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

Date: Wednesday 25 March 2020
Time: 13.00 - 15.45
Venue: Boardroom, Gyle Square, Edinburgh
Contact: Pauline Symaniak
boardadmin.his@nhs.net
0131 623 4294

Note: the format of the Board agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the Blueprint for Good Governance.

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead Officer</th>
<th>Report</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>OPENING BUSINESS</td>
<td></td>
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<tr>
<td>1.1</td>
<td>13.00</td>
<td>Welcome and apologies</td>
<td>Chair</td>
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<td>1.2</td>
<td></td>
<td>Register of interests</td>
<td>Chair</td>
<td>BM2020/1</td>
</tr>
<tr>
<td>1.3</td>
<td>13.05</td>
<td>Minutes of the Board meeting held on 4 December 2019</td>
<td>Chair</td>
<td>BM2020/2</td>
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<tr>
<td></td>
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<td>Minutes of the Board Seminar In Committee held on 19 February 2020</td>
<td>Chair</td>
<td>BM2020/3</td>
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<td></td>
<td></td>
<td>Minutes of Board meeting held on 18 March 2020</td>
<td>Chair</td>
<td>BM2020/4</td>
</tr>
<tr>
<td>1.4</td>
<td></td>
<td>Action points from the Board meeting held on 4 December 2019</td>
<td>Chair</td>
<td>BM2020/5</td>
</tr>
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<td>1.5</td>
<td>13.10</td>
<td>Chair’s Report</td>
<td>Chair</td>
<td>BM2020/6</td>
</tr>
<tr>
<td>1.6</td>
<td>13.15</td>
<td>Executive Report</td>
<td>Chief Executive</td>
<td>BM2020/7</td>
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<td>1.7</td>
<td>13.25</td>
<td>COVID-19 HIS Response</td>
<td>Director of Evidence</td>
<td>Verbal</td>
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<tr>
<td>2.</td>
<td></td>
<td>SETTING THE DIRECTION</td>
<td></td>
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</tr>
<tr>
<td>2.1</td>
<td>13.35</td>
<td>Strategic Priorities 2020-23 and Operational Plan 2020-21, Finance Plan and</td>
<td>Director of Finance</td>
<td>BM2020/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workforce Plan</td>
<td>and Corporate Services</td>
<td>BM2020/9</td>
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<td>BM2020/10</td>
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<tr>
<td>2.2</td>
<td>14.05</td>
<td>Corporate Parenting and Children’s Rights Report</td>
<td>Director of Community</td>
<td>BM2020/11</td>
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<td></td>
<td></td>
<td></td>
<td>Engagement</td>
<td></td>
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</tbody>
</table>
### Holden to Account - including Finance and Resource

#### Performance Reporting Including:
- **a)** Organisational Performance Report
- **b)** Finance Report
- **c)** Workforce Report
- **d)** Operational Plan Risk Report

**Director of Finance & Corporate Services / Associate Director of Workforce**

**BM2020/13**

#### Risk Management: Strategic Risks

**Director of Finance & Corporate Services**

**BM2020/14**

### Governance

#### Succession Planning Committee: Proposals for Membership and Terms of Reference

**Chair**

**BM2020/15**

#### Scottish Health Council Committee: Revised Terms of Reference

**Director of Community Engagement**

**BM2020/16**

#### Governance Committee Chairs: Key Points from the Meeting on 19 February 2020

**Chair**

**BM2020/17**

#### Audit and Risk Committee: Approved Minutes of the Meeting Held on 28 November 2019

**Committee Chair**

**BM2020/18**

#### Quality and Performance Committee: Key Points from the Meeting on 26 February 2020 and Approved Minutes from the Meeting on 6 November 2019.

**Committee Chair**

**BM2020/19 BM2020/20**

#### Scottish Health Council Committee: Key Points from the Meetings on 27 November 2019 and 27 February 2020, and Approved Minutes from the Meeting on 27 November 2019

**Committee Chair**

**BM2020/21 BM2020/22 BM2020/23**

#### Staff Governance Committee: Key Points from the Meeting on 4 March 2020 and Approved Minutes from the Meeting on 16 October 2019.

**Committee Chair**

**BM2020/24 BM2020/25**

### Assessing Risk

#### Risk Management: Strategic Risks

**Director of Finance & Corporate Services**

**BM2020/14**

### 5. Governance

#### Succession Planning Committee: Proposals for Membership and Terms of Reference

**Chair**

**BM2020/15**

#### Scottish Health Council Committee: Revised Terms of Reference

**Director of Community Engagement**

**BM2020/16**

#### Governance Committee Chairs: Key Points from the Meeting on 19 February 2020

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**BM2020/19 BM2020/20**

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**Committee Chair**

**BM2020/21 BM2020/22 BM2020/23**

#### Staff Governance Committee: Key Points from the Meeting on 4 March 2020 and Approved Minutes from the Meeting on 16 October 2019.

**Committee Chair**

**BM2020/24 BM2020/25**
6. **ANY OTHER BUSINESS**

7. **DATE OF NEXT MEETING**

| 7.1 | 15.45 | The next meeting will be held on 24 June 2020 in Delta House, Glasgow |
SUBJECT: Register of Interests

1. Purpose of the report
To present the Register of Interests held at 12 March 2020 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 12 March 2020)

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>
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</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 better outcomes and 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>
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<tr>
<td>• Help health and social care organisations to redesign and continuously improve;</td>
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<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>
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<tr>
<td>• Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve;</td>
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<tr>
<td>• Make best use of all resources.</td>
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</table>

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>No additional resource implications.</th>
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<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>

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<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>• helps the disadvantaged;</td>
<td></td>
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<tr>
<td>• helps patients;</td>
<td></td>
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<tr>
<td>• makes efficient use of resources.</td>
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</tbody>
</table>
## REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2019/20

### Appendix 1

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2019/20)</th>
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</thead>
<tbody>
<tr>
<td><strong>CHAIR</strong></td>
<td>1</td>
<td>*Lay Member, General Teaching Council</td>
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<td></td>
<td>1</td>
<td>Board Member, Care Inspectorate</td>
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<td></td>
<td>1</td>
<td>**Ad hoc advice and consultancy work for David Nicholl, On Board Training.</td>
<td>5/9/19</td>
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<tr>
<td><strong>Note:</strong> *Remuneration relates to a daily rate payable / ** Remuneration is a small hourly fee</td>
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<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
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<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
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<td></td>
<td>7</td>
<td>Chair, Independent Child Protection Advisory Group, Scottish Football Association</td>
<td>26/6/19</td>
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<tr>
<td>Suzanne Dawson</td>
<td>7</td>
<td>Director and Charity Trustee, Eastgate Theatre &amp; Arts Centre</td>
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<td></td>
<td>7</td>
<td>Charity Trustee, Borders Further Education Trust</td>
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<td></td>
<td>7</td>
<td>Fellow of Chartered Institute of Marketing</td>
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<td>7</td>
<td>Member of Law Society of Scotland Admissions Sub-Committee</td>
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<td>Dr Zoë M. Dunhill MBE</td>
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<td>Paul Edie</td>
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<td>John Glennie OBE</td>
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<td>Gill Graham</td>
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<td>Rhona Hotchkiss</td>
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<tr>
<td>Christine Lester</td>
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<tr>
<td>Name</td>
<td>Role and Affiliations</td>
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</tbody>
</table>
| Kathleen Preston    | 1. Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member of the Organ Donation Advisory Group (Kidney Advisory Group)  
2. Member of the Law Society of Scotland  
3. Member (Professional Associate) of the Health and Social Care Alliance |

**Note:** *No remuneration will be received other than payment of expenses*

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Affiliations</th>
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</thead>
</table>
| Duncan Service      | 1. Evidence Manager, SIGN  
2. Director and Company Secretary, SHU East District Ltd  
3. UNISON Steward  
4. Treasurer, Guidelines International Network (G-I-N) |

**EXECUTIVE BOARD MEMBER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Affiliations</th>
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</thead>
</table>
| Robbie Pearson      | 1. Chief Executive, Healthcare Improvement Scotland  
2. Sister-in-law is nurse at St Columba’s Hospice (regulated by HIS) |

**SENIOR STAFF MEMBERS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Affiliations</th>
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</thead>
</table>
| Sybil Canavan       | 1. Associate Director of Workforce  
2. Member of Unite (Trade Union) |
| Lynsey Cleland      | 1. Director of Community Engagement  
2. *Lay Member, General Teaching Council for Scotland* |

**Note:** *Remuneration available but not claimed.
<table>
<thead>
<tr>
<th>Name</th>
<th>Category Number</th>
<th>Category Type</th>
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</thead>
<tbody>
<tr>
<td>Ruth Glassborow</td>
<td>1</td>
<td>Director of Improvement</td>
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<td></td>
<td>7</td>
<td>GenerationQ Fellow with Health Foundation</td>
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<td></td>
<td>7</td>
<td>Member of Managers in Partnership (MiP) Union</td>
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<td></td>
<td>7</td>
<td>*Current participant in Sciana Network</td>
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<td></td>
<td>7</td>
<td>Partner is a manager at NHS Tayside</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>In receipt of free coaching from Peter Hill, MD, Coaching for More Consulting Ltd</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>
</tr>
<tr>
<td>Ann Gow</td>
<td>1</td>
<td>Director, Nursing, Midwifery and Allied Health Professionals</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of Royal College of Nursing</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>1</td>
<td>Interim Director of Quality Assurance</td>
</tr>
<tr>
<td>Safia Qureshi</td>
<td>1</td>
<td>Director of Evidence</td>
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<td></td>
<td>7</td>
<td>Spouse is CTO and VP Technology Innovation, Innovation &amp; Technology Group, Leonardo MW Ltd</td>
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<td></td>
<td>2 July 2019</td>
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<tr>
<td>Maggie Waterston</td>
<td>1</td>
<td>Director of Finance and Corporate Services</td>
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<tr>
<td></td>
<td>7</td>
<td>Member of Chartered Institute of Management Accountants</td>
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<td></td>
<td>7</td>
<td>Member of Healthcare Financial Management Association</td>
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<td></td>
<td>7</td>
<td>*Strategic Finance Leaders Programme: Scottish Public Sector</td>
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<td></td>
<td>7</td>
<td>Member of Unison</td>
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</tbody>
</table>

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>
Meeting of the Board of Healthcare Improvement Scotland

Date: 4 December 2019
Time: 13:00–15:30
Venue: Room 6.4/6.5, Delta House, Glasgow

Present
Carole Wilkinson, Chair
Jackie Brock, Non-executive Director
Suzanne Dawson, Non-executive Director
Dr Zoë M Dunhill MBE, Non-executive Director
Paul Edie, Non-executive Director
John Glennie OBE, Non-executive Director
Gill Graham, Non-executive Director
Rhona Hotchkiss, Non-executive Director
Robbie Pearson, Chief Executive
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Associate Director of Workforce
Lynsey Cleland, Director of Community Engagement
Ann Gow, Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ruth Glassborow, Director of Improvement
Lynda Nicholson, Interim Head of Communications
Sandra McDougall, Interim Director of Quality Assurance
Safia Qureshi, Director of Evidence
David Rhodes, Head of Finance and Procurement

Apologies
Christine Lester, Non-executive Director
Kathleen Preston, Non-executive Director
Maggie Waterston, Director of Finance and Corporate Services

Board Support
Pauline Symaniak, Governance Manager

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

Registerable Interests

All Board members and senior staff are required to review regularly and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.
<table>
<thead>
<tr>
<th>1.</th>
<th>OPENING BUSINESS</th>
<th>ACTION</th>
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<tbody>
<tr>
<td><strong>1.1</strong> Chair’s welcome and apologies</td>
<td>The Chair opened the meeting of the Board by extending a warm welcome to all in attendance.</td>
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<td></td>
<td>Apologies were noted as above.</td>
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<tr>
<td><strong>1.2</strong> Register of Interests</td>
<td>The Board received the current register of interests from the Chair.</td>
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<td>Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring. They were also reminded to declare any interests that may arise during the course of the meeting.</td>
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<td></td>
<td>John Glennie OBE declared an interest as a Non-executive Director of NHS24.</td>
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<td></td>
<td>The Board approved the register.</td>
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<td><strong>1.3, 1.4</strong> Minutes and Action Points of the Board meeting on 25 September 2019</td>
<td>The minutes of the public meeting held on 25 September 2019 were accepted as an accurate record with one amendment to the wording about Scottish Medicines Consortium risks.</td>
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<td>The action point register was reviewed and accepted. All actions were noted as complete and there were no matters arising.</td>
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<td><strong>1.5</strong> Chair’s Report</td>
<td>The Board received a report from the Chair updating them on recent developments. The Chair highlighted the following points:</td>
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<td></td>
<td>a) The Annual Review had been held on 21 November 2019 and thanks were extended to colleagues who organised and supported the event as well as Board members who had attended pre-meetings. An after action review would be held to inform future iterations of the event.</td>
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<td></td>
<td>b) The Delta House Making a Difference awards had been held before the Board meeting and the Gyle Square awards would be held the following day. The awards recognised staff who had supported the organisational values and behaviours.</td>
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<td>c) The meeting for the Chair and Chief Executive with the Cabinet Secretary had been postponed.</td>
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<td>The Board noted the report.</td>
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<td><strong>1.6</strong> Executive Report</td>
<td>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</td>
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<td></td>
<td>The Chief Executive highlighted the following points:</td>
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<td></td>
<td>a) An announcement would be made in the next few days about the appointment to the Medical Director post.</td>
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</table>
b) The work of the Sharing Intelligence for Health and Care Group was increasing in importance as a tool to assist the assurance of the quality of care in Scotland. Feedback letters to NHS Boards were now published online to ensure openness and transparency.

c) Congratulations were extended to Ann Gow, Deputy Chief Executive and Director of NMAHP, for being awarded a fellowship of the Queen’s Nursing Institute Scotland for her contribution to Community Nursing.

d) Thanks were extended to the Improvement Support Directorate for organising the recent Q visit. The Quality Management System was now attracting a lot of interest nationally.

e) The change implementation plan for the Scottish Health Council was moving forward with pace. Four new Committee members had been selected and senior posts had been appointed.

In response to questions from the Board, the Executive Team provided the following additional information:

f) The experience of JobTrain, the new recruitment system, had been mixed to date. It had provided benefits through increasing the numbers of applications to posts but there had been snagging issues and more management guidance was needed. Feedback was being provided to the national implementation team.

g) The Quality of Care indicators were provided to the Sharing Intelligence for Health and Care Group.

The Board noted the report.

2. SETTING THE DIRECTION

2.1 Refreshing the Future Strategic Direction for Healthcare Improvement Scotland

The Board received a paper from the Chief Executive who highlighted the following points:

a) A very successful event had been held in October where the Board and Executive Team examined the organisation’s purpose and priorities for the coming years.

b) The key outcome from the event is that the Executive Team has a mandate from the Board to review and redevelop HIS’ core purpose and strategic priorities, to better reflect and make more visible the organisation’s national leadership and expertise in areas including person-centred redesign, evidence, quality improvement, community engagement and ensuring the quality of care.

c) The approach to this should be confident and bold.

d) The Executive Team would progress work and provide next steps to the Board at its seminar in February 2020.

The Board considered the update and confirmed its support for the key outcome of the event as detailed above.

2.2 Operational Planning Process 2020-21 Update

The Chief Executive provided an update on the operational planning process, noting that it would reflect the outcomes of the strategic refresh detailed in the paper at item 2.1.
The Chief Executive and Head of Finance and Procurement then delivered a joint presentation that covered the following:

a) The Quality Management System would assist with setting priorities as having a clear vision and purpose was an essential component of quality planning.

b) Central to the planning process would be ensuring that the organisation can clearly demonstrate the value that it adds to health and care in Scotland.

c) The operational plan would be mapped against five domains - the Cabinet Secretary’s priorities plus the organisation’s statutory obligations.

d) Design of work would be more connected and cross-organisational ensuring better impacts.

e) It was expected that the demands on the organisation would continue to increase. It was therefore essential that corporate services were equipped to support this expansion and the organisation becomes more digitally enabled.

f) The financial information provided was a draft position which set out two different scenarios - the Agenda for Change pay uplift was funded or not funded. These represented shortfalls in budget of £1.7m and £2.6m respectively.

g) Due to the election the budget which was normally confirmed in December would not be confirmed until February 2020.

h) There was an assumed wage inflator of 4.8% and for 2022/22 and 2022/23, a general inflator of 2%. The staff turnover factor was assumed at 3%.

i) There was a baseline of 412 whole time equivalent staff plus 95 whole time equivalent staff within additional allocations.

j) Additional allocations now included a corporate services recharge of 5%. Work was ongoing to reduce additional allocations by having them moved into the baseline budget.

k) The Internal Improvement Oversight Board would drive internal efficiency savings.

l) The next steps were to provide the budget to Scottish Government by 13 December 2019, provide an update to the Board in February 2020 and a final budget for approval by the Board in March 2020.

The Chair of the Audit and Risk Committee advised that the financial planning was also discussed at the Committee’s meeting on 28 November 2019.

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

m) The funding gap could be addressed in a number of ways such as reducing the staffing level by not filling vacancies as long as this did not impact delivery of work; bringing forward any surplus generated; and the impact of the internal improvement programme.

n) Employing more staff on permanent contracts supported more effective delivery of work but carried a bigger financial risk.

The Board examined the financial information provided and supported the direction of travel.
2.3 Quality Assurance Directorate Update

Sandra McDougall, Interim Director of Quality Assurance, and Ann Gow, Deputy Chief Executive/Director of NMAHP, delivered a joint presentation to update the Board on the Quality Assurance Directorate.

The presentation covered the following areas:

a) The shared leadership arrangement was working well in practice and responsibility for the work programmes had been divided between the two.

b) The work of the Directorate was challenging as it had high public and political interest and new areas of work to deliver whilst operating in a complex environment.

c) There was a need to celebrate more the achievements of the directorate, for example, the positive impact on quality of care brought about by the inspections programme.

d) Developing areas of work were the increasing demands for responsive reviews which don’t always fit with the organisation’s direction of travel; adverse events; the extension of the regulation of independent healthcare; the development of the new National Hub for Reviewing and Learning from the Deaths of Children and Young People; and more focussed, intelligence-led work.

e) The Short Life Working Group had been established to review the Quality of Care approach and would make recommendations on the approach going forward, reporting to the Quality and Performance Committee.

In response to a question from the Board, it was confirmed that all of the work of the Directorate involved a cross-organisational approach.

The Board welcomed the very positive update. The Board recognised that it had been a challenging year for Directorate colleagues and were keen that the achievements as well as the challenges were openly shared and acknowledged.

3. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

3.1 Organisational Performance Report including Finance, Workforce and Operational Plan Risk Reports

The Board received the latest performance reports and the Associate Director of Workforce highlighted key points from each report.

Organisational Performance Report

The key points highlighted were:

a) Detail had been provided on the latest progress with several key areas of work – Quality of Care approach, adverse events, hospital inspections, the regulation of independent healthcare and Access QI.

b) The Audit and Risk Committee had received further detail on the regulation of independent healthcare while the Quality and Performance had received detail on the Access QI programme.

c) The horizon scanning section provided information on possible new commissions of work.

Financial Report

The key points highlighted were:

d) The baseline financial position at 31 October 2019 is within
budget.
e) An allocation of £2.9m of additional funding is awaited to support some of the short term commissions.
f) Following the mid-year review, 84% of the savings target has been identified.
g) There is confidence for achieving the financial targets for 2019/20 and ending the year in line with budget.

Workforce Report
The key points highlighted were:

h) The current workforce stands at 498 headcount (443.1 whole time equivalent).
i) The contractual make-up of the workforce is currently 76% permanent, external secondees 10%, internal secondees 4% and 10% of the workforce are on fixed term contracts.
j) Absence levels within the organisation are currently 3.2%, below the national target of 4%.

