ionising radiation (x-rays and nuclear medicine, and treatments such as radiotherapy) in any NHS or independent service.
### Our Work

The table below provides more detailed information on our work for 2019-2020 and describes the outcomes we wish to achieve, the objectives of this work, our stakeholders; how this will contribute to the Cabinet Secretary’s priorities and how this work is delivered and supported cross organisationally from across HIS.¹

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Our Stakeholders</th>
<th>Cabinet Secretary Priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use health and social care are safe from harm.</td>
<td>Primary care improvement portfolio • SPSP in Primary Care • GP cluster improvement support • New models of care • SPSP Dentistry • SPSP Medicines</td>
<td>To deliver targeted improvement support to optimise care and service redesign across primary care in Scotland.</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Integration Access</td>
<td>Primary Care Improvement Team</td>
</tr>
<tr>
<td>Primary care workforce is expanded, more integrated and better coordinated with community and secondary care, to make primary care more sustainable.</td>
<td>People who work in health and social services feel engaged with the work they do.</td>
<td>Work in partnership with national organisations, health and social care practitioners, people with dementia and carers to improve the quality and experience of dementia care and support.</td>
<td>People with dementia and their carers Scottish Government Alzheimer Scotland NHS Education for Scotland Scottish Social Services Council (SSSC) Care Inspectorate Scottish Care</td>
<td>Integration Access</td>
<td>NMAHP</td>
</tr>
<tr>
<td>People who work in health and social services feel engaged with the work they do.</td>
<td>Focus on dementia portfolio • Acute Care Programme • Care Co-ordination • Specialist Dementia Units • Post Diagnostic Support • International Consortium of Outcome Measures • SIGN Dementia Guideline</td>
<td>To develop evidence based guidelines for healthcare professionals and associated patient and carer versions and develop ways in which guidance can be more rapidly disseminated and implemented.</td>
<td>NHS boards; other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Integration Governance</td>
<td>SIGN Health Economists</td>
</tr>
</tbody>
</table>

¹ The annex table will be reviewed and acronyms etc corrected as part of the proofing process for publishing the Operational Plan 2019-2020.

[Type here]
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Stakeholders</th>
<th>Cabinet Secretary priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the quality of care provided to prevent and to minimise the impact of pressure ulcers</td>
<td>Pressure ulcer best practice statement</td>
<td>To revise the existing NHS Quality Improvement Scotland best practice statement to reflect current practice</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Integration</td>
<td>Standards &amp; Indicators Team Knowledge Management Team Communications Quality Assurance Acute Care Portfolio Evidence and Evaluation Support (EEVIT) Transformational Redesign Unit</td>
</tr>
<tr>
<td>People at risk of unplanned time in hospital and their carers have a better quality of life living well at home or a homely setting in their community for longer. Integrated community-based services are stronger. Integrated H&amp;S systems alleviate pressures on unplanned hospital services. Workforce feel engaged and supported in the work they do.</td>
<td>Living well in communities portfolio  - Living Well in the North (with frailty)  - Living and Dying Well in Communities Collaborative  - Living and Dying Well in Care Homes Collaborative  - Integrated frailty system  - Living Well with Long Term Conditions</td>
<td>To support Health and Social Care Partnerships to implement and scale-up new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital.</td>
<td>NHS boards; Health &amp; Social Care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Integration</td>
<td>Acute Care Portfolio Focus on Dementia Place, Home and Housing Primary Care Improvement Team Public Involvement Unit Excellence in Care Team DMBI Clinical Engagement Team NMAHP EEVIT</td>
</tr>
<tr>
<td>To improve the quality of care for people within acute care settings through a focus on key harms that can be reduced or prevented, improving outcomes and experience for frail people who present to unscheduled acute care services and creating the system and team conditions to enable improvement.</td>
<td>Acute care portfolio  - SPSP Adult acute care  - Older people in acute care  - Value Management</td>
<td>Work in partnership with NHS Boards to enable improvements in both the care experience and outcomes for people in acute care.</td>
<td>NHS boards; people, their carers, families and support networks Health &amp; Social Care Partnerships Scottish Government ISD Royal Colleges Other national organisations</td>
<td>Integration</td>
<td>Primary Care Improvement Team Public Involvement Unit Excellence in Care Team DMBI Living Well in Communities Team Quality Assurance EEVIT</td>
</tr>
<tr>
<td>To improve the quality of care for children and families through a focus on key harms that can be reduced or prevented and creating the system and team conditions to enable improvement within maternity, neonatal and paediatric acute care settings.</td>
<td>Maternity and Children Quality Improvement Collaborative</td>
<td>Work in partnership with NHS Boards to enable improvements in both the care experience and outcomes for children and families in acute care settings.</td>
<td>NHS boards; people, their carers, families and support networks Health &amp; Social Care Partnerships Scottish Government ISD Royal Colleges Other national organisations</td>
<td>Integration</td>
<td>Primary Care Improvement Team Public Involvement Unit Excellence in Care Team DMBI Quality Assurance</td>
</tr>
<tr>
<td>NHS Boards and Health and Social Care Partnerships create the conditions and supporting infrastructure required to enable a quality management approach at all levels of the system to be applied.</td>
<td>Quality infrastructure portfolio  - Bespoke Board support  - NHS Education quality improvement commissions  - Continuous quality improvement allocations  - Quality management system development  - Networks and knowledge exchange</td>
<td>To support NHS Boards and Health and Social Care Partnerships to develop a co-ordinated and consistent approach to managing quality.</td>
<td>NHS boards and integration joint boards. Health and Social Care Partnerships. Scottish Government NHS Education for Scotland Health Foundation, QI members QI community</td>
<td>Integration</td>
<td>DMBI Knowledge Management Team EEVIT</td>
</tr>
<tr>
<td>Outcomes</td>
<td>What work will help us achieve this outcome</td>
<td>Objectives</td>
<td>Stakeholders</td>
<td>Cabinet Secretary priority</td>
<td>HIS Teams supporting delivery</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| The quality of healthcare is improved, and the national health and wellbeing outcomes are achieved through consistent quality assurance applied by healthcare providers and organisational reviews. | Review and Inspection (Operational)  
• 4 NHS Board organisational reviews  
• 6 Joint inspections of children’s services  
• 4 Strategic inspections of adult services  
*NOTE: inspection numbers are subject to change and will be confirmed in due course* | Deliver a programme of strategic reviews based on the Quality Framework and the Health and Care Standards focusing on outcomes, impact and quality of leadership. | Operational and strategic staff from across education, social work sectors  
Citizens, patients, carers, families & communities including Children, young people and their families  
NHS boards, integration joint boards (IJBs), health & social care partnerships.  
Third sector, housing & independent sector  
Care providers & support staff in health & social care  
Independent care providers  
Care Inspectorate  
Scottish Government  
Police Scotland  
Scottish Children’s Reporter Administration (SCRA)  
Third sector organisations. | Integration | Quality Assurance Regulation and Assurance Team  
NMAHP  
Communications  
ihub Improvement Advisors  
DMBI |
| CAMHS and PT services are providing access within nationally agreed timescales while maintaining or improving other measures of quality used to monitor the services provided.  
NHS boards and Health and Social Care Partnerships can demonstrate improved outcomes for people with mental illness defined by a reduction in harm, improved physical health outcomes.  
Support implementation of revised guidance on improving observation practice for suicidal, violent or vulnerable patients. | Mental health portfolio  
• SPSP mental health  
• SPSP observations  
• Mental health access for children and adolescents | Work in partnership with national organisations, health and social care practitioners, service users and carers to improve access to mental health services, improve safety and, improve the quality of care | People with mental health care needs, their carers, families and support networks  
Health and social care organisations (including third sector) involved in providing mental health care  
Education providers involved with mental health care for children and adolescents  
Police Scotland  
Royal College of Psychiatrists  
Scottish Government  
Third sector national organisations  
Other national organisations | Mental Health Access | Mental Health Access  
Improvement Support Team (MHAIST)  
Data Measurement and Business Intelligence Team (DMBI)  
Knowledge Management Team  
SIGN  
Transformational Redesign Unit |
| People have the evidence and knowledge to enable them to get the best out of the services that they use and help improve services. Better care and outcomes for patients | Scottish Intercollegiate Guidelines Network (SIGN)  
• Eating Disorders Guideline | To develop evidence based guidelines for healthcare professionals and develop ways in which guidance can be more rapidly disseminated and implemented. | NHS boards; Other national organisations; health & social care partnerships; Citizens, patients, carers, families & communities  
Scottish Government | Mental Health | SIGN  
Health Economists  
MHAIST  
Knowledge Management Team  
Public Involvement Unit |
| Support the deployment of quality improvement expertise against the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care | Access QI  
• strengthening the use of QI within existing access improvement programmes  
• supporting leaders to create the conditions for QI to be successful applied to waiting time challenges | NHS Boards, regional and national planning and delivery groups  
Health and social care practitioners | Access | MHAIST  
Primary Care Improvement Team  
Public Involvement Unit  
Excellence in Care Team |
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Stakeholders</th>
<th>Cabinet Secretary priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
</table>
| Health and social care organisations understand population-level need, and plan and deliver services for people in new ways which ensure better outcomes. | Strategic Planning Portfolio  
- Strategic planning  
- Approaches to transformational redesign                                                                                   | Through the provision of strategic planning advice, guidance and coaching, support health and social care systems to understand their high impact opportunities for redesign, develop robust implementation plans and evaluate the impact of new pathways and models of care.  
To develop the internal and external capacity and capability to apply service design approaches to support the exploration, prototyping and implementation of new pathways and models of care, with a rigorous commitment to user research and engagement throughout. | NHS Boards, regional and national planning and delivery groups  
Health and social care practitioners  
Health and Social Care Partnerships; Integrated joint Boards;  
Scottish Government                                                                                                       | Integration                                                                                                      | Transformation Redesign Unit  
Scottish Health Council  
Local Office Network  
Community engagement improvement support  
DMBI Participation Network | |
| NHS Scotland delivers value in medicines provision for the people of Scotland and people have access to new medicines, most notably in the end of life, orphan and ultra-orphan categories. | Scottish Medicines Consortium Programme  
- Provide advice on the clinical and cost effectiveness of all new medicines for NHS Scotland  
- Ensure the smooth introduction of the new ultra-orphan pathway.                                                                 | Provides evidence support and advice to NHS Scotland on the use of new and existing health and care non-medicines technologies that are likely to have significant implications for people’s care in Scotland.  
NHS Boards, regional and national planning and delivery groups  
Health and social care practitioners  
Health and Social Care Partnerships; Integrated joint Boards;  
Scottish Government                                                                                                       | Governance Legislative                                                                                           | SMC Public Involvement Unit  
Communications Medicines Team                                                                                                    | |
| People have access to effective non-medicines interventions and health and social care organisations deliver better value services for people in Scotland. | Scottish Health Technologies Group Programme  
- Arteriovenous (AV) fistula  
- Left atrial appendage occlusion  
- MitraClip® transcatheter mitral valve repair system  
- MRI Simulator / MRI Linac / Proton Beam Therapy  
- Synovasure alpha defensin lab test for the diagnosis of periprosthetic joint infection  
- Normothermic regional perfusion for liver transplant  
- Hernia mesh repair  
- Stem cell transplant for multiple sclerosis  
- Closed system drug transfer devices for cytotoxic drugs  
- Cochlear implants                                                                                                               | Provides evidence support and advice to NHS Scotland on the use of new and existing health and care non-medicines technologies that are likely to have significant implications for people’s care in Scotland.  
NHS Boards, regional and national planning and delivery groups  
Health and social care practitioners  
National Procurement Professional bodies Manufacturers and technology developers  
Scottish Government Research organisations and academic groups                                                                 | Governance Legislative                                                                                           | SHTG Health Economists  
Medical Directorate  
Knowledge Management  
Public involvement Unit                                                                                                          |
<table>
<thead>
<tr>
<th>Outcome</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Stakeholders</th>
<th>Cabinet Secretary Priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responding to concerns</td>
<td>To ensure that where significant risks to the quality of health and care are identified there is prompt, proportionate, co-ordinated, and effective collaborative working between the relevant scrutiny and improvement bodies.</td>
<td>NHS Boards Public, patients, carers and communities Staff in health and social care organisations NHS Education for Scotland, Health and Safety Executive Hospices and independent organisations which have the Chief Medical Officer as their Responsible Officer General Medical Council National Services Scotland Audit Scotland, Care Inspectorate, Mental Welfare Commission, Scottish Public Services Ombudsman</td>
<td>Governance</td>
<td>Quality Assurance Service Review Team DMBI ihub SIHC G Scottish Morbidity and Mortality Programme</td>
</tr>
<tr>
<td></td>
<td>Operational review and inspection</td>
<td>Delivery of a programme of operationally focused review and inspections across a number of workstreams including revision of the existing methodologies in our hospital inspections for both the acute and non-acute settings.</td>
<td>Patients and their relatives, carers and communities HIS public partners NHS Boards; Scottish Government Scottish Parliament Prisoner population Prison healthcare staff Scottish Prison Service Scottish Government Her Majesty's Inspectorate of Prisons (HMIPS) Integration Joint Boards, Health &amp; Social Care Partnerships Third sector organisations HIS inspection staff staff members who work within the scope of IR(ME)R Independent healthcare providers.</td>
<td>Governance Legislative</td>
<td>Hospital Inspections Team Prisoner Healthcare Network Team Medicines Team Clinical Engagement Team</td>
</tr>
<tr>
<td></td>
<td>Topic specific – planned and responsive</td>
<td>Provision of planned and unplanned external assurance and support to specific health services or areas where there has been an identified need for topic specific focus through our Quality of Care approach.</td>
<td>NHS Boards Scottish Screening Committee; Scottish Government Public, patients, carers and communities Staff in health and social care organisations NHS Education for Scotland, Scottish Fatalities Investigation Units</td>
<td>Governance</td>
<td>Quality Assurance Service Review Team DMBI ihub SIHC G Scottish Morbidity and Mortality Programme Medicines Team Public Involvement Unit</td>
</tr>
</tbody>
</table>

*NOTE: inspection numbers are subject to change and will be confirmed in due course*
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Stakeholders</th>
<th>Cabinet Secretary Priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>People experience improved personal and clinical outcomes as a result of services delivering nationally consistent good quality care.</td>
<td>Standards and indicators Topic to include:  - Screening for abdominal aortic aneurysm  - Standards for care in mortuaries  - Sexual health  - Healthcare associated infection  - Congenital heart disease  - Barnahaus standards</td>
<td>Deliver a programme of standards and indicators development and revision of existing standards in line with the Health and Social Care Standards based on commissions from stakeholders, including clinical communities and Scottish Government.</td>
<td>Citizens, their families, carers and communities  - NHS boards;  - Scottish Government  - Other national organisations  - Patient Groups, clinicians,</td>
<td>Governance Access</td>
<td>Standards &amp; Indicators Team  - Knowledge Services  - Communications  - Quality Assurance  - MHAIST  - SPSP MCQIC  - SIGN  - Public Involvement Unit  - Person Led Care Unit</td>
</tr>
<tr>
<td>The provision of safe, effective interventions for patients.</td>
<td>Oversight group for use of vaginal mesh in Scotland</td>
<td>To provide oversight of the use of transvaginal mesh implants until a managed clinical network is established</td>
<td>Representatives from NHS Boards, public bodies and patient groups, Scottish Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better quality and more appropriate services, alongside increased support for people, resulting in improved health and wellbeing outcomes for people and communities</td>
<td>People led care  - Community Led Support  - Outcomes Based Commissioning  - Unpaid Carers  - Person-Centred Care  - Third and Independent Sector Engagement</td>
<td>Enabling people-led care and support across health and social services, making sure services and supports keep people at the heart of service planning and delivery through people centred care and improved engagement of the third and independent sector in improvement work. Support the delivery of the Adult Social Care Reform Programme through the delivery of programmes including Community Led Support and Outcomes Based Commissioning.</td>
<td>NHS Boards;  - Scottish Government  - HSCPs  - Third and independent sector organisations</td>
<td>Integration</td>
<td>Transformation Redesign Unit  - Scottish Health Council  - Local Office Network  - Community engagement improvement support</td>
</tr>
<tr>
<td>Reduction in re-offending (this will be achieved in conjunction with other legislative interventions), improved health outcomes for prisoners and reduced mortality. Contribute to reducing health inequalities in Scotland.</td>
<td>Prisoner Healthcare</td>
<td>To improve health outcomes and to reduce health inequalities within the prison population of Scotland with a stated aim to reducing re-offending and improving through care arrangements for offenders.</td>
<td>NHS Boards;  - Scottish Government  - Prisoner population  - Prison healthcare staff  - Scottish Prison Service</td>
<td>Access Governance</td>
<td>Prisoner Healthcare Network Team  - Quality Assurance Inspections Team</td>
</tr>
<tr>
<td>Outcomes</td>
<td>What work will help us achieve this outcome</td>
<td>Objectives</td>
<td>Stakeholders</td>
<td>Cabinet Secretary priority</td>
<td>HIS Teams supporting delivery</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>---------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Optimal antibiotic treatment for all patients with infections across all care settings and fewer preventable adverse effects attributable to antimicrobials.</td>
<td>Scottish Antimicrobial Prescribing Group (SAPG) best practice guidance</td>
<td>Containing the spread of Antimicrobial Resistance (AMR) in Scotland and reducing patient harm by maintaining the national antimicrobial stewardship agenda from Healthcare Associated Infection (HAI).</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Governance</td>
<td>SAPG ADTCC Team Knowledge Management Communications</td>
</tr>
<tr>
<td>People have the evidence and knowledge to enable them to get the best out of the services that they use and help improve services. Better care of and outcomes for patients</td>
<td>Scottish Intercollegiate Guidelines Network (SIGN) guidelines  - Osteoporosis  - Diabetes in pregnancy  - Diabetes type 1  - Epilepsy in children</td>
<td>To develop evidence based guidelines for healthcare professionals and versions for patients and carers and develop ways in which guidance can be more rapidly disseminated and implemented.</td>
<td>NHS boards; Other national organisations; health &amp; social care partnerships; Citizens, patients, carers, families &amp; communities; Scottish Government</td>
<td>Governance</td>
<td>SIGN SPSP MCQIC Knowledge Management Team Public Involvement unit</td>
</tr>
<tr>
<td>NHS Boards can demonstrate public and service user involvement in shaping services. People and communities can see how their feedback has been used to change and develop services.</td>
<td>Community engagement improvement support</td>
<td>Ensure people are involved in decisions about health services by enabling local communities to participate in the planning and development of services and to support them in influencing how these services are managed and delivered.</td>
<td>Citizens, patients, carers, families and communities; NHS Boards, Integration Joint Boards, Health &amp; Social Care Partnerships. Scottish Government and other national organisations</td>
<td>Governance</td>
<td>Scottish Health Council Local Office Network Communications Transformational Redesign Unit</td>
</tr>
<tr>
<td>NHS Boards can demonstrate public and service user involvement in shaping services</td>
<td>Service change</td>
<td>Provide advice and support to NHS Boards on involving patients and communities in service change processes, in line with Scottish Government guidance.</td>
<td>NHS Boards; citizens, patients, carers, families and communities. Integration Joint Boards, Health &amp; Social Care Partnerships. Scottish Government</td>
<td>Governance</td>
<td>Integration Access Legislative Service Change Team Communications team Information Governance Quality Assurance Directorate Transformational Redesign Unit</td>
</tr>
<tr>
<td>Volunteering contributes to Scotland’s health by enhancing the patient experience and providing opportunities to improve the health and wellbeing of volunteers themselves</td>
<td>Volunteering in Scotland</td>
<td>The infrastructure that supports volunteering is developed, sustainable and inclusive. Volunteering and the positive contribution it makes is widely recognised with a culture which demonstrates its value across the partners involved.</td>
<td>NHS Boards, NHS staff, volunteers, third sector organisations, Health &amp; Social Care Partnerships.</td>
<td>Governance</td>
<td>Access Integration Volunteering Team ihub Public Involvement Unit</td>
</tr>
<tr>
<td>People’s views and experiences are routinely used to inform health and social care development and delivery</td>
<td>Participation network</td>
<td>Collaborate with others to build the evidence base for engaging people and communities, with a focus on demonstrating the impact of engagement. Provide directorate-wide support to staff for events, website and multimedia communication, research and information governance</td>
<td>Citizens, patients, carers, families and communities; NHS Boards, Education and voluntary/third sector organisations, Scottish Government.</td>
<td>Governance</td>
<td>Access Integration Scottish Health Council Information management Knowledge Services Team Transformational Redesign Unit</td>
</tr>
<tr>
<td>Outcome</td>
<td>What work will help us achieve this outcome</td>
<td>Objectives</td>
<td>Stakeholders</td>
<td>Cabinet Secretary Priority</td>
<td>HIS Teams supporting delivery</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| The quality and safety of healthcare is improved through better use of medicines | Medicines and pharmacy  
- Area Drug and Therapeutic Committees (ADTC)  
- Hospital Electronic Prescription and Medicines Administration (HEPMA)  
- Implementation support  
- Off-Label cancer medicines: evidence into practice | Improve safe, effective, and efficient use of medicines through bringing together NHS staff and professional organisations, supporting reliable spread and supported implementation of best practice, assessing the quality and safety of healthcare, and empowering people to manage their own care and shape services. | Area Drugs and Therapeutic Committees, NHS Boards, Scottish Government  
Medical, nursing and pharmacy community, others prescribing medicines, patients and the public, families & communities, pharmacy professionals and the wider clinical community, health & social care partnerships. | Governance | Medicines Team  
Public Involvement Team  
Clinical Engagement Team  
Knowledge Management Team |
| Improve decision making relating to access to medicines                | National Review Panel                                                                                         | To establish and co-ordinate the National Review Panel as part of the revised Peer Approved Clinical System (PACS) Tier Two system for medicines | Citizens, patients, carers, families & communities, pharmacy professionals and the wider clinical community, NHS boards, health & social care partnerships, Scottish Parliament & Scottish Government. | Governance | Medicines Team  
Quality Assurance  
Public Involvement Unit |
| Improve decision making relating to establishment of disease registries in Scotland | Rheumatology registry                                                                                       | Pilot a quality registry to facilitate symptom tracking, self-management, shared decision making during clinical interventions, and recording of outcome measures to support coproduction of care. | Citizens, patients, carers, families & communities, pharmacy professionals and the wider clinical community, NHS boards, health & social care partnerships, Scottish Government. | Governance | Medicines Team  
Clinical Engagement Team |
| The quality and safety of hospital care is improved                   | Hospital Standardised Mortality Ratio (HSMR)                                                                  | Improve care through: providing advice/support to NHS boards who have a hospital with a high/increasing HSMR, and seeking assurance that such data are responded to appropriately. | NHS Boards; senior managers and clinicians; Scottish Government | Governance | DMBI Team  
SPSP Acute Care Communications |
| Improved quality and accuracy of medical certificates of cause of death, public health information and clinical governance | Death certification review service                                                                           | To ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered. | Scottish Government; National Records of Scotland (NRS), NHS24, NHS Education for Scotland (NES), National Services Scotland (NSS). NHS boards, certifying doctors, District Registrars, Funeral Directors, Foreign Commonwealth Office. | Governance Legislative | DCRS Review Team  
DMBI Communications  
Scottish Health Council Public Involvement Unit |
| To improve the quality and culture of team based safety reviews through co-production; where safe care, shared learning, quality improvement and a ‘just culture’ is at the forefront | Scottish morbidity and mortality programme                                                                        | To provides the degree of assurance and governance oversight that NHS Boards are reviewing and learning from not only mortality or morbidity but also understanding complexity in care, near misses, learning from good care, feedback and complaints etc. and it is being done in a structured team based approach according to a national standard and closest to patient care. | NHS Boards; RCSEd, RCGP, RCP5G, Scottish chapter of the AAGBI, General Medical Council, NES, Scottish Government (including CMO), Care Inspectorate, Scottish Clinical Leadership Fellows, Scottish Quality and Safety | Governance | Clinical Engagement Team  
Adverse Events/Service Review Team |
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>What work will help us achieve this outcome</th>
<th>Objectives</th>
<th>Stakeholders</th>
<th>Cabinet Secretary priority</th>
<th>HIS Teams supporting delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve skills and capacity in improvement of care</td>
<td>QI Connect</td>
<td>To deliver a global webinar series designed to connect health and social care (and beyond) professionals around the world with international experts in the fields of innovation and integration</td>
<td>The audience for QI Connect currently spans across 1046 organisations (including 77 universities) from 62 countries</td>
<td>Governance</td>
<td>QI Connect Team Clinical Engagement Communications</td>
</tr>
<tr>
<td>The Scottish NMAHP system and community can realise the vision that nursing workforce that will be ready and able to meet people’s needs by 2030</td>
<td>External Nursing Midwifery and Allied Health Professions (NMAHP) Health and Social Care system support</td>
<td>Provision of reactive directed NMAHP support, advice and expertise on request from National and Territorial Health Boards, Integrated Joint Boards and Health and Social Care Partnerships.</td>
<td>NMAHP leadership community; SEND; NHS boards, health &amp; social care partnerships, Scottish Government.</td>
<td>Governance</td>
<td>NMAHP ihub Clinical Engagement Team</td>
</tr>
<tr>
<td>A Single National Formulary which will promote high quality, safe and effective prescribing, supported by a national oversight board with national clinical leadership.</td>
<td>Single National Formulary</td>
<td>To define the Single National Formulary, its purpose, content and structure; assess and agree the best approach to take in the collaborative development of Single National Formulary content ensuring NHS board engagement throughout the development. Prioritisation of conditions for development based on national priorities. Consider, agree and implement the governance that will be required to support the creation and ongoing management and to analyse and understand commonality and variation in Board formularies and prescribing practice across all Scottish health boards, with a view to understanding the challenges and potential benefits of developing the Single National Formulary.</td>
<td>Area Drugs and Therapeutic Committees, NHS Boards, Scottish Government Medical, nursing and pharmacy community, others prescribing medicines, patients and the public, families &amp; communities, pharmacy professionals and the wider clinical community, health &amp; social care partnerships.</td>
<td>Governance</td>
<td>Medicines Team Clinical Engagement Team ADTCC Team Knowledge Management SIGN SMC SAPG</td>
</tr>
<tr>
<td>Better planning and sharing of good practice and integration of policies on the quality of care by health and social care staff in Scotland</td>
<td>Quality of Care in Scotland Develop a Quality of Care in Scotland Report</td>
<td>To produce a report on the quality of care in community based services and the pressures NHS Boards are currently experiencing</td>
<td>Citizens, patients, carers, families &amp; communities, the clinical community, NHS boards, health &amp; social care partnerships, Scottish Government.</td>
<td>Governance</td>
<td>NMAHP ihub Quality Assurance Scottish Health Council Medical Directorate Evidence</td>
</tr>
<tr>
<td>Robust and reliable delivery of nursing and midwifery care across Health Boards</td>
<td>Excellence in Care</td>
<td>The development of quality indicators for nursing and midwifery and the provision of improvement support.</td>
<td>Nursing Staff working in NHS Boards; Scottish Government; Members of the public; SEND</td>
<td>Governance</td>
<td>EIC Team DMBI Quality Assurance</td>
</tr>
<tr>
<td>To improve capacity and expertise in workforce planning to actively inform operational planning and service redesign.</td>
<td>Nursing and Midwifery Workforce and Workload Planning Programme (NMWWPP)</td>
<td>Maintenance of existing and development of new workload planning tools. To provide scrutiny and improvement support for all aspects of the Health and Care (Staffing) (Scotland) Bill</td>
<td>Nursing Staff working in NHS Boards; Scottish Government; Health &amp; Social Care partnerships, SEND, Care Inspectorate, NSS, Trade Unions, Professional an Regulatory bodies,</td>
<td>Governance</td>
<td>NMAHP ihub DMBI Quality Assurance</td>
</tr>
<tr>
<td>Outcome</td>
<td>What work will help us achieve this outcome</td>
<td>Objectives</td>
<td>Stakeholders</td>
<td>Cabinet Secretary Priority</td>
<td>HIS Teams supporting delivery</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Health and Social Care Partnership’s recognise the importance of housing’s role in shifting the balance of care and enabling people to live well and as independently as possible at home or in a safe and secure environment best suited to their needs.</td>
<td>Place, Home and Housing</td>
<td>Create opportunities for health and housing to be better connected, strategically and operationally through testing new ways of working, creating networks and supporting the co-design of improvement activities with people who use services.</td>
<td>Health and Social Care Partnerships Front line practitioners Other National Bodies Scottish Government</td>
<td>Integration</td>
<td>Place Home and Housing Focus on Dementia Acute Care Portfolio Primary Care Improvement Team Public Involvement Knowledge Management Team Living Well in Communities EEVIT</td>
</tr>
</tbody>
</table>
The draft financial plan for 2019-2022 is attached and is in the form of the financial templates required for submission to Scottish Government. The headline figures are shown below:

<table>
<thead>
<tr>
<th></th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income - SG</td>
<td>£34,223</td>
<td>£33,823</td>
<td>£33,823</td>
</tr>
<tr>
<td>Income - IHC</td>
<td>£684</td>
<td>£684</td>
<td>£684</td>
</tr>
<tr>
<td>Pay Costs</td>
<td>(£26,439)</td>
<td>(£27,541)</td>
<td>(£28,089)</td>
</tr>
<tr>
<td>Fixed Costs</td>
<td>(£2,083)</td>
<td>(£2,122)</td>
<td>(£2,163)</td>
</tr>
<tr>
<td>Variable Costs</td>
<td>(£6,843)</td>
<td>(£6,933)</td>
<td>(£7,080)</td>
</tr>
<tr>
<td>Savings from strategic change</td>
<td>£458</td>
<td>£2,089</td>
<td>£2,824</td>
</tr>
<tr>
<td>Surplus/ (Deficit)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The budget for 2019-20 has been created in detail with subsequent years being modelled based on 2019-20 information.

**Assumptions:**

- A 3 year financial plan has been prepared that is balanced and fully supports the work programme and the workforce plan.
- Baseline funding from Scottish Government of £24.3m and assumed to be cash flat for the 3 years of this budget.
- Additional Allocations are modelled at £6.2m for 3 years based on known allocations for 2019-20. Every effort is being made to agree this funding into baseline wherever practicable in order to improve the continuity and efficiency of that work.
- Funding to support the Safe Staffing legislation (£2.022m) is incorporated into baseline from 2020-21.
- Wage inflation is calculated at cost for 2019-20 and, +4.7% for 2020-21 and +2% for 2021-22.
- Increase in employer pension contributions from 14.9% to 20.9% to be fully funded by Scottish Government through the UK Treasury – expected cost c£900k.
- Non-pay inflation at +2% pa.
- The agreed surplus of c£300k from 2018-19 will be used to support change management during 2019-20 largely aimed at improving efficiency and reducing costs to enable a sustainable balanced budget.
• A recurring contribution of £300k will be made toward the £15m National Boards target with a further non-recurring £300k to be made if possible.
• Internal overhead costs for HR, IT and Finance to be charged to non-recurring allocations at £400kpa to recognise the significant additional work that this type of funding incurs. This principle is to be agreed with Scottish Government Finance.
• Any commissions received that are not included in this budget and Operational Plan will be agreed by the Executive Team following full analysis of impact and best use of resources.

Financial Sustainability

The cost pressures associated with financial planning across 3 years are significant. In particular, the wage settlement for Agenda for Change staff is a projected recurring additional cost of £2.2m by 2021-22 with, as yet, no additional income to compensate.

The Executive Team have committed to achieving a balanced budget for 2019-20 by agreeing recurring savings that will allow a break-even position to be agreed by the Board prior to starting the 2019-20 financial year.

For 2018-19 the budget was agreed with a £1.9m deficit on the basis that savings would be released during the course of the year. These savings have been realised, largely on a non-recurring basis, but there continues to be a significant imbalance in the funding model for key aspects of the organisation – especially in respect of additional allocations. This results in short term decisions and models of employment (especially fixed term contracts) which are unattractive and uncompetitive in the current labour market and which interrupt continuity and flow of work which leads to inefficiency. There is a need to secure a definitive funding baseline for the work of Healthcare Improvement Scotland which recognises Ministerial priorities, the evolution of our strategy, the need to deliver with energy and pace and to deliver good value.

At this stage there is a balanced budget for 2019-20 and a change programme being created to focus on recurring savings targets to enable break-even for the 3 years of this plan. An enabler for cost reduction lies with more cross organisational working and capitalising on associated economies of scale.

Financial Risks

A table of financial risks are included within the template.

M Waterston
Director of Finance
13th March 2019
<table>
<thead>
<tr>
<th>Line no</th>
<th>2018-19 Total £000s</th>
<th>2019-20 Revenue Resource Limit (RRL) £000s</th>
<th>2020-21 Revenue Resource Limit (RRL) £000s</th>
<th>2021-22 Revenue Resource Limit (RRL) £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01</td>
<td>30,778</td>
<td>27,986</td>
<td>27,586</td>
<td>27,586</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7,023</td>
<td>7,023</td>
<td>7,023</td>
</tr>
<tr>
<td>1.02</td>
<td>729</td>
<td>684</td>
<td>684</td>
<td>684</td>
</tr>
<tr>
<td>1.03</td>
<td>30,049</td>
<td>27,986</td>
<td>27,586</td>
<td>27,586</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,339</td>
<td>6,339</td>
<td>6,339</td>
</tr>
<tr>
<td>1.04</td>
<td>102</td>
<td>102</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>1.05</td>
<td>Less: FHS Non Discretionary Net Expenditure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.06</td>
<td>29,947</td>
<td>27,986</td>
<td>27,586</td>
<td>27,586</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,237</td>
<td>6,237</td>
<td>6,237</td>
</tr>
<tr>
<td>1.07</td>
<td>24,776</td>
<td>24,876</td>
<td>24,876</td>
<td>24,876</td>
</tr>
<tr>
<td>1.08</td>
<td>Less: NRAC parity funding uplift</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.09</td>
<td>5,171</td>
<td>3,410</td>
<td>3,010</td>
<td>3,010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9,347</td>
<td>9,347</td>
<td>9,347</td>
</tr>
<tr>
<td>1.10</td>
<td>29,947</td>
<td>28,286</td>
<td>27,886</td>
<td>27,886</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5,937</td>
<td>5,937</td>
<td>5,937</td>
</tr>
<tr>
<td>1.11</td>
<td>0</td>
<td>300</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(300)</td>
<td>(300)</td>
<td>(300)</td>
</tr>
</tbody>
</table>

### Financial flexibility (% core RRL)

<table>
<thead>
<tr>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance of Care Cost Split:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Services total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Services total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (inc. FHS)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Cumulative 3-Year Total Outturn**: 0
## Savings planned to be delivered:

<table>
<thead>
<tr>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec £000s</td>
<td>Non-Rec £000s</td>
<td>Total £000s</td>
</tr>
<tr>
<td>Service redesign</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drugs and prescribing</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Workforce</td>
<td>438</td>
<td>438</td>
</tr>
<tr>
<td>Preparation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Infrastructure (e.g. facilities management, IT, other support services)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>818</td>
<td>818</td>
</tr>
<tr>
<td>Total Efficiency Savings workstreams</td>
<td>1,276</td>
<td>1,276</td>
</tr>
<tr>
<td>Financial Management / Corporate Initiatives</td>
<td>(0)</td>
<td>(0)</td>
</tr>
<tr>
<td>Unidentified savings assumed to be delivered in year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total core NHS Board Savings</td>
<td>1,276</td>
<td>1,276</td>
</tr>
</tbody>
</table>

## Risk rating

- **High**: 8%
- **Med**: 1%
- **Low**: 12%

## Savings delegated to Integration Authorities

<table>
<thead>
<tr>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec £000s</td>
<td>Non-Rec £000s</td>
<td>Total £000s</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Savings challenge remaining (£000)

<table>
<thead>
<tr>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec £000s</td>
<td>Non-Rec £000s</td>
<td>Total £000s</td>
</tr>
<tr>
<td>300</td>
<td>(300)</td>
<td>0</td>
</tr>
</tbody>
</table>
## Non-Core RRL Expenditure

<table>
<thead>
<tr>
<th>Line no</th>
<th>2018-19 Total £000s</th>
<th>2019-20 Total</th>
<th>2020-21 Total</th>
<th>2021-22 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total £000s</td>
<td>Non-Rec £000s</td>
<td>Non-Rec £000s</td>
<td>Non-Rec £000s</td>
</tr>
<tr>
<td>3.01</td>
<td>Capital Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.02</td>
<td>102 Depreciation / Amortisation</td>
<td>102</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>3.03</td>
<td>ODEL - IFRS PFI Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.04</td>
<td>PFI/PPP/Hub - Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.05</td>
<td>PFI/PPP/Hub - Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.06</td>
<td>PFI/PPP/Hub - Notional Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.07</td>
<td>Total IFRS PFI Expenditure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.08</td>
<td>Annually Managed Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.09</td>
<td>AME - Impairments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>AME - Provisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>AME - Donated Assets Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>AME - Movement in Pension Valuation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>Total AME Expenditure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.12</td>
<td>Total Non-Core RRL Expenditure</td>
<td>102</td>
<td>102</td>
<td>102</td>
</tr>
</tbody>
</table>

Form 3 - Non-Core RRL
<table>
<thead>
<tr>
<th>Line No</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.01</td>
<td>219 Capital Resource Limit (CRL)</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.02</td>
<td>179 SGfSCD formula allocation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.03</td>
<td>0 Asset sale proceeds re-applied (net book value, from line 4.33 below)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.04</td>
<td>0 Project specific funding (from line 4.24 below)</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.05</td>
<td>Radiotherapy funding</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.06</td>
<td>Other centrally provided capital funding</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.07</td>
<td>40 Revenue to capital transfers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.08</td>
<td>219 Total Capital Resource Limit</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.09</td>
<td>0 Saving / (Excess) against CRL (4.08 less 4.01)</td>
<td>0</td>
<td>1,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Hub Projects:

<table>
<thead>
<tr>
<th>4.10</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.11</td>
<td>Software</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.12</td>
<td>Delta House relocation (Glasgow)</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.13</td>
<td>Total Non-Core Capital ODEL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Project Specific Funding:

<table>
<thead>
<tr>
<th>4.16</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.17</td>
<td>Software</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.18</td>
<td>Delta House relocation (Glasgow)</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.19</td>
<td>Total Project Specific Funding (copies to line 4.03 above)</td>
<td>200</td>
<td>1,200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

### Source of capital receipts (please enter NBV figures as negative):

<table>
<thead>
<tr>
<th>4.25</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.26</td>
<td>Software</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>4.27</td>
<td>Delta House relocation (Glasgow)</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.28</td>
<td>Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Financial Trajectories

Revenue Outturn vs. Core RRL

<table>
<thead>
<tr>
<th>Month</th>
<th>Saving / (Excess) against Core RRL as at the end of: £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>(375)</td>
</tr>
<tr>
<td>July</td>
<td>(675)</td>
</tr>
<tr>
<td>Aug</td>
<td>(825)</td>
</tr>
<tr>
<td>Sept</td>
<td>(375)</td>
</tr>
<tr>
<td>Oct</td>
<td>(150)</td>
</tr>
<tr>
<td>Nov</td>
<td>(100)</td>
</tr>
<tr>
<td>Dec</td>
<td>0</td>
</tr>
<tr>
<td>Jan</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: £000s
- June: 203
- July: 271
- Aug: 338
- Sept: 406
- Oct: 474
- Nov: 541
- Dec: 609
- Jan: 825
- Feb: 1,188
- Mar: 1,275

Cumulative value of efficiency savings as at the end of:

- June: (900)
- July: (800)
- Aug: (700)
- Sept: (600)
- Oct: (500)
- Nov: (400)
- Dec: (300)
- Jan: (200)
- Feb: (100)
- Mar: 0

Revenue Performance Trajectory

Efficiency Savings Trajectory

Form 5 - Trajectories
# Financial Planning Assumptions & Risk Assessment

## Financial Planning Assumptions:

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>2018-19</th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.01</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.02</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.03</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.04</strong></td>
<td>Base uplift</td>
<td>2.00%</td>
<td>2.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td><strong>6.05</strong></td>
<td>Incremental drift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.06</strong></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.07</strong></td>
<td>Prices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.08</strong></td>
<td>Prices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.09</strong></td>
<td>Prices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.10</strong></td>
<td>Prices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.11</strong></td>
<td>Prices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Risk Assessment

<table>
<thead>
<tr>
<th>Line No</th>
<th>Key Assumptions / Risks</th>
<th>£ Value Risk / £ Assumption / % Assumption</th>
<th>Impact / Description</th>
<th>Risk rating (please select from drop-down)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.12</td>
<td>Pay and Pension</td>
<td>£0.9m</td>
<td>HIE have evaluated the impact of the pension increase at £0.9m there is a risk that this is not fully funded</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>6.13</td>
<td>Waiting Times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.14</td>
<td>Prescribing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.15</td>
<td>Pharmaceutical Price Regulation Scheme (PPRS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.16</td>
<td>Primary Care Improvement Fund</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.17</td>
<td>Mental Health</td>
<td>£1.2m</td>
<td>Delay in confirming funding</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.18</td>
<td>£1.2m</td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>6.19</td>
<td>Transformational Change Fund</td>
<td></td>
<td></td>
<td>High Risk</td>
</tr>
<tr>
<td>6.20</td>
<td>eHealth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.21</td>
<td>Capital Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.22</td>
<td>Delivery of required recurring savings to break even</td>
<td>£0.5m - £2.8m</td>
<td>Target of recurring savings is high to break even and requires successful change program</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.23</td>
<td>Staff turnover %</td>
<td>£0.8m</td>
<td>HIE have historically achieved a 3% turnover saving however the risk of delivery is increasing as budgets become increasingly tighter and vacancy phasing within the budget potentially reduces the ability to deliver a 3% saving</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>6.24</td>
<td>Corporate service recharge</td>
<td>£0.4m</td>
<td>HIE have included a corporate recharge for HR/IT and Finance costs into additional allocations where these have not previously been charged. This policy needs to be agreed with SG.</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>6.25</td>
<td>Additional Allocation funding</td>
<td>£0.2m</td>
<td>Budget holders and Finance staff are working closely with SG policy leads to ensure that confirmations are received as soon as possible and all additional allocations are made timeously</td>
<td>Low Risk</td>
</tr>
<tr>
<td>6.26</td>
<td>Contribution to National Records Support Services - Collaboration of £15m</td>
<td>£0.6m</td>
<td>Benefits from collaborative working yet to be established. As an assumption we have matched the contribution made in 18/19</td>
<td>Low Risk</td>
</tr>
<tr>
<td>6.27</td>
<td>Independent Health Care</td>
<td>£0.2m</td>
<td>There is a risk that the pricing is underestimated and/or volume of clients reduces</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>6.28</td>
<td>Level of additional funding against baseline</td>
<td>£0.2m</td>
<td>Additional allocation now account for circa 30% of HIE total budget. This places significant pressure on consistent and efficient delivery of commissions</td>
<td>High Risk</td>
</tr>
<tr>
<td>6.29</td>
<td>Delta House Lease</td>
<td>£0.5m</td>
<td>The current lease ends in March 2021. The budgeted as drafted assumes £1m of capital expenditure to achieve a location for staff in Glasgow, this potentially could be higher. Options for alternative accommodation are limited at this stage.</td>
<td>Medium Risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line No</th>
<th>Impact / Description</th>
<th>Risk rating (please select from drop-down)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Footnote:** Form 6 - Assumptions & Risks
Contents

Summary (To be completed once document approved)
1. Introduction
3. Workforce Profile
4. 2019/20 Forecast Workforce
5. Development Plan
6. Action Plan

Appendix A – Prioritised Actions
Appendix B – New Projects
Appendix C – ihub recruitment challenges
Appendix D – Example Paper Based Assessment
1. Introduction

1.1 The three year Workforce & Development Plan fully supports delivery of the Healthcare Improvement Scotland Operating Plan and is underpinned by the three year Financial Plan to ensure that there are sufficient resources to support the delivery of work.

1.2 The Workforce & Development Plan 2019-2022 builds on previous plans. It draws together several Human Resource development strands and is designed to ensure our workforce is supported and capable of delivering the Cabinet Secretary’s priorities which are integrated into both our Corporate Strategy for 2017/20 – *Making Care Better*, and our Operational Plan.

1.3 This plan uses reliable data to establish the current make-up of the workforce to identify good practice, improvement opportunities and to confirm actions to address these over the course of the next three years. Specific goals are to ensure:

- we know the size of our workforce and vacancies and that we have the resource in place, aligned to budget, to deliver against current and forecast demands
- we can make strategic ‘people’ decisions based on accurate workforce data
- we close the gap between current supply and future requirement, using optimum mix of workforce types
- our recruitment methodology is fair, equitable and is agile enough to meet the growing demand for resource when it is required
- we work with the Partnership Forum to agree changes to policies and procedures and in particular, to reduce bureaucracy, for example, in recruitment
- there are robust processes in place for critical roles to be appropriately resourced in a timely fashion. This includes looking at alternative ways of recruiting to posts where skills are scarce
- we improve flexibility of working across the organisation and adapt practices, roles and structures to deliver agility and match demand at an acceptable level of risk
- we continually improve management capability and set clear expectations around roles and responsibilities
- we identify and nurture our talent, supporting career progression through our Career Pathways, succession planning and provision of appropriate learning
- our workforce operate in a positive and fulfilling environment
- our workforce are fully engaged in delivering our strategy and operational plan; and
- we retain people through development, engagement and living our values.
1.4 The Workforce & Development Plan will be used to inform Scottish Government of Healthcare Improvement Scotland’s workforce profile, our requirements and our workforce projections

1.5 Delivery of the Workforce and Development Plan is the responsibility of the Executive Team and will be led by the Associate Director of Workforce. Progress will be measured and reported through Staff Governance Committee and the Board via the Executive Team.

1.6 Regular reporting will be very closely aligned with financial reporting and performance reporting relating to delivery of the Operating Plan.
2. Factors influencing the Workforce Plan

Strategy 2017-22, Structure, External & Internal Factors

2.1 Strategic Plan 2017-22

Our aim is: better quality health and social care for everyone in Scotland.

Healthcare Improvement Scotland is an organisation with many parts and one purpose. We are ambitious about our organisation’s role in supporting the successful integration of health and social care to provide high quality and compassionate services for people in Scotland. Making Care Better – Better Quality Health and Social Care for Everyone in Scotland, is our strategy for 2017–2022 and reflects the changing strategic context within which we support improvement in health and social care.

Specifically, our strategy is underpinned by five priorities:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

The overarching aim for our workforce is to maximise the potential of our people to enable our organisation to achieve our strategic priorities. This means ensuring we have people with the right skills, in the right place at the right time.

2.2 Organisational Structure

The current organisational structure to support our Strategic and Operational Plans is as follows:

- **Evidence Directorate** serves a dual role in Healthcare Improvement Scotland (HIS) developing and disseminating evidence-based advice for NHSScotland and providing internal evidence development, research, health economics and knowledge support for other functions in the organisation.
- **Quality Assurance Directorate (QAD)** works with colleagues across HIS and external partners to deliver programmes of quality assurance activity, including inspections and reviews. QAD reports and publishes findings on performance and demonstrates accountability of these services to the people who use them.
• **Medical Directorate** ensures clinical quality and governance across HIS Directorates in relation to medical and pharmacy professionals. The Directorate is also responsible for the delivery of the Strategic Delivery Plan for Medicines, the Business Intelligence Strategy, the Clinical Engagement Strategy, the delivery of the Death Certification Review Service and the arrangement of #HISgoingglobal international events.

• **Nursing, Midwifery and Allied Health Professionals (NMAPH)** supports nurses, midwives and allied health professionals within HIS to be a visible, cohesive community, celebrating the value of their clinical input in the programmes of work to support organisations to continuously improve.

• **Improvement Support (ihub)** works with Health and Social Care Partnerships, local authorities, NHS boards, third and independent care sector organisations and housing organisations. The ihub supports organisations by helping them to redesign and continuously improve their health and social care services.

• **Corporate Services** includes our central support functions - Finance, ICT, HR, Planning & Performance, OD&L, Corporate Governance and Internal Improvement teams.

• **Scottish Health Council** works at local and national level with a wide range of stakeholders to support improvements in how people and communities are engaged in shaping health and care services, and policy. Its local office network includes staff based in each NHS Board area.

### 2.3 External & Internal Factors impacting on the Workforce & Development Plan

#### 2.3.1 Cabinet Secretary Priorities: To help us plan and prioritise our work, we have a clear focus on the priorities of the Cabinet Secretary for Health & Sport to help make care better. We have embedded the Cabinet Secretary's priorities into our Operational Plan:

- Integration of health and social care services - a stronger focus on involving people in their care, delivering care closer to where people live, and to try and prevent illnesses and problems before they become more serious
- Access to care – to ensure a sustained reduction in waiting times over the medium and longer terms
- Mental health - transforming services across Scotland for people with mental ill-health – including children and young people
- Governance of the quality of care - our external quality assurance work continues to include a focus on the robustness of NHS boards’ governance structures, and their systems and processes to support staff to consistently deliver safe, effective, compassionate and person-centred care
- Ensuring the effective engagement of individuals in the design and provision of their care - Our Scottish Health Council local office
network will continue work to enable local communities to participate in the planning, development, and delivery of services

2.3.2 Financial challenges: Healthcare Improvement Scotland faces financial challenges in line with all public services in Scotland. In the main, the challenges are arising from the increased 3 year pay award, managing our contribution to the National Board savings targets and managing a flat baseline funding model over the next 3 years. Consequently, a good deal of work has been undertaken to match our operational plan to available resources ensuring we maximise return on investment and that our ambition does not outstrip our capacity to deliver.

2.3.3 Operational Plan 2019 -2020: Our Operational Plan sets out the work we will be carrying out in 2019 – 2020 and illustrates how this supports key national priorities outlined in the Health and Social Care Delivery Plan, the Programme for Government and the Quality Strategy. The strategic commitments we are using to shape our overall programme of work for 2019 – 2020 include a clear focus on priorities of the Cabinet Secretary for Health & Sport.

The plan describes our work in relation to these priorities, illustrating how our workforce and functions need to work in an increasingly collaborative way to maximise our impact and make best use of limited resources. We have taken a new approach for developing our operational, financial and workforce plans which supports engagement and collaboration across the functions. We will continue to develop this. As the approach matures it will enable us to rebalance our overall programme of work so that it best reflects the needs of health and social care across Scotland and the needs of those using the services. This will enable us to deliver on our strategy - Making Care Better.

The Operational Plan 2019 – 2020 reflects how we are testing out the Quality Management System within our own organisation by using it as a framework to describe and shape our programme of work. We will continue to build on this throughout the year and embed it within the organisation for the future.

2.3.4 Organisational Changes: During 2018-19 our Quality Assurance Directorate have implemented organisational changes to improve responsiveness, agility and to support personal development through matrix management and cross functional working. These changes have been successfully implemented but will require further building throughout the course of this plan. The Scottish Health Council have agreed a set of proposals to refocus the directorate following the integration of health and care, and will be concentrating on strengthening the engagement of people and communities. A phased implementation approach will be taken during 2019/20 with investment in the directorate’s senior management structure to ensure readily available strategic leadership for staff and external stakeholders. The changes include
development of a more systematic approach to supporting and disseminating good engagement practice across health and care, and the further embedding of national thematic work programmes delivered by re-focused local office network roles.

2.3.5 **Efficiency:** It is important that we balance our budget with the operational plan, make best use of our resources, ensure return on investment whilst sustaining the HIS brand and continuing to support our people who work in a complex and broad operation. Capacity Planning is a supportive approach to achieve this. A system currently operates in the Quality Assurance Directorate (QAD) and this is being enhanced prior to testing for organisation wide roll out. Arrangements are in hand for the Internal Audit Team to review the methodology adopted here to inform potential for corporate roll out.

2.3.6 **Staff Governance Standard:** We embrace the declared system of “corporate accountability for the fair and effective management of staff.” Key points impacting on the Workforce & Development Plan are:

- Ensuring staff are well informed
- Ensuring staff are appropriately trained and developed
- A requirement for staff to:
  - Keep themselves up to date with development relevant to their job
  - Commit to personal & professional development
  - Actively participate in discussions on issues that affect them either directly or via their trade union / professional organisation

These aims are incorporated throughout this plan and support the work of the Staff Governance Committee and Partnership Forum.

2.3.7 **Headcount control & forecasting:** Provision of monthly data to control and forecast headcount / WTE in the organisation has been designed. This is essential to ensure that we clearly understand the composition of the workforce at a given time and the potential risks that are being carried around vacancies and skills gaps. In addition, a national decision system is being developed to enhance the visuals, functionality and access to high level data in HIS. Provision of this data will enable the Executive Team to make timely strategic people decisions throughout the year to continue to meet our strategic and operational priorities. This national system is expected to be available during quarter 1 of 2019-20

2.3.8 **Workforce Equality Monitoring Report**

Our ‘18/19 Workforce Equality Monitoring Report is due to be reviewed and updated from 1 April. This information is fundamental to understanding the composition of the workforce and to devising strategies for improving its balance. Last year’s report was fully endorsed through the HIS Governance
structure and published on the organisation’s website. This year’s plan will cover:

- The number of staff identifying as having a disability
- Ethnic data
- Gender split
- Gender mean and median pay gap; and
- Applications in the recruitment pipeline from applicants with protected Characteristics
- Age data

2.3.9 Internal Change Programme

A formal internal change programme is being created to concentrate on improving efficiency within the organisation. The aim is to ensure that HIS works in a more connected and deliberate way to support the provision of higher quality care whilst making the best use of the available resources at our disposal. The programme formalises the significant internal improvement work within HIS and the importance of it being valued as part of the planning for the whole organisation. We understand the importance of integrating the Workforce & Development Plan with the Internal Change Programme and this is evident in a number of the actions we are presenting.
3. Workforce Profile

3.1 Headcount & Whole Time Equivalents (WTE)

Headcount and WTE numbers are displayed as a trend over the past 3 years - 31 March 2017 to 31 March, in an effort to understand if past performance might impact on future performance, establish strengths and lingering risks, or issues to inform appropriate actions. This timeline has also been used for the attrition / leavers and age demographic sections. Dates used for other tables / charts are detailed appropriately.