Operational Plan Risk Report
The report provided to the Board set out the very high operational risks.

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

k) Regarding the level of recruitment, this was partly due to the nature of the organisation’s budget. The “people” workstream of the internal improvement programme would review recruitment and the shape of the workforce. This level of recruitment was likely to continue in the short term but medium to long term, it should reduce.
l) The definition of multiple and complex needs covered people experiencing domestic violence, severe mental health problems, contact with the criminal justice system, and with drug and alcohol issues. The aim was to ensure a more co-ordinated response to their needs.
m) The Access QI programme opened up significant opportunities to influence how systems operate. However, there remained significant risks associated with it.
n) Regarding the risk related to the Death Certification Review Service, their location requirements would be addressed as part of the work to secure Glasgow premises when the lease for Delta House expires. The IT risks would be addressed by reviewing in-house solutions.

The Board examined the detail of the performance against the operational plan, the latest financial and workforce positions and the very high operational risks. They were content with progress reported and to continue to receive the detailed performance report.

4. ASSESSING RISK

4.1 Risk Management: strategic risks

The Board received a report on the current status of risks on the strategic risk register and their management.

The following points were highlighted by the Chief Executive:

a) The movements in risks were detailed in the paper.
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<td>b) Risks related to Adverse Events were likely to remain on the risk register for the foreseeable future.</td>
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<td>In response to questions from the Board, the following additional information was clarified:</td>
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<td>c) Regarding risk 929, Quality Assurance Directorate, the risk rating had been reduced because the shared leadership arrangements were effective although senior posts, such as the Chief Inspector, were still required to be filled.</td>
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<td>d) Risk 899, Quality of Care Reviews, had been reduced to a rating of high because the nature of the risk had changed with a move away from a rolling programme of reviews to more targeted, intelligence-led reviews. The risk was still appropriate but the controls and mitigations would be reviewed.</td>
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<td>e) The Executive Team would review risks related to delivering the Cabinet Secretary priorities.</td>
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<td>The Board reviewed the strategic risk register and, subject to the comments above, gained assurance that risks were being effectively treated, tolerated or eliminated.</td>
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5. **GOVERNANCE**

5.1 **Code of Corporate Governance**

The Board received from the Chief Executive an updated Code of Corporate Governance which incorporated the Blueprint for Good Governance, the revised terms of reference for Board and Committees and the nationally developed Standing Orders. The Standing Orders had been adjusted to reflect the legal constitution of HIS which was different to territorial Health Boards.

The Chair of the Audit and Risk Committee advised that the Committee had reviewed the Code in detail and were content to recommend its adoption to the Board.

In response to a question from the Board, it was agreed that the Code would be updated to reflect the appointment of the Whistleblowing Non-executive Director once the appointment was in place.

The Board approved the updated Code of Corporate Governance subject to an amendment concerning the appointment of the SHC Chair and stakeholder members and adjustments to the terms of reference for the Quality and Performance Committee.

The Code of Corporate Governance presented included some optional text which Boards could choose to use or not to use. The HIS Board did not approve the inclusion of the optional text.

5.2 **Governance Committee Annual Reports Action Plan Update**

The Deputy Chief Executive/Director of NMAHP referred to the paper issued and advised that the action plans are collated from the annual reports provided by the Committees at the end of each financial year.

The Board reviewed the updates to actions and asked that the action plans are provided to each Committee for review at their next meeting.
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<th>5.3</th>
<th><strong>Audit and Risk Committee</strong></th>
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<td>The Board noted the approved minutes from the meeting on 4 September 2019.</td>
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The Committee Chair highlighted the following points:

a) The Committee had held a development session the previous week at which it was recognised that there was a new membership and a lack of continuity due to a resignation and absence. Steps would be taken to co-opt onto the Committee somebody with relevant expertise.

b) The Committee noted that they were well sighted on information governance matters but not so on IT governance. The Director of Finance and Corporate Services would be invited to provide an update.

*The Chair of the Committee declared an interest as a Non-executive Director of NHS24*

In light of the declaration above, the Vice Chair advised the following:

c) The Committee had received a paper on the National Boards collaboration work to achieve the combined savings target of £15m.

d) The Committee were concerned that not all Boards had provided their share of the savings target and that this would impact HIS’ share of the target as well as the future savings to be achieved. The matter would be pursued with Scottish Government.

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<th>5.4</th>
<th><strong>Quality and Performance Committee</strong></th>
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<tr>
<td>The Board noted the key points report from the meeting on 6 November 2019 and the approved minutes from the meeting on 15 August 2019.</td>
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The Committee Chair highlighted the following points:

a) Good progress was being made with the review of the Quality of Care approach.

b) The Committee had received an informative presentation from the Chair of the Scottish Health Technologies Group about the convergence of medicines and non-medicines technologies.

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<th>5.5</th>
<th><strong>Scottish Health Council Committee</strong></th>
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<td>The Board noted the key points report from the meeting on 26 September 2019 and the approved minutes from the meeting on 27 June 2019.</td>
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The Chair of the SHC highlighted the following points:

a) The Committee had noted significant progress with the change implementation plan.

b) The Committee had received two helpful reports on volunteering in the NHS in Scotland and diversity in involving people.

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<th>5.6</th>
<th><strong>Staff Governance Committee</strong></th>
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<td>The Board noted the key points from the meeting on 16 October 2019 and the approved minutes from the meeting on 29 August 2019.</td>
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The Chair of the Committee highlighted the following:

a) The Culture survey had closed and responses were being collated. This should be available for the Board shortly.
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<td><strong>b)</strong> Good progress was being made on public protection work and training, driven by the Public Protection and Children's Health Services Lead.</td>
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<td>6.</td>
<td>ANY OTHER BUSINESS</td>
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<td>There were no items of any other business.</td>
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<td>7.</td>
<td>DATE OF NEXT MEETING</td>
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<td>7.1</td>
<td>The next meeting would be held on 25 March 2020 in Gyle Square, Edinburgh.</td>
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MINUTES – Draft

Meeting of the Board of Healthcare Improvement Scotland
Date: Wednesday 19 February 2020
Time: 11.00-12.00
Venue: Boardroom, Gyle Square, Edinburgh

Present
Carole Wilkinson, Chair
Jackie Brock, Non-executive Director
Suzanne Dawson, Non-executive Director
Dr Zoë M Dunhill MBE, Non-executive Director
Paul Edie, Non-executive Director
John Glennie OBE, Non-executive Director
Gill Graham, Non-executive Director
Rhona Hotchkiss, Non-executive Director
Christine Lester, Non-executive Director
Robbie Pearson, Chief Executive
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Associate Director of Workforce
Lynsey Cleland, Director of Community Engagement
Lynda Nicholson, Interim Head of Communications
Sandra McDougall, Interim Director of Quality Assurance
Safia Qureshi, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
Kathleen Preston, Non-executive Director
Ann Gow, Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ruth Glassborow, Director of Improvement

Board Support
Pauline Symaniak, Governance Manager

Declaration of interests
Declaration(s) of interests raised are recorded in the detail 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**

**Chair’s welcome and apologies**

The Chair welcomed everyone to the Board seminar which would sit in committee for one agenda item to consider the Glasgow Accommodation business case. The minutes would be submitted to the next Board meeting on 25 March 2020 to ensure public endorsement of any decisions made.

Apologies were noted as above.

2. **GLASGOW ACCOMMODATION – BUSINESS CASE FOR APPROVAL**

The Board received a paper from the Director of Finance and Corporate Services setting out a business case for office accommodation in Glasgow when the lease for Delta House expires on 8 March 2021. The Director delivered a presentation that covered the following key points:

- Initial considerations included other public sector locations but nothing with sufficient space was available.
- A new build was also considered housing all Delta House and Gyle Square staff in one location but proved to be financially unviable given that the Gyle Square space was already part of a shared arrangement with a lease in place until 2029.
- Avison Young were engaged to source options and provided 13 possible locations. A financial appraisal was undertaken as well as visits by the working group which was set up in Delta House and included staff from across the organisation.
- After these initial appraisals, Delta House and Central Quay were the most attractive options.
- However, the option to stay at Delta House proved to be more cost effective and more popular with staff.
- The recommendation therefore is to extend the lease for Delta House for 10 years but to secure a mid-term break that would allow a move to the west of Scotland public sector hub when it has been built in a few years' time.
- Initial, informal feedback on the business case had been positive.
- Approval was being sought from the Board to submit the business case to the Scottish Government’s capital investment group.

In response to questions from the Board, the following information was clarified:

- The lease extension would require the landlord of Delta House to improve some of the building infrastructure. There would also be a review of the layout and desk sizes to ensure best use of the office space with the creation of more informal space.
- The proposals require more agile working in the future, both at Delta House and Gyle Square, and a different working culture. The move to Office365 will support this and staff will be fully involved with plans.
- If the west of Scotland hub is not built, the contingency plan is to use the full 10 year lease at Delta House.
- Consideration would be given to learning from other good examples of smarter working in other organisations.
The Board considered the business case and noted the strength of the engagement with staff. The Board approved the business case for submission to Scottish Government.

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<td>The Chair closed the part of the meeting which was sitting in committee.</td>
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<td>Minute ref</td>
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<td>4.1</td>
<td>Risk management: strategic risks</td>
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<td>5.1</td>
<td>Code of Corporate Governance</td>
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<td>5.2</td>
<td>Governance Committee Annual Reports Action Plan Update</td>
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<td>5.3</td>
<td><strong>Audit and Risk Committee</strong></td>
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SUBJECT: Chair's Report

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

2. Recommendation
   The HIS Board is asked to:
   • receive and note the content of the report.

3. Strategic issues
   a) NHS Scotland Board Chairs Group
      i. Since my last update, I attended the meetings held on 9 December 2019 and 27 January 2020.
      ii. At both meetings the work by HIS in relation to the Hospital at Home programme was presented and received a very positive response from both the Chairs and the Cabinet Secretary. This has helped to lay the foundations for HIS to deliver further work to support the spread of innovation and good practice. An innovation workshop was jointly facilitated by HIS on 20 January 2020.
      iii. The discussions with the Cabinet Secretary continued to focus on her priorities, in particular integration, mental health and access, with winter pressures highlighted alongside these. There was particular concern about the lack of progress with reducing waiting times for child, adolescent and adult mental health services. We also discussed infrastructure, Whistleblowing and workplace cultures.
      iv. The Chairs’ meetings covered the new Whistleblowing Standards, feedback from the thematic groups, health and wellbeing, the recommendations from the Health and Sport Committee on social prescribing and a detailed discussion on the ladder of escalation.
      v. The next scheduled meeting is on Monday 23 March 2020 where the focus will be on COVID-19 and I will be expected to outline how HIS is helping the service.

   b) Ministerial Strategic Group
      I attended the most recent meeting held on 22 January 2020. There were various themes threaded through the discussions including opportunities to provide improvement support, the role of scrutiny bodies and how they might work together to help Integration Joint Boards to make progress, and the importance of good quality data in all our scrutiny work. The Chief Executive of the Care Inspectorate and I discussed joint work on scrutiny and improvement support. There was also an interesting presentation from the Fire and Rescue Service with links to our housing work.
4. Stakeholder engagement

a) Joint Engagement with the Chief Executive

The Chief Executive and I have undertaken the following joint engagement:

i. We held a meeting with the Chair and Chief Executive of NHS Greater Glasgow and Clyde on 30 January 2020 which gave us an opportunity to discuss common areas of interest.

ii. Regular meetings to discuss our joint work have continued with the Chair and Chief Executive of the Care Inspectorate, the most recent being on 4 December 2020.

b) Meeting with Martin Cheyne, Chair of NHS24

I met with Martin Cheyne in his new role on 6 February 2020. We had a very positive meeting in which we covered the National Evaluation Committee, the hosting arrangement for our Death Certification Review Service, National Boards’ collaboration and opportunities related to HIS’s joint roles of scrutiny and improvement support.

c) Meeting with Public Partners

I attended a meeting with several HIS Public Partners on 5 March 2020 to discuss in more detail the feedback they provided on their role at the Annual Review in November 2019 and how improvements might be taken forward.

d) Margaret McAlees Award

I again joined the judging panel for this year’s Margaret McAlees award which recognises outstanding contributions by staff to promote equality and diversity. The award will be presented to the winners in due course.

5. Our governance

a) Annual Review

Our Annual Review was held on 21 November 2019 and the follow-up letter has now been received from the Cabinet Secretary. It is attached at appendix 1. Actions are in hand to address the key points raised. Since receiving the letter, we’ve been advised by our sponsor division that the Cabinet Secretary’s office has started planning for this year’s Annual Reviews, all of which will be Ministerial. We are currently waiting for the Minister’s office to provide a proposed date. It is was originally hoped that reviews would be held before September but this will likely be under review.
b) Board Seminar and Joint Development Event with the Care Inspectorate

Since my last report a Board seminar has been held on 19 February 2020 and a joint Board development event with the Care Inspectorate on 25 February 2020. The seminar looked at the latest progress with refreshing the strategic direction for HIS, and received updates on operational planning for 2020-23 and corporate parenting. At the joint event, we discussed our joint work in improvement and scrutiny, and our respective roles in sharing intelligence.

c) Non-Executive Appointments

i. Interviews were due to be held on 17 March 2020 for the appointment to the vacant post on the HIS Board. These have been postponed due to the COVID-19 situation.

ii. HIS was one of three Boards for whom a Whistleblowing Champion was not appointed following the recent national recruitment round. A further recruitment round is underway. Despite the appointment not being made, I attended the induction event on 28 February 2020 for the new Whistleblowing Champions to learn more about the role and engage with those attending from other Boards.

d) Governance Committees

i. The Succession Planning Committee draft terms of reference and proposed membership are set out in a separate paper to the Board.

ii. Pending the appointment to the Board vacancy, Evelyn MacPhail has been co-opted onto the Audit and Risk Committee. The co-opted position does not carry any voting rights but brings specific expertise relevant to the Committee.

Carole Wilkinson  
Chair  
Healthcare Improvement Scotland

Appendix 1 – Annual Review Letter
HEALTHCARE IMPROVEMENT SCOTLAND (HIS) ANNUAL REVIEW

Thank you for hosting, what I understand was, a very successful and insightful annual review on the 21st of November 2019. As this was a non-Ministerial review, I asked officials to attend the review in an observing capacity. This letter summarises the main points discussed and actions arising from the review.

As you will be aware, I am keen to ensure the rigorous scrutiny of NHS Boards’ performance, whilst encouraging as much direct dialogue and accountability between stakeholders and Boards as possible. For this reason, I was pleased to see that you invited a stakeholder panel to lead the Q&A session, under the chairmanship of Prof. Jason Leitch, Clinical Director for Healthcare Quality and Improvement Directorate, helping to provide both a constructively critical review of HIS’ activities over the past year, and to encourage greater stakeholder involvement in formulating plans for the future.

Partnership Forum

I was glad to see that the Partnership Forum were invited to give feedback ahead of the annual review, and note that they highlighted a number of challenges for HIS to consider – in particular, responding to concerns around the number of vacancies within the organisation and staff on short-term contracts. Along with input about the proposed accommodation move in Glasgow, and the growing shift to cross-organisational working. I was heartened to hear that a culture survey is in place and that these issues are being given serious consideration. I understand that a workforce plan has been developed and that there was some discussion about the need to work with staff to rebalance the
workforce in line with priorities. I would urge you to also continue to work closely with
Scottish Government officials to ensure that core funding is being used in the right places. I
would be grateful for further updates on your Workforce Plan, and for regular feedback on
progress against the actions outlined in the plan.

Public Partners

I was similarly pleased to hear that the public partners were invited to feed back, and that
they highlighted challenges and successes. I understand that they would like more clarity
around their purpose and roles, as well as transparency around the matching process for
determining the most appropriate people to be involved in particular pieces of work, and
that they suggested that more thought should be given to future planning, so that public
partners are made aware early of upcoming work and can therefore make more informed
decisions about the work that they should be involved in. Further to this, I also understand
that they are keen to be more involved, valued and trusted in some of the public interface
work, which could be an untapped resource opportunity for HIS. Lastly, they raised
concerns about IT issues and technical support. I would be grateful if you could provide
feedback on the actions being taken to address these challenges over the coming year.

I have also been made aware that you undertook to respond to a question which was raised
around remuneration for those with lived experience who are giving up their time to support
some of HIS’ work by carrying out particular roles within groups, in the same way that
clinicians who perform a role within these groups are paid to carry out this role.

Clinical and Care Forum

The Clinical and Care Forum highlighted challenges around their varying working
arrangements and the difficulties that some clinicians face with undertaking their role on the
forum whilst also undertaking clinical practice. They noted that more needs to be done to
strengthen visibility of the forum and to make it clear to those involved that their input is
having an impact. I look forward to hearing about the work being done by HIS over the
coming year to address these concerns.

Quality Management System

I was interested to read about HIS’ Quality Management System and how this is enabling
you to ensure the different functions in HIS, including your independent scrutiny function
and your improvement function - carried out in partnership with the Scottish Government
and the Boards - work effectively together to deliver better quality care across Scotland. As
noted during the annual review, you are also supporting application of this approach across
health and care services in Scotland with the intention that it enables them to consistently
deliver high quality care. I would be grateful if you could provide updates on the actions
being taken by HIS to support these aims, and how this is helping to deliver improvements
and spread best practice.

I also understand that, during the annual review, there was some discussion around the
need, and importance of, celebrating and communicating success and spreading good
practice, in the same way that feedback is provided on areas for improvement. I am very
much in support of this.

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

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.gov.scot
Adverse events

Although I understand that HIS’ work on adverse events was not discussed in any detail as part of the annual review, I see the eventual outcome of this work as playing a key role in the drive to deliver improvements and spread good practice. I am pleased to note that the notification system is now up and running, and look forward to further updates on progress in due course.

Public Engagement

I was pleased to hear about the progress being made in the Quality of Care approach, in terms of ensuring that the patient voice is front and centre of this work. I welcome HIS’ commitment to support and strengthen the engagement of people and communities across its work programmes, including taking a more targeted and consistent approach to public engagement in health and care services led by the Scottish Health Council. I look forward to receiving an update on how this work is progressing.

I also note the discussion that took place at the annual review about the need to tackle health inequalities in Scotland, and the examples of work undertaken by HIS, including in relation to prisoner healthcare, which contribute to that. Health inequalities are one of the biggest challenges we, as a country, face and I was interested to hear about the work done by HIS in Midlothian around Children and Young People’s Mental Health. I would be keen to hear more about how this type of user-led approach is being spread to other areas.

Integration

I understand that there was some discussion around HIS’ role in community based health and social care services. It was positive to hear that HIS is working closely with Integration Joint Boards (IJBs) and that your work includes the delivery of a number of collaborative improvement programmes and learning networks, as well as producing Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Health Technologies Group (SHTG) guidelines for use in community settings. As you will be aware, I view the integration of health and social care services as a priority, and look forward to hearing what more HIS can do to support this - in particular, looking at outcome-focused early intervention activity, working with the Care Inspectorate and other partners, and how this might address health inequalities.

Further to this, I also understand that there was discussion around the need to ensure that members of the Integration Joint Boards (IJBs), and not just board members from healthcare settings, have a greater understanding of HIS’ role. I wholeheartedly support this and am keen to hear from HIS what actions you intend to take to raise your profile with them.

Financial position

I would like to reiterate Prof. Jason Leitch’s thanks for your support in achieving a balanced budget over previous years, and to request your continued support in this area.
Conclusion

I would like to thank you and your Board, the staff of HIS, and Public Partners for their continued commitment and hard work over the last year. I hope that you find this letter helpful in setting out the actions to be taken forward from the 18/19 annual review, and look forward to continuing to work together to ensure the provision of high quality health and social care services for the people of Scotland.

Kriet regards,

Paul

JEANE FREEMAN
# ACTIONS ARISING FROM HIS 2019 ANNUAL REVIEW

<table>
<thead>
<tr>
<th>Ref</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Work closely with HIS staff and Scottish Government officials to ensure core funding is being used in the right places and supports a rebalancing of the workforce in line with priorities.</td>
</tr>
<tr>
<td>A2</td>
<td>Provide further updates on the Workforce Plan, and give regular feedback on progress against the actions outlined within the plan.</td>
</tr>
<tr>
<td>A3</td>
<td>Provide feedback on the actions being taken to address the challenges raised by the public partners around clarity of their purpose and roles; transparency of the matching process for determining the most appropriate people to be involved in particular pieces of work; giving thought to future planning, so that partners are aware of upcoming work; involvement in public interface work; and IT and technical support issues.</td>
</tr>
<tr>
<td>A4</td>
<td>Provide a response on remuneration for those with lived experience who are carrying out particular roles to support HIS’ work.</td>
</tr>
<tr>
<td>A5</td>
<td>Provide feedback on the actions being taken to address the issues raised by the Clinical and Care Forum around varying working arrangements; strengthening visibility of the forum; and making those involved aware of the impact that their work is having.</td>
</tr>
<tr>
<td>A6</td>
<td>Provide regular updates on the actions being taken to support and embed the Quality Management System, and on how this is helping to deliver improvements and spread good practice.</td>
</tr>
<tr>
<td>A7</td>
<td>Provide regular updates on HIS’ work around adverse events.</td>
</tr>
<tr>
<td>A8</td>
<td>Provide an update on the work being done around public engagement.</td>
</tr>
<tr>
<td>A9</td>
<td>Provide feedback on how HIS is spreading the user-led approach, which has been successful in projects such as the one taken forward in Midlothian around Children and Young People’s Mental Health, to other areas.</td>
</tr>
<tr>
<td>A10</td>
<td>Provide feedback on the actions that HIS plans to take to support the integration of health and social care services, looking at outcome-focused early intervention activity, working with the Care Inspectorate and other partners, and how this might address health inequalities.</td>
</tr>
<tr>
<td>A11</td>
<td>Provide feedback on the actions being taken by HIS to ensure those within Integration Joint Boards (IJBs) from outwith healthcare settings have an understanding of HIS’ role.</td>
</tr>
<tr>
<td>A12</td>
<td>Continue to achieve efficiency savings and remain within budget.</td>
</tr>
</tbody>
</table>
SUBJECT: Executive Report to the Board

*Board members should be aware that this report was prepared ahead of the current situation in relation to COVID-19 and as such does not reflect current priorities and challenges; it does however provide an overview of the current position in relation to many aspects of core business.*

**PURPOSE OF THE REPORT**

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

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

*It should be noted that updates on key achievements / challenges in relation to delivery of the work programme are now included within the Performance Report.*

**RECOMMENDATION**

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

**REPORT FROM THE CHIEF EXECUTIVE**

**Culture Survey**

Healthcare Improvement Scotland invited all staff to complete a survey to gather insights into the culture within our organisation and gain a greater understanding of the staff experience. The survey, which was developed in partnership and independently administered and analysed to ensure anonymity, was open for three weeks during August and September 2019 and achieved a response rate of 65% across HIS.

The results of the survey were published in January 2020 and shared with all staff and non-Executive Directors. Directors and Partnership Forum representatives have been promoting and engaging in discussions at team and Directorate level around their specific Directorate Report and the Board Report.

Following discussion at the Partnership Forum on 20 February it was agreed that a specific, facilitated meeting would be held with Partnership Forum on 12 March to consider the culture survey in more detail with a focus on considering the positive messages and also how to address the issues that require improvement. Partnership Forum will also consider measures
to enable in-year monitoring of progress with any agreed activities to support improvement. The results have also been considered by the Staff Governance Committee at its meeting on 4 March 2020.

**Internal Improvement Oversight Board**

As Board members will be aware, in recognition of the opportunities for better cross organisational working to improve the quality and efficiency of our delivery, an internal improvement programme has been established. The programme has the following three workstreams: People, Process and Place, each being delivered with an Executive lead and in full partnership.

A visioning event has taken place to understand the current position in relation to internal improvement projects and a meeting schedule for the Oversight Board has been established for 2020 to support new and established project planning. A process is being developed to enable staff to propose improvement projects for 2020-21 with a dedicated Improvement Fund to support those requiring additional resources.

**Director of Workforce**

Sybil Canavan has been appointed as Director of Workforce on a permanent basis. Sybil joined HIS in May 2019 as Associate Director, taking on responsibility for the people and workforce, recruitment and facilities teams. Sybil’s responsibilities include leading the internal improvement work on people, and she will also focus on implementing the workforce plan.

**Medical Director**

Dr Simon Watson takes up post as Medical Director on 6 April 2020. He has been a consultant in NHS Lothian since 2008, based at the Royal Infirmary of Edinburgh and providing medical care to people with kidney disease. He currently holds the post of Chief Quality Officer.

**Cross-organisational working**

More integrated, cross-Directorate working continues to be a key priority. To support this we have established cross-organisational groups for Primary Care and Adverse Events, and in 2020-21 will be setting up a Mental Health group, bringing together all aspects of this work within the organization, in order to co-ordinate our contributions and maximize our impact.

The second cross-organisational Dementia workshop took place on 5 February where a mapping exercise of all dementia work being carried out across HIS took place against the Quality Management System. This work has been an excellent opportunity for engaging with all the directorates and a paper will be written to share this work and highlight any gaps / opportunities which are evident in our dementia work. There will be a page on Source for Dementia cross-organisational working to raise awareness of the work and share relevant information, events, reports etc.
Complaints reporting (March 2020)

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).

Since the last report to the Board we have received and formally investigated one complaint, in relation to our regulation of an independent clinic. The 20-day deadline for response was extended with the agreement of the complainant to allow further discussions with them to take place. The complaint was partially upheld and the findings will be used to improve processes in relation to carrying out inspections and resulting decision-making.

A summary of all complaints received by Healthcare Improvement Scotland is formally reported in our Complaints and Feedback Annual Report, as submitted to the Quality and Performance Committee.

DIRECTORATE ACHIEVEMENTS & CHALLENGES

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

QUALITY ASSURANCE DIRECTORATE

ACHIEVEMENTS

Cancer QPIs

The National Cancer Quality Programme CEL 06 [2012] describes a three yearly national governance process and improvement framework for cancer care. HIS supports delivery of this through the Cancer QPI programme which provides external quality assurance of the national cancer quality performance indicators (QPIs).

In 2018 we trialled a new methodology for quality assuring the cancer QPIs using the Quality of Care Approach. In June 2018, HIS developed a methodology to evaluate all QPI data collated during 2016 to 2018. We wanted to understand how well tumour specific networks were evaluating performance and implementing improvement as well as how actions to address challenges were being progressed. We piloted our approach to review the three cancer networks in 2019, and published a report for each network setting out our findings.

In January 2020 we held a learning event which offered key stakeholders an opportunity to provide feedback on the pilot process. Twenty five delegates from across the regional cancer networks, as well as colleagues from; Information Services Division, Scottish Government and the HIS team attended the event. Feedback gathered through the event will be used to shape and influence future reviews.
National Hub for reviewing and learning from the deaths of children and young people

The national hub will use a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and ultimately aim to reduce deaths and harm to children and young people. Every child and young person has the right to a review in the event of their death, which should be of an agreed minimum standard. Reviews will be conducted on the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death.

Following an intensive period of scoping, stakeholder engagement and pilot activity, three NHS Boards will be the first to begin implementation of a new review process (group 1) commencing from 1 April. We see implementation as a continuous improvement programme of work and throughout the year the tools and supporting documents will be refined and improved based on feedback from organisations. Roll out will then begin on a phased basis to other NHS Boards throughout the year. The National Hub will have continuous communication with all Boards to ensure areas are prepared for roll out. The National Hub will also be creating a process to receive reports from existing review processes that take place and consider how best to capture and share the learning nationally.

CORPORATE SERVICES DIRECTORATE

ACHIEVEMENTS

Delta House accommodation

The lease for Delta House expires in March 2021 and work is under way to identify options for alternative accommodation.

Avison Young (property agents) have been working with us in the development of the options appraisal as approved by the Board ‘in committee’ in February 2020. Early feedback from SG indicates a positive response and work is now underway to develop a full business case for submission to the Scottish Government Capital Investment Group in April/May.

The Board will be kept up to date with progress as it is made.

Organisational Development and Learning

Anne Lumsden retires as Head of Organisational Development and Learning on 1 April 2020. Her successor, Sandra Flanigan, took up post on 9 March 2020 and will continue planned work in support of Board development.

We have continued to roll out coaching training across the organisation, with 19 members of staff undertaking the Coaching Fundamentals training in February/March 2020, with very positive feedback; 7 members of staff completed their certification in February.
PEOPLE AND WORKPLACE

ACHIEVEMENTS

Workforce Plan

Significant work, led by Ian Haxton, has taken place over the last 8 weeks to refresh and update the organisational Workforce Plan for 2020-23. This has been developed in line with the Operational and Financial Planning activity across the whole organisation. Following on from the publication of the first, detailed version of this plan, the latest work has allowed further scrutiny and detailed examination of the workforce issues within Healthcare Improvement Scotland, ensuring a refresh and refocus on actions to be implemented within the organisation. The updated plan also identifies known and ongoing challenges for the organisation, such as the impact of short-term funding models, turnover of staff as well as some areas where we have had difficulty in recruiting to specialist posts.

Confidential Contacts

Following a recent recruitment drive across the organisation, and a hugely positive response from our staff who volunteered to become involved in this work, we have now put in place a network of 15 ‘Confidential Contacts’ for our staff, to reflect the requirements and support to be offered as part of our Dignity and Respect Policy. Previously trailed as ‘Colleague Confidantes’ we have changed the role title to reflect the new ‘Once for Scotland’ policy requirements, which came into place at the start of March and we will ensure support and input to the network going forward.

Health and Safety

Recent Health and Safety activity has identified a continued focus on Building Safety across both Delta House and Gyle Square. In addition, there has also been work to update a range of policies for the organisation – Fire Safety and Accident, Incidents and Adverse events. Following the transfer of reporting responsibilities from NSS to ourselves, there has also been an opportunity to revise the Accident and Incident reporting form, create an incident register for sites, and focus on a range of regulatory requirements such as Fire Action notices such as Fire Risk Assessments for Delta and Gyle. DSE activity and new and expectant mothers risk assessments continue, wider building compliance checks for SHC are under discussion and there has been an opportunity to purchase a range of relevant DSE and safety equipment for the organisation.

Staffing

Within the team we have recruited to our vacant Workforce Information Officer role and Razvan Popa formally commenced in post at the start of January.

CHALLENGES

Recruitment Activity

Across the organisation we continue to see a level of turnover and ongoing recruitment activity which in turn requires ongoing support from the team – this will be a focus of discussion as part of our planned improvement work in relation to recruitment policy and processes. This reflects the range of issues highlighted in the Workforce Plan.
SCOTTISH HEALTH COUNCIL

ACHIEVEMENTS

Senior team recruitment

The recruitment processes for the remaining senior management positions with the new directorate structure were completed before the festive break, with all post-holders commencing from 1 February 2020. This strengthened senior management structure will enable the directorate to engage at a more strategic level with NHS Boards, Integration Authorities and other key stakeholders on a local and national basis, as well as support the Scottish Health Council to work in a more connected and integrated way across HIS.

SHC Committee

Four new SHC Committee members have been successfully appointed and took up their positions on 1 January 2020. These appointments bring the Committee up to its full complement of members. The new members have been undertaking an induction programme similar to that of new Board members and the first meeting of the new Committee was held on 27 February 2020.

Launch of Healthcare Improvement Scotland - Community Engagement

Plans remain on track for the launch of the directorate’s new operating name on 1 April 2020. Design work is currently being finalised on a range of communications items including leaflets, office signage and the directorate website and Scottish Health Council staff are in the final stages of moving across to nhs.net email accounts.

Various internal short-life working groups have been taking forward plans for the directorate’s new ways of working and an additional Directorate all-staff event is being held on 26 March to brief colleagues on these work streams and on the final preparations the directorate re-launch.

A detailed stakeholder communications strategy is also in place and a parliamentary reception on 28 April will provide an opportunity for a range of stakeholders to hear about the future direction of Healthcare Improvement Scotland – Community Engagement and how we are working with people and communities across Scotland.

CHALLENGES

Building capacity

Although the directorate’s new structure and senior team are now in place, there will be a period of transition as the Directorate embeds a range of changes to its internal and external ways of working while continuing to deliver existing work programmes. Resource and support requirements to provide the necessary capacity and resilience within the Community Engagement Directorate during this transition and development period are being identified.
EVIDENCE DIRECTORATE

ACHIEVEMENTS

Delirium booklet for patients, family and carers

SIGN published a booklet for patients, family and carers about reducing the risk of delirium and how to manage it when it occurs in adults. It applies to all care settings: home, long-term care, hospital, and hospice. Engagement with the supporting social media campaign has been positive. The campaign included a video featuring the Chair of the guideline development group and our representative with lived experience promoting the booklet. Orders for the booklet have been received from across NHSScotland and beyond.

https://twitter.com/online_his/status/1230450981936209923?s=20

Access to new medicines

The Scottish Medicines Consortium (SMC) Chief Pharmacist gave the Executive Team an update on the access to new medicines programme on March 3 2020. Following discussion it was suggested that a Board development session on SMC issues would be helpful and this is being planned. The discussion focused on a recent meeting with the Cabinet Secretary for Health and Sport and a proposal for a Short Life Working Group to consider affordability challenges for Health Boards in relation to access to new medicines.

Following SMC decisions in July 2019 regarding cystic fibrosis medicines and the subsequent arrangements put in place by the Scottish Government Health & Social Care Division, the Cabinet Secretary for Health and Sport requested a meeting with the SMC Chair. A very positive meeting took place on 18 February 2020 and was attended by SMC Chair, Director of Evidence and SMC Chief Pharmacist. The Cabinet Secretary reinforced the role of SMC as the authoritative and independent advisor on new medicines for Health Boards. The Cabinet Secretary offered several specific actions for her office in light of the issues discussed. These include reinforcing with Chief Executive Officers (CEOs) the importance of good clinical engagement with SMC and SG officials briefing relevant Ministers on the risks of EU exit.

Support for the CMO Taskforce to improve services for victims of sexual assault and rape

The ‘Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse indicators’ were published on 9 March. This is part of a suite of support that HIS is providing to the CMO (Chief Medical Officer) Taskforce to improve services for victims of sexual assault and rape. The indicators are designed to allow measurement of performance against the standards we published in December 2017.

Stakeholder Engagement - Abdominal Aortic Aneurysm Screening standards

The draft Abdominal Aortic Aneurysm Screening standards were available for public consultation until 9 March 2020. Targeted stakeholder engagement events included a visit to the Govan Men’s Shed and the Penicuik Walking Football team. Focus groups with healthcare professionals involved in this screening also took place.
Sharing Intelligence

In February 2020, the Sharing Intelligence for Health & Care Group completed its fifth annual programme of work where seven national agencies share, consider and respond to intelligence about 18 NHS boards. Members of group each have a Scotland-wide remit and are: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (part of NHS National Services Scotland), and Scottish Public Services Ombudsman. Intelligence from Healthcare Improvement Scotland’s different teams/functions is brought together and considered internally before sharing with the Sharing Intelligence for Health & Care Group. During 2019, the Quality Management System was used to help better understand and improve the quality of intelligence sharing within Healthcare Improvement Scotland. Aspects of intelligence sharing that are working well include participation from a very high percentage of our teams. Key development areas include ensuring that all teams provide information that is complete, accurate, relevant and up-to-date and introducing technology to make it easier for colleagues to submit and access information.

CHALLENGES

New Medicine Submissions

The intake of new medicine submissions has remained high over the first three months of the year. This raises challenges for SMC as a number of submissions have been deferred on more than occasion. There are currently five deferrals that cannot be discussed at the New Drugs Committee until June at the earliest. The team are making efforts to maximise throughput by using external health economics consultants. The delays to assessment are now longer than is typical and this is noted in the HIS risk register.

Staffing

Staff movement within the Standards and Indicators team is likely to have a short term impact on the delivery of outputs over the first quarter of 2020/21. However, this has provided an opportunity to restructure the team to create a structure that is both more closely aligned to delivery requirements and more resilient.

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (NMAHP) DIRECTORATE

ACHIEVEMENTS

Clinical engagement

The NMAHP Directorate is progressing with the implementation of Clinical Supervision with a 2-day training workshop for Clinical Supervisors taking place in Glasgow on 8 and 9 April. This workshop is being facilitated by NES and we have 16 volunteers from the NMAHP community attending. It is envisaged that clinical supervision in group sessions will be available from May 2020 for all registrants working in HIS.
Discussions are also progressing well with Higher Education Institutions to consider developing placements for student nurses, midwives and AHP’s in HIS and the opportunity for raising awareness of the work of HIS has been offered to HEI’s and is being taken up with a presentation taking place for 3rd year student nurses at Stirling University on 26 March by the Head of Nursing.

**Care and Clinical Governance**

The Care and Clinical Governance meeting on 9 March tested a self-assessment form, completed by the Quality Assurance Directorate (QAD) directorate, to explore challenges and achievements relating to care and clinical governance. It was agreed that the form would be developed further and that each directorate would complete and then use the self-assessment to develop an action plan to address challenges and make improvements.

**Healthcare Staffing Programme (HSP)**

The Programme Advisor has taken up post and in particular will support QAD to develop a monitoring framework to ensure HIS are discharging their duties as outlined by the Health and Care (Staffing) (Scotland) Act 2019. This work will also be informed by the 'End-to-End' testing which SG are planning. Dates for observing Quality of Care reviews are planned.

The first Multi-professional Stakeholder engagement event was held early December 2019, this was well attended and positively received. Invitations have subsequently been received to attend professional leaders meetings.

The HSP team supported the facilitation of the Development of the Ministerial Guidance Chapters events and have provided comment on Ministerial Chapters versions 0.1 & 0.2. These chapters will soon be issued for public consultation.

A Programme Board is being developed for the HSP with a request to Board Chief Executives to nominate a Chair.

In addition, HSP Board reports are now being shared with the Sharing Intelligence for Health & Care Group.

**CHALLENGES**

**Recruitment and retention**

Due to the Head of Nursing and Midwifery role being recruited to on a secondment basis, there has been significant turnover of staff within this position over the last two years. This has caused challenges with continuity and support given both to the Director, NMAHP Team, and organisation as a whole.

Within the Healthcare Staffing Programme two Senior Programme Advisors will retire at the end of March resulting in a loss of programme knowledge and expertise. Almost 60% of the HSP are secondees, which creates a risk of them seeking permanency elsewhere or being recalled by their home Board. Work is ongoing with HR to explore options for progressing this.
HSP Intellectual Property (IP)

Currently the IP for the tools belongs to an individual who is a leading subject matter expert and who will soon be retiring. Discussions regarding future ownership are taking place with the Central Legal Office in Scottish Government.

ihub

ACHIEVEMENTS

Complexity

The Director of Improvement delivered a half day masterclass on leading in complexity with the NES Quality and Safety Fellows. Following two large national masterclasses in 19/20 this has now been built into the ongoing curriculum of the fellowship. This was a great opportunity to work with a number of clinical leaders to explore how to effectively deliver improvement when working in complex, uncertain and ambiguous contexts. The feedback was very positive with reflections that raising awareness on the latest evidence on leading in complexity is a vital part of preparing our leaders to deliver in our current challenging contexts.