Headcount at 31 March 2019 forms the baseline from which to assess capacity against future workforce needs.

3.1.1 Total current HIS workforce (payroll & non payroll*) (review period 31 March 2017 – 28 February 2019) (figures to February in this draft)

*Data sourced from eESS

Payroll = permanent and fixed term contracts.
Non payroll = external secondees from other NHS Boards recorded in eESS.
Data in table excludes Agency Figures exclude staff on secondments outwith HIS

Additional Finance data:
Agency WTE: Mar ’18 = 12 WTE v Feb ’19 = 11 WTE
3.1.2 Current HIS workforce by Directorate (Payroll & Non Payroll) (review period 31 March 2017 – 28 February 2019)

Analysis

3.1.3 There has been no substantial movement in the overall Headcount / WTE numbers over the three years to 28 February (review again as at 31 March) review period during a time of known increased demand. Total headcount stands at 471 compared to 472 at the end of 2017/8. The most noteworthy movement is in the payroll workforce which increased by 10. Simultaneously there has been significant recruitment activity totalling 110 campaigns (as at 5 March) advertising 100 jobs resulting in 109 new starts (requirement to reconfirm figures with Dougie Craig when he returns from leave).

Throughout ‘18/19, activity has been as a result of 42 permanent and fixed term contract employees leaving the organisation, new Scottish Government commissions requiring resource and a requirement to backfill one or more vacancies when an internal candidate is successfully recruited into a role. There is also significant (unreported) inter / intra Directorate movement, reported on in more detail in the Recruitment section.

The number of vacancies as at 31 March equates to xx. yy of these vacancies are located in ihub. (text may change depending on the year end figure).
3.2 Recruitment

3.2.1 Recruitment activity. (Review period 1 April 2018 – 4 March 2019) [Note: data needs validation. Can’t be done until 22 March when Dougie Craig returns from annual leave]

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Campaigns</th>
<th>No advertised</th>
<th>No Jobs Filled</th>
<th>Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Internal</td>
</tr>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>24</td>
<td>21</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Improvement Support &amp; ihub (Dir)</td>
<td>43</td>
<td>42</td>
<td>47</td>
<td>19</td>
</tr>
<tr>
<td>Medical Directorate (Dir)</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>NMAHP Directorate (Dir)</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Quality Assurance (Dir)</td>
<td>12</td>
<td>12</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Scottish Health Council (Dir)</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
<td><strong>100</strong></td>
<td><strong>109</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

***Data sourced from RMS

3.2.2 Recruitment Timelines (Review period 1 April 2018 – 4 March 2019)

<table>
<thead>
<tr>
<th></th>
<th>Advert to offer - Days</th>
<th>Advert to start - Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>42.5</td>
</tr>
</tbody>
</table>

*** Data sourced from RMS

3.2.3 Hard to recruit roles (Review period 1 April 2018 – 4 March 2019)

Three “hard to recruit” roles have been identified, from length of time to recruit data, as follows:

<table>
<thead>
<tr>
<th>Hard to Recruit Roles</th>
<th>No of Campaigns</th>
<th>No advertised</th>
<th>No Jobs filled</th>
<th>Days to offer</th>
<th>Days to Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Analyst</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>33</td>
<td>65.0</td>
</tr>
<tr>
<td>Associate Improvement Advisor</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>37</td>
<td>51.3</td>
</tr>
<tr>
<td>Improvement Advisor</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>28</td>
<td>51.0</td>
</tr>
</tbody>
</table>

***Data sourced from RMS

3.2.4 Analysis

We continue to support career progression with 40 posts resourced by internal staff out of the 110 recruitment campaigns. This equates to 36% of the advertised jobs.

During ’18/19, recruitment performance for average days from advert to offer is 42.5 days, whilst maximum days to the same stage totals 106. Although this performance would not, generally, be concerning, given the level of recruitment activity and number of consequent jobs left vacant as a result of successful internal candidates, we believe there are improvement opportunities in the end to end process, particularly once the maximum days performance is factored in.
The introduction of a new National Recruitment System is imminent. Similar to the approach we will be taking for other HR activities, we will be project managing the deployment of the system and integrating formal service level timelines for each stage of the process to ensure supplier and internal customer rigour. We believe this transparency could have a positive impact on recruitment timelines.

The timelines for resourcing vacancies are, in part, masking a separate issue. Where internal employees are successful at assessment, with their job in turn resourced by an internal candidate, closing down this vacancy chain takes time. For example, the average time from advert to offer, for 2 consecutive backfills could take circa 4 – 9 months (to resource 3 vacancies in total).

A Recruitment Review Options paper has been written which reviews the approach for HIS assessments and provides a recommendation to replace the need for staff to undergo internal interviews in favour of building a portfolio of skills required for the role in line with their chosen Career Pathway. This has the potential to speed up the end to end recruitment process. The full paper will be presented to the Executive Team early in the financial year.

The data indicates there are challenges in resourcing to 3 key roles – Pharmaceutical Analysts, Improvement Advisors and Associate Improvement Advisors. It is further known, from previous experience, that Senior / Health Economist, Head of Improvement and Portfolio Lead roles can be difficult to fill. Given we can advertise on more than one occasion to fill these posts we are researching how we can increase our market reach for these roles through initially scoping use of University Careers Advisory Services. Initial contact with the University of Edinburgh Careers Advisory Service has been encouraging. We have registered on their site to access their advertising channels in an attempt to target specific groups such as recent post graduate alumni. Further scoping, piloting and use will be required to understand if this renders results.

Interesting informal feedback and a review of our adverts indicates we have opportunity to enhance our external marketing profile to combat the higher salaries on offer from other organisations, particularly for the hard to recruit roles. We believe there is opportunity to reach out to people who want to work with the health service through positively marketing why HIS should be an organisation of choice.

Working with our Communications Team we see opportunities to use our website to market, as examples, virtual job fairs, post podcasts with high profile beneficiaries of our work, profiling the impact our efforts have on the health of the nation and why this is a great place to work.
Focusing on the ihub Directorate, which has the highest number of vacancies and recruitment campaigns. The ihub recruited during’18/19 (to P11) 22 new permanent / fixed term employees v 15 employees leaving the organisation. Locally recorded information from July ‘19 indicates, in total, that 38 vacancies were resourced. Of these, 14 were resourced with ihub staff resulting in recruitment work required to backfill the consequent internal vacancy. There are currently 18 vacancies.

A comprehensive paper has been produced detailing the ihub recruitment challenges. The challenges cover, as examples, the methodology of how we market our vacancies, the often temporary nature of the roles, the high level of movement both internally and externally, perceived complexity of job descriptions, the fact that roles are central belt centric and the market supply. This is summarised in Appendix C. Whilst the ihub experience these challenges more often than other Directorates, a number of these issues are organisation wide. Some potential solutions to address our recruitment collateral and offering can be project managed with Lean practitioners. We estimate the work could be completed in about 4-6 weeks. This project will link in with the Internal Change Programme ensuring this fits with our strategic plan.

**Actions – Priority HIGH**

3.2.5 Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in the challenges detailed in the ihub Recruitment Paper. The organisation as a whole would benefit from the outputs. The project will include a review of our market offering to include piloting use Careers Advisory Services, extending advertising channels including scoping fuller use of LinkedIn and establishing the opportunity to advertise roles with a home base in other parts of Scotland. The project will also review the opportunity for enhancing our offering both in adverts and on our website.

3.2.6 Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process.

3.2.7 In tandem with establishing the level of vacancies, and anticipated vacancies with new commissions as at 1 April, decide early in ’19/20 on the selection policy based on the Recruitment Review Option Paper which may help reduce the end to end recruitment timelines.

3.2.8 To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, some exceptional “one off” suggestions to stimulate innovation and a final decision to be considered could be:
- Exceptionally, for an agreed window of time, use paper based appointment boards. See Appendix D as an example
- Contracting in professional assessors with successful candidates having a subsequent short chair type interview by HIS line managers
- Contracting in assessors to carry out short listing exercises to speed up the overall process and reduce line manager handling time
- Adopting the Recruitment Review Option proposal for staff to be considered for roles based upon a portfolio of skills

3.3 New Starts v Leavers

### 3.3.1 New starts v leavers data (review period 1 April 2018 – 28 February 2019)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Joiners</th>
<th>Leavers</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fixed Term</td>
<td>Permanent</td>
<td>Perm Sec</td>
</tr>
<tr>
<td>Chief Executives Office</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Evidence Directorate</td>
<td>7</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Improvement Support &amp; ihub</td>
<td>8</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Medical Directorate</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>NHAP Director</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>29</td>
<td>12</td>
</tr>
</tbody>
</table>

**Data sourced from eESS

### Leavers ‘16/17 – ‘18/19 Permanent / Fixed Term Contracts (Leavers & Attrition rates 1 April 2016 – 28 February 2019)

<table>
<thead>
<tr>
<th>Year</th>
<th>Joiners</th>
<th>Leavers</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/17</td>
<td>40</td>
<td>65</td>
<td>25</td>
</tr>
<tr>
<td>17/18</td>
<td>40</td>
<td>65</td>
<td>25</td>
</tr>
<tr>
<td>18/19 (to P11)</td>
<td>40</td>
<td>65</td>
<td>25</td>
</tr>
</tbody>
</table>

**Data sourced from eESS

### Attrition rate 1 April 2016 – 28 February 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Joiners</th>
<th>Leavers</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/17</td>
<td>10.80%</td>
<td>8.90%</td>
<td></td>
</tr>
<tr>
<td>17/18</td>
<td>13.90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18/19 (to P11)</td>
<td>8.90%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data sourced from Staff Governance Board paper – position at 31 December 2018
Leavers by contract arrangement (review Period 1 April 2018 – 28 February 2019)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Fixed Term</th>
<th>Permanent</th>
<th>Permanent Secondment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>3</td>
<td>5</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Improvement Support &amp; iHub (Dir)</td>
<td>2</td>
<td>13</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Medical Directorate (Dir)</td>
<td></td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>NMAHP Directorate (Dir)</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Quality Assurance (Dir)</td>
<td>1</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Scottish Health Council (Dir)</td>
<td>1</td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>29</strong></td>
<td><strong>2</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

**Data sourced from eESS**

**Analysis**

3.3.2 The variance between permanent / fixed term contract (payroll) joiners v leavers during ‘18/19 is +10 (up to P11 cum) indicating significant recruitment activity for limited gain. This is pivotal data which emphasises the requirement for the recruitment actions described in sections 3.2.5 – 3.2.8. This data does not account for internal movement (inter/intra Directorate), which is unreported in eEES, but known to be significant, hence the earlier reported figure of 110 recruitment campaigns for 100(?).

3.3.3 Key data is that of the 42 ‘18/19 leavers, 31 (74%) were permanent employees, including 8 (19%) retirees. Of these retirees, 3 held positions that could be considered challenging to resource – Pharmaceutical Analyst, Portfolio Lead and Finance Manager – which emphasises the need for succession planning.

3.3.4 It is worthy of note that 5 leavers were Administrative Officers and 9 were Senior/Project Officers, equating to 33% of the total. This data lends itself to considering resourcing to forecast leavers for these roles based on turnover, but that presents budgetary risk. The combination of staff leaving the organisation, internal movement and resourcing new commissions which produces a constant high level of vacancies could however be alleviated in part by the transfer of funding for new work into our baseline more rapidly to enable us to optimally commence the resourcing process.

3.3.5 The level level of attrition over the past 2 years is relatively high at 13.9% (‘17/18) and 8.9% (‘18/19 to P11). This can risk loss of key expertise / knowledge. There is therefore the imperative need to (i) have an understanding of those staff in critical roles who may have plans to progress elsewhere, to ensure potential successors are identified for business.
continuity (addressed in the Talent section); and (ii) a requirement to understand if there are underlying work related issues.

**Actions – Priority MEDIUM**

3.3.6 A proposal is being developed to reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews. This should be with an independent manager to better understand if there are common organisational reasons for leaving that can be addressed to reduce the attrition rate. This should also provide important data to develop a robust retention strategy, if required.

3.4 **Contract Mix** (detail as at 28 February 2019 with comparison v 31 March 2018)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Fixed Term</th>
<th>Fixed Term Secondment</th>
<th>Permanent</th>
<th>Permanent Secondment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>4</td>
<td>17</td>
<td>2</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>9</td>
<td>6</td>
<td>69</td>
<td>6</td>
<td>90</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>5</td>
<td>35</td>
<td>1</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Improvement Support &amp; ihub (Dir)</td>
<td>14</td>
<td>23</td>
<td>82</td>
<td>9</td>
<td>128</td>
</tr>
<tr>
<td>Medical Directorate (Dir)</td>
<td>3</td>
<td>3</td>
<td>35</td>
<td>4</td>
<td>45</td>
</tr>
<tr>
<td>NMAHP Directorate (Dir)</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Quality Assurance (Dir)</td>
<td>5</td>
<td></td>
<td>69</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Scottish Health Council (Dir)</td>
<td>3</td>
<td></td>
<td>56</td>
<td>2</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>35</strong></td>
<td><strong>367</strong></td>
<td><strong>25</strong></td>
<td><strong>471</strong></td>
</tr>
<tr>
<td>Mar ’17/18</td>
<td>44</td>
<td>46</td>
<td>345</td>
<td>37</td>
<td>472</td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td>0</td>
<td>-11</td>
<td>22</td>
<td>-12</td>
<td>-1</td>
</tr>
</tbody>
</table>

**Data sourced from eESS**

**Analysis**

3.4.1 The complex project nature of the organisation requires a flexible workforce and this is well reflected with 19% of the workforce operating on Fixed Term Contracts and secondments from other NHS organisations. Vacancies are not included in that figure. Work is in hand to update eESS with budgeted vacancies to monitor the workforce more precisely.

3.4.2 Interestingly, over the course of ’18/19 the contract mix has altered slightly with permanent employees increasing by 22 and fixed term contracts decreasing by 9, without compromising the operational and financial challenges.

3.5 **Efficiency**

3.5.1 Whilst recognising HIS is not a manufacturing, production line organisation there remains a requirement to understand and manage workload v resource. As mentioned in section 2.3.5, we are reviewing the QAD methodology for Capacity Planning to establish compatibility for corporate roll out. We will use the Internal Audit as a critical friend to help assess organisational requirements. This is key work in hand to help control headcount v demand whilst simultaneously maintaining budgetary rigour.
Analysis

3.5.2 HIS will base the future approach on five key pillars we believe would support this aim – (i) the design and roll out of an agreed, pragmatic Capacity Plan; (ii) establishing roles that could work cross organisationally; (iii) gathering and maintaining data on technical skills, knowledge and leadership behaviours; (iv) establishing metrics / measures for all project and recurring work; and (v) resource and structure in place to administer and manage the approach.

Action – Priority HIGH

3.5.3 Build on the Internal Audit testing of QAD methodology with a view to cascading throughout the organisation. Any design and cascade will be supported with clear specification, project management, a phased roll out and a robust change management plan (which has been drafted)

3.6 Age Demographic (review period 31 March 2017 – 31 March 2019)

![Age Demographic Graph]

* Data sourced from eESS

Pay band breakdown – Age 55-59 (as at 28 February 2019)

![Pay Band Breakdown Graph]

** Data sourced from eESS
Analysis

3.6.1 The age demographic has been similar year on year for the past 3 years to date. A key challenge remains to increase the number of young employees. A proposal to increase our Modern Apprentices is due to be reviewed by the Executive Team which will commit HIS to increasing the length of the initial programme from one year to two, with apprentices working towards achieving an SVQ Level 3 award in Business & Administration and opportunity to progress to band 4.

3.6.2 Design work is underway for recruitment of graduates to further support our talent pipeline, ensuring selection is underpinned by potential, constructing development that is supportive and systematic, and that progression is linked to achievement of an agreed plan.

3.6.3 It is pleasing to report a good retention rate of staff aged over 60. An aspect we will monitor is whether or not there may be an increase in staff leaving when they reach the new national pension retirement age of 66; we currently have 23 staff between the age of 60-64 and 3 staff aged 65+.

3.6.4 Further information which feeds into the necessity of our succession planning is for the current 55-59 age group, in which 4 managers at band 8D are in posts which could be challenging to recruit should they decide to leave the organisation.

Actions – Priority MEDIUM

3.6.5 Once the final version of the Modern Apprentice proposal is endorsed by the Executive Team arrange deployment of the policy
3.6.6 Continue with development of the Graduate intake proposal towards Executive Team endorsement

3.7 Workforce Management Information

3.7.1 Work has been completed to ensure that jobs listed in eESS precisely match budgeted jobs from 1 April 2019. These budgeted jobs will be “locked down” so that accurate monthly reviews can take place to understand jobs resourced v target and number of vacancies.

3.7.2 Management information has been designed and will be available on a monthly basis for Executive Team review. From May (reporting on April) this information will be automatically available from the HR system adopting both OBIE and Tableau functionality which will provide ease of access to management reporting / information.
Analysis

3.7.3 The provision of salient data and the requirement to review that on a regular basis at Executive Team level will provide the opportunity to establish opportunities and risks to make strategic people decisions.

Actions – Priority HIGH

3.7.4 Agreed, appropriate and actionable workforce / WTE information will be presented to the Executive Team by an HR representative on a monthly basis.

3.7.5 eESS needs to be precisely maintained ensuring only budgeted jobs are in the system, with the template / establishment locked down at 1 April and variances (filled v vacancies) monitored against that.

3.7.6 Introduce the combined systems of OBIE and Tableau to provide appropriate people management information.

3.8 EU Nationals

To be completed after UK Brexit voting on March 12/13/14

3.9 Sick Absence

3.9.1 Sick Absence rate (as at 28 February 2019)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Rate</th>
<th>Rate</th>
<th>Days Lost</th>
<th>S/T</th>
<th>L/T</th>
<th>_instances</th>
<th>No by length of absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>4.2%</td>
<td>4.4%</td>
<td>232</td>
<td>2.5%</td>
<td>1.9%</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>Evidence Directorate</td>
<td>4.3%</td>
<td>3.4%</td>
<td>619</td>
<td>1.5%</td>
<td>1.9%</td>
<td>80</td>
<td>11</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>4.6%</td>
<td>4.5%</td>
<td>413</td>
<td>2.1%</td>
<td>2.4%</td>
<td>60</td>
<td>2</td>
</tr>
<tr>
<td>Improvement Support &amp; hub</td>
<td>1.3%</td>
<td>1.4%</td>
<td>335</td>
<td>0.5%</td>
<td>0.9%</td>
<td>49</td>
<td>3</td>
</tr>
<tr>
<td>Office of the Medical Doctor</td>
<td>2.1%</td>
<td>3.3%</td>
<td>262</td>
<td>1.2%</td>
<td>2.0%</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Office of the NMAHP Director</td>
<td>0.0%</td>
<td>0.1%</td>
<td>2</td>
<td>0.1%</td>
<td>0.0%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Quality Assurance Directorate</td>
<td>8.1%</td>
<td>5.3%</td>
<td>879</td>
<td>2.6%</td>
<td>2.7%</td>
<td>125</td>
<td>12</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2.2%</td>
<td>3.6%</td>
<td>491</td>
<td>1.6%</td>
<td>2.0%</td>
<td>46</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>3.7%</td>
<td>3.3%</td>
<td>3237</td>
<td>1.5%</td>
<td>1.8%</td>
<td>432</td>
<td>44</td>
</tr>
</tbody>
</table>

** Data sourced from eEES & SSTS
3.9.2 Sick Absence Reasons (as at 28 February 2019)

**Data sourced from eESS**

![Pie chart showing sick absence reasons]

### Analysis

3.9.3 Full year ’18/ 19 cumulative sick absence rate at 3.3% (P11) is a positive variance against the NHS target threshold of 4%. We know some sick absence is unreported as a result of lack of access to the system; this level cannot not be estimated. Indicative days lost sits at 3237 (**cumulative ’18/19 to P11**). Applying a £35k average rate against these days lost, results in a potential cost to the business of circa £310k. Whilst this cost is high, a further concern is the pressure on employees who are covering absentees workload.

3.9.4 Anxiety / stress / depression / other psychiatric illnesses is the main cause of sick absence.

3.9.5 There is a system issue resulting in a lack of overview on whether or not conversations are taking place when employees’ absence meets or exceeds the policy thresholds. This is an important intervention in supporting employees who experience a high rate of sick absence to establish underlying causes, provide appropriate support and reduce consequential workload on colleagues.

### Actions

3.9.6 Establish the reasons for some line managers’ inaccessibility to sick absence reporting.

**PRIORITY – MEDIUM**

3.9.7 Arrange a review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses.

**PRIORITY – HIGH**

3.9.8 Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met.

**PRIORITY – MEDIUM**
### 4. ‘19/20 Forecast Headcount (Payroll & Non Payroll)

<table>
<thead>
<tr>
<th>Headcount Demand Plan (WTE)</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total (WTE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Additional Allocation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Budgeted jobs - Demand (WTE)</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Demand v Supply gap</strong></td>
<td>-5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Forecast Joiners</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Forecast Attrition / Leavers</td>
<td>-5</td>
<td>-1</td>
<td>-1</td>
<td>6</td>
<td>0</td>
<td>-3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Forecast Variance Month on Month</td>
<td>-5</td>
<td>-1</td>
<td>-1</td>
<td>6</td>
<td>0</td>
<td>-3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>New projects - Demand</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>QAD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Laboratories</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private Ambulances (Independent Healthcare)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>iHub</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Value Management</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Access</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Access QI</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Focus on Dementia</td>
<td>0</td>
<td>1.3</td>
<td>0</td>
<td>0</td>
<td>1.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NMAHP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SHARP + 4 vacs</td>
<td>11.6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Evidence</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Information Governance</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Off Label &amp; off Patent Cancer Medicines</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HEPMA</td>
<td>0</td>
<td>0</td>
<td>2.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Single National Formulary</td>
<td>0</td>
<td>0</td>
<td>3.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GIC</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New Projects budgeted jobs - Demand (WTE)</td>
<td>11.6</td>
<td>0</td>
<td>12.5</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New Projects resourced jobs - Supply (WTE)</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New projects demand v supply gap</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Forecast Demand v Supply Gap Month on Month (Baseline + Non Recurring Projects + New Projects less Forecast Resource after factoring in forecast joiners v leavers)**

<table>
<thead>
<tr>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>-4</td>
<td>-1</td>
<td>-1</td>
<td>6</td>
<td>0</td>
<td>-3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

To be fully completed when budget figures released

Appendix B details new projects
5. Development Plan

5.1 Introduction

The Organisational and Learning Development Plan is a three year plan which focuses on three key strategic workforce themes:

- How we support, retain and make best use of talent across the organisation
- How we support a learning culture and access to learning
- How we engage staff and support them to have a positive work experience.

5.2 Talent - Critical Activity

5.2.1 Succession planning critical roles: We aim to strengthen our approach to succession planning in order to build organisational resilience and to reduce the potential risk that is created by the loss of critical skills and expertise. The data in the workforce sections above indicates:

- high levels of recruitment activity for a virtually break even outcome (paragraph 3.3.5).
- Potential flight risks (paragraph 3.3.6) in relation to a high level of retirees (section 3.6) and, within the ihub directorate in particular, the contract mix with a high level of fixed term contracts (section 3.4).
- Hard to recruit to roles such as those of Improvement Advisor, Associate Improvement Advisor, Pharmaceutical Analysts and Health Economists (paragraph 3.2.4) which require specialist skill sets.

We have identified business critical roles and during 2019 – 2020 we will focus on identifying employees with capability for these roles immediately, or with potential for these roles within the next one to two years given appropriate development. Work is also underway to identify alternative solutions to meet the potential gaps. (ref section in workforce section)

Actions 2019 – 2020

5.2.2 Conduct a cross-organisational analysis around ‘Critical Posts’ to agree the talent pipeline and required development requirements, ensuring alignment and linkage with the career pathways work, development of the skills framework and the National talent management programme ‘Project Lift’.

PRIORITY – HIGH
Actions 2020 – 2022

5.2.3 Review the process for identifying critical roles to improve it and ensure it remains fit for purpose.
PRIORITY – MEDIUM

5.2.4 Career pathways: This work supports staff development and staff retention through enabling people to have a clearer understanding about how they might move roles across the organisation or how they can develop within their existing role. This includes opportunities for promotion. During 2018 - 2019 work has been undertaken to develop an area on the Source (intranet) that will support staff to plan their career within HIS. The focus in 2018 – 2019 has been on project roles as these represent a significant part of the organisations’ workforce. The Career Pathways site will continue to develop in 2019 – 2022 initially for Improvement Advisors, Associate Improvement Advisors, Inspectors, Senior Inspectors. This work will be supported by the development of a skills frameworks.

Actions 2019 – 2020

5.2.5 Test and launch the career pathways area on the Source and continue to improve the content on an iterative basis.
PRIORITY – HIGH

5.2.6 Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area.
PRIORITY – MEDIUM

Actions 2019 – 2020

5.2.7 Continue to build information for other roles over 2020 – 2022.
PRIORITY – MEDIUM

5.2.8 National development programmes: Healthcare Improvement Scotland will continue to promote and support staff to access a range of National development programmes that support leadership and talent management. These include programmes such as Leading for the Future, Project Lift and the Scottish Improvement Leadership Programme. In 2019 – 2020 we will increase our focus on supporting consolidation of learning through these programmes and making best use of the skills that have been developed.
Actions 2019 – 2020

5.2.9 Engage our leadership alumni and lean practitioners in leading and supporting the internal strategic change programme. This work is being led by ET but facilitation around organisational development and learning will be required. PRIORITY – MEDIUM

5.2.10 Increasing the percentage of young talent in the workforce: Section 3.6 refers to two initiatives that will help increase the percentage of young people coming into the organisation. Development programmes are being designed to support development and retention of these groups.

5.3 Learning

5.3.1 Learning Organisation
An important feature of learning organisations is that they are organised to enable learning to occur at five levels:

5 Levels of learning

<table>
<thead>
<tr>
<th>Strategic Organisational Learning</th>
<th>Learning to deal with significant changes in the environment which affect the overall strategy of the organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Organisational Learning</td>
<td>Focusing on improving practice, increasing effectiveness and efficiency</td>
</tr>
<tr>
<td>Cross Functional Learning</td>
<td>Sharing lessons between departments or sections e.g. between operational staff groups</td>
</tr>
<tr>
<td>Team or Work Group Learning</td>
<td>Sharing lessons between individuals working together in permanent work groups or temporary teams</td>
</tr>
<tr>
<td>Individual Learning</td>
<td>Reflecting upon, acting upon, and sharing personal learning and experiences</td>
</tr>
</tbody>
</table>

Source: Bruce Britton, 2012

5.3.2 Individual
We believe that for an organisation to learn it must support its workforce to learn. This is an area of focus for the next three years. Current evidence is
that withdrawal rates from classroom learning is running at 20.7% of planned participants. This represents 30% less hours of learning than had been planned by staff members. This impacts on how we are able to make best use of resources in relation to:

- Effective use of the learning and development budget
- Ensuring staff are equipped to carry out their roles and deliver work effectively
- Ensuring staff are able to develop within the organisation

5.3.3 All staff members are responsible for ensuring they have an agreed Personal Development Plan in place and that they work towards achieving these goals throughout the year supported by their line manager. Policy and process is in place for staff members and line managers to have regular career discussions to maximise their potential within the organisation and this includes during regular one to one meetings. We recognise that not everyone will want to change their job role, but they can still build on their skill and expertise to maximise their impact and work satisfaction.