Nesta

The Director of Improvement met with the new Chief Executive of Nesta, Ravi Gurumurthy during his first visit to Scotland in this role. It was a very positive discussion, building on the joint work that HIS and Nesta undertook last year with Midlothian LA and NHS Lothian around improving children and young people’s mental wellbeing. Nesta have now established a Scottish Office and there may be further opportunities going forward for us to work in partnership in key areas of work.

Mental Health Quality and Safety Board

The Minister for Mental Health has set up a Mental Health Quality and Safety (MHQS) Board which met for the first time in February and was attended for HIS by the Director of Improvement and the Unit Head for Mental Health and Primary Care. David Strang was in attendance at this initial meeting and spoke to his report around mental health services in Tayside. The meeting also looked at what the focus of the Board’s work programme might be going forward. It is likely to be of relevance to a wide range of HIS programmes as issues about standards and indicators; assurance; improvement and community engagement were all called out. The MH Q&S Board are considering a subgroup structure to drive forward the work. We will work with Scottish Government to ensure appropriate connections are made to relevant work across the organisation.
EXTERNAL ENGAGEMENT

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

IHI Strategic Review

In February the Scottish Government held their annual Strategic Review with the Institute for Healthcare Improvement (IHI) Strategic Review. Representatives from HIS were in attendance alongside representatives from NHS Education for Scotland (NES), the Leading Improvement Team from Scottish Government and the Children and Young Peoples Improvement Collaborative.

This meeting provides an opportunity for key stakeholders working within the Scottish Government/IHI Strategic partner arrangement to reflect on activities over the previous year, consider the current strategic priorities and context and agree the potential focus for the strategic partnership for the next year.

The two days included a site visit to St John’s Hospital to hear about work their work to take forward Value Management, Access QI and their approach to embedding a Quality Management – all of which are led nationally by HIS.

Key themes emerging across the two days included strengthening the role of quality improvement in Mental Health; Older People; Safety; and Delayed Discharge alongside a recognition of the importance of building wider support and understanding of QI approaches within the integrated context.

The New Disruptors: Making Change Happen

The Director of Improvement attended a round table discussion jointly hosted by CELSIS and Holyrood which focused on what needs to be in place to enable Scotland’s public services to take transformational, whole system change to a new level. Holyrood will be producing a publication on the back of the discussion where there was significant consensus across all the attendees on key themes – including the importance of all system redesign work starting with a genuine understanding of the needs of the people using services; the importance of evidence and data informing work and the need to ensure leaders are incentivised to work across systems and focus on longer term transformational change as well as shorter term performance improvement.

Q Visit

Q is a network for quality improvement professionals and practitioners (not organisations) across the UK which aims to foster continuous and sustainable improvement in health and care through creating opportunities for people to come together to share ideas, enhance skills and collaborate to improve health and care. HIS acts as the Q country partner working in collaboration with The Health Foundation to support the Q community in Scotland.
In January 2020, representatives from the ihub and The Health Foundation met to discuss the current Scottish context, future plans in relation to QI networks, and explore opportunities for Q and Q Scotland within these.

A number of priority areas were identified including:

- Raising the profile of Q and the Q Community in Scotland with a greater focus and role for Q members within existing improvement activities and events.
- Support for new members, including connecting them to opportunities to engage in QI activities across Scotland and the UK.
- Exploring the development of existing Q members to become Q champions to enable the profile and work of the Q community to be more widely understood both locally and nationally.
- Using the opportunity to use Q networks and platforms to promote feedback/reflections on a discussion paper that shares our evolving thinking on the range of approaches required to support health and care to redesign and continuously improve.
SUBJECT: HIS Priorities 2020-23 and Operational Plan 2020-21

1. Purpose

To provide the Board with the final draft of the HIS Priorities 2020-23 / Operational Plan 2020-21. This follows discussion of earlier drafts at the Board seminar on 19 February and at the Quality and Performance Committee on 26 February. The Plan is expected to be agreed with Scottish Government by 31 March 2020.

2. Background

The guidance on this year’s Operational Plan, received from Scottish Government in November, advised that:

‘for 2020/21 and beyond the system will move to a three year rolling planning cycle, updated annually…The expectation is that for the first year (2020/21), planned actions and programmes of activity will be absolutely firm and aligned to budgets while accepting that, for future years, specific programmes of work may still be developing. However, the AOPs are expected to make clear links between all actions or activities and the outcomes they are expected to deliver.’

For this reason, the main body of the attached Plan is described as HIS’ strategic priorities for 2020-23, which are as follows:

• Mental health services
• Access to care
• Integration of health and social care
• Safe, reliable and sustainable care

These priorities reflect the Scottish Government’s Programme for Government and this year’s operational planning process. In the Plan we describe our contribution to these priorities, with a clear indication of which programmes directly support these, and the anticipated outcomes. Many of these programmes support more than one strategic priority.

Further detail on those programmes during 2020-21 is provided in the appendix, and mapped back to the strategic priorities. This detailed work plan will remain dynamic and responsive as there will always be changes and new needs established that we will respond to.

In addition, the narrative in the Plan is intended to reflect the key messages from the Board’s development event in October around the organisation’s vision and purpose, and can be seen as an initial test of the ‘mandate’ for the Executive Team to take this forward.
Further work is being undertaken by the Operational Planning Group to develop the detailed Key Performance Indicators and measures for performance over 2020-21, against which our delivery of the Plan can be assessed. The Board performance reports during 2020-21 will also be aligned to the new Operational Plan.

3. Actions/Recommendations

The Board is asked to approve the HIS Priorities 2020-23 / Operational Plan 2020-21 for submission to Scottish Government.

Appendix:

1. HIS Priorities 2020-23 / Operational Plan 2020-21

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, Margaret.waterston@nhs.net, 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>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Risk 901. There is a risk that we are not committing sufficient time to delivering existing programmes of work because of the level of requests from Scottish Government to scope and design new programmes of work resulting in a failure to deliver within the operational plan. Rated high.</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 Operational Plan is a key document to provide assurance to the Executive Team, the HIS Board and SG sponsors that our work is supporting improvements in the design and delivery of better care for the people of Scotland. The operational planning process enables all staff to participate in the design of HIS’ work to ensure national priorities are met and value is added.

Resource Implications

None

What engagement has been used to inform the work?

The process for the operational plan has been developed with input from the Executive Team, function leads and members of the Senior Leadership cohort.

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps reduce health inequalities;
- helps people who are service users;
- makes efficient use of resources.

HIS has a statutory requirement to ensure its work reduces health inequalities and makes efficient use of resources. Our Equalities and Diversity officer is a member of the Operational Planning group.
Better care for all

Our operational priorities 2020-2023 and delivery plan 2020-2021

April 2020
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Foreword

About us

Our operational priorities for 2020-2023:
• Access to care
• Integration of health and social care
• Mental health services
• Ensuring safe, reliable and sustainable care

Quality, resilience and responsiveness – a future-proofed Healthcare Improvement Scotland:
• Quality Management System
• Spread of innovation and good practice
• Prioritising our work
• Internal improvement programme
• Digital transformation programme
• Environment and sustainability
• Enabling functions and resources

Appendix: Our delivery plan 2020-2021
Foreword

The purpose of Healthcare Improvement Scotland is to enable the people of Scotland to experience the best quality of health and social care. Our operational priorities for 2020-2023 will promote improvement in, and provide assurance of, the delivery of high quality care across the country. Our work will be person-centred and evidence-based. We aim to inspire and innovate; to lead and collaborate; and to robustly and clearly demonstrate our impact.

This is our plan for how we will deliver.

In addition to setting out our operational intent, we cover here in more detail the work we are carrying out to achieve this in 2020-21.

The people of Scotland continue to benefit enormously from a wide range of excellent health and social care services that can be accessed freely at the point of delivery. These are provided by a committed workforce that continues to deliver high quality care in often challenging circumstances.

Changes to demography including our growing, ageing, population – together with unprecedented financial and workforce challenges – require Scotland’s health and social care system to continue to improve, adapt and evolve.

We believe that a greater scale and pace of change is required throughout Scotland to ensure that people’s health and social care needs are met in future. There are numerous examples of excellent practice around the country, and we need to find ways to ensure these are implemented more widely.

As an organization we draw from a broad range of skills and experience in quality improvement, service redesign, assurance and scrutiny, community engagement, intelligence gathering and evidence-based knowledge and research. The way in which we combine these is a critical factor in how we play our part in improving the quality of care for people in Scotland.

This plan describes the range of work we are carrying out, and highlights in particular our work on four priority areas: mental health services; access to care; integration of health and social care, and; safe, reliable and sustainable care. We will do this while delivering our statutory duties. We work closely with Scotland’s health and social care providers, bringing leadership and support to address key quality of care issues.

We will maintain our focus on strengthening collaborative working across our different teams and functions, ensuring we deliver support in a way that is greater than the sum of our individual parts.
But we also have difficult decisions to make about how we rebalance our own overall programme of work, ensuring the best possible value to the public purse and that our work does deliver results on each of the priorities.

We will do all this in line with Scottish Government priorities and policy.

Thank you for reading our plan for 2020-2023. If you would like to talk to us, or anyone in the Healthcare Improvement Scotland team, please do get in touch.

Carole Wilkinson Robbie Pearson
Chair Chief Executive

About us

Healthcare Improvement Scotland’s aim is better quality health and social care for everyone in Scotland.

Our budget for 2020–2021 is approximately £35 million and we have around 500 staff, working from two national offices and a network of engagement offices across the country.

Our programme of work supports the delivery of our 2017-2022 strategy Making Care Better as well as the Scottish Government’s Health and Social Care Delivery Plan and the National Performance Framework. As this plan sets out, we will carry out a wide range of activities to deliver these priorities.

As set out in our strategy, the main ways in which we believe we can make the biggest difference are by:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Providing evidence and sharing knowledge that enables people to get the best out of the services they use and helps services improve.
- Providing quality assurance that gives people confidence in the services and supports providers to improve.

We are working in an increasingly connected way across our organisation, with the aim of combining our resources and expertise to maximise the impact we can make in improving the quality of health and social care across Scotland. This way we can better tailor our response to the needs of stakeholders.
We believe that how we work with others to deliver our work programme is as important as what we focus our delivery on. As such, all of our work has our organisational values embedded within its development and delivery.

Our values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility, and
- Quality and teamwork

We work collaboratively with an extensive range of external organisations, groups and people, including:

- 31 Health & Social Care Partnerships
- 21 NHS boards
- 32 local authorities
- people who use services, carers, and local communities
- Scottish Government, and other organisations with Scotland-wide remits
- national professional groups; and
- a wide range of housing, volunteering, and third and independent sector organisations

During 2020-2023, we will build on existing engagement mechanisms to strengthen our organisation-wide understanding of the needs and challenges of these stakeholders. We will also develop clearer routes for stakeholders to request support—such as that being introduced by our Evidence Directorate in April 2020.

We will combine this understanding of our stakeholders needs with our wider range of sources of intelligence and knowledge, to ensure we are focusing our combined resources on the issues that matter the most for improving the quality of health and care in Scotland.

We will also continue to develop our approaches to collaborating with other national organisations with the aim of ensuring a more joined up and co-ordinated offer of support for improvement of health and social care.
Our operational priorities for 2020-2023

To help us plan and prioritise our work, we have agreed four clear priorities. Our plans for 2020-2023 are aligned to national health and social care priorities. They are also shaped by what we have learned – from Scottish Government, organisations, groups and people – about the main challenges they currently face regarding the delivery of health and social care. Priorities for our work during 2020-2023 are:

- Access to care
- Integration of health and social care
- Mental health services
- Safe, reliable and sustainable care

We describe below some of our work in these areas. More information about the individual programmes and projects we will deliver in 2020-2021 is included in the appendix. This is not a linear process and many individual programmes and projects assist in delivery of more than one strategic priority. We also set out here those activities that we are required to carry out by law.

Our detailed delivery plan for 2020-2021, included in the appendix, will remain dynamic as it is important we are responsive to emerging issues. We have an Operating Framework with Scottish Government, which helps us take a systematic and robust approach to the prioritisation of our resources, linked to national priorities. We also understand the need to reserve some capacity to enable us to respond flexibly to new or emerging issues or requests that may not be anticipated at the time of planning.

When planning our work, we draw upon expertise and methodologies from across our organisation. We are also increasingly focusing on how we demonstrate the value and impact of our work. We know a cohesive approach will make the biggest difference possible in helping to make care better for all.
Scottish Government National Performance Framework

Our work supports the Scottish Government’s National Performance Framework and its outcomes and values.

All of our priorities for 2020-23 have a positive impact on the National Outcome for Health. The table below highlights key areas of contribution to the health vision:

<table>
<thead>
<tr>
<th>National Performance Framework: Element of the health vision</th>
<th>Healthcare Improvement Scotland priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Safe, reliable and sustainable care</td>
</tr>
<tr>
<td>Safe, reliable and sustainable care</td>
<td>Integration of health and social care</td>
</tr>
<tr>
<td>Integration of health and social care</td>
<td>Mental health services</td>
</tr>
</tbody>
</table>

- We are all able to access world class, appropriate and free/affordable health, social care and dental services
- Investment and planning to ensure viable health and social care systems over the long term
Our approach is integrated, preventative and person-centred

Our awareness of mental health and suicide has resulted in more immediate, comprehensive and successful support for those in need

We use evidence intelligently to continuously improve and challenge existing healthcare models

However we also contribute to many of the other National Outcomes in the following ways:

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Healthcare Improvement Scotland contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Young People</td>
<td>Our work on maternal and child health, and involving children and young people with lived experience in the redesign and improvement of mental health services, supports the vision that early years provision enhances life changes, and that children are involved in decisions about their lives and world.</td>
</tr>
<tr>
<td>Communities</td>
<td>Our work on volunteering and community engagement directly support the vision that ‘we are encouraged to volunteer, take responsibility for our community and engage with decisions about it’. This Outcome also includes the vision that ‘Scotland is seen as the best place to grow older’ and our improvement programmes in relation to older people contribute directly to supporting people to live independently where possible. Our collaborative communities work supports the development of integrated health and social care approaches that are centred around communities. This includes supporting small local organisations to work with commissioners to design and test community solutions to health and social care provision.</td>
</tr>
<tr>
<td>Education</td>
<td>Our work with partners in health and social care, improvement organisations and academic institutions supports the development of talent and ability in quality improvement in health and care. We work closely with academia on research to support innovation in health and care.</td>
</tr>
<tr>
<td>Environment</td>
<td>We work to make best use of resources and to comply with environmental and sustainability best practice. Further details are provided later in the Plan.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fair work and business</td>
<td>We fulfil our corporate responsibilities and support the wellbeing and skills of our workforce.</td>
</tr>
<tr>
<td>Human Rights</td>
<td>We are fully committed to embracing diversity and delivering equality of opportunity. We ensure that equality and diversity are considered during the design, development and delivery of all our policies, functions and outputs.</td>
</tr>
<tr>
<td>International</td>
<td>Through our networks and initiatives such as QI Connect, the Guidelines International Network, and links with health technology associations around the world, we have positive international relations, influence and exchange.</td>
</tr>
<tr>
<td>Poverty</td>
<td>The NPF aims to address the links between poverty and income, housing, ethnicity, gender, health, disability and age. Elsewhere in this Plan we highlight work on health inequalities and programmes such as Place, Home and Housing directly support consideration of these links.</td>
</tr>
</tbody>
</table>

In addition, the Framework provides a common set of outcomes in support of Public Service Reform, and which are central to our work:

- listening to the people who use public services
- partnership working and collaboration
- focusing on preventing problems before they start
- doing things more efficiently
Promoting equality and tackling health inequalities

Many aspects of our work are focused on specific population groups including people experiencing health inequalities. At present our work covers three main areas in addition to the general population: children and young people, older people and people experiencing health inequalities. Some examples of work in 2020-21 are highlighted below and further details can be found in our detailed delivery plan.

- Children and young people

Including work in relation to supporting young people impacted by Fetal Alcohol Spectrum Disorder, Child and Adolescent Mental Health Services (CAMHS), perinatal and infant mental health safety, Scottish Patient Safety Programme – maternity, neonates and children, epilepsy in children and the National Hub for the Review of Child Deaths.

- Older people

Including the Frailty at the Front Door, Focus on Dementia and Living Well in Communities programmes, evidence based recommendations for best practice in care of older people eg those with dementia as well as Hospital at Home, multi-agency inspections and inspections of the care of older people in acute hospitals.

- People experiencing health inequalities

Including work on prison pharmacy services and joint inspections of prisoner healthcare as well as work in our Place, Home and Housing Portfolio which includes people with multiple and complex needs.
<table>
<thead>
<tr>
<th>Our purpose</th>
<th>Priority</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enable the people of Scotland to experience the best quality of health and social care</td>
<td>Access to care - waiting times improvement &amp; inequalities</td>
<td>Demand on health and social care services is reduced</td>
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<tr>
<td></td>
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<td>Maximised efficiency and flow</td>
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<td></td>
<td></td>
<td>Faster transition between points of care</td>
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<td></td>
<td></td>
<td>Services are redesigned effectively</td>
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<tr>
<td></td>
<td>Ensuring safe, reliable and sustainable care</td>
<td>Clinical practice is evidence based, safe and effective</td>
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<tr>
<td></td>
<td></td>
<td>System leadership is skilled to lead change</td>
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<td></td>
<td></td>
<td>Public have confidence in the quality and safety of health and social care services</td>
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<tr>
<td></td>
<td></td>
<td>Strategic planning is robust and involves communities</td>
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<td></td>
<td></td>
<td>Services make best use of resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New health technologies and medicines are evaluated to support clinical and cost-effective practice</td>
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<tr>
<td></td>
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<td>Healthcare services are regulated in line with HIS' statutory duties</td>
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<td></td>
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<td>People have confidence in the process of death certification in Scotland</td>
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<tr>
<td></td>
<td></td>
<td>Public involvement is supported, monitored and ensured</td>
</tr>
<tr>
<td></td>
<td>Increasing the pace of integration of health and social care</td>
<td>People are supported to live healthily and independently in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services are working more effectively which improves outcomes for individuals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community services are more accessible and responsive</td>
</tr>
<tr>
<td>Mental health services</td>
<td>There is effective strategic planning and service delivery</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>People are involved in the design and delivery of mental health services</td>
<td>The quality of and access to mental health services is improved</td>
<td></td>
</tr>
<tr>
<td>Organisational enablers</td>
<td>Stakeholders contribute to our organisation and value our work</td>
<td></td>
</tr>
<tr>
<td>We have a workforce with the capacity and capabilities to deliver our priorities</td>
<td>We comply with the law and are protected from inappropriate risks</td>
<td></td>
</tr>
<tr>
<td>We make best use of resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Access to care

We are currently leading a programme to help improve access to care and reduce waiting times. The aim is to use quality improvement expertise to deliver sustainable reductions in waiting times – at the same time maintaining or improving the quality of care more broadly.

In the first phase in 2020 we are working with three NHS boards – Lothian, Grampian and Tayside – and focusing on pathways of care which are experiencing significant pressure. These include gynaecology, urology, dermatology, colorectal surgery and CAMHS.

A key element of our work will be demonstrating how quality improvement approaches can be used to support services to identify and implement changes which result in them having the right capacity available to meet the demand that is presenting. We will also be sharing the learning with NHS boards across Scotland to help them use their existing quality improvement expertise to improve access to care.

Further, some of our work with mental health services is supporting delivery of the national target that 90% of individuals requiring Child and Adolescent Mental Health Services and/or Psychological Therapy Services will receive treatment within 18 weeks of referral. We are focusing our support on those areas with the longest waits.

In recognition that multidisciplinary working is critical to improving access primary care services we are supporting the introduction of additional pharmacy and prescribing support into GP practices. We are also supporting the roll out of changes which improve documentation management within primary care. Our initial testing work delivered a 44% average reduction of correspondence being reviewed by GPs with one practice releasing 5 hours of GP time a week through better documentation management.

We are also delivering a range of other national improvement programmes that will improve access to preventative care, eg support services for people with dementia, people with frailty and people with complex needs.

In terms of access to care more broadly, we are leading a number of programmes designed to help ensure that people have access to the most appropriate medicines and technologies when they need them. For example, we are required by law to provide a single point of advice for Scotland on the clinical and cost-effectiveness of new technologies, including medicines. The Scottish Medicines Consortium will assess around 60 new medicines in 2020-21.

The Scottish Health Technologies Group will assess new and existing health and care technologies, and is expected to assess up to 20 technologies in 2020-21. Our plain English summaries of our advice and guidance make recommendations for best practice accessible to patients and carers to help people to make decisions about their care.

Our standards set out the levels of performance that services are required to provide in areas ranging from screening services to the Barnahus standards on sexual assault and rape. They require services to ensure their service provision addresses health inequalities through their provision.
Increasing the pace of integration of health and social care

We are continuing to carry out a wide range of activities designed to help achieve the ambition of an effective integrated health and social care system across Scotland. A greater scale and pace of change is required in order that the changing health and care needs of the population are met in future and we have an important role in providing national leadership and support for this. In particular, we are responding to recommendations from the report of the Ministerial Strategic Group (MSG) for Health and Community Care on progress with integration, in relation to strategic inspection of health and social care (with the Care Inspectorate) and working collaboratively with other national improvement bodies to provide support to health and social care partnerships.

During 2020/21 we will continue to support the implementation and development of the new national board integration huddle calls – which aim to improve the alignment and co-ordination of improvement support for integration. We will also work with our national
partners to test a national improvement support annual liaison visit with two IJBs. We will continue to work closely with the Care Inspectorate to ensure we have effective mechanisms in place to provide improvement support post inspection.

The MSG also recommended that revised statutory guidance on community engagement and participation for health and social care bodies should be developed and we continue to engage with Scottish Government and COSLA on this work.

Jointly with the Care Inspectorate we undertake a programme of inspections focusing on integrated health and social care services provided for older people – and also for children, young people and their families. We are planning to carry out seven of these joint inspections in 2020-2021, and also 15 joint inspections focusing on adult support and protection. The findings from these inspections help health and social care organisations and teams know which aspects of care are being delivered well and where improvements are required. We publish our findings to provide the public with assurance about the quality of services.

Our work to support improvement in integration reflects the need to both redesign and continuously improve services. Key to this is supporting the health and social care system to have a stronger focus on involving people, their communities and their carers in the delivery and design of their care.

On 1 April 2020 Healthcare Improvement Scotland – Community Engagement will come into being, continuing and evolving the work done previously by the Scottish Health Council, offering advice and support on how to engage with people and communities in the design and delivery of health and care services.

We also carry out independent quality assurance of community engagement in health and care services in certain circumstances, for example, where the Cabinet Secretary for Health and Wellbeing views a proposed change to a health service as ‘major’.

We will support health, social care and housing systems to apply design and improvement methodologies to enable better joined up care that meets individuals and supports them to live well and as independently as possible. We provide practical support that enables local health, social care and housing systems to develop:

- effective system wide plans for redesigning and improving their services
- collaborative commissioning practices with the third and independent sectors
- new, flexible models of care and support
- pathways for delivering services and support for carers to promote the implementation of the Carers Act.

In addition we provide a range of support to spread good practice across Scotland including the facilitation of national improvement programmes that enable teams across multiple organisations to learn together about how to make improvements in priority areas for change. In 2020/2021 our focus will include primary care, older people (frailty and dementia) and mental health.
We are continuing to strengthen our cross-organisation approach to work on primary care. We are helping to deliver coaching and mentoring in quality improvement methodology to General Practice clusters across Scotland. At the same time, we are leading quality improvement work focusing specifically on redistributing work from GPs to the wider multidisciplinary team. This includes our work to support the introduction of additional pharmacy and prescribing support and work to help practice administrative staff to improve key processes which can result in releasing GP time. An important development area for us during 2020-2023 is how we carry out external quality assurance of primary care services.

We also support improvement by bringing together evidence and publishing guidance and evaluations about aspects of care delivered in community settings. In 2020 we will publish a guideline on the management of suspected bacterial lower urinary tract infection in women. Guidelines for managing diabetes in pregnancy, managing type 1 diabetes and preventing and managing type 2 diabetes are in development for publication in 2020-21.

Our work on the Barnahus standards has involved joint working across the health, social care and justice systems and will impact on services delivered in each of these areas.

Our recently published guiding principles for the provision of Hospital at Home will be followed up in 2020 with a range of implementation support, including an online toolkit. This will assist in local and regional planning for acute and specialist services to redesign care to support older people who would ordinarily require admission to acute hospital, to receive treatment in their home.

Later in 2020–2021 we aim to publish work focusing on community led models of care, anticipatory care planning approaches and support in frailty pathways.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Outcomes</th>
<th>Delivery programmes</th>
</tr>
</thead>
</table>
| Increasing the pace of integration of health and social care | **I1. People are supported to live healthily and independently in the community** | Primary Care Improvement Portfolio  
Living Well in Communities  
Place, Home and Housing Portfolio (inc Multiple and Complex Needs)  
People Led Care Portfolio  
Focus on Dementia  
Access QI |
| **I2. Services are working more effectively which improves outcomes for individuals** | Service Change  
Strategic Planning  
Joint inspections of Adult Services |
| **I3. Community services are more accessible and responsive** | Fraility at the Front Door  
Living Well in Communities  
Person Centred Design and Improvement  
Quality Assurance of Primary Care |
Mental Health Services

The Scottish Government has set out a clear priority for transforming services across Scotland for people with mental ill health – including children and young people. To support this, we are continuing to provide national leadership to support the application of design and quality improvement methodology to deliver better access to mental health services and higher quality care. These are long term programmes for delivery which span over more than one reporting year.

For example, we are helping ensure that people who need to access child and adolescent mental health services and psychological therapy services get the right help when they need it. In 2020-21 we will continue to provide bespoke support to individual boards who are experiencing the longest waits.

Through the Scottish Patient Safety Programme we will continue to focus on reducing harm in mental health settings including in the areas of, safe prescribing of medicines, self-harm, and the use of restraint and seclusion.

We are also supporting NHS boards to implement refreshed national observation practice guidance. This will ensure safe and reliable practice that values prevention, early recognition and response, in order to improve patient and family experience and reduce harm. Having started with a focus on adult acute inpatient wards, this work is expanding its focus to cover mental health services more widely. Improvements are informed by the evidence of what works, the experience of people using and delivering mental health services, and the use of data.

We will continue with work to ensure people presenting for the first time with psychosis anywhere in Scotland will have timely access to effective care and treatment, with early intervention and a focus on recovery.

As part of this we will continue to support work with NHS Highland, NHS Forth Valley and their associated Health and Social Care Partnerships to test approaches to improving early intervention in psychosis services. We will also complete a national needs assessment, to understand what is needed in order to implement the current recommendations on early
intervention across Scotland. We are also in discussions with Scottish Government about our potential input into work in response to the needs of people with co-occurring mental health and alcohol and drug problems, and to support improvement via the adult mental health collaborative.

We are leading the development of networks of practitioners and managers across Scotland to share practice and learning to improve mental health services.

Other ways in which we are contributing to the evidence of what works in relation to mental health services include our guideline to be published, in 2021, on the care provided for people with eating disorders. This guideline will apply to primary care, general practice, NHS inpatient, outpatient, intensive outreach and day case services. This guideline will help frontline teams improve existing services or, where necessary, with the redesign of services.

We are carrying out external quality assurance of mental health services where we think this is needed. We work in partnership with other national agencies whose remit covers mental health, to ensure that external quality assurance activity is mutually supportive and focused on helping to make care better.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Outcomes</th>
<th>Delivery programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>M1. People are involved in the design and delivery of mental health services</td>
<td>Community Engagement Programme Service Change SIGN Guidelines and Patient Booklets</td>
</tr>
<tr>
<td>services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M2. The quality of and access to mental health services is improved</td>
<td>Mental Health Portfolio Access QI Excellence in Care</td>
</tr>
</tbody>
</table>

**Ensuring safe, reliable and sustainable care**

Healthcare Improvement Scotland makes a significant contribution to supporting the delivery of safe, reliable, and sustainable care across Scotland from our entire breadth of resources.

We do this through our unique combination of regulation, quality assurance, improvement and strategic planning methods, community engagement and standards and guidelines.

Our statutory responsibilities continue to grow from assurance, inspection and regulation to providing advice on the clinical and cost-effectiveness of medicines and technologies and guidance to NHS boards on involving patients and communities in service change processes.
All of this activity is augmented by a learning system where we can share our knowledge and understanding about the quality of care in the different parts of Scotland – both across the different teams/functions of our own organisation, and with partner national agencies.

We measure NHS boards against a range of national health and social care standards, best practice statements and other national documents, including the Care of Older People in Hospital Standards, the Healthcare Associated Infection Standards.

We are working towards all of our quality assurance work being underpinned by our Quality of Care Approach. One of the most recognised roles we carry out is that of healthcare environment (safe and clean) inspections and inspections for the care of older people in acute hospitals. Our inspection reports are published and where requirements for improvement are identified, NHS boards are to produce and implement an improvement action plan. These plans are also published. In 2020-21 we are planning 24 safe and clean inspections and 10 care of older people inspections.

We are also expecting to carry out up to three further reviews in 2020/21 using our Quality of Care Approach. These will highlight aspects of care that are being delivered to a high quality, as well as areas where improvements are required. They will also inform the ongoing development of our Quality of Care Approach.

Through multiagency intelligence sharing, we consider the evidence and intelligence about different aspects of quality of care, including leadership, culture, finances, workforce, and outcomes/performance.

The seven partner organisations involved, each of which has a Scotland-wide remit, are: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (part of NHS National Services Scotland), and Scottish Public Services Ombudsman. Sharing concerns at the right time will help identify emerging problems which can then be supported by the appropriate response.

The group will in 2020-21 provide feedback to each of the NHS boards we consider, this includes a meeting with the NHS board at which we will discuss key issues from both the NHS boards and the group’s perspectives, and the feedback will also be published on our website.

Multiagency intelligence sharing is one of the various ways in which Healthcare Improvement Scotland can be made aware of a potentially serious concern about the quality of care. We have a process in place through which there is input from our different functions to consider any such concerns, and to decide how we will respond to these. Our responding to concerns programme has considered 11 potential concerns in 2019-20.

External quality assurance work we are currently carrying out, focusing on mental health services in Tayside, was initiated in response to intelligence that had been shared. Our work on this issue also complements the recent independent review into mental health services in Tayside. This will remain one of the areas in which we can plan to respond flexibly and quickly.
to the evolving needs and challenges facing local service providers, without detriment to planned work.

Alongside these, we have a strengthened responsibility to ensure that, when a serious adverse event does take place, then there is greater consistency in how NHS boards monitor and learn from these. Since we introduced a new national reporting system on 1 January 2020, we will work with NHS boards during 2020 as the data this approach will generate emerges to explore and understand how best to obtain that consistency in future.

For over 12 years, we have led the Scottish Patient Safety Programme (SPSP) which has had a significant impact on making care safer and more reliable.

Our work will continue this year and develop to support reductions in harm, improve clinical and system processes, build open and learning cultures and continuously improve through the spread and scale up of effective practice. Recent additions to our work programmes have enabled us to build on our foundation of quality improvement moving towards an integrated approach to supporting systems to manage health and care quality effectively.

Our Quality Management System (QMS), described later in this document, reflects the key components and functions that need to be in place at every level of a system to reliably deliver high quality care.

We have recently launched a new collaborative to advance quality management at the microsystem, taking a multi-disciplinary improvement team approach aligning with our Quality Management System. The six NHS boards participating are NHS Highland, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Forth Valley, NHS Lanarkshire and NHS Tayside. Building on our experience of delivering national improvement programmes, this collaborative consists of three core components: creating the conditions for managing quality; team level quality and value improvement interventions, and: quality improvement capacity and capability building. Healthcare Improvement Scotland is in a position to lead by example, and we will be undertaking the creating the conditions self-assessment alongside another 7 NHS boards.

An important characteristic of a truly integrated health and social care system is that people, their carers and communities are involved in the design and delivery of care. We continue to work alongside frontline teams to provide advice and support on how to do this effectively.

We inform, support and encourage people and communities to get involved in shaping the health and social care services that matter most to them. We also promote and spread best practice in community engagement across Scotland, supporting NHS boards and Integration Authorities to improve how they engage with people and to learn from evidence and from each other.

Our advice, guidelines and standards have patient and public involvement embedded through their development.
We provide policy makers with evidence and public views that inform national policy. We support the development of inclusive and sustainable volunteering in NHS Scotland, and work directly with other NHS staff to facilitate consistency of approach regarding how volunteering roles are developed and managed across the country.

There are a number of activities that we are required to carry out by law. Providing advice on the clinical and cost-effectiveness of medicines and other technologies has already been highlighted. Other statutory requirements include:

- 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
- 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
- carrying out 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.

During 2020, the Health and Care (Staffing) (Scotland) Act 2019 will come into force, giving us new statutory responsibilities to deliver assurance and improvement to ensure that the right staff are in the right place at the right time across the whole of the health care system. This includes monitoring how well boards are carrying out their duties under the Act, and the ability to develop or recommend new or revised staffing tools.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Outcomes</th>
<th>Delivery programmes</th>
</tr>
</thead>
</table>
| Ensuring safe, reliable and sustainable care | **S1. Clinical practice is evidence based, safe and effective** | EQA of National Screening Programmes  
EQA of Cancer Quality Performance Indicators (QPI)  
Area Drugs & Therapeutic Committee Collaborative (ADTCC)  
Standards and Indicators  
Single National Formulary  
Scottish Antimicrobial Prescribing Group Screening Programme  
Scottish Medicines Consortium  
SIGN Guidelines and Patient Booklets  
National Hub for the Review of Child Deaths  
Medicines and Pharmacy Team (inc Rheumatology) |
|  | Medicines Safety (including Management of Controlled Drugs)  
SPSP Acute Adult  
Healthcare Staffing Programme (HSP)  
Children’s Health Service  
Scottish Health Technologies Group |
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<tbody>
<tr>
<td>S2. System leadership are skilled to lead change</td>
<td>Excellence in Care (EIC)</td>
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</tbody>
</table>
| S3. Public have confidence in the quality and safety of health and social care services | Management of Adverse Events (including Team Based Quality Review)  
Responding to Concerns  
Sharing Intelligence  
Older People in Acute Hospitals (OPAH)  
Hospital Associated Infection (HAI) Inspections  
Joint Inspection of Children’s Services  
Adult Support & Protection  
Quality of Care Reviews  
Excellence in Care (EiC)  
Joint Inspection of Prisoner Healthcare  
Medicines Safety (including Management of Controlled Drugs) |
| S4. Strategic planning is robust and involves communities | Community Engagement Programme  
Service Change  
Strategic Planning  
Volunteering In NHS Scotland |
| S5. Services make best use of resources | Value Management  
Primary Care Improvement Portfolio  
National Review Panel  
Off Label Cancer Medicines (OLCM)  
Hospital Electronic Prescribing and Medicines Administration (HEPMA)  
Cross organizational dementia  
Quality Management System (inc QMS and Creating the Condition, QI Skills, QI Connect, QI Skills, Networks and CQIA)  
Prison Pharmacy  
Management of Adverse Events (including Team Based Quality Review) |
| S6. New health technologies and | Scottish Health Technologies Group (SHTG)  
Scottish Medicines Consortium |
### Table

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<thead>
<tr>
<th>Section</th>
<th>Note</th>
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<tbody>
<tr>
<td><strong>S7. Healthcare services are regulated in line with HIS’ statutory duties</strong></td>
<td><strong>Prison Pharmacy</strong></td>
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<tr>
<td></td>
<td><strong>Regulation of independent healthcare</strong></td>
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<td></td>
<td><strong>Ionising Radiation (Medical Exposure) Regulations IR(ME)R</strong></td>
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<tr>
<td></td>
<td><strong>Healthcare Staffing Programme</strong></td>
</tr>
<tr>
<td><strong>S8. People have confidence in the process of death certification in Scotland</strong></td>
<td><strong>Death Certification Review Service (DCRS)</strong></td>
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<tr>
<td><strong>S9. Public involvement is supported, ensured and monitored</strong></td>
<td><strong>Service change</strong></td>
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<tr>
<td></td>
<td><strong>Community Engagement Programme</strong></td>
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<td></td>
<td><strong>Volunteering in NHSScotland</strong></td>
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</table>
Quality, resilience and responsiveness – a future-proofed Healthcare Improvement Scotland

Quality Management System

HIS is committed to embedding a Quality Management System (QMS) Framework into how we plan and deliver our work. This year the focus will move from development and testing of QMS to scale up and spread of the approach throughout HIS and across Scotland.

An embedded QMS necessitates that every level of the organisation is supported, involved and engaged. Some key priorities have been identified as central to supporting HIS to move to QMS being how we do business. These include:

- a QMS vision for the organisation which outlines what we mean by Quality Management and why it is it matters to HIS
- Board level commitment to ensure the conditions are created that enable QMS to be embedded across the organisation
- building the knowledge and skills at each level of the organisation through a HIS wide QMS capacity and capability programme
- developing a suite of easily accessible resources that support implementation.
One of the anticipated benefits of using the QMS within our own organisation is that it will help us improve how we ‘plan for quality’, and also better understand the value/impact of our work. The testing undertaken through the internal collaborative provided some evidence for this, including the benefit of using logic models as part of planning for quality. As part of the development of our annual operational plan for 2020-2023, all of our teams have been required to provide logic models for their programmes/projects – and this will assist with measuring and monitoring progress, impact and value.

**Spread of innovations and good practice**

We are developing proposals to strengthen our national leadership role around the spread of innovations and good practice. Establishing a more structured approach to the identification, assessment and implementation of improvements, innovations and good practice, based on evidence and tailored to local conditions, will allow the service to maximise the adoption and adaptation of innovations where there is local need.

Research and experience shows us that no single approach suits all situations and it has been suggested that NHSScotland should consider developing a ‘pull’ model for spread, ensuring that local systems are empowered to adopt and adapt ideas at a local level, wherever that system has identified a need. Across our functions, we have existing expertise and knowledge that will support this empowerment:

- assessing the impact and value of new clinical innovations (via the Scottish Health Technologies Group and the Scottish Medicines Consortium).
- Reviewing the evidence and providing advice for clinical and/or cost-effectiveness of an innovation or intervention or the evidence to support proposed service changes (for example via the Scottish Intercollegiate Guidelines Network).
- Working across NHS boards, Integration Authorities, and Health and Social Care Partnerships to support improvements in clinical and care services.
- Supporting the successful spread at scale of clinical and care delivery innovations through the use of breakthrough series collaboratives such as the Scottish Patient Safety Programme and the Living Well and Dying Well with Frailty collaborative.

In 2019-20 we responded to the Cabinet Secretary’s request that we support the spread of Hospital at Home and this has provided an opportunity to test our approach. We also undertook an assessment of the suitability of a model of care for spread and scale across Scotland.

In 2020-21 we will take the learning from these and continue to work with the Chairs’ Group and the Innovation Reform Steering Group on the creation of a national framework for innovation and clarification of our role in supporting the identification, assessment and implementation of improvements, innovations and good practice.
Prioritising our work

Our Operating Framework with Scottish Government includes clear arrangements for the commissioning of new work in addition to that already included in the delivery plan. We are working with Scottish Government to ensure we are involved in discussions at an early stage to fully understand the issues involved and decide which of our functions to use, alone or in combination, to most effectively support improvement.