5.3.4 The Organisational Development and Learning (OD&L) team will ensure access to a targeted range of learning opportunities and will promote these to staff through the Source (intranet) and through notifications and blogs. An evaluation of the Coaching Skills for Managers programme will be carried out to measure the benefits and to inform whether to invest further in this area. Anecdotal evidence to date is that this is an area to build on for the future.

**Actions 2019 – 2020**

5.3.5 Regularly report data regarding training uptake and evaluation to line managers and through governance structures.
**PRIORITY – MEDIUM**

5.3.6 Evaluate the benefits of the Coaching Skills for Managers to inform further investment.
**PRIORITY – MEDIUM**

5.3.7 **Group and team /Directorate development plans**
Representatives from each directorate will be piloting use of the Quality Management System and sharing learning during 2019 – 2020. The team coaches who were trained during 2018 – 2019 will be supporting these teams to test out the model, share their learning and agree ways to embed this system throughout the organisation.

5.3.8 Team development will be supported through the use of iMatter results and through agreed approaches eg. the Affina Team Journey. These methods
emphasise leadership and team contribution to achieve collective
development.

5.3.9 Directorates will be supported to implement prioritised and efficient
development plans which focus on the key areas identified from use of the
skills framework and agreement of personal development plans. The budget
for these plans will be centralised and drawn down through the
Organisational Development and Learning Team.

**Actions 2019 – 2020**

5.3.10 Support Team Coaches through providing professional coaching supervision
as they support internal organisational team development including the
piloting of the QMS system.
**PRIORITY – MEDIUM**

5.3.11 Support team and directorate development through enabling access to a
range of development approaches including iMatter and Affina Team
Journey based on relevant diagnostics.
**PRIORITY – HIGH**

**Actions 2020 – 2022**

5.3.12 Evaluate impact of training methods eg Affina Team Journey and Coaching
training to embed within the organisation and improve where necessary
**PRIORITY – MEDIUM**

5.3.13 **Cross-functional**
During 2018 – 2019 we have piloted work with the Primary Care Cross-
Organisational Group to:

- increase understanding of the total Healthcare Improvement Scotland
  offering in Primary Care
- develop clear strategic priorities in relation to Primary Care
- map our current work to identify alignment to Primary Care strategic
  priorities, areas of overlap, duplication or areas for increased
  collaboration both internally and with external partners
- understand how we can best support networks such as this to work in
  tandem with the hierarchy to improve a joined up, and effective and
  efficient way of delivering our work and sharing our learning.

Key learning from this pilot is being gathered to share as part of the Strategic
Change Programme to assist with building this thematic approach across the
organisation where appropriate.
Actions 2019 – 2020

5.3.14 Develop and agree a strategy for phased spread of learning and sharing across the organisation as part of the Strategic Change Programme.

PRIORITY – HIGH

5.3.15 Operational: We will develop further a skills framework to support people to progress from one role to another and / or from one part of the organisation to another. This is key to supporting a more flexible and sustainable workforce and for supporting career progression. In 2019 – 2020 the focus will be on building frameworks around the following roles:

- Project roles (specifically Administrators; Project Officers; Senior Project Officers; Programme Managers and Senior Programme Managers)
- Quality improvement roles (specifically Associate Improvement Advisors; Improvement Advisors)
- Inspection roles (specifically Inspectors; Senior Inspectors)

In 2020 – 2022 we will review how effectively these skills frameworks are in enabling us to capture existing skills, identify skill gaps and support individual development and progression. During this period we will agree how skills frameworks should develop for a wider range of roles.

Actions 2019 – 2020

5.3.16 Develop skills frameworks to support Project roles, Quality Improvement roles and Inspection roles.

PRIORITY – HIGH

Actions 2020 – 2022

5.3.17 Review skills frameworks and agree development and roll out for wider skills framework development

PRIORITY – HIGH

5.3.18 Strategic organisational

To support organisational change it will be important to build on some key skills at strategic organisational level. This includes:

- Development of improved skills and understanding in gathering, analysis and use of data to support capacity / demand planning.
- Development of senior leadership potential to support succession planning and strengthen the organisation’s resilience. Areas of focus will include advanced influencing and negotiating skills; promoting ‘Project Lift’; developing the Senior Leadership Group through ongoing commissions and shared learning from these.
- Development of people as managers and how they support their staff to develop and grow. This includes supporting and empowering people
to find their own solutions, supporting personal and team development, encouraging people to manage their career proactively and thinking corporately about how we can manage our programmes and people flexibly to deliver on key priorities.

- Development of Improved budget management and forecasting to support achievement of a balanced budget and realise recurrent savings.

**Actions 2019 – 2020**

5.3.19 Develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities

**PRIORITY – HIGH**

5.3.20 Develop impact measures and monitor progress.

**PRIORITY – HIGH**

**5.4 Engagement**

We are committed to engaging our people in delivering our work and continuously improving our organisation. This is fundamental to enabling effective working to achieve our ambitions for *Making Care Better*. We will continue to measure staff experience and to try to continuously improve over the next three years in the following ways:

- **Employee Experience Surveys and Action Plans:** The iMatter employee experience survey will be rolled out in May/June of each year with team reports available in July and team meetings to discuss and agree action plans between July and September. In 2018 our EEI score was 80% which was 1% higher than in the previous year and evidences already high levels of employee engagement.

- **A bespoke culture survey** will be developed and rolled out during 2019 – 2020 to support an organisational culture temperature check and focus, in particular, on areas such as equality and diversity and identifying the underlying issues where staff feel they have been treated unfairly. This survey will be rolled out in September with the analysis and report available October / November 2019. This, along with information from the iMatter survey will inform more detailed actions to underpin improving staff experience.

**Actions 2019 – 2020**

5.4.1 Develop, roll out and analyse the results from the culture survey to inform meaningful actions for improvement as part of the Staff Governance Action Plan and build on the iMatter stories and examples of good practice to support teams in using this approach to drive improvement at team level.

**PRIORITY – MEDIUM**
Actions 2020 – 2022

5.4.2 Continue to roll out, monitor, analyse and report on iMatter and the culture survey, using the results to measure progress and inform further action.

PRIORITY – MEDIUM

5.4.3 **Staff Governance**: A new operational delivery group will be formed in 2019 – 2020 to support our focus on delivering the Staff Governance Standard through development and delivery of the Staff Governance Action Plan. Elements of culture, values and behaviours will fall within the remit of this group. The group will report into the Partnership Forum.

Actions 2019 – 2020

5.4.4 Set up and monitor progress of the new Staff Governance Operational Delivery Group and publicise the Staff Governance and Staff Engagement sections on the Source (intranet) and continue to develop these.

PRIORITY – HIGH

5.4.5 **Internal change**: An internal change/improvement programme will be developed during 2019 – 2021. This aims to bring together various change and improvement initiatives and to consolidate and prioritise areas for action. The programme will engage staff across the organisation. The priority areas of focus in relation to the internal change programme will be determined in the first quarter of 2019 – 2020.

5.4.6 **Engagement in corporate planning and cross-organisational working**: During the planning process for 2019 – 2020 the Senior Leadership Group has engaged with Function Leads and the wider staff group in a different approach to planning our work plan for the year ahead. The approach has sought to help people identify the connectivity between pieces of work and different parts of the organisation with a view to working more coherently and efficiently. We will continue to build on this work throughout 2019 – 2020 with a view to further aligning this in 2020 – 2021 to meet key strategic commitments.

Actions 2019 – 2021

5.4.7 Continue the engagement and collaboration approach started in 2018 – 2019 by the Senior Leadership group to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2019 – 2021.

PRIORITY – HIGH
# 6.1 Actions 2019-20

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.5</td>
<td>Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in challenges detailed in the ihub Recruitment Paper. Review and modernise the external marketing offering for our vacant positions</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.6</td>
<td>Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.7</td>
<td>Review the selection policy based on the Recruitment Review Option Paper early in ’19/20</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.8</td>
<td>To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, consider some exceptional “one off” suggestions</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.3.7</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews with an independent manager</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Decide on the approach for capacity planning after considering the Internal Audit review of QAD methodology</td>
<td>High</td>
<td>Executive Team</td>
</tr>
<tr>
<td>3.6.5</td>
<td>Deploy Modern Apprentice policy</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.6.6</td>
<td>Design Graduate recruitment and development proposal</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.7.4</td>
<td>Headcount / WTE information should be presented to the Executive Team by an HR representative on a monthly basis where the key relevant data for the period is highlighted</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.7.5</td>
<td>eESS needs to be precisely maintained ensuring only budgeted jobs are in the system with the template locked down at 1 April and variances (filled v vacancies) monitored against that.</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.7.6</td>
<td>Introduce the combined systems of OBIE and Tableau to provide appropriate people management information.</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.6</td>
<td>Establish the reasons for some line managers’ inaccessibility to sick absence reporting</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.7</td>
<td>Arrange a review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses</td>
<td>High</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.8</td>
<td>Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met</td>
<td>Medium</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Conduct Cross-organisational analysis of ‘Critical Post’ work to agree the talent pipeline and development requirements, ensuring alignment and linkage with the career pathways work, the skills framework development and the National talent management programme ‘Project Lift’.</td>
<td>High</td>
<td>Executive Team / Head of OD&amp; Learning</td>
</tr>
<tr>
<td>5.2.5</td>
<td>Test and launch the career pathways area on the Source and continue to improve the content on an iterative basis</td>
<td>High</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.2.6</td>
<td>Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area on the Source</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.2.9</td>
<td>Engage our leadership alumni in leading and supporting the internal change programme</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.5</td>
<td>Regularly report data regarding training uptake and evaluation to line managers and through governance structures.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.6</td>
<td>Evaluate the benefits of the Coaching Skills for Managers to inform further investment.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.10</td>
<td>Support team coaches through providing professional coaching supervision as they support internal organisational team development, including the piloting of the QMS system</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.11</td>
<td>Support team and directorate development through enabling access to a range of development approaches including iMatter and Affina Team Journey based on relevant diagnostics.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.12</td>
<td>Evaluate impact of training methods eg Affina Team Journey and Coaching training to embed within the organisation and improve where necessary</td>
<td>High</td>
<td>Head of OD &amp; Learning / Head of Finance</td>
</tr>
<tr>
<td>5.3.14</td>
<td>Develop and agree a strategy for phased spread of learning and sharing across the organisation as part of the Strategic Change Programme</td>
<td>High</td>
<td>Executive Team / Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.16</td>
<td>Develop skills frameworks to support Project roles, Quality Improvement roles and Inspection roles.</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
</tr>
<tr>
<td>5.3.19</td>
<td>Develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Develop impact measures and monitor progress.</td>
<td>High</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.4.1</td>
<td>Develop, roll out and analyse the results from the culture survey to inform meaningful actions for improvement as part of the Staff Governance Action Plan and build on the iMatter stories and examples of good practice to support teams in using this approach to drive improvement at team level.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.4.3</td>
<td>Set up and monitor progress of the new Staff Governance Operational Delivery Group</td>
<td>High</td>
<td>Employee Director</td>
</tr>
<tr>
<td>5.4.9</td>
<td>The priority areas of focus in relation to the internal change programme will be determined in the first quarter of 2019 – 2020.</td>
<td>High</td>
<td>Director, Quality Assurance</td>
</tr>
<tr>
<td>5.4.7</td>
<td>Continue the engagement and collaboration approach started in 2018 – 2019 by the Senior Leadership Group to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2019 – 2021</td>
<td>High</td>
<td>TBC</td>
</tr>
</tbody>
</table>
## 6.2 Actions 2020 – 2022

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.3</td>
<td>Review the process for identifying critical roles to improve it and ensure it remains fit for purpose.</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.2.7</td>
<td>Continue to build information for other roles over 2020 – 2022</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.12</td>
<td>Evaluate impact of training methods eg Affina Team Journey and Coaching training to embed within the organisation and improve where necessary</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
<tr>
<td>5.3.17</td>
<td>Review skills frameworks and agree development and roll out for wider skills framework development.</td>
<td>High</td>
<td>Head of OD &amp; Learning / Directors</td>
</tr>
<tr>
<td>5.4.2</td>
<td>Continue to roll out, monitor, analyse and report on iMatter and the culture survey, using the results to measure progress and inform further action</td>
<td>Medium</td>
<td>Head of OD &amp; Learning</td>
</tr>
</tbody>
</table>

Appendix A
## Prioritised Workforce Actions

*Nedes updated with Development Actions*

<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Risk Analysis</th>
<th>Organisational imperative / impact</th>
<th>Risk analysis x organisational imperative</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5 = high risk if don’t deploy</td>
<td>3= Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = high risk if don’t deploy</td>
<td>2 = Significant impact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 = low risk if don’t deploy</td>
<td>1 = Low impact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.5</td>
<td>Appoint a Project Lead to manage the ihub / corporate resource challenges. Review and modernise the external marketing offering for our vacant positions</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.6</td>
<td>Deploy the new National Recruitment System including implementation of service level timelines for each major stage of the end to end process</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.7</td>
<td>Review the selection policy based on the Recruitment Review Option Paper and recruitment processes to reduce the vacancies in the pipeline</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.2.8</td>
<td>To help reduce the constant high level of recruitment of vacancies / backfills and ensure focus is on achieving the Operational Plan, consider some exceptional “one off” suggestions</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.3.7</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews with an independent manager</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Decide on the approach for capacity planning after considering the Internal Audit review of QAD methodology</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>Executive Team</td>
</tr>
<tr>
<td>3.6.5</td>
<td>Deploy Modern Apprentice policy</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.6.6</td>
<td>Design Graduate recruitment and development proposal</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.7.4</td>
<td>Headcount / WTE information should be presented to the Executive Team by an HR representative on a monthly basis where the key relevant data for the period is highlighted</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.7.5</td>
<td>eESS needs to be precisely maintained ensuring only budgeted jobs are in the system with the template locked down at 1 April and variances (filled v vacancies) monitored against that.</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>3.7.6</td>
<td>Introduce the combined systems of OBIE and Tableau to provide appropriate people management information.</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.6</td>
<td>Establish the reasons for some line managers’ inaccessibility to sick absence reporting</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.7</td>
<td>Sponsor a LEAN review of the main cause of sick absence – anxiety / stress / depression / other psychiatric illnesses</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>3.9.8</td>
<td>Investigate the opportunity for system change to provide information that appropriate conversations have taken place when sick absence thresholds are met</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>Associate Director of Workforce</td>
</tr>
<tr>
<td>Directorate</td>
<td>Project</td>
<td>Job Title</td>
<td>Band</td>
<td>Contract Type</td>
<td>Headcount</td>
<td>WTE</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------------------</td>
<td>------</td>
<td>--------------------------------</td>
<td>-----------</td>
<td>-----</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Senior Reviewer</td>
<td>B8A</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Project Officer</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>QAD</td>
<td>Primary Care</td>
<td>Project Administrator</td>
<td>B4</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Improvement Advisor</td>
<td>B8A</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Analyst</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ihub</td>
<td>Value Management</td>
<td>Administrative Officer</td>
<td>B4</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Administrative Officer</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Senior Project Officer</td>
<td>B6</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Health Services Researcher</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>National Clinical Lead</td>
<td>Other</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>ihub</td>
<td>Care Coordination for Focus on Dementia</td>
<td>Economic Support</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>ihub</td>
<td>Living Well in Communities on Care Home</td>
<td>Associate Improvement Advisor</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Pharmacist</td>
<td>B8A</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Health Services Researcher</td>
<td>B7</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Medical</td>
<td>Off label &amp; Off Patent Cancer Medicines</td>
<td>Senior Project Officer</td>
<td>B6</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Medical</td>
<td>HEPMA</td>
<td>Clinical Lead Pharmacy</td>
<td>B8</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Medical</td>
<td>HEPMA</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Medical</td>
<td>HEPMA</td>
<td>Health Services Researcher</td>
<td>B7</td>
<td>Fixed Term</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Clinical Lead Pharmacy</td>
<td>B8C</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Pharmacist</td>
<td>B8C</td>
<td>Fixed Term / Secondment</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Health Service Researcher</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Health Economist</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Programme Manager</td>
<td>B7</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical</td>
<td>Single National Formulary</td>
<td>Project Manager</td>
<td>B5</td>
<td>Fixed Term / Secondment</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Evidence</td>
<td>Information Governance</td>
<td>EiC / Quality Aspect of Staffing</td>
<td>B8A</td>
<td>Fixed Term</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Senior Programme Advisor</td>
<td>B8B</td>
<td>Fixed Term</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Programme Advisor</td>
<td>B8A</td>
<td>Fixed Term</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>Programme Assistant</td>
<td>B7</td>
<td>Fixed Term</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>NMAHP</td>
<td>Workforce Planning</td>
<td>EiC / Quality Aspect of Staffing</td>
<td>B8A</td>
<td>Fixed Term</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SHC</td>
<td>Organisational change</td>
<td>Senior Programme Manager</td>
<td>B8A</td>
<td>Permanent</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 46 34.1
Appendix C

Summary of ihub Recruitment & Vacancies Paper of 26 September 2018

Identified Issues

<table>
<thead>
<tr>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties with standard recruitment form</td>
</tr>
<tr>
<td>Lack of understanding from some applicants on the roles</td>
</tr>
<tr>
<td>Job descriptions too long</td>
</tr>
<tr>
<td>Recruitment restricted to the central belt of Scotland</td>
</tr>
<tr>
<td>Attractiveness of roles – we don’t sell them as well as we could</td>
</tr>
<tr>
<td>Limited market supply</td>
</tr>
<tr>
<td>Level of temporary posts</td>
</tr>
<tr>
<td>Several organisations competing for the same skills</td>
</tr>
<tr>
<td>The Improvement Advisor role is broad requiring operational management, people management, quality improvement expertise, programme management and highly developed relationship management skills</td>
</tr>
<tr>
<td>The high level of travel can be off putting to some</td>
</tr>
<tr>
<td>Growth in demand from Scottish Government creates a requirement for additional posts</td>
</tr>
</tbody>
</table>

Possible Solutions to be Scoped

<table>
<thead>
<tr>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use case studies to ensure high quality applicants from other sectors provide salient evidence for the shortlisting stage</td>
</tr>
<tr>
<td>Using more concise alternative job descriptions for recruitment</td>
</tr>
<tr>
<td>Advertising beyond the central belt of Scotland scoping out potential remote working</td>
</tr>
<tr>
<td>Reviewing recruitment collateral</td>
</tr>
<tr>
<td>Developing training roles for Improvement Advisors</td>
</tr>
<tr>
<td>Reviewing contractual status of fixed term employees on baseline projects</td>
</tr>
<tr>
<td>Modernising market offering to sell the organisation, the impact of jobs, our value and make HIS an employer of choice</td>
</tr>
<tr>
<td>Knowledge, skills, Leadership behaviours</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Be able to demonstrate a clear grasp of quality improvement concepts and their practical application in a health care setting</td>
</tr>
<tr>
<td>Have the ability to develop others through a range of teaching approaches from formal teaching to less formal methods such as coaching, mentoring and consulting</td>
</tr>
<tr>
<td>Have undertaken a management role in the NHS or equivalent health sector</td>
</tr>
<tr>
<td>Have broad experience and understanding of the operations of the NHS</td>
</tr>
<tr>
<td>Experience of successfully engaging and collaborating with diverse groups of stakeholders in the development and delivery of improvement initiatives including</td>
</tr>
<tr>
<td>- Ability to work effectively with a range of stakeholders to secure their engagement in improvement work including: Clear, confident and influential communicator, adept at facilitating and training groups</td>
</tr>
<tr>
<td>- Effective networking capabilities and an ability to develop and maintain effective positive relationships with key partners</td>
</tr>
<tr>
<td>- Have a sound understanding of the challenges and opportunities associated with implementing improvement programmes and experience of having applied this in practice</td>
</tr>
<tr>
<td>- Have a sound understanding of the benefits in using data and its practical application to bring about improvements in care</td>
</tr>
<tr>
<td>- Ability to produce high quality written reports and papers</td>
</tr>
<tr>
<td>- Self aware and authentic – understands and can articulate own strengths, motivations, patterns, needs and limitations. Able to engage in open and honest discussions of own performance and can use feedback constructively to improve performance</td>
</tr>
<tr>
<td>- Be experienced in preparing and delivering presentations to a wide range of audiences</td>
</tr>
<tr>
<td>- IT literate including ability to use MS Outlook, Word, Excel and Powerpoint</td>
</tr>
<tr>
<td>- Ability to operate effectively under pressure and to deliver within tight timescales</td>
</tr>
</tbody>
</table>
SUBJECT: Financial Performance Report as at 28 February 2019

1. Purpose of the report
The paper provides an update on the financial position for the financial year 2018-19 as at 28 February 2019.

2. Key Points
The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and at all Board meetings. The Committee considered the financial position at 31 January 2019 (period 10) at its meeting on 6 March 2019.

Appendix 1 covers the financial position to 28 February 2019 (period 11). The main points to note are as follows:

- All financial allocations due from Scottish Government have been received resulting in baseline funding of £30.049m for 2018-19.
- The savings target that was agreed when the budget was set was £1.9m and this has been achieved largely via non-recurring sources.
- Financial slippage against projects and particularly arising from staffing vacancies is evident and at the end of period 11 there is a surplus of c£400k prior to any year end provisions being made.
- To date, £400k of contributions to the National Boards £15m savings target have been made. A further £200k has been committed and is due to be made during March taking our contribution up to the planned £600k for 2018-19.
- We have agreed with Scottish Government that we can carry forward up to £400k into 2019-20.
- The National Boards have an arrangement with Scottish Government that any surplus funds at 31 March 2019 that are greater than the agreed carry forward will be taken as a contribution to the £15m savings target.
- The financial position at 31 March 2019 is expected to provide an outturn that is in accordance with agreements made with Scottish Government ie c£400k surplus to carry forward into 2019-20.

The financial plan underpins the Local Delivery Plan of the organisation. Any changes to this plan are approved by the Executive Team to ensure that they meet the strategic objectives of the organisation.

3. Actions/Recommendations
The Board is asked to:

Note the financial position as at 28 February 2019 and the prediction that the year-end agreed outturn will be met.

Appendix:
1. Financial Performance Report (P11)

If you have any questions about this paper please contact
David Rhodes, Head of Finance & Procurement email: david.rhodes2@nhs.net
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
</table>
| yes                                                    | yes                                                                 | **No. 635 – Finance Strategy**  
There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our workplan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government Guidelines.  
High (12) |

#### OTHER CONSIDERATIONS

| How do the key points support the five priorities in the strategic plan:  
• Enable people to make informed decisions about their own care and treatment;  
• Help health and social care organisations to redesign and continuously improve;  
• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;  
• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;  
• Make best use of all resources. | Reference should be made to the Financial Plan that forms part of the Draft Corporate Plan 2019-20 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>None</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Reporting arrangements.</td>
</tr>
</tbody>
</table>
| What Equality and Diversity considerations relate to the work.  
Advise how the work:  
• helps the disadvantaged;  
• helps patients;  
• makes efficient use of resources. | None |
Healthcare Improvement Scotland

Item 3.1, Appendix 1

Financial Performance Report as at 28 February 2019

Overview
The 2018-19 revenue budget was agreed by the Board in 18 April 2018. The latest funding allocation letter from Scottish Government (SG) was received on 1 March 2019. This set the baseline revenue resource limit (RRL) for 2018-19 to be £24.776m, the same level as the prior financial year, plus the NHS Boards Pay Awards of £0.244m, less National Boards Tranche 1 recurring savings of £0.200m. It also included earmarked recurring allocations of £0.447m, Depreciation Resource Limit of £0.102m plus non-recurring allocations worth £4.724m which includes a further £0.200m towards National Board savings, increasing the total allocation to date to £30.049m.

Financial Position
At 28 February, the total HIS revenue budget for the year is currently £30.049 m. At the end of February, HIS had spent £26.120m, some £0.050m less than the budget for the first eleven months.

At the end of February HIS are 92% through the financial year with 87% of the full year budget spent.

HIS has no outstanding additional allocations expected from SG. HIS has returned £0.5m of additional allocation funding to the Scottish Government.

Capital Expenditure
There was a meeting held between HIS and Scottish Government on 23 February where it was agreed with Richard McCallum that HIS would be allowed to make a transfer of £0.04m from Revenue to Capital to cover the additional costs of altering Delta House. This adjustment is expected to be included within the March allocation letter and schedule. HIS forecast capital expenditure is therefore £0.219m.

Table A - Financial position at 28 February 2019

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>YTD Spend for Outstanding Additional Allocations/Income</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>918,015</td>
<td>84,920</td>
<td>835,585</td>
<td>833,094</td>
<td>2,490</td>
<td>0</td>
<td>2,490</td>
</tr>
<tr>
<td>Office of the Medical Director</td>
<td>2,789,315</td>
<td>310,026</td>
<td>2,492,598</td>
<td>2,479,289</td>
<td>13,309</td>
<td>0</td>
<td>13,309</td>
</tr>
<tr>
<td>Office of the NMAHP Director</td>
<td>491,351</td>
<td>84,578</td>
<td>407,181</td>
<td>406,773</td>
<td>408</td>
<td>0</td>
<td>408</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>982,189</td>
<td>786,122</td>
<td>186,887</td>
<td>196,067</td>
<td>(9,180)</td>
<td>0</td>
<td>(9,180)</td>
</tr>
<tr>
<td>Evidence</td>
<td>5,137,450</td>
<td>549,741</td>
<td>4,641,839</td>
<td>4,587,709</td>
<td>54,130</td>
<td>0</td>
<td>54,130</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,661,381</td>
<td>251,079</td>
<td>2,331,642</td>
<td>2,410,302</td>
<td>(78,659)</td>
<td>0</td>
<td>(78,659)</td>
</tr>
<tr>
<td>Improvement Support and ihub</td>
<td>10,318,803</td>
<td>1,227,635</td>
<td>9,172,616</td>
<td>9,091,168</td>
<td>81,448</td>
<td>0</td>
<td>81,448</td>
</tr>
<tr>
<td>Property</td>
<td>1,305,294</td>
<td>81,150</td>
<td>1,196,520</td>
<td>1,224,145</td>
<td>(27,625)</td>
<td>0</td>
<td>(27,625)</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,559,869</td>
<td>259,804</td>
<td>2,300,064</td>
<td>2,300,064</td>
<td>4,109</td>
<td>0</td>
<td>4,109</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2,885,364</td>
<td>293,891</td>
<td>2,601,053</td>
<td>2,591,474</td>
<td>9,580</td>
<td>0</td>
<td>9,580</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,049,030</strong></td>
<td><strong>3,928,945</strong></td>
<td><strong>26,170,094</strong></td>
<td><strong>26,120,085</strong></td>
<td><strong>50,009</strong></td>
<td>0</td>
<td><strong>50,009</strong></td>
</tr>
</tbody>
</table>

It should be noted that these results are after removing the savings achieved to date, see Table D.

Revenue resource allocations
In common with prior years, future financial performance reporting to the Board and the Audit and Risk Committee will include regular updates on progress in relation to the confirmation and receipt of non-recurring allocations as shown in table B overleaf.
Table B - Revenue Resource Allocations (Summary)

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £’000</th>
<th>Earmarked Recurring £’000</th>
<th>Non-Recurring £’000</th>
<th>Total £’000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2018</td>
<td>24,776</td>
<td></td>
<td></td>
<td>24,776</td>
<td>82.5</td>
</tr>
<tr>
<td>Received to date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation at 31 January 2019</td>
<td>24,776</td>
<td>447</td>
<td>4,826</td>
<td>30,049</td>
<td>100.0</td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Anticipated total 2018-19</td>
<td>24,776</td>
<td>447</td>
<td>4,826</td>
<td>30,049</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Internal efficiency savings targets 2018-19
In order to achieve a balanced budget, the financial plan included various internal savings targets totalling £1.988m. Savings were to be sought from recurrent sources wherever possible.

Table D shows the current position at 28 February 2019. This shows that savings of £2.450m have been achieved in the first eleven months of the financial year and that HIS has now achieved its savings target. However it should be noted that the majority of savings are being delivered through non recurring sources.

Table D
Savings update as at 28 February 2018

<table>
<thead>
<tr>
<th>Internal Savings Target 2018-19</th>
<th>Staff Turnover</th>
<th>Additional Pay Target</th>
<th>Variable Non-Pays</th>
<th>Total Savings Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>Non-Recurring</td>
<td>Recurring</td>
<td>Non-Recurring</td>
<td></td>
</tr>
<tr>
<td>Chief Executive</td>
<td>-</td>
<td>-</td>
<td>73,899</td>
<td>73,899</td>
</tr>
<tr>
<td>Office of Medical Director</td>
<td>-</td>
<td>28,053</td>
<td>23,800</td>
<td>55,853</td>
</tr>
<tr>
<td>Office of NMAHP</td>
<td>-</td>
<td>13,000</td>
<td>5,000</td>
<td>18,000</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>-</td>
<td>14,400</td>
<td>29,500</td>
<td>44,900</td>
</tr>
<tr>
<td>Property</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>24,089</td>
<td>-</td>
<td>551,456</td>
<td>575,535</td>
</tr>
<tr>
<td>Evidence</td>
<td>169,500</td>
<td>-</td>
<td>44,068</td>
<td>213,568</td>
</tr>
<tr>
<td>Improvement Hub</td>
<td>213,317</td>
<td>-</td>
<td>422,119</td>
<td>635,436</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>134,318</td>
<td>-</td>
<td>47,500</td>
<td>181,818</td>
</tr>
<tr>
<td>Corporate Provisions</td>
<td>13,355</td>
<td>-</td>
<td>267,000</td>
<td>280,355</td>
</tr>
<tr>
<td>Total</td>
<td>554,578</td>
<td>55,453</td>
<td>1,138,341</td>
<td>2,449,341</td>
</tr>
</tbody>
</table>

Table E restates the savings position by measuring results to date against the savings plan submitted to Scottish Government as part of the Local Delivery Plan process. The current excess against target is £0.462m and will contribute towards HIS planned surplus of 1% i.e. £0.300m and any emergent budget pressures over the last month of this financial year.

Table E
Savings achieved compared to LDP targets

<table>
<thead>
<tr>
<th>Savings Targets</th>
<th>Targets 2018-19</th>
<th>Achieved to 28 February 2019 (P11)</th>
<th>Target Remaining 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring £’000</td>
<td>Non-Recurring £’000</td>
<td>Total £’000</td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>688</td>
<td>-</td>
<td>688</td>
</tr>
<tr>
<td>Additional</td>
<td>-</td>
<td>700</td>
<td>700</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>688</td>
<td>700</td>
<td>1,388</td>
</tr>
<tr>
<td>Total</td>
<td>688</td>
<td>1,300</td>
<td>1,988</td>
</tr>
<tr>
<td>Percentage</td>
<td>80.6%</td>
<td>145.8%</td>
<td>123.2%</td>
</tr>
</tbody>
</table>
Outturn Prediction for 31 March 2019

We have agreed with Scottish Government that we can carry forward a surplus of up to £300k from 2018/19 into 2019/20.

It is expected that HIS will meet the financial outturn at 31 March 2019 as agreed with Scottish Government. The Executive Team will continue to regularly monitor the financial position and manage any associated risks.
SUBJECT: Organisational Performance Report to December 2018

1. Purpose of the report

To provide the Board with information about the status of the work within the Operational Plan 2018/19 and associated risks. The report reflects the position at December 2018 and was reviewed by the Quality Committee at its meeting on 27 February 2019.

2. Key Points

The Performance Reporting process within the organisation was changed during the course of 2018-19 so that the Quality Committee and the Board receive information that provides an overview of progress against the Operational Plan.

A detailed Performance Report is prepared each quarter for consideration by the Executive Team. Following this review, a summary report is prepared which highlights specific risks, achievements and new work which is then reported through the organisation’s governance process. This detailed report is available to Board members should they require to see it.

The role of the Quality Committee is to review progress against delivery of the Operational Plan of the organisation prior to consideration by the Board and to ensure that the strategic priorities are being addressed.

The attached report (appendix 1) is the output from the Executive Team and provides an overview of the work of HIS for performance reporting purposes. It was considered by the Quality Committee on 27 February 2019. The report shows current programme status and any new work that is being undertaken that was not part of the original Operational Plan. The progress updates are aligned with the operational and corporate risk system.

The Board should note that this style of reporting will remain in place until the end of the 2018/19 reporting year. Work is currently underway to devise a new reporting system as part of the introduction of the Governance Blueprint and to provide the necessary governance assurances to the Board. This will be introduced during the course of 2019/20.

Actions / Recommendations

The Board is asked to:

- Review the attached report which has previously been considered by the Quality Committee for assurance.
- Request a copy of the detailed Performance Report should they require it.
- Note that revised reporting arrangements will be introduced during the course of 2019/20.
If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services. margaret.waterston@nhs.net

SUPPORTING INFORMATION

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>There is one very high operational risk on the risk register – 840: There is a risk that MHAIST will be unable to deliver its outcomes because of the high turnover of staff on fixed term contracts leading to reputational damage to HIS. Very high-20.</td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

How do the key points support the five priorities in the strategic plan:
- Enable people to make informed decisions about their own care and treatment;
- Help health and social care organisations to redesign and continuously improve;
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
- Make best use of all resources.

The report details the progress that is being made toward delivering the organisation’s 2018/19 Operational Plan which supports these strategic priorities.

Resource Implications

The Operational Plan is fully resourced

What engagement has been used to inform the work?

The Operational Plan was finalised after a full engagement process and approved by the Board

What Equality and Diversity considerations relate to the work? Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

All work is equality impact assessed.
Appendix One:

Current Programme Status

Red Programmes
One of the 56 programmes has their current status categorised as red:

Scottish Mortality and Morbidity Programme (SMMP)
There has been no dedicated team, administrative support, project manager or programme manager for this programme for some time now. While we have been able to mobilise staff from various health care professions at all levels to support various aspects of this work, having the National Clinical Lead carry out tasks of project admin/management within an already very limited allocated sessions is neither efficient nor sustainable. There is significant risk of losing momentum, benefits and engagement accrued to date from this work. A meeting with the National Clinical Lead has now taken place and as a consequence a paper has been submitted to the Executive Team recommending reallocation of resources to a mixed programme manager/admin officer contribution on a fixed term basis until 31 March 2020.

Amber Programmes - 10 of the 56 programmes have their current status categorised as amber:

Scottish Approach to Strategic Commissioning Design (TRU)/Third and Independent Sector Engagement (TRU)
The Unit has reviewed the 18/19 deliverables in light of the delays in recruiting to this post and the practical knowledge gained over the first four months of this post. This has been taken into account for the operational planning process for 2019-20.

Service Change
Publication of quality assurance report for NHS Lanarkshire scheduled for 14 November 2018 did not go ahead. This was due to Scottish Government announcement (09/11/18) of Independent review on NHS Lanarkshire’s proposed changes for Monklands Hospital. A meeting is currently being arranged with the Independent Review Team.

Acute Care Portfolio
Previously planned learning events for Falls and Catheter Associated Urinary Tract Infections planned for January and March 2019 have been deferred due to staff shortage across improvement and project staff. Recruitment is now underway.

Mental Health Portfolio
The Mental Health Portfolio is currently undergoing a combination of re-design of existing priorities and an expansion into additional commissions. Further consultation is required to define the extent of the Scottish Government’s strategic priorities for Mental Health Improvement, and the staffing resource required to deliver on these priorities. A number of existing staff are on short term contracts or secondments.

Living Well in Communities (LWIC)
The Neighbourhood Care and Palliative and End of Life Care Programmes are commissioned and funded by the Scottish Government. Both programmes are due to end in March 2019. The Scottish Government have expressed a keenness to extend these programmes but there is no confirmed commission or funding. This uncertainty affects the end of programme activities and communication as well as our ability to plan for 2019/20. The programme has recently undergone a large amount of recruitment which has impacted on the team’s capacity. Recruitment is now 92% complete.
SPSP Maternity and Children

PSP Maternity and Children

The mitigating action for the risks of
i) Lack of data submissions to the Maternity and Children Quality Improvement Collaborative (MCQIC)
ii) Reduced capacity and capability at local level

is the ongoing bespoke partnership agreements with each NHS board. These agreements outline the available capacity at local level for quality improvement activity as well as identifying gaps that MCQIC can support. During this reporting period there has been no significant changes in data returns as these partnership agreements are still being negotiated and agreed. There are signals of increased data returns at present and we anticipate reporting an increased data submission in the next report. To date the partnership agreements have resulted in renewed engagement with the programmes and enhanced relationships between the boards and the national team.

Growing Older in Scotland

Significant further work is required to get the draft to the agreed standard.

SMC Programme

The workload involved in developing the new orphan definition, validation, appeal and initial SMC assessment process has been considerable for a core group within SMC. This work is taking place alongside implementation of other review of access to new medicines recommendations as well as busy business as usual. There are individuals in the team working in excess of maximum capacity. Whilst the support of the business case has been welcomed there will be a period of recruitment, induction and training for new members of staff and so the pressure on some key individuals will not be alleviated for a number of months.

Regulation of Independent healthcare

Large and complex piece of work to register all applicable online services. Until such time as registrations reach a steady state the programme is maintained as amber. New types of services are being identified, some types are proving more complex than originally anticipated, and we are still progressing some services towards enforcement action. By way of mitigation we have maintained additional resource into the IHC programme, and are training a broader range of inspectors to do routine IHC work leaving other staff more experienced in this work to focus on more complex cases and enforcement work.

Quality Management System

The QMS Portfolio has currently vacancies at Portfolio Lead, Improvement Advisor and project support level. Recruitment is underway for a Portfolio Lead and Project support with alternatives for remaining vacancies being sought.

Achievements

Scottish Health Council

In November 2018, the Scottish Health Council published its report on Gathering Views on Community Audiology Services which was designed to ensure that the views of people with experience of hearing loss in Scotland informs the development of national policy by the Scottish Government. 80 service users and national third sector organisation representatives participated in discussion groups or one-to-one interviews. We also held a discussion session with 15 national See Hear leads and gathered feedback from the Scottish Audiology Heads of Service Group that represents the Audiology Services of NHSScotland. We worked with deafscotland (formerly known as the Scottish Council on Deafness) who helped us identify third sector participants for discussion groups.
Scottish Medicines Consortium
Following extensive stakeholder engagement SMC ‘Decision Explained’ documents were published from September 2018 for medicines considered at August SMC meeting. The submission specific documents are published alongside the detailed advice documents each month. These have been widely welcomed by patient groups.

Scottish Intercollegiate Guidelines Network
As part of its celebrations of 25 years of producing guidelines, SIGN co-hosted the Guidelines International Network conference in Manchester with NICE. The conference was attended by 464 delegates and a post-conference survey found the majority of respondents rated the plenary and parallel sessions as good or very good. A SIGN 25 social media campaign resulted in 25,000 Twitter impressions (compared to 5,000 in the previous month).

Living Well in Communities
We worked collaboratively with Information Services Division (ISD) to allow GPs to access the Electronic Frailty Index (EFI) which went live on the GP SPIRE (Scottish Primary Care Information Resource) system in December 2018. EFI allows GPs to proactively identify the frailty levels of their population and provide more targeted preventative interventions to reduce the likelihood of further decline or unplanned admission.

We worked with the Children’s Hospice Association Scotland (CHAS) to design and test an anticipatory care plan template specifically for babies, children and young people. Work to raise awareness and encourage good conversations about life and death is now being taken forward by CHAS.

Focus on Dementia
We successfully launched the Post-diagnostic Support (PDS) Quality Improvement Framework (QIF) in November 2018. See the framework here: https://ihub.scot/improvement-programmes/focus-on-dementia/improving-diagnosis-and-post-diagnostic-support/quality-improvement-framework/

Scotland is the only country in the world to have such a framework which is generating international interest including USA and Europe. Feedback on the framework will inform Scottish Government dementia policy and further improvements in PDS services across Scotland.

Midlothian Early Action Project to Improve Children and Young People’s Mental Health
The Midlothian Early Action Project to Improve Children and Young People’s Mental Health, supported by Nesta and the ihub, held a launch event for the 100 day people powered results project. Teams heard from leaders and young people from across Midlothian, and had lots of time for questions, discussion and interactive exercises. The emphasis was on cross-system collaboration and finding new ways to work together to improve mental health and wellbeing for children, young people, families and/or carers.

Through a series of activities, three teams began to set goals, and refined their ideas and work plans for what they will test over the 100 days. This embedded people’s lived experience at the heart of the launch event, and led to all three teams developing plans for ongoing communication and involvement of children, young people, families and/or carers as part of their plans for the 100 days. The teams will work with ihub and Nesta support until the end of May to deliver on ideas such as re-design of looked after children reviews to reduce stress and anxiety of the young people; identifying the reason for, and addressing, rejected Children and Adolescent Mental Health referrals in one area and plan and deliver with young people sessions to support them to be experts in their own mental health.
Primary Care - Improving Together Interactive (ITi)
With key primary stakeholders and national partner organisations, we’ve led the development of an interactive web-based resource to support the implementation of Improving Together (https://ihub.scot/improving-together/)
Successfully launched on 28 September, the website provides a ‘Once for Scotland’ approach to information sharing. ITi includes a selection of tools and resources to support the implementation of the new quality framework and GP cluster working. The website is regularly updated and further case studies and evidence summaries are in development.

Primary Care - The Practice Admin Staff Collaborative (PASC) is supporting primary care teams to move work traditionally undertaken by GPs to other members of the practice team. On 27-28 November we hosted a second national learning session with representatives from 23 Health and Social Care Partnerships. Delegate feedback was extremely positive as detailed below:

- 92% of delegates agreed that they learned about tools and techniques which can support workflow optimisation and care navigation.
- 91% of delegates agreed that they left with a good understanding of the work within the PASC.
- Delegates acknowledged that adequate staff training and taking small steps was vital to the success of this work so far.

A toolkit sharing the learning from the collaborative is in development and will include resources to support the national implementation of care navigation and workflow optimisation in GP practices.

Spreading and Scale of Care Experience Improvement
Healthcare Improvement Scotland has developed a new improvement approach to develop and embed a systematic process to capture and act on care experience feedback to improve care and support. The model has helped care teams to gain confidence and skills to identify improvement opportunities and test improvement ideas, centred on what matters most to the people who use their services. We are now supporting the spread of this approach across the health and social care system.

One example of the positive impact is the work of the Prisoner Healthcare Team at Shotts Prison. The conversations with prisoners identified that people coming into Shotts from other prisons had concerns about delays in getting their medication following transfer. The team are redesigning medication transfer between prisons as part of their admission process and the approach is being shared through national forums with those who work in Prison Healthcare.

New work
During this reporting period there were no new pieces of work introduced.
SUBJECT: Risk Management Update

1. Purpose of the report
To provide assurance on progress with the management of risk across the organisation and to present the current corporate risks (Appendix 1) and the very high operational risk for consideration (Appendix 2).

2. Key Points
   a) The corporate and operational risk registers are presented in the format of reports from the Compass risk reporting system. The Compass system supports the risk management strategy and enables review of risk across the organisation.
   
   b) The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 7 March 2019. There are 12 corporate risks on the report compared to 15 on the December report and 1 very high operational risk on the report compared to 2 on the December Board report.
   
   c) The risk reports show the trends in risk scores since the Board meeting on 5 December 2019. The movement schedule at Appendix 3 summarises the changes to risks since the last Board meeting. The grid provided at Appendix 4 provides appetite and scoring definitions for reference.
   
   d) The Board held a session on 20 February 2019 to review its risk appetite. The results of that session will be examined and appropriate changes proposed to the Risk Management Strategy and the Compass risk reporting system.
   
   e) The Audit and Risk Committee reviewed at its meeting on 6 March 2019 all of the corporate risks and the high/very high operational risks.

3. Actions/Recommendations
The Board’s role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance. The Board is asked to review the corporate and operational risks presented to:

- Identify current and future corporate, clinical, legislative, financial and reputational risks.
- Gain assurance that risk is being effectively treated, tolerated or eliminated.

Appendices:
1. Corporate risks
2. Very High operational risk
3. Movement schedule
4. Grid showing risk appetite and scoring for reference

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, margaret.waterston@nhs.net, tel 0131 623 4608 ext 8580.
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CONSIDERATIONS

**How do the key points support the five priorities in the strategic plan:**
- Enable people to make informed decisions about their own care and treatment;
- Help health and social care organisations to redesign and continuously improve;
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;
- Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;
- Make best use of all resources

**Resource Implications**

The management and training of risk is conducted on a team basis and forms part of management responsibilities.

**What engagement has been used to inform the work.**

The risk register is an internal governance system which does not require external engagement. The risk management system is maintained and updated by staff assigned as risk managers.

**What Equality and Diversity considerations relate to the work.**

Advises how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.

There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.
<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Risks Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Feb - 2019</th>
<th>Jan - 2019</th>
<th>Dec - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credibility</strong></td>
<td><strong>Data Measurement &amp; Business Intelligence</strong></td>
<td>693</td>
<td>Brian Robson</td>
<td>There is a risk that we do not have a good awareness of the patterns on some key national metrics/indicators which could mean that our quality assurance and quality improvement work is not sufficiently informed. For example, this could result in the potential to miss the early signs of a serious service failure.</td>
<td>The Information Services Division reports on some key metrics via the Sharing Intelligence for Health &amp; Care Group. Some important measures are considered by different programs of work within HIS, but not collectively.</td>
<td>To address this risk, and to move emphasis away a single measure (HSMR), a consensus study was conducted to identify which set of key metrics HIS should regularly review. Recommendations for key metrics and how they will be used were accepted at the Executive Team meeting start May.</td>
<td>The Information Services Division have agreed to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group, informed by the consensus study.</td>
<td>This continues to be a risk but good progress has been made against actions that should increase our awareness of key metrics. These include working with Information Services Division to refine the intelligence they bring to the Sharing Intelligence for Health &amp; Care Group and running a Delphi process to get consensus on key metrics that Healthcare Improvement Scotland should review regularly in addition to HSMR. The likelihood of this risk is reducing because recommended key metrics have been agreed and testing has begun.</td>
<td>Audit &amp; Risk, 6 March 2019</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
</tr>
<tr>
<td><strong>Reputational / Credibility</strong></td>
<td><strong>Ruth Glassborow</strong></td>
<td>874</td>
<td>Margaret Waterston</td>
<td>There is a risk of not meeting our budgeted commitments because of changing and competing priorities around our work plan resulting in difficulties in managing a 12 month budget in accordance with Scottish Government guidelines.</td>
<td>Regular Management Accounts information prepared with the support of budget holders. Thorough re-forecast at 6 month mark. Regular information regarding potential liability arising from HIS share of joint target of £15m. Regular financial updates to ARC and Board.</td>
<td>Training for all new budget holders and refresher training for all existing budget holders. Timeious financial information to be available for ET to consider.</td>
<td>Financial position to be a regular item on DMT agenda. Management Accountants to attend DMT meetings.</td>
<td>The 2018-19 budget challenges are close to being met and we are predicting financial balance at 31/3/19. Regular discussions with SG colleagues take place to discuss risks around the HIS financial position. We have agreed a carry forward into 2019/20 of between £300k and £400k to alleviate known pressures during 2019/20.</td>
<td>Audit &amp; Risk, 6 March 2019</td>
<td>Medium - 10</td>
<td>Medium - 10</td>
<td>High - 15</td>
</tr>
<tr>
<td><strong>Reputational / Credibility</strong></td>
<td><strong>Inhub directorate wide risk</strong></td>
<td>635</td>
<td>Margaret Waterston</td>
<td>There is a risk that existing programmes of work are adversely impacted because of the requirement to prioritise resources to contribute to the urgent design of the new Access QI Programme leading to negative impacts on staff morale, sickness rates, vacancy levels and the delivery of current programmes of HIS work resulting in a negative impact on organisational reputation.</td>
<td>* Agreement with Scottish Government that this is a priority and understanding that this may then impact on delivery of other programmes of work. * Responsibility for delivery of Access QI sits across SG, HIS and NES.</td>
<td>* Identify additional resources to bring in to support this work. * Identify existing programmes of work which can be focused down on Access QI so not fundamentally changing the focus but rather narrowing the scope. * Identify existing individuals who could be released to focus on the work. * Set up Advisory Group to ensure key leads in NHS Boards and LHBs are involved in the design of</td>
<td>A project structure to deliver the design phase by April has been put in place. HIS SG sponsor on overall co-ordinating group. NES have released Head of QI to work with HIS for four days a week to support design phase. Stakeholder Advisory group has been set up with first meeting on 8th March. Agreement reached to focus the existing work on &quot;creating the conditions for QI&quot; that sits with the QMS portfolio on &quot;creating the conditions for Access QI&quot;. Unit Head for Safety and Improvement re-prioritised some work to release some time to support Access QI Director of</td>
<td>Audit &amp; Risk, 6 March 2019</td>
<td>High - 16</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### Operational

<table>
<thead>
<tr>
<th>Compliance / Regulatory</th>
<th>Information Governance Strategy</th>
<th>759</th>
<th>Sara Twaddle</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation.</td>
<td>staff training, records retention policy, data protection policy, information security policies, technical security controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved implementation of retention schedule, updating of privacy notices and data protection policy, reviewing data processor contractual arrangements, cyber security certification, internal permissions audit; off site storage data cleansing; necessary database amendments</td>
<td>One outstanding high risk contractual data processing agreement to be finalised in February. Staff uptake of data protection suite information handling training is less than 50% of registered LearnPro users. Risk level to remain the same whilst staff are requested to complete the training during February.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Operational

<table>
<thead>
<tr>
<th>Making Care Better Strategy 2017-2022</th>
<th>737</th>
<th>Robbie Pearson</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that we do not have sufficient internal capacity to support the work of the National Board Delivery Plan and savings targets because of the substantial input that is required from a small group of people resulting in staff becoming over burdened, stressed and concerned about their futures.</td>
<td>Designated roles have been agreed within the organisation to represent HIS and to support the national work. A principle of working with colleague boards is to reuse as much information as possible ie not to collect same information twice. Work closely with Employee Director to ensure that staff side are aware of any potential changes to reduce costs and that their input is possible</td>
<td></td>
</tr>
<tr>
<td>Oversight of required capacity is being lead by Director of Finance and Corporate Services Work with staff to re-prioritise work load Recruit additional support staff with agreement of ET Re prioritise HIS work programme</td>
<td>Deloitte have been engaged until end of March 2019 to review the target operating Models for Finance, HR, Estates &amp; Facilities, and Procurement. This may lead to an increase in pace to implement change. Deloitte are also reviewing all corporate services to establish whether there are other areas to be considered for efficiencies by sharing resources across the 8 Boards. This requires support from the finance team to fulfill short notice requests for information and for meetings at a time when focus is on financial planning and year end financial balance. Allocation of funds from the Transformation Fund is convoluted and continues to take significant time from senior staff in the Improvement Directorate, the CEO and the Director of Finance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMC Product Assessment</th>
<th>454</th>
<th>Sara Twaddle</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that SMC is unable to accept new medicines for use in a timely manner because of sustained volume of submissions, leading to political and / or public criticism and resulting reputational damage.</td>
<td>Horizon Scanning Schedule planning Published prioritisation criteria</td>
<td></td>
</tr>
<tr>
<td>Medicine scheduling is monitored and communicated to Scottish Government and Industry. Long term business case for additional resource supported by Scottish Government from April 2019.</td>
<td>SMC follow a strict prioritisation criteria for scheduling medicine submissions. Scottish Government and Industry are kept informed of deferrals of submissions. If SMC are able to recruit to new posts, there will be additional capacity in the assessment team later in 2019 which should reduce this risk.</td>
<td></td>
</tr>
</tbody>
</table>
Reputational / Credibility

Strategic Delivery Plan: Medicines

721 Brian Robson

There is a risk that the NRP is misunderstood or misrepresented by advocacy or patient groups leading to inappropriate media response and to patient or professional concerns resulting in loss of confidence in the NRP and reputational impact for HIS. - Media management strategy as part of overall communications plan which is supported by Scottish Government and NHS Boards - FAQ document (public) and FAQs for clinicians in place - Active input from HIS communications team during development and testing phase - Engagement on, and sign off, for media management strategy with NHS Boards, SG and NHS Scotland commis teams - Ongoing support from HIS communications team - National Patient Information Leaflet being developed by ADTCC and regional networks

The National Review Panel was implemented on the 1st June. The panel have received two submissions to date and there has been no negative media interest.

Audit & Risk, 6 March 2019

Medium - 12
Impact - 4
Likelihood - 3

Operational

Strategy 2017-2022 Making Care Better

697 Robbie Pearson

There is a risk of our engagement with clinical communities, and our support for NHSS in relation to medicines, being compromised because of the BREATX agreements and settlements resulting in us being less able to deliver key elements of our work

Clinical engagement strategy and associated activity

Engagement with other UK HTA agencies to influence policy re medicines regulation mechanisms Monitoring of changes in workforce profiles in HIS

Further work by the BHA has been noted, but with the continuing uncertainty regarding the outcome of negotiations, there remains a challenge for preparing for the point where we leave the EU. There is ongoing discussion between the Scottish and UK Governments covering issues of relevance for both healthcare systems including medicines and device availability.

Audit & Risk, 6 March 2019

Medium - 12
Impact - 4
Likelihood - 3

Reputational / Credibility

Strategy 2017-2022 Making Care Better

10 Robbie Pearson

There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.

Strategy and Workforce Development Plan

Re-focus of ET meetings to be more strategic. Directorate team meetings will formally cascade information from ET. Capability plan being created as part of workforce plan.

A Senior Leadership Group has been created. They have been commissioned to deliver the 3 year integrated planning work for approval by the Board by 31 March 2019. This is the second commission for this group. This different way of working has released capacity within ET and encouraged senior members of staff to consider cross organisational solutions. Further plans to improve capacity and capability across the organisation are included within the workforce plan.