In addition, from 1 April, the Evidence Directorate will start to move from each team having its own approach to topic selection and prioritisation towards a co-ordinated work programme. This will enable us to respond to the questions and problems posed by stakeholders by calling on any or all of the skills and outputs across the directorate, and be more clearly aligned with organizational and national priorities.

More integrated, cross-Directorate working continues to be a key priority. To support this we have established cross-organisational groups for Primary Care and Adverse Events, and in 2020-21 will be setting a Mental Health group, bringing together all aspects of this work within the organization, in order to co-ordinate our contributions and maximize our impact.

Internal improvement programme

We are as focused on our own improvement as we are on that of care providers. We have established three areas of focus where we will find ways to be more efficient and maximise our resources. Work has begun to deliver those internal changes which will ensure our organisation is sustainable and fit for the future. Our three areas of focus are people, place, and process.

We are engaging with our people on all of these areas, and in 2020-21 will continue to build on work which has already begun. Two examples are the decision on where our Glasgow accommodation will be from March 2021 onwards, which will impact on more than 250 of our people, and ensuring that Job Train is fully embedded into our recruitment process.

Digital transformation programme

Scotland's Digital Health and Care Strategy, published in April 2018, considers how digital can support the strategic aim for health and social care in Scotland to offer high quality services, with a focus on prevention, early intervention, supported self-management, day surgery as the norm, and – when hospital stays are required – for people to be discharged as swiftly as it is safe to do so.

The digital vision is that as a citizen of Scotland:

*I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing. I expect my health and social care information to be captured electronically, integrated and shared securely to assist service staff and carers that need to see it……and that digital technology and data will be used appropriately and innovatively:*
• to help plan and improve health and care services  
• enable research and economic development  
• and ultimately improve outcomes for everyone.’

For the first time, we are working towards more clearly articulating how Healthcare Improvement Scotland can use digital methods, approaches and technologies in our work to support this vision.

The first step is the development of our own digital strategy that will steer our organisation to deliver digital developments that enhance and support delivery of our organisational ambitions. Our strategy will consider:

• working with external partner organisations to articulate, modernise and make sustainable our IT requirements and infrastructure  
• implementation of Office 365 and how to understand and maximise the opportunities it presents  
• automation of routine processes, for example via coordinated use of customer relationship management systems  
• developing the digital skills of our workforce  
• increasing the visibility and connectivity of our work online and in the digital decision making systems  
• expanding our use of, and contribution to, integrated clinical decision support systems via apps such as those available from SAPG and SIGN  
• collaborations with external organisations such as the Digital Health & Care Institute that will allow us to build effective strategic relationships and to explore opportunities for future collaboration that could prove mutually beneficial in securing the delivery of the National Strategy for Digital Health and Care.

Our digital strategy will be presented to the Board of Healthcare Improvement Scotland for approval.

Environment and sustainability

In accordance with the Scottish Government’s sustainable development strategy, Healthcare Improvement Scotland (HIS) regularly assesses its sustainability and environmental performance and reports the results to Scottish Government. This includes compliance with climate change duties under the Climate Change (Scotland) Act 2009.

Our planned actions include the following:

• Adoption of smarter working principles across the organisation which should reduce travel requirements for staff and in particular the amount of travel between our two main offices (Edinburgh and Glasgow).
• Work with our landlords to improve the energy efficiency of our two main offices to ratings in the top quartile (A-C). Work is actively taking place to improve the energy efficiency at our leased premises in Glasgow as part of a renegotiation of the lease.
• Work through our sustainability group to promote reduction in carbon emissions including car sharing and cycle to work schemes.

Enabling functions

Our delivery programmes depend heavily on robust support from a range of internally and outward facing work, which ensures sound governance, accountability, engagement and reporting structures. For example in 2020-21 we will provide maximum value for each HIS £1 invested by:

• Ensuring data and intelligence is gathered once and used in as many ways as possible;
• Taking account of our stakeholder feedback in shaping our work;
• Anticipating risk through ongoing assessment at strategic and operational levels and ensuring mitigating actions are taken timeously;
• Enabling our workforce to operate to the maximum of its skill set and capacity; and
• Taking account of best practice within and beyond Scotland and the UK, and internationally.

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<thead>
<tr>
<th>Priority</th>
<th>Outcomes</th>
<th>Delivery programmes</th>
</tr>
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<tbody>
<tr>
<td>OE1. We comply with the law and are protected from inappropriate risks</td>
<td>Information Governance Programme Public Involvement Complaints and Feedback</td>
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<tr>
<td>OE2. We make best use of resources</td>
<td>Internal Intelligence Sharing Evidence and Evaluation for Improvement Team(EEvIT)</td>
<td></td>
</tr>
<tr>
<td>OE3. Stakeholders contribute to our organisation and value our work</td>
<td>Stakeholder Engagement strategy International Learning Exchange ILE Sessions Clinical Engagement Strategy</td>
<td></td>
</tr>
<tr>
<td>OE4. We have a workforce with the capacity and capabilities to deliver our priorities</td>
<td>Public Protection Public Involvement Clinical and Care Governance Participation Network??</td>
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</table>
Our people resources

Throughout 2020-2023 we will continue to:

- Build and improve our workforce data to support improved capacity planning across our workforce and devise strategies for ‘hard to recruit to’ posts
- Provide narrative and detail on the continued trend across the organisation which sees an increase in our staffing levels within Healthcare Improvement Scotland
- Support our EU National employees with a view to retaining their services
- Improve our organisational understanding of skills and skill gaps to increase the capability and skill mix across our workforce and to improve career progression and staff retention
- Increase focus on talent management and succession planning, including youth employment to support development and retention
- Increase support for ongoing cultural changes and ensuring our values run through all of our work
- Continue work to embed a culture of flexible and agile working across the organisation to reflect the changing shape and requirements of our staff and estate.
- Increase the digital capability of the workforce and support the introduction of Office 365.
- Continue to support teams to work across the organisation to make best use of our resources and maximise the impact of our work.
- Continue to develop a collective, collaborative approach to leadership and continue to grow managers as coaches.
- Focus on building our workforce’s capacity & capability for engaging the public across all aspects of our work, within the context of our equality, diversity and human rights-based approach
- Provide increased clarity on the role of our Public Partners and establish alternative ways for the public to volunteer with us
- Strengthen our governance of community engagement activities to ensure a consistent approach is taken cross-organisation
- Redevelop our dedicated public engagement resources to ensure continued fitness-for-purpose
Our financial resources

The Draft Financial Plan 2020-2023 has been prepared to fully support the Operational Plan and the Workforce Plan. The underlying assumption about funding is that there will be a year on year increase of 2% of baseline funding to contribute toward additional pay costs. The budget has been prepared on the basis of financial break – even for each year which requires c£2m of savings to be released against a baseline budget of £27.3m. This is a significant savings target to achieve and plans are being prepared within HIS to release recurring savings as a consequence of improved digital capability, smarter working practices and internal improvement.

Fixed costs for the organisation relate primarily to property and these will increase from March 2021 due to the renegotiation of premises in Glasgow. An options appraisal has been conducted and a Full Business Case is in the process of being prepared and submitted to Scottish Government for Ministerial approval. The costs are being finalised and are reflected within the budget from 2021-22 onwards.

Additional allocations for 2020-21 are planned to be £7m. 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.
## Appendix: our Delivery Plan 2020-2021

### Access - waiting times improvement & inequalities
- **A1** - Demand on health and social care services is reduced
- **A2** - Maximised efficiency and flow
- **A3** - Faster transition between points of care
- **A4** - Services are redesigned effectively

### Ensuring safe and reliable care *Including statutory / regulatory responsibilities*
- **S1** - Clinical practice is evidence based, safe and effective
- **S2** - System leadership is skilled to lead change
- **S3** - Public have confidence in the quality and safety of health and social care services
- **S4** - Strategic planning is robust and involves communities
- **S5** - Services make best use of resources
- **S6** - New health technologies and medicines are evaluated to support clinical and cost-effective practice
- **S7** - Healthcare services are regulated in line with HIS’ statutory duties
- **S8** - People have confidence in the process of death certification in Scotland
- **S9** - Public involvement is supported, monitored and ensured

### Increasing the pace of integration of health and social care
- **I1** - People are supported to live healthily and independently in the community
- **I2** - Services are working more effectively which improves outcomes for individuals
- **I3** - Community services are more accessible and responsive
- **I4** - There is effective strategic planning and service delivery

### Mental health services
- **M1** - People are involved in the design and delivery of mental health services
- **M2** - The quality of and access to mental health services is improved

### Organisational enablers
- **OE1** - Stakeholders contribute to our organisation and value our work
- **OE2** - We have a workforce with the capacity and capabilities to deliver our priorities
- **OE3** - We comply with the law and are protected from inappropriate risks
- **OE4** - We make best use of resources
<table>
<thead>
<tr>
<th>Programme</th>
<th>What we do</th>
<th>Our stakeholders</th>
<th>Mapped Priorities</th>
</tr>
</thead>
</table>
| Scottish Antimicrobial Prescribing Group (SAPG) | • Work with NHS boards across health and care settings in Scotland to improve antibiotic use, to optimise patient outcomes and to minimise harm to individuals and to wider society.  
• Produce a SONAAR report in collaboration with NSS                                                                                                                                                                                                                                     | • Clinical teams and managers in NHS boards  
• Other national NHS organisations  
• health & social care partnerships  
• patients, carers, families & communities  
• Scottish Government                                                                                                                                                                                                                                                                                                                      | S1                |
| Standards and Indicators                      | • Co-produce standards or indicators documents with internal and external stakeholders for:  
  ➢ Barnahaus  
  ➢ HAI  
  ➢ Sexual health  
  ➢ CHD  
• Take part in national meetings and events to raise awareness of our outputs, the work of HIS and to encourage meaningful engagement  
• Facilitation of development group meetings and consultation events/ focus groups to gain input to standards or indicators content                                                                                                                                                                                                                           | • People with lived experience and their direct representatives  
• Third sector organisations  
• Members of the public  
• Scottish Government  
• Health and Social care organisations  
• HIS directorates                                                                                                                                                                                                                                                                                                                        | S1                |
| Screening Programme                            | • Monitor & refine our methodology to ensure system processes efficiencies are maximised & quality maintained.  
• Meaningfully engage & communicate with stakeholders to foster positive & transparent working relations                                                                                                                                                                                                                               | • People with lived experience of screening services and their direct representatives  
• Third sector organisations that support people engaged in screening                                                                                                                                                                                                                                                                               | S1                |
<table>
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<tr>
<th>Scottish Health Technologies Group (SHTG)</th>
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</table>
| • Co-produce quality standards for national screening programmes with internal & external stakeholders that include:  
  ➢ AAA  
  ➢ Bowel  
  ➢ Breast  
  ➢ Diabetic retinopathy  
• Raise awareness of outputs through participation at relevant meetings and events & act as an expert point of reference for screening standards development.  
• Facilitation of development meetings & consultation activity for stakeholder input & feedback | • Members of the public eligible for screening programmes  
• Scottish Government  
• Health organisations  
• Staff that deliver screening services  
• HIS directorates |  |
| • Develop and publish SHTG Recommendations/Adaptations on health technologies, including the following within the next six months:  
  ➢ CCE colon diagnostic imaging  
  ➢ CGM in Pregnant Woman With Type 1 Diabetes  
  ➢ Endobronchial valve implantation for emphysema  
  ➢ gammaCore™ vagus nerve stimulator  
• Develop and publish SHTG Assessments on health technologies, including the following within the next three months:  
  ➢ MRI Simulator  
  ➢ Decision Support Programme  
  ➢ Pharmacogenomics / DYPD Testing  
• Identify unmet and emerging demands for advice on health technologies in Scotland by contributing to Scottish Government  
• Special Health Boards, including NHS Procurement  
• Regional Health Boards  
• National and regional decision-making groups  
• Professional Groups  
• Developers, Industry and Industry bodies  
• Health and Social Care Partnerships |  | S1, S6 |
horizon-scanning functions within National Services Scotland.
- Working closely with the Scottish Government policy leads for health technologies, raise awareness on the importance of health technologies and their scope to impact on health outcomes and resources.
- Support the establishment and improvement of mechanisms within health policy and clinical practice to consider advice on health technologies.
- Engage patient organisations in contributing to HTA processes, including submissions for consideration within SHTG Recommendations.
- Support innovation across Scotland working in collaboration with the Chief Scientists Office by: a) providing early research/assessment support for manufacturers/developers and, b) producing SHTG innovative medical technology overviews (IMTOs) to support local innovation decision making.
- Participate in local, regional and global HTA activities; specifically sharing knowledge and learning with Health Technology Wales as part of a MoU, alongside EUnetHTA, INAHTA, and HTAi networks.

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<tr>
<th>SMC Programme</th>
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<tbody>
<tr>
<td>Provide evidence based advice to NHSScotland on the clinical and cost-effectiveness of all new medicines / new indications.</td>
</tr>
<tr>
<td>Produce a PACE statement that describes the added benefits of the medicines, from both patient and clinical perspectives</td>
</tr>
<tr>
<td>Engage with pharmaceutical companies for information on new medicine pipeline and to secure submissions.</td>
</tr>
</tbody>
</table>

| | NHSScotland boards and Area Drug and Therapeutics Committees. |
| | NHS patients and carers |
| | Patient group partners |
| | Pharmaceutical industry |
| | Other UK and International HTA organisations |
| | SG sponsor division - Medicines and Pharmacy Team |

S1, S6
- Provides early intelligence on new medicines in development to support financial planning for accepted medicines.
- Engage with Patient Group Partners to ensure the views and experiences of patients and carers are central to the process.
- Share and acquire knowledge and learning through teaching and collaboration with other organisations, such as EUnetHTA and HTAi.

### SIGN Guidelines

Co-produce with health & social care staff and patients then disseminate the following:

- SIGN guidelines for:
  - Diabetes Type 1
  - Eating Disorders
  - Dementia Guideline
- Patient version guidelines for:
  - Diabetes in Pregnancy
  - Urinary Tract Infection (UTI)
- Patient Booklets for:
  - Epilepsy in Children (parents and carers)
  - Epilepsy in Children (young people)
- Facilitate patient and carer participation
- Refine methodology to ensure efficiencies are maximised, quality is maintained & stakeholder’s needs are met
- Take part in national & international research & collaboration

| Patients, carers & members of the public |
| Policy makers / Scottish Government |
| Health & social care clinicians and Boards |
| People involved with SIGN guidelines |
| SIGN/HIS |

S1, M1
| Primary Care Improvement Portfolio | • Deliver Pharmacotherapy Level 1 collaborative with 11 HSCPs and over 60 GP practice teams.  
  • Deliver the Practice Administrative Staff Collaborative with 15 HSCPs and up to 200 GP practice teams.  
  • We continue to support delivery of the following Scottish Patient Safety Programmes:  
    ➢ SPSP – Dentistry  
    ➢ SPSP – Medicines  
    ➢ SPSP – Primary Care  
  • Through developing case studies, publishing newsletters and progress reports, develop and maintain PASC website  
  • Develop a Primary Care Learning system through a range of engagement and learning opportunities. We host a range of resources to support those improving primary care services on Improving Together interactive (ITi).i  
  • Frontline practitioners across primary care services. This includes:  
    • GP Practice Teams  
    • Dental Practice Teams  
    • Community Pharmacies  
    • Third sector providers  
    • HSCP and NHS Board teams.  
    • Influential national bodies and government agencies who have resources and service offers that can support frontline practitioners implement change. | A2, S5, I1, I4 |
|--------------------------------------|-------------------------------------------------|---|
| Mental Health Portfolio | The Mental Health Programme support:  
  ➢ Mental Health Access Improvement Support (MHAIST)  
  ➢ Scottish Patient Safety Programme for Mental Health Perinatal and Infant Mental Health Safety  
  ➢ Improving Observation Practice  
  ➢ Early Intervention in Psychosis  
  The programme will deliver:  
  • Expansion of safety principles into CAMHS Perinatal and Children’s National Psychiatric Unit  
  • Implementation of revised measurement plan to improve recording and collection of data across all NHS boards | A1, A2, M2 |
<table>
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<tr>
<th>Strategic Planning</th>
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<tbody>
<tr>
<td><strong>Scale and spread IOP guidelines across clinical settings</strong></td>
<td><strong>HSCP Chief Officers and Senior Managers</strong></td>
</tr>
<tr>
<td><strong>Develop a companion Document for Dementia Services</strong></td>
<td><strong>Strategic Planning Leads within HSCPs and NHS boards</strong></td>
</tr>
<tr>
<td><strong>Undertake a detailed exploration of current EIP services in two test NHS boards</strong></td>
<td><strong>Improvement Hub (ihub) and HIS colleagues, for example QMS or Place, Home and Housing</strong></td>
</tr>
<tr>
<td><strong>In collaboration with ISD, further development of tool known as MHAIST AID which will provide aggregation of national data for mental health services</strong></td>
<td><strong>External collaborative partners such as NHS Health Scotland, Public Health Scotland, ISD, National Services Scotland, for example</strong></td>
</tr>
<tr>
<td><strong>Deliver a strategic planning bespoke responsive service (using same process for internal and external requests), which includes:</strong></td>
<td><strong>A4, S4, I2, I4</strong></td>
</tr>
<tr>
<td>➢ Providing critical friend advice and challenge re: system-wide planning, complex systems</td>
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<tr>
<td>➢ Supporting health and care systems to create the conditions to further develop good strategic planning</td>
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<tr>
<td>➢ Identifying and sharing evidence and good practice of what works and opportunities to scale up approaches</td>
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<tr>
<td>➢ Developing and sharing knowledge about the use of data and intelligence to inform strategic planning</td>
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<td><strong>Develop and share a learning system around strategic planning (internally and externally)</strong></td>
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<td><strong>Build and enhance partnerships at a local, regional or national level to create robust strategic planning across systems</strong></td>
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<tr>
<td>Person Centred Design and Improvement</td>
<td>BESPOKE SUPPORT</td>
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<td>--------------------------------------</td>
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<tr>
<td>• Work with the local system to co-design and co-deliver approaches right for that specific context, drawing on a range of disciplines including person-centred design and QI approaches</td>
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</tr>
<tr>
<td>• Provide signposting, coaching, and training to internal ihub teams</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROTOTYPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lead Technology Enable Care Pathfinders sessions</td>
</tr>
<tr>
<td>• Lead a Person-Centred Design project with NHS boards and HSCPs on redesigning in integration (EBDC, CEIM, SAtSD, PPR, QI)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEARNING NETWORKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SHC will engage for co-development</td>
</tr>
<tr>
<td>• Develop Improving Care Experience communities and networks</td>
</tr>
<tr>
<td>• Develop Person-Centred Design communities and networks</td>
</tr>
<tr>
<td>• Develop an internal learning system for the ihub and HIS around person-centred design</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH AND SOCIAL CARE ORGANISATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HSCP chief officers, IJBs, transformational redesign team, senior leaders</td>
</tr>
<tr>
<td>• NHS board clinical governance and care experience leads, nurse directors, senior leaders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCOTTISH GOVERNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Person-Centred and Quality Unit</td>
</tr>
<tr>
<td>• Office of the Chief Designer</td>
</tr>
<tr>
<td>• Technology Enabled Care Programme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTHCARE IMPROVEMENT SCOTLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ihub teams</td>
</tr>
<tr>
<td>• PEOPLE AND COMMUNITIES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People Led Care Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>• This programme of work includes:</td>
</tr>
<tr>
<td>➢ Collaborative Communities</td>
</tr>
<tr>
<td>➢ Third and Independent sector</td>
</tr>
<tr>
<td>➢ Support to Live Well with Neighbourhood Care Teams</td>
</tr>
</tbody>
</table>

| Senior leaders from H&SC organisations |
|• H&SC workforce |
|• National H&SC organisations |
|• ihub teams/HIS colleagues |

| A4, I3, I4 |
| A1, I1 |
- Undertake scoping work with health and social care (H&SC) organisations to understand local systems and services and define appropriate improvement and redesign support.
- Design/co-design and deliver in partnership: events, workshops, and meetings to support improvement in H&SC organisations.
- Provide critical friend and expert advice to H&SC organisations.
- Provide training, coaching and advice using design approaches around person-centred commissioning practices.
- Capture, develop and share evidence, knowledge and learning about person-centred/community-led practice.
- Influence change to policy and practice at a national level based on learning and innovation.