Audit & Risk, 6 March 2019

Medium - 9
Impact - 3
Likelihood - 3

Operational

Workforce Strategy

872 Margaret Waterston

There is a risk that teams within the Corporate Services Directorate are under resourced because of the growth and changing profile of the organisation's work resulting in a reduction in the service provided across the organisation.

2019/20 Operational Plan being prepared to align with funding envelope and required workforce Integrated plan will identify level of corporate resource required New Associate Director of Workforce post approved and recruitment complete. Candidate will be in post toward end of April 2019 Experienced additional support for workforce planning is temporarily in place to assist with creating a fit for purpose

Workforce reporting from eEES is being put in place to measure achievement of the workforce plan. Discussions with SG to agree additional corporate support to underpin new commissions where appropriate Internal improvement Programme Board to focus on reducing waste and variation across the organisation for processes and procedures

Workforce reporting from eEES is being put in place to measure achievement of the workforce plan. Discussions with SG to agree additional corporate support to underpin new commissions where appropriate Internal improvement Programme Board to focus on reducing waste and variation across the organisation for processes and procedures

Audit & Risk, 6 March 2019

Medium - 12
Impact - 4
Likelihood - 3
| Operational Workforce Strategy | 246 | Robbie Pearson | There is a risk of significant organisational disruption because of the scale of change and growth that is currently being considered to support improvement in an integrated environment resulting in non delivery of work and demoralisation of the workforce. | Workforce Plan 2018/19 | Workforce Plan 2018/19 | Changes within the Improvement Directorate, Quality Assurance Directorate and Scottish Health Council are being handled within policy guidelines. Staff are being consulted with, and involved in these processes. At 17/12/18 the consultation phase for SHC has been completed, and no major issues reported following meetings with staff. At 22/1/19 the change process is ongoing, with some capacity issues influencing progress but this is being addressed. | Audit & Risk, 6 March 2019 | Medium - 10 Impact - 5 Likelihood - 2 | Medium - 10 | Medium - 10 | Medium - 10 |
| Operational Workforce Strategy | 634 | Margaret Waterston | There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a lack of efficiency in delivering our priorities | Support for workforce planning has been sourced to produce a sustainable plan for the organisation. The Officer is working on a number of areas to ensure that a long term planning mechanism is in place. Workforce plan sets out actions to develop skills and career pathways for staff. Integrated planning allocates skills and capacity required to deliver work. Flexible approach to acquiring specialist skills eg Improvement Adviser framework | Career pathways being developed to maximise staff potential to retain and grow skills within the organisation. Improvement Adviser framework to be tested for other skill areas that are difficult to recruit to eg Inspectors and Health Economists. Personal development conversations and plans to be agreed with staff. Skills planning and succession planning to be included within the revised workforce plan. | Additional support has been sourced to assist with sustainable workforce planning, including improving cross organisational working. Initial progress is good and ET have agreed a sustainable way forward as part of the planning process. Included within this work will be a recruitment plan which considers internal succession planning and career pathways to improve retention of staff. A test of cross organisational/matrix working is taking place within the Primary Care Programme and the learning from this will be incorporated across the organisation. The operational plan is more cross organisationally focussed and this should assist with improving flexibility and career progression within HIS. | Audit & Risk, 6 March 2019 | Medium - 10 Impact - 5 Likelihood - 2 | Medium - 10 | Medium - 10 | Medium - 10 |
## Item 3.3 Appendix 2 – Very High Operational Risks

<table>
<thead>
<tr>
<th>Category</th>
<th>Project/Strategy</th>
<th>Risk No</th>
<th>Risk Director</th>
<th>Risk Description</th>
<th>Current Controls</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Risk Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Feb - 2019</th>
<th>Jan - 2019</th>
<th>Dec - 2018</th>
</tr>
</thead>
</table>
| Operational Mental Health Access | 840 Ruth Glassborow | 840     | Ruth Glassborow | There is a risk that MHAIST will be unable to deliver its outcomes because of the high turnover of staff on fixed term contracts leading to reputational damage to HIS. | Regular review of contract situation with key personnel to ensure recruitment processes are started immediately when a staff member departs | * Negotiate extension of funding with Scottish Government so can increase length of fixed terms and ideally agree that funding moves into baseline so can appoint permanent staff.  
* Capturing and evaluating the impact of MHAIST to support conversations with SG  
* Develop improvement capability within NHS Boards and H&SCPs so teams are less dependent on the MHAIST team | A proposal for the expansion of MHAIST to secure the posts required to deliver has not yet been accepted. The temporary posts are due to complete on 31/3/19. A proposal to offer 3 month extensions to these posts is being developed, but within the timescales, the risk of one or both individuals leaving is high. This would mean losing staff with valuable knowledge of the programme and would create a significant additional time-lag in performance due to recruitment if funding was allocated. We are necessarily committing to work to deliver on the remit provided to us, but with the loss of these posts, some of this work would need to be stopped or significantly slowed. Issue has been consistently raised with policy leads. Will now outline the key issues in a letter including laying out the potential impact on ability to deliver against a key Scottish Government priority. | Audit & Risk, 6 March 2019 | Very High - 20  
Impact - 5  
Likelihood - 4 | Very High - 25  
High - 16  
High - 16 |
1. Corporate Risks

<table>
<thead>
<tr>
<th>New risks on the report since December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>872</strong> Workforce Strategy</td>
</tr>
<tr>
<td><strong>874</strong> ihub directorate wide risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks that have left the report since December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong> Strategy 2017-2022 Making Care Better</td>
</tr>
<tr>
<td><strong>631</strong> Service Change</td>
</tr>
<tr>
<td><strong>780</strong> Quality of Care Reviews</td>
</tr>
<tr>
<td><strong>782</strong> Strategy 2017-2022 Making Care Better</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>863</td>
</tr>
</tbody>
</table>

2. Very High Operational Risks

**New risks on the report since December**

<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Description</th>
<th>Risk level/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>840</td>
<td>Mental Health Access</td>
<td>There is a risk that MHAIST will be unable to deliver its outcomes because of the high turnover of staff on fixed term contracts leading to reputational damage to HIS.</td>
<td>Risk level increased from high to very high</td>
</tr>
</tbody>
</table>

**Risks that have left the report since December**

<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Description</th>
<th>Risk level/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>396</td>
<td>Strategic Delivery Plan: Medicines</td>
<td>If the work of the Area Drug and Therapeutic Committee Collaborative is not progressed there is a risk that the policy intent of improving access to new medicines (non SMC elements) is not met. Failure to be seen to implement the policy brings substantial loss of credibility for HIS and the ADTCs.</td>
<td>Risk level reduced from very high to high</td>
</tr>
<tr>
<td>778</td>
<td>Service Change</td>
<td>There is an operational and reputational risk to the Scottish Health Council’s role in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities. This results in public uncertainty on the engagement process to be followed and challenge in the role of the Scottish Health Council.</td>
<td>Risk level reduced from very high to high</td>
</tr>
</tbody>
</table>
Risk appetite definition

Risk appetite is the amount of risk we are prepared to accept, tolerate or be exposed to at any point in time. To facilitate this, we must take balanced decisions which weigh the long term rewards against any short term costs.

Below are the risk appetite classifications that will be used to help identify and define our response to risk that is proportionate to our risk profile and business objectives.

Risk appetite (classification)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Willing to consider all options and chose the one that is most likely to result in success, while also providing an acceptable level of reward.</td>
</tr>
<tr>
<td>Cautious</td>
<td>Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.</td>
</tr>
<tr>
<td>Minimalist</td>
<td>Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.</td>
</tr>
</tbody>
</table>

Periodically (at least annually), the Board will consider its risk appetite against different categories of risk that it is exposed to. The current risk appetite, by risk category, has been agreed by the Board of Healthcare Improvement Scotland (November 2015), as follows:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to):</th>
<th>Risk appetite</th>
</tr>
</thead>
</table>
| Operational                 | • risks which impact on the ability to meet project/programmes objectives (including impact on patient care)  
• risks which lead to incidents or adverse events that could cause injury (health and safety)  
• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)  
• risks which impact on the implementation of staff governance. | Open |
| Financial/value for money   | • risks which impact on financial and operational performance (including damage / loss / fraud). | Cautious |
| Reputational/credibility and Strategic | • risks which have an impact on the reputation/credibility of the organisation.  
• Could also include uncertainties caused by changes in health policy and government priorities. | Open |
| Compliance/regulatory and legal requirements | • risks which impact on achieving compliance with legislation, regulation, legal requirements. | Minimalist |
### Agenda item 3.3

**Net Risk Assessment** | **Risk Assessment response** | **Net Risk Assessment** | **Risk Assessment response** | **Net Risk Assessment** | **Risk Assessment response**
---|---|---|---|---|---
20-25 – Very High | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure | 16-25 – Very High | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure | 15-25 – Very High | Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure
13-19 – High | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure | 11-15 – High | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure | 8-14 – High | Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure
8-12 – Medium | Acceptable level of risk exposure subject to regular active risk monitoring measures | 6-10 – Medium | Acceptable level of risk exposure subject to regular active risk monitoring measures | 4-7 – Medium | Acceptable level of risk exposure subject to regular active risk monitoring measures
1 – 7 - Low | Acceptable level of risk exposure on the basis of normal operation of controls in place. | 1 – 5 - Low | Acceptable level of risk exposure on the basis of normal operation of controls in place. | 1 – 3 - Low | Acceptable level of risk exposure on the basis of normal operation of controls in place.
SUBJECT: Scottish Health Council Committee: Key Points 27 November 2018

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee Meeting on 27 November 2018.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   The three key areas reflected the three ongoing high priority issues for the council:

a) Scottish Health Council Review

   Progressing the Scottish Health Council Review
   Recent legal advice on the interpretation of SHC statutory duties on both NHS Boards and Scottish Health Council in relation to health services delegated to integration authorities had a potentially significant impact on the work of the SHC. Committee members were concerned about any potential resource implications, although acknowledged this was dependent on the outcome of further discussions. Reassurances were given that further work would be progressed, and the implications considered in discussion with other stakeholders, at the same time as ensuring effective delivery of the existing role. It was noted that the legal advice did not impact on the conclusions of the review process which remain sound.

   The staff consultation was due to end on 7th December. The majority of staff had accepted an invitation for a consultation with their line manager and a HR representative. An analysis of all feedback received will be undertaken a response provided to staff as early as possible in the new year.

   A working title for the Scottish Health Council still needed to be identified and a short-list of potential names would be tested with a sample of stakeholders shortly. The committee agreed that any new name should more clearly reflect the role and purpose than the existing name.

b) Diversity in Involving People

   The committee received an equality monitoring report on involving people. This report, which is produced annually, is not a statutory report but is good practice, and provides a demographic profile of some of the people who have been involved thus enabling gaps to be identified.

c) Volunteering

   An update on volunteering in NHSScotland, highlighted that there were approximately 6,500 volunteers directly engaged by NHS Boards in Scotland. Nevertheless, the committee felt more could be done to encourage and promote volunteering in the NHS and supported the importance of evaluating the impact of volunteering in order to be able to more effectively highlight and promote its benefits.
d) Our Voice

Following the evaluation of the Our Voice Citizen Panel, additional funding has been secured from Scottish Government to support continuation of the Citizens Panel for the coming year with an Advisory Group being established to ensure a robust and consistent approach to topic selection and survey development and to refresh Panel membership.

The Citizen Jury sessions had gone well and a number of prioritised recommendations produced. A launch of the jury’s recommendations was expected to take place in February 2019.

Pam Whittle
Chair
Scottish Health Council
SUBJECT: Scottish Health Council Committee: Key Points 28 February 2019

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee meeting on 28 February 2019.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

a) Scottish Health Council Change Implementation
The committee noted that the recruitment process for the Director of Community Engagement is underway. The committee approved a draft response to the Scottish Health Council staff consultation on proposed organisational change, and noted that further work is being undertaken with regard to analysis and response to staff feedback received on proposed changes to job descriptions.

Recommendations emerging from a short-life governance review on the remit, membership and operation of the committee was discussed and suggestions from the committee were noted. The outcome of this work will be reported further to the Board in June 2019.

The committee also received an update on engagement activity related to options for renaming and rebranding of the Scottish Health Council.

b) Equality mainstreaming
The committee considered and approved a draft equality mainstreaming report which will be published in April 2019. The positive impact of introducing the Margaret McAlees award, in terms of engaging staff creatively in considering how the organisation helps to advance equality in health and care services, was particularly welcomed by the committee.

c) Service change update
The committee was pleased to note the work that has been carried out to support the development of good practice in relation to engaging people in service change. This has included: (1) a series of webinars for health and care practitioners, including a recent session with a guest presentation from Ruth Glassborow, Director of Improvement, on ‘resistance to change’, and (2) a session organised as part of this year’s ‘Firestarter’ festival on ‘Changing Services in the NHS – supporting effective engagement’. The session was attended by participants from NHS Boards, Health and Social Care Partnerships, Scottish Government and academic institutions. It provided a networking opportunity for those involved in this work, and will act as a foundation for further sessions to support learning and development.

d) Collaborative working with local offices
A number of examples were shared with the committee illustrating how Scottish Health Council staff based in local offices have been working collaboratively in a range of ways with staff in ihub, the Evidence Directorate and the Quality Assurance
Directorate. The significant potential benefits of collaborative working were noted by the committee, in enabling the organisation to better share and maximise its resource, skills, knowledge and effectiveness. The committee welcomed this development and agreed that this activity should be encouraged, though it should be carefully monitored to ensure it can be delivered within available capacity.

Pam Whittle  
Chair  
Scottish Health Council
MINUTES – V1.0

Meeting of the Scottish Health Council Committee
27/11/2018
Robertson House, Bath St Glasgow, G2 4TB

Present
Alison Cox (AC) Member
Elizabeth Cuthbertson (EC) Member
Irene Oldfather (IO) Left meeting 2pm Member
John Glennie (JG) Member
Pam Whittle (PW) Chair

In attendance
Alan Bigham (AB) – item 2.3 Volunteering in NHS Scotland Programme Manager
Anthony McGowan (TMG) Review and Implementation Lead
Carole Wilkinson (CW) Chair, HIS
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager
Daniel Connelly (DC) Service Change Manager
Mario Medina (MM) – item 2.2 Equality & Diversity Advisor
Richard Norris (RP) Honorary Fellow, University of Edinburgh
Robbie Pearson (RP) Chief Executive, HIS
Sandra McDougall (SMD) Acting Director

Apologies
George Black (GB) Member

Committee support
Susan Ferguson Committee Secretary

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NOTES</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WELCOME &amp; APOLOGIES FOR ABSENCE</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All were welcomed to the meeting.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PW introduced Carole Wilkinson, recently appointed Chair of Healthcare Improvement Scotland, to the Scottish Health Council Committee.</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Apologies for Absence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apologies were received from George Black.</td>
<td></td>
</tr>
</tbody>
</table>
### 1.3 Minutes of Previous Meeting (25/09/2018) & Matters Arising

Minutes of the previous meeting were reviewed and approved.

#### Matters Arising

**Item 3.1 Equality Mainstreaming progress report** – TMG provided an update in relation to the Stonewall Workplace Equality Index. Historically, improvement within the Index rankings is achieved through an organisation’s long term commitment to continue to learn from each annual submission. Success for Healthcare Improvement Scotland in the 2019 Index will be to maintain its score from 2018 and see an improvement in the scoring for each of the sections where new information was provided.

**Item 2.3 Participation Standard Review** – it was noted that there has been some delay in progressing this work due to workforce capacity challenges.

**Item 3.1 Community Engagement & Improvement Support update** – there had been an action for CJ to check the definition of ‘realistic medicine’ used in the paper. This had been checked and CJ confirmed that it had been an adapted summary rather than a direct quote from the Chief Medical Officer’s report.

PW referred to the Business planning schedule and after discussion it was agreed that the Equality Mainstreaming Progress report would be included in February’s agenda. PW highlighted the date for the next Scottish Health Council Committee meeting is 28 Feb 2019 and not 27 February 2019 as stated in error on both the agenda and Business planning schedule.

---

### 2 STRATEGIC BUSINESS

#### 2.1 Scottish Health Council Review

SMD advised that there was a separate paper for the Committee to review that set out legal advice on the interpretation of statutory duties on both NHS Boards and Scottish Health Council in relation to health services delegated to integration authorities. RN discussed the rationale behind the paper, noting it was produced in collaboration with PW, SMD and TMG. RN made reference to page 8 requesting, in particular, feedback on the conclusions numbered 4.1 to 4.5.

IO queried if this development would have implications on resources. RN advised there may be resource implications dependent on which option was pursued and how this impacted on delivery of existing functions.

AC stated this was a helpful paper, though felt it was difficult to assess the options as there are inherent dependencies in terms of the involvement of other stakeholders.

SMD noted that whilst trying to work through the implications of the legal advice received, in discussion with other stakeholders, there remains a need to ensure effective delivery of the existing role. SMD also commented that irrespective of the outcome, the conclusions of the review process remain sound and have built in a degree of flexibility to adapt and prioritise workload based on regular engagement with stakeholders, ensuring that our activity is
focused appropriately on areas which are topical and where we can have the greatest impact. This will be important for staff.

SMD also referred to discussions with Alastair Delaney, Director of Quality Assurance, about the potential to learn from and adapt approaches linked to the Quality of Care Framework to support the quality assurance of community engagement. She will produce a short paper on her findings.

RP referred to the need to consider any developments in the context of the integration governance review, which is ongoing.

SMD gave an update on the organisational change process, advising that the 90 day staff consultation will end next week (7 December). SMD also noted that the majority of staff accepted an invitation for 1:1 consultation with their line manager and a HR representative. SMD highlighted that feedback from these meetings indicated that there was a particular interest around the proposed changes to job descriptions. SMD also advised that the feedback from the dedicated Review email address would also need to be considered. An analysis of all feedback received will be carried out and a response provided to staff as early as possible in the new year.

PW gave an update on the recruitment of the Director of Community Engagement. PW advised that all applicants were of a high calibre but unfortunately an appropriate candidate was not identified this time. PW confirmed that SMD would continue in the role as ‘Acting Director’ in the interim until a replacement can be appointed. RP confirmed that a further recruitment process would commence in early 2019.

SMD advised that there had been some slippage with the work on the short-life governance review which is being led by PW and Hamish Wilson due to capacity challenges. SMD noted that steps are now being taken to address this.

SMD advised that additional communications support is required to implement the rebranding changes which are planned. SMD highlighted that a suitable replacement name for the Scottish Health Council requires to be identified, noting that there has been suggestions from staff and that a short-list of potential names would be tested with a sample of stakeholders. SMD invited Committee members to share any suggestions that they may have.

IO stated that a key factor in agreeing any name change is that the new name should more clearly reflect the role and purpose than the existing name.

2.2 Diversity in involving people

SMD gave a brief overview to the Committee, highlighting that the Involving People Equality Monitoring Report was produced annually, and it provides information about the diversity of people in our engagement activities during April 2017 to March 2018. SMD noted that this is not a statutory report but is in line with good practice, as it provides a demographic profile of some of the people who have been involved in our work, and enables us to identify where there may be gaps.
MM explained that it is not always possible or appropriate to ask people to complete an equality monitoring form but highlighted the benefits of people completing these forms wherever possible.

MM also noted that new guidance intended to support improved reporting of public involvement activities undertaken by staff across HIS was published in April 2018. MM explained that a Scottish Health Council Lean Practitioner is currently supporting a review of how we collect and report on equality monitoring information to help improve efficiency in future. MM currently provides advice and support to staff on equality monitoring, and collates the equality returns received to report on the diversity of the people involved in the engagement activities that takes place across HIS.

MM discussed the difficulty in recruiting younger Public Partners and outlined the ways in which the Public Involvement Unit has been engaging and encouraging younger people to get involved, through its links with relevant third sector organisations.

SMD highlighted that the data from equality monitoring is useful for local offices to use, in order to inform their own engagement activities, and learn from these to inform future work.

2.3 Volunteering in NHSScotland

AB gave an update on volunteering in NHSScotland, highlighting that there are approximately 6,500 volunteers directly engaged by NHS Boards in Scotland. AB highlighted that the role of volunteers vary from Board to Board also explained why people volunteer and the average length of tenure for volunteering.

PW noted that NHS Board Chairs are very supportive of volunteering, and highlighted that the National Group on Volunteering, which AB supports, has been chaired for some years by an NHS Board Chair.

JG asked about whether the remit of the National Programme might be extended to reflect the integration of health and social care, given that its current focus is on NHS Boards. SMD highlighted research that the Scottish Health Council had commissioned with Integration Joint Board Chief officers, which indicated that they saw the benefits of volunteering and recognised that resource is required to support it.

EC highlighted she feels there must be more that can be done to encourage and promote volunteering in the NHS. AB referred to the importance of evaluating the impact of volunteering in order to be able to more effectively highlight its benefits. AB also indicated that there is no shortage of people wishing to volunteer in NHSScotland and that any increase in the number of volunteers would have to be appropriately resourced and undertaken in a sustainable way.

3.1 Community Engagement & Improvement Support Update

CJ gave an update on some local office activities which are not fully reflected in the Operational Plan. CJ advised that local staff are currently gathering views on Neurological Care and Support Standards, stating that 6 discussion groups have taken place using a variety of engagement approaches to generate debate. CJ also advised that a further 25 discussion groups have
been scheduled across all 14 local office areas. CJ highlighted that an online survey is also available to supplement the discussion groups with 182 people responding and a response rate of 95%. CJ stated that the staff enjoy the work entailed in gathering public views and the findings these projects produce.

CJ gave highlights of work which has been undertaken around gathering public views on oral health services, stating that based on feedback from the June 2017 report, the Scottish Government has produced an Oral Health Improvement Plan which includes 44 different actions. CJ advised that the Scottish Government’s Dentistry Division has asked Scottish Health Council for further support to engage with dental patients which will involve establishing a Patient Reference Group, and linking with existing patient forums. CJ further advised that this is currently in the planning stages and will require approval from DMT in December 2018.

CJ highlighted that there could be some possible future joint engagement with the Scottish Ambulance Service, NHS Forth Valley and Glenochil Prison. The aim of this is to gather experiences of the service being provided by the Scottish Ambulance Service to prisoners in HMP Glenochil using the views of prisoners, ambulance staff and NHS Forth Valley staff. CJ noted that the required outcome for this was to develop a best practice local protocol to be followed by all parties when an ambulance is required to provide care and support for a prisoner in Glenochil Prison. CJ noted that there is a need for a clear and robust process to ensure the safety of prisoners and staff.

PW noted that this is the first time this type of work has been carried out.

CJ highlighted that if successful it may have potential learning for other prisons.

### 3.2 Service Change Update

DC provided the Committee with an update on service change activity within the Scottish Health Council. DC highlighted that the timescale for the publication of the Regional Planning documents has been delayed. It was expected that these would be published in October, but this has not yet taken place.

DC advised that NHS Highland’s public consultation to review the provision of health and social care services in the Caithness area concluded on 23 November 2018 and to date NHS Highland has received over 1,700 responses to its consultation.

DC advised that NHS Lanarkshire had concluded its public consultation on the refurbishment or re-provision for Monklands Hospital with the proposal of a new build on the Gartcosh site being the highest scoring option. DC highlighted that the optional appraisal process had been challenged publicly and the concerns that had been highlighted have been shared with NHS Lanarkshire.

DC also referred to the recent advice on whether NHS duties in relation to public involvement include those services delegated to integration authorities (see 2.1 above). The Cabinet Secretary for Health and Sport has recently confirmed that there is no intention to extend the CEL 4 (2010) guidance to
integration authorities. DC highlighted that these developments have an impact on the Scottish Health Council’s interim position regarding how it works with integration authorities in relation to service change processes, and the interim position paper will be updated accordingly.

### 3.3 Our Voice update

SMD gave a verbal update on the Our Voice Citizen Panel which had been paused earlier this year in order that progress to date could be evaluated to inform next steps. Following consideration of the evaluation findings, additional funding has been secured from Scottish Government to support continuation of the Citizens Panel for the coming year. An Advisory Group is being established to ensure a robust and consistent approach to topic selection and survey development. Procurement for support to refresh Panel membership and run the surveys is underway and it is expected the refresh process will commence early in 2019.

SMD also spoke about the Our Voice Citizen Jury highlighting that 3 main jury sessions have been completed with attendance of 24/25 people at each session. Gary McGrow who attended these sessions has indicated that the sessions appear to have gone very well, with high levels of engagement from the jury members. A launch of the jury’s recommendations in relation to the topic of shared decision making is expected to take place in February 2019 at an event which will be attended by either the Chief Medical Officer or the Deputy Chief Medical Officer.

### 3.4 2018/19 Operational Plan

SMD invited comments or queries from Committee members on the Operational Plan update. AC referred to the reference on page 17 the Scottish Health Council and Our Voice websites and sought clarification on what was stated. SMD advised that the previous Our Voice website had been closed and the content transferred to a new section within the Scottish Health Council website, with the separate website domain name and all of the main content having been retained. SMD also noted that procurement for a redeveloped Scottish Health Council website is now underway.

AC queried the Scottish Health Council website statistics and asked if the transfer of the Our Voice site had impacted the number of visits (8,273 up 55.2%) to the Scottish Health Council website.

After some discussion around potential reasons for the increase, it was agreed that SMD would seek to establish if the transfer of the Our Voice website had made an impact on the number of visits to the Scottish Health Council’s website.

### 3.5 Risk Register

The Committee reviewed the Risk Register with the following changes being agreed:

SMD to establish if the transfer of the Our Voice website had made an impact on the number of visits to the Scottish Health Council’s website. 28/02/2019
778 - Service Change - SMD and DC to reassess the wording of this risk to ensure it appropriately reflects the current position, particularly in light of the discussion at 2.1 above.

631 – Service Change – following discussion, it was agreed that this risk could be closed on the basis that requests for views on the level of service changes have reduced and the risk reduced accordingly.

845 - Review – it was noted that this risk has been increased from medium to high due to capacity challenges in meeting workload associated with the review.

764 - Citizens Panel – it was noted that this risk has been reduced to reflect progress made in relation to agreeing the way forward and commencing procurement.

<table>
<thead>
<tr>
<th><strong>Any other business</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No other business was discussed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of next meeting</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>– 28 February 2019 Delta House West Nile Street, Glasgow.</td>
</tr>
</tbody>
</table>
SUBJECT: Quality Committee: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality Committee on 27 February 2019.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined:

a) The Committee received the updated Operational Plan for 2019-20 and welcomed the changes made since the Board Seminar.

b) The Committee received a report on the newly established programme for reviewing and learning from child deaths in Scotland, which will be launched in April 2019. Working in collaboration with the Care Inspectorate, the work will complement existing review arrangements. The programme will look to establish a minimum standard for carrying out reviews and identify trends that could alert professionals to possible areas of risk. The Committee recognised the work which had gone into refining the proposal in order to secure the best outcome.

c) The Committee received a report on the development of a new evidence product – rapid evidence reviews. This is in response to a need, identified in the SIGN stakeholder survey, for a process to respond rapidly to a current issue. The process will involve staff from across the Evidence Directorate and is currently being piloted. The Committee welcomed the new process and its inclusion in the revised Guidance on Evidence Products which will be published at the end of March, but sought assurance that the demand for the product will be managed appropriately.

d) The Committee also received update reports from the four technology groups, the annual progress report on the implementation of the Research Strategy and a verbal update on the HIS Strategic Advisory Group.

e) On behalf of the HIS Chair who was unable to attend, John Glennie thanked the Chair for his work with the Quality Committee and wished him well in his retirement from HIS.

Hamish Wilson
Committee Chair
Meeting of the Quality Committee
Date: Wednesday 31 October 2018 10:30-13:30
Venue: Meeting Room 6A and B Delta House, Glasgow

Attendance
Hamish Wilson Board Member, Chair
Carole Wilkinson HIS Chair
Bryan Anderson Board Member
Duncan Service Board Member
Pam Whittle Board Member
John Glennie Board Member

Present
Robbie Pearson Chief Executive
Sara Twaddle Director of Evidence
Alastair Delaney Director of Quality Assurance
Brian Robson Medical Director
Maggie Waterston Director of Finance and Corporate Services
Ann Gow Director of Nursing, Midwifery & Allied Health Professionals
Ruth Glassborow Director of Improvement
Sandra McDougall Acting Director, Scottish Health Council (SHC)

Jenny Bennison Deputy, SIGN
Iain Robertson Chair, SHTG
Alan MacDonald Chair, SMC
Jacqui Sneddon Deputy SAPG

Alex Jones Public Partner
Susan Siegel Public Partner
Stephen Fenning Clinical fellow
Donald Morrison (for item 4.1) Head of Data Measurement and Business Intelligence
Diana Hekerem (for item 4.2) Head of Strategic Commissioning
Chloe Wicksteed Committee Secretary

Apologies
Zoë Dunhill Board Member
Laura McIver Chief Pharmacist
Andrew Seaton Chair, SAPG
John Kinsella Chair, SIGN
1. DEVELOPMENT SESSION

1.1 Follow up to Committee Development Session

The Director of Evidence was invited to present the paper and thanked Jane Illingworth (Policy and Governance Manager,) for pulling the paper together. The following points were made:

a) The Committee needs to look at its key responsibilities and membership within its remit. The terms of reference will subsequently be updated.

b) One of the issues highlighted at the development session was the breadth of the Committee’s remit and the risk that this is impacting on the time available to undertake full and detailed consideration of strategic issues.

c) A number of issues were raised about the Committee’s role in relation to performance reporting, including a lack of time for the Committee to give detailed consideration to the full performance report and variation in what is currently reported. The development of a new exception based report has been proposed. The full operational performance report will continue to be produced for ET to review but it will no longer be shared with the Committee. Instead an exception report will cover the following: risk based exception reporting against the operational performance report; new commissions from Scottish Government (SG) and Horizon scanning. The Committee will also consider the outcome report on a six monthly basis.

d) The governance blueprint report by John Brown and Susan Walsh would be looked at in the November Board development session. The Quality Committee is an integral part of governance and the Board needs to be well sighted on this Committee’s responsibilities. A future board development session should focus on the Quality Committee’s business

In response to questions raised by the Committee the following were discussed:

e) It was queried whether the performance and outcome reports should come to this Committee; historically there was a Finance and Performance Committee that looked at performance. It was highlighted that we are striving to report on the ‘what we do,’ rather than the ‘how we do it.’

f) The Technology Groups Chairs’ knowledge and input is very valuable to this Committee

g) In terms of new commissions from SG it is thought that this Committee would have the opportunity to look at what is being asked of HIS and how this links with the Cabinet Secretary’s priorities.

h) Due to the review of the Scottish Health Council (SHC) there is a need to look at how the remit of the SHC links in with this Committee

i) With the impending vacancies in the HIS board, the current arrangements will remain until we are clearer about the new appointments.

The Committee noted the information provided and were content with the next steps proposed in this paper.

2. OPENING BUSINESS AND COMMITTEE GOVERNANCE

2.1 Welcome

2.2 Apologies for absence

Apologies were noted as above.

2.3 Minutes of the meeting held on 22 August 2018

The following sections of the minutes were to be revised before being approved:

| Item 3.1 SMC |
| Item 7.1 reference to risk 821 |

Committee Secretary

2.4 Review of action point register: 22 August 2018

The Committee noted the status report against all actions, and that all actions were either complete or in progress.
2.5 **Declarations of interest**

None stated.

2.6 **Business Planning Schedule**

The Director of Evidence presented the Business Planning Schedule. It was noted that the schedule for the next financial year had not been presented, but this will come to the next Committee in the light of the review of the Committee’s remit.

3. **DELIVERING OUR OPERATIONAL PLAN**

3.1 **Work programme: report from the Executive Team**

The Director of Finance and Corporate Services presented this paper. The following points were highlighted:

a) This paper provided a report from the Executive Team to the Quality Committee regarding its consideration of the organisational performance report against the Operational Plan. This follows discussions about the remit of the Quality Committee and its role with respect to performance reporting and the recommendation that this should be on an exception basis.

b) As this is the first iteration of ET reporting, this report concentrates on exception reporting, in terms of programmes that are not on track. Further development of the process will allow for fuller consideration and reporting of issues such as programme successes and horizon scanning.

In response to questions raised by the Committee the following were highlighted:

c) SPSP maternity and children, has an amber category because of the lack of progress against some of the key programme outcomes due to capacity issues within NHS Boards. In response to the challenges, the programme has changed its approach and rather than every Board being asked to deliver against all the national outcomes it is in the process of negotiating with each individual Board an agreed set of priorities that aligns with their key issues.

d) For Mental Health Access there are a number of issues which have led to the red rating. The majority of NHS Boards are struggling to meet the access target. This means there has been an increase in requests for bespoke support and there are insufficient staff in the national team to respond to all these requests. There are also issues around needling to develop the skill set of the national team and issues around lack of data at a local level to support demand and capacity analysis. The bespoke support offering enables a comprehensive diagnostic on what is hindering a local team from delivering the access targets and this then supports the development of a focused and prioritized improvement plan. A question was asked as to whether MHAIST were prioritizing the poorest performing boards for bespoke support – it was confirmed that they were.

e) There needs to be a better interrelationship with the risk register. It was suggested the report could quote the risks against the relevant projects.

f) Out of 35 vacancies in ihub, 19 had no cover. The reasons for vacancies were multifactorial and included the number of fixed term contracts and secondments across the directorate. In particular there is a high turn-over rate because of the fixed term posts. There is also a market shortage especially for improvement advisors. It was highlighted that there has also been difficulty in recruiting positions in corporate services.

g) We need to advertise HIS an attractive employer and push the benefits of working at HIS. Some general workforce planning is required, and ET need to look at where funding is currently available. ET will be looking at workforce planning at its meeting on 12 November. Better consistency is required in recruitment and in recruitment policies.

h) It was suggested that the report could focus more on strengths and note what work is being done to address the gaps or areas of concerns, focusing on what HIS are doing to tackle any issues and what the priorities should be.

---

**Director of Finance and Corporate Services**

**Committee Secretary**
The Committee noted the update.

4. STRATEGIC BUSINESS

4.1 Measurement and Monitoring Safety Programme

The Medical Director introduced Donald Morrison who presented this paper. The following points were highlighted:

a) Following a UK-wide competitive process, The Health Foundation commissioned four Regional Improvement Bodies, HIS and three partner organisations in England to test the practical use of the framework for measuring and monitoring safety. For an initial phase of testing, each of the four Regional Improvement Bodies worked with front line organisations/teams from their region. It was noted there was a mistake in the paper, as the funding was supposed to read £600,000 not £1.2 million.

b) The first phase of testing showed value in the practical application of the framework and under the right conditions, the framework can enable front line teams to understand safety in a different and more comprehensive way. Following this, the four Regional Improvement Bodies were jointly awarded funding from The Health Foundation to undertake a second phase of work to test and spread the use of the framework. HIS was awarded funding to act as the UK wide coordinator for part of the second phase.

c) The framework has helped to find a common language and has genuine relevance at a range of levels and in a range of settings within health and social care. The question at the heart of the framework, “How safe is our care?” remains a question that is difficult to answer and the framework provides a structure for critical reflection to address that question.

In response to questions raised by the Committee the following was highlighted:

d) The main thing to look at is whether the framework adds value to HIS. We should look at what we have learned from this and what we could take forward. We have met obligations and we can now look at where to head to with this.

e) Being patient focused is good to see, what safety looks like to the patient makes a difference. Engaging with public to answer the question, 'how safe is our care' is valuable.

The Committee noted the update.

4.2 A co-ordinated national transformational redesign offer

Diana Hekerem joined the meeting to present this information. The following points were highlighted:

a) The National Board Collaboration for Transformational Redesign is being led by HIS and NHS National Services Scotland (NSS) on behalf of all National Boards. The work aims to develop the strategic case for a co-ordinated offer and approach to system-wide transformational change within health and social care, where the transformation has potential to benefit from national support.

b) The approach to the first phase of this work has been built around 3 thirty day sprints. The findings from Sprints 1 (mapping) and Sprint 2 (stakeholder interviews) highlighted that there are some key underpinning issues to effective National Board collaboration that, if not addressed, will mitigate any practical work to better align and co-ordinate our offerings around transformational redesign. These challenges were shared and discussed at the stakeholder workshop (Sprint 3).
c) The feedback to date has been very positive with a sense that it started the process of addressing some key issues.
d) The work has also highlighted that the word “transformation” is being used to describe a number of different challenges and that there is no “one size fits all” response. One of the outputs of the work to date will be propositions around how we might usefully start to categorise the different types of “transformation challenge” alongside practical next steps for how we move to a more co-ordinated approach against each of them.
e) A key next step that has already been identified is the need to map the existing skills across the National Boards and other key national organisations

In response to questions raised by the Committee the following were highlighted:
f) In this work we need to ensure that there are continued discussions to understand and build respectful relationships between Boards
g) Tangible examples are required (e.g. primary care,) to look at what work needs to be done, and what impact this will have. This should focus on outcomes, and look at what the priorities are. It should look at what National Boards need to do, to work to achieve the maximum impact on this.

The Committee noted the information provided and work in this area.

4.3 HIS Standards and indicators programme: in response to the Health and Sport Committee governance report

The Director of Evidence was invited to present this paper. The following points were highlighted:
a) A recent Health and Sport Committee report commented on the inability of health services to demonstrate compliance (where appropriate) with guidelines and best practice. HIS has committed to addressing this issue by exploring how we can support services to do this. Have been considering how the work of the Standards and Indicators team can be developed to support the assessment of the extent to which care is based on evidence.
b) Standards have a number of roles that they can play, while the overall aim of developing standards is to improve the quality of care, the specific purpose of a set of standards for a particular service, clinical topic or aspect of care can vary. It is important that there is clarify on the role of standards
c) SIGN Council have agreed to assist in the prioritisation of standards revisions and new topics
d) Much of the Programme of standards and indicators development results from direct commisions from SG, recent examples being publication of standards for adults, children and young people who are victims of sexual assault and rape.

In response to questions raised by the Committee the following were highlighted:
e) There is an importance of messaging around this work. There is an issue with language, a consistent use is required.
f) Need to be mindful of what can we realistically expect from SIGN Council.

The Committee noted the information provided in this paper.
## 5. REPORTS FROM GROUPS

### 5.1 Health Technology groups

**SAPG**

SAPG highlighted that evidence is emerging of the potential harms for patients labelled as penicillin allergic in terms of higher risk of HAIs and less effective treatment of infections. A risk algorithm to identify patients who are truly allergic and those who may be considered for penicillin challenge has been developed. Governance requirements are being scoped out and a pilot implementation study will be carried out to test the acceptability and feasibility of the de-labelling process in routine clinical practice across several Board areas. The Committee advised that the study should go through the relevant Ethics Committee with appropriate scoping of what is proposed.

**SHTG**

SHTG has explored alternative methodologies towards the provision of advice, which incorporate a broader range of evidence sources. For example, the SHTG Freestyle Libre assessment included a review of the published literature, SHTG economic modelling for NHS Scotland, a patient group submission, and clinical expert opinion during the Committee meeting.

SHTG has recently reached a funding agreement with National Services Scotland (NSS) to provide evidence support for the new National Planning Board. A similar agreement has also been reached with the Chief Scientist Office (CSO) to provide health technology assessment support for innovation. These collaborations provide reassurance that the work of SHTG and the Evidence Directorate is seen as relevant and valuable by stakeholders.

**SIGN**

Patient involvement in SIGN was recognised internationally at the Guidelines International Network (GIN) conference. Karen Graham has been appointed as Vice Chair of GIN Public, made up of researchers, health professionals and patient/public representatives that supports patient and public involvement in clinical guideline activity around the world. SIGN has four public partners on SIGN Council, 16 patients/service users on guideline development groups/involved with patient versions, three public partners on the patient literature group and five patients/public partners as awareness volunteers. In a first for SIGN, there are now two young people on the epilepsy in children guideline development group.

**SMC**

Recruitment for a new NDC Chair is underway and discussions are underway on securing an appropriate replacement for the NDC medical Co-Vice Chair. As these changes in leadership come at a time when SMC is implementing a range of changes to HTA methods, there are some risks in service/business continuity. A new approach to the assessment of ultra orphan medicines has been introduced, in line with the SG announcement in June 2018 on a new pathway. SMC has worked closely with the Medicines Policy team at Scottish Government as well as key stakeholders to agree and publish information on the new definition, validation of ultra orphan medicines and initial SMC assessment.

The Committee noted the updates.
5.2 **HIS Strategic Stakeholder Advisory group output report**

The Director of Improvement was invited to present this paper. The following were highlighted:

a) The focus of this group is to provide strategic advice to HIS for all of its work within the “integrated space”. It was agreed to use a broad definition of any strategic issue that may be impacting on the achievement of the vision for health and social care integration.

b) In recognition that these meetings must add value for those attending as well as the work of HIS, will be considering a maximum of two items per meeting with one chosen by the group and one chosen by the HIS ET. The intent is that the discussions at these sessions will inform strategic and operational planning and hence it has been agreed that the outputs of these sessions should come to the Quality Committee for consideration.

The Committee noted the update.

5.3 **Healthcare Improvement Scotland’s Clinical Forum**

The Medical Director was invited to present this paper. The Committee received a paper outlining the key issues that were discussed in the Forum meeting held on 16 October 2018. The following were highlighted:

a) The Head of Nursing and Midwifery, NMAHP Directorate, presented an update on progress to develop and implement HIS’s Clinical & Care Governance Framework

b) A key discussion was learning from cases. There is an importance of creating a culture to not only learn when things go wrong, but also sharing examples of excellence in practice was emphasised by the Forum. The need to consider how learning is translated into a meaningful conversation with the public was highlighted, as was the importance of engagement with social care.

c) As part of the discussion preparation in advance of the Annual Review, Forum members took some time to consider key challenges posed by the Vice Chair at last year’s Annual Review.

The Committee noted the update.

6. **REPORTS FOR NOTING**

6.1 **Out of Hours Report**

The Medical Director was invited to present this paper. The following points were highlighted:

a) It was noted that this report was a working draft and the team are in contact with SG to come up with a revised version

b) To enable further input and discussion, the working draft report will be shared at a National Event for Primary Care Out-of-Hours services on 7 November. Following this, the project group will reconvene to discuss further updating the report and recommendations.

In response to questions raised by the Committee the following was highlighted:

c) It was noted that it would be important to have practical outcomes within the context of the wider policy framework for primary care.

The Committee noted the information provided in this paper.
6.2 iHub Impact Report

The iHub Impact report was presented for information. HIS has a memorandum of understanding with COSLA to produce this report. This provides appropriate accountability with local government. The Committee found this report useful and noted its content.

7. CLOSING BUSINESS

7.1 Risk Management for the Quality Committee

The Director of Evidence presented the risk register. The risk report includes the corporate risks (Appendix 1) and the high/very high operational risks (Appendix 2) within the remit of the Committee. The following points were highlighted:

a) Need to ensure all risks are linked to the performance report, the link between these two documents needs to be more evident
b) It was noted that some of the iHub risks will be reworded
c) Risk 72 had the rating down as very high, it was discussed that this would move to be medium risk when a new person is recruited

The Committee noted the update.

7.2 Board report: three key points

The Chair would agree these with the Director of Evidence

8. DATES OF FUTURE MEETINGS

*Date in brackets is of Board meeting dates:*

27 February 2019
(20 March 2019)
SUBJECT: Audit and Risk Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee on 6 March 2019.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Financial Planning 2019-2022

      The Committee discussed in detail the proposed financial plans for the next 3 years and noted with satisfaction the actions that have been taken to achieve a break even budget for 2019-20. They also noted the work that will take place during 2019-20 to ensure financial sustainability for the future by achieving recurring savings.

   b) Financial Position to Period 10

      The Committee discussed the financial position at 31 January 2019 (period 10). In particular, it was noted that the 2018-19 savings target has been met and that the prediction for the financial outturn in March is in accordance with agreements made with Scottish Government.

   c) Complaints process for Independent Healthcare Clinics

      The Committee reviewed the paper outlining the proposed complaints procedure for use by independent practitioners. Suggestions were made to align the process more with the formal Healthcare Improvement Scotland complaints process and also about being more clear around timescales for each stage of a potential complaint.

George Black
Committee Chair
MINUTES - APPROVED

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 13.30
15 November 2018
Golden Jubilee Conference Centre

Present
George Black          Board Member, Committee Chair
Hamish Wilson        Board Member
Kathleen Preston    Board Member
Carole Wilkinson    HIS Chair

Healthcare Improvement Scotland Officers
Robbie Pearson         Chief Executive
Maggie Waterston     Director of Finance and Corporate Services/Lead Officer
Sara Twaddle          Director of Evidence
Ann Gow               Director of Nursing, Midwifery and Allied Health Professionals
Sandra McDougall     Acting Director of Scottish Health Council
Alastair Delaney      Director of Quality Assurance
Ruth Glassborow      Director of Improvement
Kevin Freeman-Ferguson     Head of Service Review (item 3.2 only)

In Attendance
Joanne Brown          Grant Thornton
Angelo Gustinelli     Grant Thornton
Conor Healy           Deloitte
Paul Wishart         Finance Manager
David Rhodes          Head of Finance & Procurement

Committee Support
Chloe Wicksteed       Committee Secretary
Petra McGowan          PA to the Director of Finance and Corporate Services

Apologies
Jackie Brock          Board Member
Brian Robson          Medical Director
1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The start time for this meeting was brought forward, the Chief Executive and Director of Improvement would be joining the meeting at 2pm and the Internal and External auditors would be joining at 2:30pm.

1.2 Apologies were noted as above.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Audit and Risk Committee meeting on 5 September 2018

The minute was approved as a true and accurate record of the meeting.

2.2 Review of action point register of Audit and Risk Committee meeting on 5 September 2018

The Committee reviewed the action point register and noted the status report against each action.
Action point 4.5 - Cyber security, this would be covered later in the agenda as part of business resilience.
Action point 7.1 – ET will be reviewing all risks and will be looking at the risk strategy.

3. COMMITTEE GOVERNANCE

3.1 Business Planning Schedule

The Committee reviewed the updated Business Planning Schedule, presented by the Director of Finance and Corporate Services.
Both the Risk Management Strategy and Code of Corporate Governance will come to the next Committee meeting.
The Committee noted the update.

3.2 Regulation of Independent Healthcare – regulation fees 2019-2020

The Director of Quality Assurance advised that HIS had issued a public consultation paper seeking the views of the public and stakeholders on the proposed fees for the regulation of independent healthcare services in the financial year of 2019-20. The paper sets out the fees HIS propose to charge in the financial year 2019-20. Kevin Freeman-Ferguson was invited to discuss this paper in more detail, the following points were highlighted:

a) When setting the continuation fees for 2017/18, HIS did not have sufficient information to set proportionate continuation fees due to a low uptake in registrations. This situation had not changed significantly enough when setting fees for 2018/19 so the decision was taken to keep the same fee structure. The purpose of the option paper to was to recommend a way forward in terms of setting registration and annual continuation fees for all services from 2019/20

b) Three options were set out in the paper and option 3 was the recommended option for the Committee to take forward:
   - Increase fees (registration and annual continuation) for independent hospital
     Increase registration fee by 3% to £4,200; increase annual continuation fee by 3% to £190 per place
   - Increase registration fee for independent clinics
     Increase registration fee by 3% to £2,550
   - Introduce a tiered annual continuation fee for independent clinics

c) This option was supported by stakeholders and preferred internally. We believe this is the fairest option, as providers of services would pay fees based on a number of factors. If this option was selected, the tiered fee would be based on the following factors: type of service; number of staff working in the service, and the risk associated with the treatments being offered by the service. This information would be taken from registration documentation, annual returns and
knowledge of services.

In response to questions raised by the Committee the following was discussed:

d) It was queried why the continuation fee was higher as outlined on the last page of appendix 2 - ‘Increase tiered annual continuation fee for independent clinics providing dental services of £2,575,’ whereas the registration fee was proposed to be £2,550

e) It was clarified that clinics providing dental services have a higher fee in order to be able to carry out a robust inspection because of the nature of the service. The difference in resource between registering and continuing to stay registered is not as large and this is why the continuation fee is higher for these services

f) It was noted this is a communication issue, there needs to be a clear rationale behind these decisions so services can understand the reason for the increase or continued cost.

g) It was agreed that the fees would be rebalanced so that there was not an increase for the continuation of fees of those clinics providing dental services. Finance would help to action this and it was noted that they would only have to rebalance £2-3000

h) This report would go to the board, for final approval.

The Committee approved the fees proposal, subject to the fees being rebalanced.

3.3 Committee Terms of Reference

The Director of Finance and Corporate Services was invited to present this paper. The following was highlighted:

a) Following the Corporate Governance internal audit, a recommendation was made for all Committee’s Terms of reference to be updated.

b) As per the audit recommendations, the remit had been expanded, and it has been made clearer that the Committee reports to the Board

c) The Information requirement section has been updated for all Committees

Following the response from the Committee it was agreed that Fraud and Information Governance should be added under the information requirements section, as these are routinely submitted to the Committee.

The Committee agreed the changes to the Terms of Reference.

3.4 Audit Assurance Committee Handbook

The Director of Finance and Corporate Services was invited to present this paper, the following was highlighted:

a) The audit assurance committee handbook came out two weeks ago. Work is taking place to make sure that the work done to date on the Terms of Reference align to this

b) It was agreed to have a Committee development session when the new Committee members are in post in order to look at the remit of the Committee in depth and alongside the handbook

The Committee noted the information provided in this paper and agreed to look further at the remit in a development session.

4. CORPORATE GOVERNANCE

4.1 National Board Delivery plan

[This item was taken out of order]

The Chief Executive provided a verbal report on the National Board Delivery Plan, the following points were made:

a) It has been a long journey with the work on the National Boards Collaboration,
following 4-5 months from April 2017 a plan was developed in October 2017. Since the national board plan was received in 2017, not much has changed

b) This week there had been a clear direction from SG that boards will publish the discussion documents on their websites. The Committee noted their disappointment about the lack of stakeholder engagement.

c) It was highlighted there are some good things in this work but it has been very bureaucratic, which hasn’t helped boards work together to make savings. SG need to help to find a way forward with this

The Committee noted the update.

### 4.2 Information Governance update

The Director of Evidence was invited to present this paper. The following points were highlighted:

a) The corporate risk (759) has been reviewed by the Information Governance Group. A slight amendment has been made to clarify that loss of confidence in the information handling ability of the organisation is the potential cause of any reputational damage.

b) Staff have been reminded to complete the mandatory information management training by 2nd November and compliance reports issued to the Information Governance Group for addressing locally. The national GDPR compliant safe information handling module is now available and staff have been advised that mandatory completion is required by 30 November.

c) NHS Scotland entered into a contract with Microsoft in June 2018 which will see boards implement Office 365 software. This is a large scale national project governed by a Strategy Board, Technical Group and Programme Delivery Board with territorial Boards represented regionally, alongside national Boards, Scottish Government and Microsoft. The lack of implementation around this is out with our control, Microsoft are assisting with the scoping of existing ICT structures across the 21 boards from which a roadmap of how to get from current stage to Office 365 will be developed, there is not currently a timeline for implementation.

d) There has been 16 incident reports in the last reporting period. 10 new information requests have been received within the reporting period of which 3 are subject access requests.

In response to questions raised by the Committee the following was highlighted:

e) It was clarified that there has only ever been one information breach and we volunteered to report this to the Commissioner. This wasn’t an immediate risk to our reputation

f) HIS have an action plan to tackle this, there is an audit trail and an internal audit plan which is all HIS can practically be doing.

g) It was noted that the disclosed in error incidents are recurrent. This is mostly to do with human error, which cannot always be helped, i.e. people pushing the wrong button. Procedures are put in place where they can around this.

The Committee noted the update.

### 4.3 Non-Competitive tender log

The Director of Finance and Corporate Services was invited to present this paper.

It was noted that there had been two Non Competitive Tenders in the last period:

a) As outlined in the log, one NCT was to use the same reviewer commissioned at NHS 24 for our HR diagnostic work on the basis that we were considering a joint appointment with NHS24.

b) A column would be added to future NCT logs, indicating whether any existing relationships exist between HIS and the organisation to have transparency about the suppliers that are contracted non competitively.
4.4 Financial planning 2019-2021

The Director of Finance and Corporate Services was invited to present the financial planning process and outline position for 2019-22. The following points were highlighted:

a) The financial sustainability of the organisation is based on some high level financial modelling for the next three years. The mid-year review has identified cumulative savings of £1.5m vs’ target of £0.2m. A further savings of £0.5 are to be identified over the second half of the year.

b) The forecast currently assumes a National Boards savings contribution of £0.2m. It was highlighted that £1.2m of identified savings, (78%) are non-recurring. Forecast 18-19 assumes £0.5m further savings identified in order to break even. “Non-recurring” savings of circa £1.6m in 18-19 will continue into future years and so recurring savings need to be identified.

c) Pay growth is modelled at 3.8% 19/20, 4.7% 20/21, 3% thereafter.

d) National Boards savings contribution is £0.2m for 2018-19 but may have to stretch to the original budget of £600k.

e) An integrated Planning Process for 3 years is under way.

f) The next steps are to look at the Operational Plan and the Workforce plan and create a timetable to ensure the Board are involved in decisions and understanding resourcing.

In response to questions raised by the Committee the following was highlighted:

g) The savings target for 2018-19 will be met but that the mix of those savings is concerning i.e. 78% of the savings are ‘one off’ or non-recurring and therefore do not provide any relief to subsequent year’s budgets. There is now an urgent requirement for a sustainable savings plan to be developed that will see the organisation through the next few years.

h) It was agreed that the financial strategy of increasing baseline funding and moving away from short term non-recurring funding should be vigorously pursued. It was also agreed that the delivery plan for the organisation should be prioritised toward work that will have the highest impact on improving health and social care to enable resources to be available within the scope of the financial constraints that are predicted for the next 3 years.

i) Need to be more focused on ‘what we do’ as additional work can confuse matters and we need to be clear about where we can add value.

The Committee noted the update.

4.5 Financial Performance report to September 2018

This item was covered with item 4.4 - financial planning. It was highlighted that the mid-year review report was difficult to understand, it was agreed to highlight any areas of concern in the introduction or state that HIS are on target so that the overall position can be understood more easily.