<table>
<thead>
<tr>
<th>SPSP Acute Adult</th>
<th>Third and independent sector organisations (including carers organisations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in collaboration with our partners to design and deliver improvement programmes to reduce harm experienced by people in acute care with a specific focus on: deteriorating patient, reduction of falls &amp; pressure ulcers.</td>
<td></td>
</tr>
<tr>
<td>Provide a theory of change (driver diagram, measurement plan and change package) for each work stream.</td>
<td></td>
</tr>
<tr>
<td>Provide opportunities for shared learning and networking.</td>
<td></td>
</tr>
<tr>
<td>Provide support for testing and implementing change.</td>
<td></td>
</tr>
<tr>
<td>Provide a method for data reporting, assessment &amp; feedback.</td>
<td></td>
</tr>
</tbody>
</table>

- People working in acute care in participating sites including strategic and operational leaders and frontline teams
- Scottish Government Quality Unit.
- Scottish Government – Chief Nursing Office.
- Other national programmes
<table>
<thead>
<tr>
<th>Frailty at the Front Door</th>
<th>SPSP Maternity and Children</th>
</tr>
</thead>
</table>
| • Provide responsive improvement support through site visits and calls.  
  • Promote a shared understanding of expectations through partnership agreements  
  • Monitoring, evaluation and reporting.  
| • Deliver Frailty at the Front Door Collaborative phase 2 to improve identification and coordination of care that supports people living with frailty presenting to unscheduled acute care services.  
  • Provide a theory of change (driver diagram, measurement plan and change package)  
  • Support systems mapping  
  • Provide opportunities for shared learning and networking  
  • Provide improvement support for testing and implementing change  
  • Provide a method for data reporting, assessment & feedback  
  • Provide responsive support through site visits and calls  
  • Promote a shared understanding of expectations through partnership agreements  
  • Monitor and report progress |
| • People working in acute care in participating sites including strategic and operational leaders and frontline teams.  
  • People working across community health and social care.  
  • Scottish Government Quality Unit.  
  • Scottish Government – Chief Nursing Office.  
  • Other national programmes |
| A1, I3 |

<table>
<thead>
<tr>
<th>Frailty at the Front Door</th>
<th>SPSP Maternity and Children</th>
</tr>
</thead>
</table>
| • Work in collaboration with NHS boards to design and deliver improvement programmes to reduce avoidable harm in maternity, neonatal and paediatric care in acute hospitals.  
  • Provide a theory of change (driver diagram, measurement plan and change package) for each work stream. |
| • Front-line staff in maternity, neonatal and paediatric care  
  • Management in participating NHS boards  
  • Influential national bodies, including MBRRACE, BAPM, NNAP and Best Start |
| A1 |
- Provide opportunities for shared learning and networking.
- Provide support for testing and implementing change.
- Provide a method for data reporting, assessment and feedback.
- Provide responsive improvement support through visits and calls.
- Promote a shared understanding of expectations through partnership agreements.
- Monitoring, evaluation and reporting.

**Quality Management System (QMS)**

<table>
<thead>
<tr>
<th>QMS –</th>
<th>HIS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care providers</td>
</tr>
<tr>
<td></td>
<td>Scottish Government</td>
</tr>
<tr>
<td></td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td></td>
<td>Health Foundation</td>
</tr>
<tr>
<td></td>
<td>Over 1200 organisations across 62 countries through QI Connect.</td>
</tr>
<tr>
<td></td>
<td>IHI</td>
</tr>
<tr>
<td></td>
<td>QI community (safety and improvement fellows and ScIL) in Scotland and other national organisation</td>
</tr>
<tr>
<td></td>
<td>Local government including HSCPs</td>
</tr>
<tr>
<td></td>
<td>Third sector</td>
</tr>
<tr>
<td></td>
<td>Independent sector</td>
</tr>
<tr>
<td></td>
<td>QI Leads</td>
</tr>
</tbody>
</table>

**QI Skills development**

- Providing commission ‘lead’ level quality improvement programmes from NES and support a strategic and targeted approach to improving quality and efficiency through additional allocations

**Continuous Quality Improvement Allocations (CQI)** –

- to build a sustainable quality infrastructure.
<table>
<thead>
<tr>
<th>QI Connect –</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide 10 QI Connect WebEx sessions each year</td>
</tr>
<tr>
<td>• Provide an efficient and cost effective approach to</td>
</tr>
<tr>
<td>hosting international visits through our ILE sessions.</td>
</tr>
<tr>
<td>Creating the Conditions-</td>
</tr>
<tr>
<td>• Supporting NHS boards to identify their current</td>
</tr>
<tr>
<td>position in relation to the conditions required to be in</td>
</tr>
<tr>
<td>place for their approach to managing quality.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with strategic partners to deliver the Value</td>
</tr>
<tr>
<td>Management Collaborative across 3 core components</td>
</tr>
<tr>
<td>1. Creating the conditions for managing quality</td>
</tr>
<tr>
<td>through organisational culture, leadership and</td>
</tr>
<tr>
<td>infrastructure interventions.</td>
</tr>
<tr>
<td>2. Team, ward level quality and value improvement</td>
</tr>
<tr>
<td>interventions and coaching.</td>
</tr>
<tr>
<td>3. Quality improvement and coaching capacity and</td>
</tr>
<tr>
<td>capability building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Well in Communities (LWIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• This programme of work includes activities</td>
</tr>
<tr>
<td>supporting:</td>
</tr>
<tr>
<td>➢ Hospital at Home</td>
</tr>
<tr>
<td>➢ Living and Dying Well with Frailty</td>
</tr>
<tr>
<td>➢ Living with Long term Conditions</td>
</tr>
<tr>
<td>➢ Living and Dying Well in Care Homes</td>
</tr>
<tr>
<td>➢ Anticipatory care</td>
</tr>
</tbody>
</table>

| • People working on value management in participating sites |
| including strategic and operational leaders, improvement coaches and |
| frontline teams |
| • Other related national improvement activity including Quality |
| Management Systems and Excellence in Care |
| • Scottish Government policy leads |

<table>
<thead>
<tr>
<th>S5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1, A3, I1, I3, I4</td>
</tr>
</tbody>
</table>
- Share knowledge of evidence, resources and good practice that supports people to live well at home.
- Deliver the Living and Dying Well with Frailty Collaborative to scale-up preventative and anticipatory approaches to support people with frailty.
- Design the Living and Dying Well in Care Home Collaborative to scale-up anticipatory and end of life care for people in care homes.
- Use evidence base to identify interventions that enable people to Live Well with Long Term Conditions to prototype for future spread.
- Provide local tailored support to implement and evaluate improvements that reduce demand on unplanned care.

### Place, Home and Housing

- This programme of work includes activities relating to:
  - Place, Home and Housing
  - Multiple and Complex Needs
- We create the conditions in which health and social and the housing sector collaborate to improve the health and well-being of individuals and communities
- We seek to understand housing's role in the improvement and delivery of health and social care services for people with multiple and complex needs.
- We develop the capacity and capability within Healthcare Improvement Scotland to build effective relationships with the housing sector to design and deliver whole system responses.

### Influential national bodies who have resources and service offers that can support frontline practitioners implement change.

- Healthcare Improvement Scotland
- Healthcare Improvement Scotland's board
- Scottish Government
- HSCP management
- NHS Boards
- Local authorities
- IJBs
- Housing organisations
- Academia
- Housing membership bodies
- Information Services Division & Local Intelligence Support Teams
- Other related bodies

A1, I1
### Focus on Dementia

- This programme of work includes activities relating to:
  - Networks
  - Hospitals Improvement Collaborative
  - Diagnostic and Post Diagnostic Support
  - Care Co-ordination
- Leading the testing of relocation of dementia post-diagnostic support services in primary care to improve access and quality of care.
- Leading improvement and redesign of community based services to improve the experience, safety and co-ordination of care for people with dementia from diagnosis to end of life care in Inverclyde HSCP.
- Supporting improvements in palliative and end of life care through testing the Alzheimer Scotland Advanced Model for Dementia.
- Deliver the Dementia in Hospitals Collaborative to improve the quality of care, experience and outcomes for people with dementia in hospital, with an emphasis on prevention and management of stress and distress.
- Share knowledge of evidence, resources and good practice to support dementia practice.

### Access QI

- Support NES to develop training resources and build additional capacity for Access QI.
- Work with Accelerator Sites to implement and evaluate Access QI methods.
- Deliver a national learning system to raise interest and spread use of Access QI methods.
- Effectively manage the interface with a range of national stakeholders involved in improving access.

- Practitioners across the whole dementia care pathway from diagnosis to end of life care.
- HSCP and NHS Board management
- Influential national bodies including partner organisations and Scottish Government.
- The public, including people living with dementia and carers.

A1, I1

<table>
<thead>
<tr>
<th>Focus on Dementia</th>
<th>Access QI</th>
</tr>
</thead>
<tbody>
<tr>
<td>- This programme of work includes activities relating to:</td>
<td>- Support NES to develop training resources and build additional capacity for Access QI.</td>
</tr>
<tr>
<td>- Networks</td>
<td>- Work with Accelerator Sites to implement and evaluate Access QI methods.</td>
</tr>
<tr>
<td>- Hospitals Improvement Collaborative</td>
<td>- Deliver a national learning system to raise interest and spread use of Access QI methods.</td>
</tr>
<tr>
<td>- Diagnostic and Post Diagnostic Support</td>
<td>- Effectively manage the interface with a range of national stakeholders involved in improving access.</td>
</tr>
<tr>
<td>- Care Co-ordination</td>
<td>- Clinicians and managers working on the Accelerator site priority pathways</td>
</tr>
<tr>
<td>- Leading the testing of relocation of dementia post-diagnostic support services in primary care to improve access and quality of care.</td>
<td>- NHS boards that are not Accelerator sites.</td>
</tr>
<tr>
<td>- Leading improvement and redesign of community based services to improve the experience, safety and co-ordination of care for people with dementia from diagnosis to end of life care in Inverclyde HSCP.</td>
<td>- Scottish Government</td>
</tr>
<tr>
<td>- Supporting improvements in palliative and end of life care through testing the Alzheimer Scotland Advanced Model for Dementia.</td>
<td>- Politicians from all parties</td>
</tr>
<tr>
<td>- Deliver the Dementia in Hospitals Collaborative to improve the quality of care, experience and outcomes for people with dementia in hospital, with an emphasis on prevention and management of stress and distress.</td>
<td>A1, A2, I1, M2</td>
</tr>
<tr>
<td>- Share knowledge of evidence, resources and good practice to support dementia practice.</td>
<td></td>
</tr>
</tbody>
</table>
and as a consequence help “declutter” the current landscape.
- Develop practical resources and guides to support deployment of QI towards improving waiting times

<table>
<thead>
<tr>
<th>Area and Drugs Therapeutic Committee (ADTC)</th>
<th>ADTCC programme to deliver once for Scotland solutions on issues of medicines governance, safety, efficiency and effectiveness (EAMS, Biologics, PGDs, etc)</th>
<th>NHS Board Area Drug and Therapeutic committees, healthcare professionals, patients, Scottish Government</th>
<th>S1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL REVIEW PANEL</td>
<td>Support National Review Panel and national consistency for Peer Approved Clinical System (PACs) Tier 2</td>
<td>Medical Directors, Directors of Pharmacy, PACS Tier 2 panels, Area Drug and Therapeutic committees, healthcare professionals, patients, Scottish Government</td>
<td>S5</td>
</tr>
<tr>
<td>Off Label Cancer Medicines (OLCM)</td>
<td>Develop once for Scotland collaborative processes and solutions to the introduction of off label use of cancer medicines.</td>
<td>Cancer networks, NHS boards ADTCs, Healthcare professionals, Patients, Scottish Government</td>
<td>S5</td>
</tr>
</tbody>
</table>
| Hospital Electronic Prescribing and Medicines Administration (HEPMA) | Work with NHS boards to ensure that effective learning from and also support to boards is in place | Area Drug and Therapeutic committees  
- eHealth  
- healthcare professionals  
- patients  
- Scottish Government | A2, S5 |
| --- | --- | --- | --- |
| Single National Formulary | Host Governance group.  
- Develop condition specific therapeutic pathways that link to clinical care pathways, Patient decision aids, and atlases of prescribing variation. | Area Drug and Therapeutic committees  
- healthcare professionals  
- patients  
- Scottish Government | A1, S1 |
| Prison Pharmacy | Improve the use of high risk medicines in prisons.  
- Oversee national pharmacy contract for prisons, use prescribing data to identify improvement.  
- Collaborate on development and delivery of solutions by bringing together medicines in prisons experts from across all NHS boards where prisons are situated (Expert Advisory Group for Medicines). | Prison healthcare staff  
- Area Drug and Therapeutic committees  
- healthcare professionals  
- patients  
- Scottish Government | A1, S5, S6 |
| Medicines and Pharmacy Team (inc Rheumatology Improvement) | Stakeholder engagement and horizon scanning will deliver effective solutions to policy challenges working with key partners.  
- Following evaluation of the SQR programme investigate the potential to invest and 'scale up' if successful.  
- Ensure all relevant HIS functions receive effective clinical support.  
- Improve audit and training for audit through SACT audit review group | Strategic partners  
- NHS Boards  
- Healthcare Improvement Scotland  
- healthcare professionals  
- patients. | A1, S1, I3 |
<table>
<thead>
<tr>
<th><strong>Medicines Safety (including Management of Controlled Drugs)</strong></th>
<th><strong>Excellence in Care (EIC)</strong></th>
<th><strong>Healthcare Staffing Programme</strong></th>
<th><strong>Stakeholders</strong></th>
</tr>
</thead>
</table>
| • Assess and develop patient involvement in improving safer use of medicines.  
• Cross organisational collaboration on all work relating to safer use of medicines.  
• Controlled Drugs Governance  
• CDAON Meetings  
• Maintenance of CD Register | • Identification and/or development of agreed set of operationally defined measures of high quality Nursing and Midwifery care  
• Framework document outlining key principles/guidance to NHS Boards and IJBs on implementation of EIC  
• Design and deliver local and national infrastructure to enable effective and consistent reporting on quality measures from Ward at Board level  
• Develop set of NHS Scotland record keeping standards and guiding principles that drive shared decision making and support professional judgement  
• Toolkit to deliver quality management at team level  
• EIC Benefits Realisation Plan  
• EIC informing Quality of Care reviews  
• Increased NHS Board capacity and capability for QI (practitioner – lead level) | • Develop new second generation multi-professional workload tools and refresh of existing tools. The prioritisation matrix is driven by the SG and a schedule of refresh and tool development over a five year period. | A1, S1, S3, I3  
External  
• Scottish Government - CNOD  
• NHS Boards  
• IJBs  
• NHS National Services Scotland (Public Health Scotland)  
• NHS Education for Scotland  
• Higher education Institutes  
• Healthcare Staffing Programme  
• QAD  
• ihub |  
Internal Stakeholders: NMAHP, Quality of Care, Excellence in Care, Quality Values management, ihub  
External: HUB, SG, workforce leads, SSTS leads CNOD, NHS Board | S2, S3, M2  
S1, S7 |
The work streams include the following Sub groups:

- **Education and Training** - development of education and development framework and education and training resources. Building confidence, knowledge and capacity at service level
- **Tools and Maintenance** - develop and refresh existing tools and explore 2nd generation, including digital and enablement. This includes observation studies that leads to workload tool calculator development
- **Quality Assurance** - the monitoring function and support quality of care reviews. Internal governance and risk assessment

**Cross Organisational Dementia**
- Develop a report on HIS Dementia collaboration work within Healthcare Improvement Scotland mapped against the Quality Management System
- Development and agreement of key messages for Public, Scottish government and Patients and the Public for Dementia work within HIS
- Set up of Dementia Hub detailing all work underway on dementia within HIS.
- Development of a Dementia Dashboard for HIS

**Children’s Health Service**
- Development of an overview of current children’s activity across HIS
- Promotion of key areas of work across directorates to improve services for Children

**Death Certification**
- Review approximately 14% of randomly selected Medical Certificates of Cause of Death (MCCD’s) written in Scotland to determine if the information

Medical Directors, NHS Board Executive Nurse Directors, Health Improvement Scotland, NHS Board Directors Allied Health Professions, NHS Board Finance Directors, Professional Bodies, Partnership, NHS National Services for Scotland, STS/ATOS, E digital, Clinical Staff Nursing and Midwifery, Clinical Staff Medical, Allied Health Professions, NHS Board Workforce Leads, Social Care, Unions/Royal Colleges, NHS Education for Scotland, Higher Education Institutes, e Health Leads

- Internal work – Stakeholders involved from any HIS services with a focus on Dementia. Representation from all directorates in the planning and organisation of the work.