The Committee were content with the update provided on the financial performance.

4.6 Business Resilience

The Director of Finance and Corporate Services presented a verbal update on business resilience. The following points were highlighted:

a) The Business continuity action plan includes cyber security with a target to achieve cyber essentials accreditation by October, which has been achieved.

b) National fraud initiative progress will be part of the external audit at the end of June, there is currently no red rating.

c) It was highlighted that we have a firewall that should protect us against interacting with other boards who do not have the same cyber security as HIS.
d) It was noted that we could have a better use of policies to help protect HIS and this would be reviewed by ICT

The Committee noted the update and were happy with the progress made in this area.

5. INTERNAL AUDIT

5.1 Internal Audit Progress Tracker

The Director of Finance and Corporate Services was invited to present this paper. The following points were highlighted:

- a) 4 recommendations were being tracked, 3 were in progress and 1 was breached
- b) The cash flow action is now complete
- c) IR35 is on track and will reviewed in the next quarter
- d) The two iHub actions are on track

The Committee noted the update and were content with the progress made.

5.2 Internal Audit Progress Plan

Grant-Thornton presented the Internal Audit Plan and the progress that has been made. Pre-audit scoping work has taken place for a number of audits and the outcome will be presented to the next meeting. A review took place of the planned areas of focus for the audit work and the Committee were pleased to note that they were all areas of relevance in terms of risk to the organisation.

The Committee were content with the information provided.

5.3 Internal Audit Quality Plan

Grant Thornton presented a supplement progress paper detailing the quality arrangements including internal audit. The following was highlighted:

- a) The measure of quality is showing how we add value to HIS and how to get the outcomes, anticipated from internal audit.
- b) Performance is managed through a range of key performance measures which are tracked throughout the year and discussed within the contract management meetings, and fully visible to the Audit and Risk Committee
- c) All the timings were highlighted of when internal audit will do what they need to do and by when

The Committee noted the update and found it helpful to see how value is added.

6. EXTERNAL AUDIT

6.1 External Audit

Deloitte was invited to present this paper. The following points were highlighted:

- a) This paper introduces the key audit plan and identified risk areas
- b) A consultation paper would be sent around to the committee after the meeting
- c) The key risks are similar to last year but the IHC risk has decreased due to the work that has now taken place around this

In response to questions raised by the Committee the following points were raised:

- d) Despite historically underspending against the RRL, as with all NHS bodies, HIS continues to face significant financial pressures, impacting on the achievement of the corporate objectives. The recent change is to allow HIS to under or over spend by 1% per annum (breaking even on a three year basis). It was noted as we don’t know the position in the next three years we need to be mindful, but can work within the 1%.
- e) Materiality was discussed, it was highlighted that external audit have used 2% of forecasted gross expenditure as the benchmark for determining materiality and applied 85% as performance materiality. This approach is consistent with our prior year materiality calculation. We have increased the percentage applied as
performance materiality given the low history of error and the level of risk faced by HIS. It was highlighted that we need to look at all costs and income for HIS.

f) The second risk was discussed ‘achievement of expenditure resource limits.’ The risk is that HIS materially misstates expenditure in relation to year end transactions, in an attempt to align with its tolerance target or achieve a breakeven position. Page 17 in the wider scope of audit outlines the appropriateness of the disclosures in the governance statement.

g) EU withdrawal was highlighted in the wider scope section. When looking at the impact with Brexit HIS need to look at the Workforce Plan, it was clarified at this stage HIS just need to be able to show that there is a rough plan in place, nothing needs to be actioned yet as it is still unclear what is happening.

The Committee noted the update and were content with the information provided.

7. STANDING BUSINESS

7.1 Risk Management update

The Director of Finance and Corporate Services presented the Corporate Risks and the Operational Risks rated as high and very high and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers. The following points were highlighted:

   a) There are fewer risks on the report since the previous Committee
   b) Mental Health access has a number of risks associated with it, it is a high profile area
   c) Risk 863 needs to be changed to be a corporate risk
   d) It was suggested that a sustainability risk should be added to the risk register. It was noted that risk number 635 is a financial strategic risk and this risk has constantly increased as the year has gone on
   e) A discussion took place about the risk appetites that are attached to the various categories of risk and that it is time to refresh this with the Board. This refresh requires to take place within the context of the planned turnover of Board members. It was agreed that a review of the appetite should take place with current members of the Board and then reviewed again 12 months later with the new members of the Board in order to provide continuity.

Committee were content with the management of risk.

7.2 Board Report 3 key points

1. Mid-Year review and financial sustainability
2. Risk management and Risk appetite
3. Internal Audit Plan

7.3 Feedback session

Committee members were requested to send any feedback from the meeting to the Committee Chair.

8. PAPERS FOR NOTING

8.1 Governance Committee minutes

This report was provided for noting.
Committee were content with the minutes and key point reports.

8.2 Performance Management report – for noting

This report was submitted to the Quality Committee on 22 August and was provided for noting only.

9. ANY OTHER BUSINESS

There were no items of any other business.

10. DATE OF NEXT MEETING

6 March 2019 at 10:30 in Meeting room 6A, Delta House
SUBJECT: Staff Governance Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee on 21 February 2019.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Workforce Planning 2019-22: The Committee received an update regarding the approach that is being taken to Workforce Planning for the next 3 years. This process is integrated with the Operational Plan and the Financial Plan to ensure that there are sufficient resources to deliver the Operational Plan. It was noted that the base data available for preparing the Workforce Plan is more reliable than in previous years as a result of more reliable IT systems and in particular, the implementation of the eEES system. The Workforce Plan had been discussed with Partnership Forum who would be receiving a further update prior to the Plan being presented to the Board.

   b) Corporate Objectives 2019-20: Following discussion with Partnership Forum it was proposed that there should be only one corporate objective for staff during 2019-20 and it should relate to cross-organisational working. The Committee agreed with this approach.

   c) Agile Working/Delta House Reorganisation: The Committee received an update about the alterations and changes to working arrangements in Delta House. The works were completed on time by the end of January and all staff have been re-sited by Directorate to the new seating arrangements. The changes were overseen by a working group with representatives from each directorate and in Partnership. Particular thanks were extended to Brian Ross for his project management of the changes and for communicating so well with staff. The new arrangements are still under review but so far are working well.

Duncan Service
Committee Chair
MINUTES - APPROVED

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at
10:30
10 October 2018
The Boardroom, Gyle Square, Edinburgh

Present
Bryan Anderson                Board Member
Duncan Service               Board Member, Committee Chair
Robbie Pearson               Chief Executive
Maggie Waterston            Director of Finance and Corporate Services
Sandra McDougall             Acting Director of Scottish Health Council
Sara Twaddle                Director of Evidence
Brian Robson                 Medical Director
Alastair Delaney             Director of Quality Assurance

Belinda Henshaw             Partnership Representative
Kenny Crosbie                Partnership Representative

In Attendance
Anne Lumsden                 Head of OD & Learning
Ann Laing                    Head of People & Workplace

Committee Support
Chloe Wicksteed              Committee Secretary

Apologies
Kathleen Preston             Board Member
Ann Gow                     NMAHP Director
Ruth Glassborow             Director of Improvement
1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting and introductions were made. Apologies were noted as above.

1.2 Declaration of interest

No declarations were noted.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Staff Governance Committee meeting on 16 May 2018

The minutes of the meeting held on 16 May 2018 were reviewed and the following amendments were agreed:

- Item 4.2 – at last bullet point the work ‘collaboration’ should be added to complete the sentence ‘national boards collaboration.’
- Item 5.5 – at bullet point d it was suggested to change the wording to include ‘skills and development’ rather than opportunities
- Item 8.2 – this section would be rewritten to more accurately describe the Margaret McAlees award

Once the changes were made to the minutes the Chair would review and approve these as an accurate record of the meeting.

2.2 Review of action point register of Staff Governance Committee on 16 May 2018

The Committee reviewed the action point register from the meeting on 16 May 2018 and noted the status report against each action. The following action points were discussed:

- 5.1 – Director of Workforce, this point would be discussed at the January committee meeting
- 7.1 – Risk register, this is still in progress as ET will be reviewing all risks
- 8.1 – Joint development session with SHC, the date for this session had to change, information would be sent out when a new date was confirmed

The Committee were content with the progress on the action point register.

3. PAPERS FOR INFORMATION

3.1 Partnership Forum Minutes – May 2018; June 2018

The Partnership Representatives provided information on the minutes from the May and June Partnership Forum (PF). The following points were discussed:

a) Concern around workload and expectations of staff in corporate services was a key theme. The growth of the organisation has not been matched within the corporate support services and at times this is becoming unmanageable for staff. The Chief Executive provided assurance that this was being adequately addressed. A review in this area was to be taken forward.

b) Agile working was another key topic brought up in both meetings, this was around the building works in Delta House. It was noted that due to the boilers requiring replacement the works would be delayed until the boiler work is complete. Everything was in place for the building works however and good progress had been made. This included staff understanding the impact of the changes and the immediate building works.

The Committee noted the information provided in the minutes.
3.2 **Partnership Forum 3 Key Points – June 2018; August 2018**

The Partnership Representatives were asked to provide information on the 3 key points from the Partnership Forum held in June and August 2018. The following was discussed:

a) The point referring to Health and Safety was in relation to the alarm going off at Delta House because of the dust due to the building works, the alarm could potentially go off again when fixing the boilers. The alarm going off raised concerns around health and safety and what is in place currently.

b) Currently there is a service level agreement with NSS to provide Health and Safety support for HIS. The Employee Director, Director of Finance and Corporate Services and the Chief Executive, will meet to discuss the service level agreement and whether or not the service provision meets the organisation’s needs.

c) It was noted that Health and Safety at Delta House in regards to the boiler/building work is also to do with the relationship with the landlord, as this causes some of this problem.

The Committee noted the information provided.

4. **COMMITTEE GOVERNANCE**

4.1 **Business Planning Schedule**

The Chair presented the Business planning schedule. It was noted that all information requirements that appeared in the Terms of Reference for the Committee should appear on the BPS, even if they routinely don’t come to the Committee, they should be added for awareness.

The Committee was content with the Business Planning Schedule.

4.2 **Committee Terms of Reference**

The Chair presented the Committee’s revised Terms of Reference and noted that these had been updated as part of the review of governance across the whole organisation. The main changes were in the information requirements section. The changes will be updated in Code of Corporate Governance which should be reviewed by the Board in December 2018.

The Committee were content with the changes to the Terms of Reference.

5. **CORPORATE**

5.1 **Workforce Plan 2019/20**

The Director of Finance and Corporate Services provided a verbal update, the following points were highlighted:

a) HIS are in the process of preparing the operational plan for the next three years. Having a three year plan will fit well with the three year financial plan and a three year workforce plan.

b) Some progress has been made against the current workforce plan but there is not enough capacity in HR to implement some of this plan. Across the organisation, it has been hard to recruit people with skills to fulfil the work and because of this there are significant vacancies across HIS. In additional, The Director of Workforce position hasn’t been filled, and this role should provide the strategic workforce leadership for the organisation. A full review of vacancies and recruitment is required to ensure that we are maximising our opportunities to recruit people into roles. The Director of Finance and Corporate services and the Chief Executive are considering...
the best way for additional resource to be provided within HR.

c) The skills required for the workforce have changed and recruitment is also subject to financial constraints.

In response to questions raised by the Committee, the following was raised:

a) It was clarified that we do have a workforce plan but some of the work still needs to be implemented and the plan needs to be updated. HIS need to look at skills currently in place, what it is required to deliver and also additional work requirements.

b) A lot of the concerns that the board has raised is due to the scale of vacancies and the establishment of a consistent recruitment policy.

The Committee noted the update.

5.2 Workforce Equality Monitoring Report and Staff Governance Monitoring 2017/18 Feedback letter

The Head of Organisational Development and Learning was invited to present this paper. The following points were highlighted:

a) A letter from Scottish Government (SG) has come back in response to the Staff Governance Monitoring Return submitted in May 2018. The letter was received from Scottish Government on 24 September providing feedback and a request for further information on our submission with a response date of 30 October 2018.

b) HIS is currently drafting a response which will be circulated to the Committee to consider once this has been developed.

c) It was noted some of the information requested doesn’t seem relevant and the value of providing this information is unclear.

In response to questions raised by the Committee the following was highlighted:

d) Some of the information asked by SG is in place and could have been provided but we didn’t submit due to the way the questions were designed, it was unclear what to provide.

e) Whistleblowing was brought up, need to feed back to SG on what we are doing in this area. It was noted personally appointing whistleblowing champions provides assurance for whistleblowing in Scotland. This will be revisited by HIS.

f) Our iMatter and dignity at work results were good compared to other boards. 100% of action plans for iMatter are in place, which is excellent.

g) It has been decided by SG to have centrally agreed policies that cover the NHS in Scotland, however it was noted that HIS are reviewing the dignity at work policy and recruitment policies in advance of the national policies.

h) The draft response to the letter would be sent around to the Committee when prepared.

The Committee noted the update.

5.3 Maximising Potential/Career Pathways

The Head of Organisational Development and Learning was invited to present this paper and presented a power point presentation on this item. The following points were highlighted:

a) The maximising potential programme has three strands of work: Gathering Views and Developing Role Scopes, Gathering stories, and Toolkits. A working group has been taking forward work around career pathways for project roles. This is the first phase of work to create career pathways.
across the whole organisation

b) 17 Career Pathways stories and 4 ‘Day in the Life of’ stories have been gathered from staff to help bring career pathways to life.

c) A number of issues have emerged through the work so far that have wider organisational implications which cannot be addressed by the Career Pathways Group.

d) The Committee were shown a toolkit for staff which would be uploaded when the new intranet (the Source,) goes live. Staff will be able to access the project lift, management matters, and can also view career stories of staff who have progressed through the organisation. The toolkit will contain tips and key information for staff and links to development sites

e) The OD & Learning Advisor has been working with other National Board Organisational Development practitioners to develop resources and a more consistent approach across National Boards to management development. This resource will provide access to a wide range of online resources which can support the Career Pathways work.

f) NHS Scotland Careers Website has been developed by NES. This has a range of useful information for people looking for wider career options within the NHS.

In response to questions raised by the Committee the following was highlighted:

g) It was clarified that the online toolkit was not yet rolled out, but would be when the Source (intranet) was live. We will test this and get feedback from staff

h) An acknowledgement was made to Anne Lumsden for all her hard work, Anne was also working with the national boards on this and the work developed has been very well received.

i) Work needs to be done now on showing why we are a good place to work, promoting HIS and encouraging staff to stay

j) The SHC is underrepresented in the working group, we will look at getting some more staff from SHC on the group

k) It can be difficult to support people to move across the organisation, when needed and to move from their current areas or team.

l) Consistent behaviours are required in recruitment and work needs to take place on the recruitment policy to improve its consistency.

The Committee noted the update and looked forward to the implementation of this work.

### 5.4 National Boards Collaboration

The Director of Finance and Corporate Services was invited to present on this item. The following was highlighted:

a) There has been effective progress on preparing the target operating models for HR, finance, facilities etc. We need to better align procedures and processes across the boards

b) There is a capacity issue for HIS as staff should be contributing to these developments. The difficulty is that this work is in addition to business as usual.

c) There was an absence of implementation leads at last meeting, this was not very encouraging to see

The Committee noted the update.
6. **WORKFORCE METRICS**

6.1 Workforce Data including Health and Safety

The Head of People and Workplace was invited to present this paper. The following was highlighted:

a) The data reported on was for a 5 month period and pulled from eESS and SSTS.

b) The number of sickness and absences with the ‘unknown’ category has decreased significantly, which had been a good improvement.

c) It was highlighted that we need to be mindful that the number of instances of recorded stress as a reason for absence are not all work related.

d) It would be worthwhile identifying long term and short term sickness absence.

e) There had been 26 calls to the Employee Assistance Programme over the last period. Further work is required to understand this better and it may be worth considering alongside occupational health information.

In response to questions from the Committee the following was highlighted:

f) Mental Health reasons for sickness/absence has gone up, this is likely due to better reporting as more unknowns are being identified. It is good people are sharing this information. HIS need to now look at where our responsibility lies, especially in long term absence.

g) We should look at where we want to improve, and look at what we can do for staff.

h) A question was raised around the system and its ability to provide more detailed information on what Mental Health staff are dealing with, as it currently breaks up anxiety, stress and all other Mental Health are in the same category, different Mental Health illnesses require different treatments and potential assistance for staff.

i) There is a need to also look at how we are supporting managers to support staff. Some line managers are in more junior positions, and could be dealing with potentially complex issues.

j) The Health and Safety policy is not showing up on the intranet, this will be looked at and ensure to be uploaded.

The Committee noted the update.

6.2 PDR Update

The Head of Organisational Development and Learning was invited to present this paper. The following was highlighted:

a) 95% of all PDRs are complete, the ones not complete are being followed up. The PDRs discounted from the figures are due to long term absence or staff leaving the organisation.

b) The TURAS system is a lot better than old system, ESKF.

c) Still manually getting data off the system but next year will be able to automatically get data from TURAS.

d) Behavioural objectives are not yet embedded in appraisals, the Partnership Forum is doing work around this for the values and behaviour objectives. Ownership needs to come from Directors as we don’t want the objectives just sitting in the PDR and not being actioned. Managers need to be able to demonstrate how these have been evidenced. The Behavioural objectives should be reported against in the mid-year and end of year review and these are included in the code of conduct.

e) Individuals are responsible at all levels to demonstrate the behaviours. A communication needs to go to the organisation on this and the staff side should feed in.
The Committee noted the update and progress on the PDRs

7. VALUES BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

7.1 iMatter

The Head of OD and L was invited to present this paper, the following was highlighted:

a) Response rates have increased, which was positive to see, an increase was seen in smaller teams also. 86% response rate compared to 80%
b) By the deadline of 24 September 2018, 68 out of 72 teams (95%) had submitted their action plans. The remaining 4 teams have all been contacted to provide further support to develop relevant team action plans

The Committee noted the update and progress made.

7.2 Exit Interviews

The Head of People and Workplace was invited to present this item. It was noted that a new exit interview questionnaire had been developed as the other questionnaire was very long and encouraged negative responses. The process of exit interviews was also outlined.

In response to questions raised by the Committee the following was highlighted:

a) It was queried whether it is worth reminding staff to fill the questionnaires out or if it is a one off chance to complete the exit interview. It was noted that there is a 22-25% response rate of completion which is similar to other organisations
b) It can be difficult to get people to fill these out but is part if the line manager’s role to sit down with staff and incorporate this as part of their exit out of HIS
c) The questionnaire should be changed from ‘clinical directorate’ to ‘medical directorate’
d) It was noted that information can be gathered on more positive exits as well, like the non-clinical leads process and planned exits, these have been looked at separately in the medical directorate and should link in with the rest of the statistics.

The Committee noted the update.

7.3 Agile Working

The Director of Finance and Corporate Services was invited to present this paper, the following was highlighted:

a) In regards to the building works at Delta House, there has been an agreement around the floors that teams would be sited on. The boiler works have put the plans back slightly as the boiler needs to be fixed first
b) Staff have been listened to and have participated well from the first meeting which is really good to see. Communication should continue to be a focus as they can ensure that staff better understand the disruption of work.
c) In regards to the chance of power cutting out in the building works there needs to be a contingency plan set up, so staff can opt to work from home if required, proper communication will be required around this during the building works.

The Committee noted the update.
### 7.4 Staff Recognition Scheme

The Head of Organisational Development and Learning was invited to present this paper. The following points were highlighted:

   a) This purpose of this paper was to outline to the Committee the proposed HIS Staff Recognition Scheme  
   b) This is a tangible way to enable staff members to recognise and acknowledge the contribution made by peers who consistently demonstrate the values and lead by example in their daily behaviours  
   c) The proposal is to open for nominations and awards 3 times per year, to coincide with the Staff Governance Committee Meetings  
   d) A request was made for a non-executive member of the Committee to join the panel  
   e) A suggestion was made for the award to be called the ‘Chair’s’ award, with any nominations and ultimate winner to be recognised. This will be taken back to the group to get input

The Committee approved the approach and would provide nominations to be on the panel. The nomination request would be sent out to the Committee.

### 8. RISK MANAGEMENT

#### 8.1 Risk Management Register

The Director of Finance and Corporate Services presented a report on the Corporate Risks relating to the remit of the Committee. The following points were highlighted:

   a) Risk 737 - it was noted that the National Board plans discussion document will be reviewed because of the new cabinet secretary and the final position is still to come on this  
   b) It was noted that all operational risks, work plan risks and corporate risks across Committees will be reviewed and refreshed by the Executive Team.

The Committee were content and assured that the risks for this Committee were being adequately managed.

### 9. ANY OTHER BUSINESS

### 10. STANDING BUSINESS

#### 10.1 Board report 3 key points

The Chair would prepare a report for the Board highlighting the key points from the meeting. The key points were agreed as:

1. Workforce Plan  
2. Career pathways  
3. Workforce data – sickness absence

#### 10.2 Feedback Session

### 11. DATE OF NEXT MEETING

The next meeting of the Staff Governance Committee will be held in the Boardroom in Gyle Square on 21 February 2019
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 7 March 2019 for Board Members and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct. This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty and that it is their responsibility to ensure that any changes in circumstances are notified within one month of them occurring.

3. Actions/Recommendations
Board members and senior staff are required to confirm that their entry in the Register of Interests complies with the Code of Conduct and approve the Register of Interests as attached.

Appendix 1: Register of Interests (as at 7 March 2019)

If you have any questions about this paper please contact Pauline Symaniak, Corporate Governance Officer, p.symaniak@nhs.net, 0131 623 4294 ext 8505
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

#### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points support the five priorities in the strategic plan:</th>
<th>Compliance with the HIS Code of Conduct supports good governance which in turn ensures best use of resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enable people to make informed decisions about their own care and treatment;</td>
<td></td>
</tr>
<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve;</td>
<td></td>
</tr>
<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
<td></td>
</tr>
<tr>
<td>• Make best use of all resources.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>No additional resource implications.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>CATEGORY</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------</td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
</tr>
<tr>
<td>Carole Wilkinson</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**Note**
*Remuneration relates to a daily rate payable*

<table>
<thead>
<tr>
<th>NON-EXECUTIVE BOARD MEMBERS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of Scottish Advisory Board for Marie Curie</td>
<td></td>
</tr>
<tr>
<td>George Black CBE</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Trustee, Simon Community Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Director, George Black Solutions Ltd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the City of Glasgow College Management Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Visiting Professor, University of Strathclyde, International Public Policy Institute</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Professional relationship with Marc Mazzucco, RSM, one of the Internal Audit tenders</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Jackie Brock</td>
<td>Chief Executive, Children in Scotland</td>
<td>* Spouse is Chair of Pagoda Public Relations Company</td>
<td></td>
</tr>
<tr>
<td>Suzanne Dawson</td>
<td>Director and Charity Trustee, Eastgate Theatre &amp; Arts Centre</td>
<td>1/3/19 (start of appointment)</td>
<td></td>
</tr>
<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>Sole proprietor own Child Health Consultancy</td>
<td>1/3/19 (start of appointment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional Advisor CQC England in Paediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director Children’s Health Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member British Medical Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of the Board of Governors of the Dean and Cauvin Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chair of the Editorial Board of REHIP for Health Scotland (2017-18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Edie</td>
<td>Chair of the Care Inspectorate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non Executive Member of the Scottish Social Services Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of the Scottish Liberal Democrats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of the Institute of Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proprietor of Edie Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partner, The Place Store</td>
<td>1/2/19</td>
<td></td>
</tr>
<tr>
<td>John Glennie OBE</td>
<td>Non Executive Board Member, NHS24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treasurer Friends of Borders General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultant Mentor, Celgene Ltd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gill Graham</td>
<td>No declared interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhona Hotchkiss</td>
<td>No declared interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>1</td>
<td>7 Details</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td></td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Kidney Advisory Group)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of the Law Society of Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td>*No remuneration will be received other than payment of expenses</td>
<td></td>
</tr>
<tr>
<td>Duncan Service</td>
<td></td>
<td>Evidence Manager, SIGN</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director and Company Secretary, SHU East District Ltd</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNISON Steward</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treasurer, Guidelines International Network (G-I-N)</td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE BOARD</td>
<td></td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Robbie Pearson</td>
<td></td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
<td></td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruth Glassborow</td>
<td></td>
<td>Director of Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>GenerationQ Fellow with Health Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of Managers in Partnership (MiP) Union</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Current participant in Sciana Network</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partner is a manager at NHS Tayside</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>In receipt of free coaching from Peter Hill, MD, Coaching for More Consulting Ltd</td>
<td></td>
</tr>
<tr>
<td>Note</td>
<td></td>
<td>*Participation is fully funded by the Health Foundation and there is also potential to access further bursary funding.</td>
<td></td>
</tr>
<tr>
<td>Alastair Delaney</td>
<td></td>
<td>Director of Quality Assurance</td>
<td></td>
</tr>
<tr>
<td>Ann Gow</td>
<td></td>
<td>Director, Nursing, Midwifery and Allied Health Professionals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of Royal College of Nursing</td>
<td></td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td></td>
<td>Acting Director, Scottish Health Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Volunteer Child Befriender, Barnardo's Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of OneKind (animal welfare charity)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of Managers in Partnership (MiP) Union</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Richard Norris</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Dr Brian Robson</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Dr Sara Twaddle</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Maggie Waterston</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**Richard Norris**

1. Visiting Fellow, Academy of Government
2. Member, Board of Management of the Centre for Scottish Public Policy
3. Board Member, Scottish Improvement Science Collaborating Centre

**Dr Brian Robson**

1. Medical Director, Healthcare Improvement Scotland
2. Health Foundation College of Assessors
3. Clinical Practice – Mearns Medical Centre, Glasgow
4. *Institute for Healthcare Improvement (IHI) Faculty and Fellow
5. Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council
6. British Medical Association (BMA) – Member
7. Harvard School of Public Health – student ambassador support

**Dr Sara Twaddle**

1. Director of Evidence
2. Member, UNISON
3. Spouse is General Medical Practitioner
4. Member, Health Technology Assessment General Board, National Institute of Health Research

**Maggie Waterston**

1. Director of Finance and Corporate Services
2. Member of Chartered Institute of Management Accountants
3. Member of Healthcare Financial Management Association
4. *Strategic Finance Leaders Programme: Scottish Public Sector
5. Member of Unison

**Note:** * As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.

**Note:** * This is a joint programme between Scottish Government and Deloitte which is resourced by Deloitte with no charge to Healthcare Improvement Scotland.
## Explanation of Categories

<table>
<thead>
<tr>
<th>Category Number</th>
<th>Category Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remuneration</td>
</tr>
<tr>
<td>2</td>
<td>Related Undertakings</td>
</tr>
<tr>
<td>3</td>
<td>Contracts</td>
</tr>
<tr>
<td>4</td>
<td>Houses, Land and Buildings</td>
</tr>
<tr>
<td>5</td>
<td>Interest in Shares and Securities</td>
</tr>
<tr>
<td>6</td>
<td>Gifts and Hospitality</td>
</tr>
<tr>
<td>7</td>
<td>Non-Financial Interests</td>
</tr>
</tbody>
</table>