- All Healthcare Improvement Scotland Staff
- Scottish Government
- CNOD
- SEND

- Bereaved/public
- Certifying doctors and Health Boards

S5

S1

S8
| Review Service (DCRS) | contained in the certificate is correct. If the MCCD is "Not in Order" then the certifying doctor is required to amend or replace the MCCD. The MCCD must be "In Order" before the death can be registered  
- Review MCCD's not randomly selected for review at the request of the family, the registrar or by the medical reviewer  
- Educational discussion with the certifying doctor who has written the MCCD to support improvement  
- Educational training sessions with certifying doctors to support continuous improvement  
- Administer and authorise the repatriation to Scotland of people who have died outside the UK and are returned to Scotland for funeral.  
- Provide clinical and process advice to certifying doctors, registrars and funeral  |
|---|---|
| Joint Inspection of Prisoner Healthcare | Deliver an agreed number of inspections each year and contribute to Her majesty Inspectorate of Prisons (HMIPS) published report for each inspection. Highlight good practice delivered by other prisons in these reports.  
- Provide assurance to the care provider, HMIPS, stakeholders and the public through highlighting the inspection performance rating, areas of concern, good practice and areas requiring improvement within the published HMIPS report.  
- Share our findings in the HMIPS annual report and provide information on themes at a national level based on our inspection findings  
- Support NHS Boards to improve healthcare delivery by providing them with practical guidance and self-  | Scottish Government  
- National Records of Scotland (NRS)  
- Association of Registrars for Scotland (ASOS)  
- National Education for Scotland (NES)  
- Procurator Fiscal (PF)  
- Scottish Fatalities Investigation Unit (SFIU)  
- Scottish Academy Trainee Doctors Group  
- ISD  | S3  
- Prison healthcare staff  
- Scottish Prison Service  
- Her Majesty’s Inspectorate of Prisons (HMIPS)  
- Prisoner population  
- Scottish Government  
- NHS boards, Integration Joint Boards, Health & Social Care Partnerships  
- Third sector organisations  
- HIS inspection staff |
<table>
<thead>
<tr>
<th><strong>Management of Adverse Events (inc Team Based Quality Review)</strong></th>
<th><strong>EQA of National Screening Programmes</strong></th>
</tr>
</thead>
</table>
| - The aim of the adverse event work is to implement a consistent national approach to the reporting of adverse events and learning from them to support service improvements and enhances the safety of our healthcare service in Scotland includes suicide reviews and TBQR. | **- The Scottish population**  
**- NHS Board**  
**- Public Health Professionals**  
**- Patients**  
**- Carers** |
| - Support NHS boards to learn from Adverse events (AE) by sharing learning through the Community of Practice website and providing flash reports on the new notification system data | **- Leadership and Governance within NHS boards and relevant care providers**  
**- Scottish government and Scottish Parliament.**  
**- Public, patients, carers, staff and communities** |
| - Publish and update the 2018 adverse event framework | **- S3, S5** |
| - Review the data submitted to HIS within the new notification system for effectiveness monthly and adjust process if required. | **- Standardise the process for adverse event reviews and ensure consistency in process across NHS Scotland** |
| - Use data gathered from the new notification system as intelligence to inform on quality assurance work | **- Support of key governance groups and SG task forces in order to improve quality assurance**  
**- Undertake EQA of screening programmes as required**  
**- Contribute to key governance groups such as the Scottish Screening Committee** |
| | **- The Scottish population**  
**- NHS Board**  
**- Public Health Professionals**  
**- Patients**  
**- Carers** |
<p>| | <strong>- S1</strong> |</p>
<table>
<thead>
<tr>
<th>Responding to Concerns</th>
<th>Communities</th>
<th>Scottish Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that safety and quality of care concerns shared with us are assessed and there is a prompt, proportionate, co-ordinated and effective response across the organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate concerns and identify where necessary improvements and/or changes required by NHS boards/services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As necessary, carry out ad hoc reviews and publish findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to follow up and monitor progress of NHS board/service improvement plans and/or updates</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EQA of Cancer Quality Performance Indicators (QPI)</th>
<th>Communities</th>
<th>Scottish Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically analyse the regional QPI data from Discovery dashboard and regional tumour specific audit reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate and analyse the Quality of Care self-evaluation submitted by the regional cancer networks prior to the review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertake robust reviews of the three regional cancer networks that are proportionate and intelligence led. The reviews focus on governance arrangements and the CQPI performance of the network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish reports following each of the regional cancer network review visits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish a national report to highlight national themes, challenges and good practice.</td>
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<td></td>
</tr>
</tbody>
</table>

- NHS boards and NHS staff
- Scottish Government
- Other scrutiny and improvement organisations
- Public
- Patients
- Carers
- Communities

- The Scottish Government (Cancer policy team)
- The Scottish Cancer Taskforce
- The National Cancer Quality Operational Group.
- The National Cancer Quality Steering Group
- NHS Scotland
- The three regional cancer networks.
- NHS Health Boards in Scotland.
- Health and Social Care Partnerships
- Cancer clinicians and front line staff delivering cancer services including primary care, independent and third sector organisations.
- National Services Scotland
- Information Services Division.

S3
S1
| Sharing Intelligence | • Sharing intelligence on health and social care to identify potentially serious concerns about the quality of care and ensure that these are acted upon appropriately by Sharing Intelligence for Health and Care Group (SIHCG) member organisations | • NHS Boards  
• Integration Authorities  
• Health & Social Care Partnerships  
• Scottish Government  
• Professional Regulators  
• SIHCG Partner Agencies  
• Public  
• Patients & Carers | S3 |
|---------------------|---------------------------------------------------------------------------------|--------------------------------|---|
| Quality Assurance of Primary Care | • Engage with the Chief Officer Primary Care Special Interest Group to discuss proposals for assessing quality assurance in Primary Care (briefing paper to the IJB Chief Officer’s Executive Group - November 2019)  
• Conduct a scoping exercise to understand how HSCPs currently monitor the quality of general practice  
• Identify current practice, areas of innovation, opportunities and constraints  
• Use the learning from the scoping exercise to engage and work with 2-3 HSCPs in 2020/21 to develop and test a model for quality assurance of general practice. | • Frontline practitioners across acute and community health and social care services.  
• HSCPs, IJBs, GPs, RCGPs  
• Influential national organisations who have resources and services that can support practitioners to implement changes. | I3 |
| Joint Inspections Of Adult Services | • Jointly with the Care Inspectorate inspect Health and Social Care Partnerships (HSCPs) and assess how integration of health and social care is contributing to good outcomes for people using services  
• Identify good practice and areas for improvement  
• Report publicly on what we find | • People using services and carers, HSCPs, IJBs, Local Authorities, NHS boards, independent and third sector providers, Government and policy makers. | I2 |
| Older People in Acute Hospitals (OPAH) | • Deliver an agreed number of inspections year to provide assurance of the quality of care for Older People in Acute Hospitals (OPAH). We will publish a report for each inspection. | • Patients, relatives/carers, Healthcare staff and NHS Boards  
• Scottish Government | S3 |
| Hospital Associated Infections (HAI) | Deliver an agreed number of inspections year to provide assurance on the safety and cleanliness of NHS Hospitals (HAI). We will publish a report for each inspection.  
| Share our findings internally by contributing to sharing intelligence, and through collaborative working with the ihub.  
| Where required we provide information to Scottish Government in order to inform future decisions.  
| Support NHS Boards to improve healthcare delivery by providing them with self-evaluation tools that have been developed collectively with relevant stakeholders and by following up on recommendations made in inspection reports. | Patients, relatives/carers, Healthcare staff and NHS Boards, Scottish Government | S3 |
| Joint Inspection Of Children’s Services | In partnership with the Care Inspectorate, Education Scotland and Her Majesty’s Inspectorate of Constabulary in Scotland inspect Community Planning Partnerships (CPPs) and assess the difference that CPPs are making to the lives of children and young people in need of care and protection and for whom they have corporate parenting responsibilities.  
| Identify good practice and areas for improvement. | Children young people and families and carers, CPPs, HSCPs, IJBs, Local Authorities, NHS boards, independent and third sector providers, Government and policy makers. | S3 |
| **Adult Support & Protection** | **Quality of Care Reviews** | **Scottish Government**  | **National ASP Strategic forum**  | **ASP Inspection Reference group**  | **NHS ASP Network**  | **Local authorities**  | **NHS boards**  | **Health and Social Care partnerships**  | **Police Scotland**  | **Third Sector - care providers, advocacy services**  | **Public**  | **Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)**  | **Healthcare staff**  | **Scottish Government**  | **NHS boards, Integration Joint Boards, Health & Social Care Partnerships**  | **Third sector organisations**  | **HIS inspection staff**  | **People using health and social care services**  | S3  |
| • Report publicly on what we find  | • Working jointly with the Care Inspectorate (lead agency) and HMICS over 2 years, we will inspect the remaining 26 ASP partnerships who did not take part in the pilot inspection in 2017/18.  | • Scottish Government  | • National ASP Strategic forum  | • ASP Inspection Reference group  | • NHS ASP Network  | • Local authorities  | • NHS boards  | • Health and Social Care partnerships  | • Police Scotland  | • Third Sector - care providers, advocacy services  | • Public  | • Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)  | • Healthcare staff  | • Scottish Government  | • NHS boards, Integration Joint Boards, Health & Social Care Partnerships  | • Third sector organisations  | • HIS inspection staff  | • People using health and social care services  |  |
| • This programme has 3 key activities: case file audit, staff survey and analysis of a position statement and supporting evidence provided by partnerships.  | • Quality of Care Review will undertake an agreed number of reviews per year and publish a report for each. Highlight good practice and make recommendations for improvement based on the review findings.  | • Scottish Government  | • National ASP Strategic forum  | • ASP Inspection Reference group  | • NHS ASP Network  | • Local authorities  | • NHS boards  | • Health and Social Care partnerships  | • Police Scotland  | • Third Sector - care providers, advocacy services  | • Public  | • Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)  | • Healthcare staff  | • Scottish Government  | • NHS boards, Integration Joint Boards, Health & Social Care Partnerships  | • Third sector organisations  | • HIS inspection staff  | • People using health and social care services  |  |
| • Data which has a strong health element will be gathered, monitored and analysed for the purposes of identifying emerging themes and areas of good practice and areas for improvement.  | • Provide assurance to the care provider, stakeholders and the public through highlighting the inspection report findings, areas of concern, good practice and areas requiring improvement within the published report.  | • Scottish Government  | • National ASP Strategic forum  | • ASP Inspection Reference group  | • NHS ASP Network  | • Local authorities  | • NHS boards  | • Health and Social Care partnerships  | • Police Scotland  | • Third Sector - care providers, advocacy services  | • Public  | • Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)  | • Healthcare staff  | • Scottish Government  | • NHS boards, Integration Joint Boards, Health & Social Care Partnerships  | • Third sector organisations  | • HIS inspection staff  | • People using health and social care services  |  |
| • This data may be useful in planning the direction of Phase 2 work.  | • Critically analyse data and information from board self-assessment, Discovery and ISD relevant to the area under review.  | • Scottish Government  | • National ASP Strategic forum  | • ASP Inspection Reference group  | • NHS ASP Network  | • Local authorities  | • NHS boards  | • Health and Social Care partnerships  | • Police Scotland  | • Third Sector - care providers, advocacy services  | • Public  | • Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)  | • Healthcare staff  | • Scottish Government  | • NHS boards, Integration Joint Boards, Health & Social Care Partnerships  | • Third sector organisations  | • HIS inspection staff  | • People using health and social care services  |  |
| • At the conclusion of each inspection a brief report will be provided to partnerships as well as published on the CI, HIS and HMICS public facing websites.  |  | • Scottish Government  | • National ASP Strategic forum  | • ASP Inspection Reference group  | • NHS ASP Network  | • Local authorities  | • NHS boards  | • Health and Social Care partnerships  | • Police Scotland  | • Third Sector - care providers, advocacy services  | • Public  | • Internal HIS teams: Communications team, iHub, QAD, NMAP (public protection lead)  | • Healthcare staff  | • Scottish Government  | • NHS boards, Integration Joint Boards, Health & Social Care Partnerships  | • Third sector organisations  | • HIS inspection staff  | • People using health and social care services  |  |
| National Hub Reviews of Child Deaths (inc SUDI) | Review the QoC processes in After Action Review following each review, and adjust/make changes to continue to develop the model. |  
|---|---|---|
| • Standardising data and supporting reviews to ensure that there is a high quality review following the death of a child or young person under the age of 18 (or under 26 years, if care experienced).  
• Understanding the systems in place to identify gaps in order to develop a process for reviewing cases which are currently not reviewed.  
• Co-ordinating the delivery of recommendations to provide the learning from reviews, so Scotland can act to reduce the number of preventable deaths of children and young people  
• Share knowledge of evidence, resources and good practice which supports NHS Boards to improve the experience and information for bereaved families.  
• Manage the SUDI notification and review process for all SUDIs in Scotland. | • Frontline practitioners across acute and community health and social care services.  
• NHS Board and HSCP management.  
• Influential national organisations who have resources and services that can support practitioners to implement changes. | S1 |
| Regulation of Independent Healthcare | To ensure the quality of care of independent healthcare services and comply with HIS regulatory function, we will:  
➢ Continue to regulate registered IHC services until the end of March 2021  
➢ Register new IHC services until the end of March 2021  
➢ Undertake enforcement action against unregistered IHC services until the end of March 2021 | • Public and service users  
• IHC Service Providers  
• Other regulatory bodies | S7 |
### Ionising Radiation (Medical Exposure) Regulations IR(ME)R
- The IR (ME) R project will deliver 15 regulatory inspections per year and respond to the statutory notification.
- Deliver 15 inspection reports. Reporting on the quality of care and compliance with the legislation. Ensuring that these are acted upon appropriately. This could potentially involve formal action.
- Deliver Continuing Professional Development (CPD) training for inspectors to demonstrate competencies.
- National engagement with the UK regulatory bodies to drive consistency and share learning.
- Engage with national forums where services are represented to drive improvement and share learning.

### Volunteering in NHS Scotland
- Developmental and strategic support to NHS Boards.
- Provision and development of the Volunteering Information System.
- Communications; sharing good practice and innovation through media channels.
- HF1: Streamlining the volunteer recruitment process.
- HF2: Pilot of a volunteer supporter role.
- HF3: Embedding of evaluation throughout volunteer engagement programmes.
- HF4: Develop and spread new and innovative volunteer roles.
- HF5: National overview of volunteering across NHSScotland
- HFEOLC: Support the delivery of volunteering projects in end of life care.

### Service Change
- Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services.
- NHS Boards,
- Private Healthcare providers (those that use ionising radiation),
- Dentists.
- Chiropractors who use x-rays.
- Scottish Government
- NSS (Dental)

### NFCS
- NHS Board Executive Leads for Volunteering.
- NHS Board Strategic Leads for Volunteering.
- The National Group for Volunteering in NHSScotland.
- NHS Board volunteer managers.
- Frontline and management staff in NHSScotland.
- Scottish Government.
| **Community Engagement Programme** | • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies  
• Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings | | | | **Public Involvement Unit** | • Ensuring that people are fully involved in decisions about health and care services by:  
  ➢ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered  
  ➢ supporting NHS Boards and integration authorities to continually improve the way they engage with their communities. | | S4,S9, I4, M1 | | • Scottish Government  
• NHS Boards and integration authorities  
• General public and patients  
• Local communities and communities of interest  
• Primary care (with a current specific focus on GP practices and the ways they engage with their communities) | | #OE1 | • Delivering advice & support across the whole of HIS to meet our legal duties in relation to equality, diversity & human rights including support for equality impact assessment, taking a human rights based approach & design & delivery of a programme of training.  
• Co-ordinating, managing & developing public partner volunteers & their roles across our work.  
• Supporting cross organisational groups including Equality & Diversity Working Group & Children & Young People Working Group. | | People and communities  
• HIS staff  
• Our public partner (PP) volunteers  
• Third sector organisations  
• Our Board including SHC/Community Engagement Committee  
• Relevant national and international bodies/networks. | OE1 |
| Evidence and Evaluation for Improvement Team (EEvIT) | Undertake specialist data collection, analysis and interpretation  
| Co-develop evaluation plans and frameworks  
| Conduct advanced literature searches  
| Summarise and synthesise data, information, and evidence  
| Create bibliographies and summaries  
| Create evidence and learning summaries and reviews  
| Develop evaluation tools and resources  
| Capture and share learning from ihub improvement work  
| Deliver training/workshops/learning sessions on using evidence and evaluation  
| Commission and manage expertise in relation to evidence and evaluation  
| Network and collaborate to develop professional links and relationships | ihub teams  
| HSCP/NHS board colleagues | OE2 |
| Clinical Engagement Strategy | Lead on the organisation of HIS’s Clinical & Care Forum enabling clinical input to organisational strategic decision making.  
| Key communications activities to strengthen two way engagement with the clinical community.  
| Ensure that HIS’s National Clinical Leads are supported and have opportunities for personal and professional growth.  
| Work with clinicians in remote and rural areas to develop mechanisms to support them to work with us. | National Clinical Groups, including Royal Colleges.  
| NHS Boards  
| HIS  
| Scottish Quality & Safety Fellows &  
| Clinicians working in remote and rural areas.  
| Independent sector | OE3 |
| Public Protection | • Nurture our relationship with Quality & Safety Fellows and create further opportunities for ongoing networking and alumni support.  
• Engage with healthcare professionals working in the independent and social care sectors to ensure that they have access to the same support, resources and learning as their NHS counterparts.  
• Ensure that our process for securing clinical input to our work is robust and aligned with our Clinical Governance Framework. |
|---|
| Public Protection | • Develop NMAHPs within HIS into a visible, cohesive community, with the knowledge and skills to lead, plan, improve and support programmes of work across HIS, including:  
• Professional Leadership and support  
• Opportunities for networking and development  
• Highlight the value of NMAHP staff working within HIS, and what they bring to the organisation |
| All the Directorates within HIS | OE4 |
| Clinical and Care Governance Support and Engagement | • Provide assurance to the Chief Executive and HIS Board that Care and Clinical Governance arrangements are in place for all programmes of work to support the delivery of safe, effective and person-centred health and social care services to improve outcomes for the people of Scotland |
| All the Directorates within HIS | OE4 |
| Complaints and Feedback | • Develop a robust process to ensure effective handling of all complaints in relation to HIS, complying with the timescales of the Patients’ Rights Act (2011). This will |
| All the Directorates within HIS | OE1 |
include the development of a toolkit and training for identified individuals within Directorates.

<table>
<thead>
<tr>
<th>Participation Network</th>
<th>People and communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIS staff.</td>
</tr>
<tr>
<td></td>
<td>HIS Board and SHC Committee</td>
</tr>
<tr>
<td></td>
<td>Scottish Government</td>
</tr>
<tr>
<td></td>
<td>Professional Bodies/ Practitioners / Researchers/ Royal Colleges/Third Sector Organisations</td>
</tr>
<tr>
<td></td>
<td>NHS Boards and Integration Authorities</td>
</tr>
<tr>
<td></td>
<td>OE4</td>
</tr>
</tbody>
</table>

- Participation Network inform policy through research evaluation and impact assessment.
- We do this through:
  - Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support.
  - Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities.
  - Internal research carried out to evidence, support and evaluate internal priorities and practice.
Published Month Year

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

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Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
0141 225 6999

www.healthcareimprovementscotland.org
SUBJECT: Final Draft Financial Plan 2020-23

1. Purpose of the report
To provide the Board with the final draft financial plan for 2020-23 for approval.

2. Key Points

The Draft Financial Plan 2020-2023 (Appendix 1) has been prepared to fully support the Operational Plan and the Workforce Plan. It has been prepared on the basis of break-even each year and a savings target of c£2m per annum is embedded within the plan. In order to achieve this level of savings, strategic change is required and a Bridge Fund has been created for use during 2020-21 to invest in changes to the organisation’s infrastructure. This will support internal improvement and digitally based, smarter working practices to be introduced within the organisation and to release recurring savings across 2020-23.

The plan was reviewed by the Audit and Risk Committee at its meeting on 18th March 2020 and the following comments were made:

<table>
<thead>
<tr>
<th>ARC 18th March 2020</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings target of c£2m p.a. seems high</td>
<td>Savings targets have been set at the start of each financial year and they have been met. Analysis of savings achieved since 2016 shows that there is a structural under spend across HIS’ budgets which is in the region of £2m. This is not sustainable on a long term basis and during 2020-21 ET are committed to reviewing and improving the infrastructure of HIS.</td>
</tr>
<tr>
<td>Achievement of savings at this level</td>
<td>The short term nature of some of our funding (additional allocations) leads to inefficiency in terms of recruiting and retaining staff. Slippage against staffing is significant due to turnover (c3% pa) and difficulty to recruit to certain key posts. This is difficult to predict. In addition, some areas of budgeting could improve and work is continuing to assist with this.</td>
</tr>
<tr>
<td>The level of non-recurring savings being achieved is</td>
<td>This is largely a result of changes to short term posts and will be reviewed by ET as part of the workforce review in 2020-21. The workforce plan incorporates improvement to managing recruitment and retention.</td>
</tr>
<tr>
<td>unsustainable</td>
<td></td>
</tr>
<tr>
<td>The savings target is being embedded within directorate</td>
<td></td>
</tr>
<tr>
<td>budgets at cost centre level and this was welcomed by</td>
<td>ARC</td>
</tr>
<tr>
<td>ARC</td>
<td></td>
</tr>
<tr>
<td>Is the £1.2m being distributed to Boards for improvement</td>
<td>Ruth Glassborow to provide a paper to next ARC about the value of this funding and possible alternative approaches.</td>
</tr>
<tr>
<td>advisers being evaluated to ensure that this is the best</td>
<td></td>
</tr>
<tr>
<td>way to support boards?</td>
<td></td>
</tr>
<tr>
<td>Impact of COVID-19</td>
<td>This will be reviewed at the earliest point.</td>
</tr>
</tbody>
</table>
The plan is presented in the form of an introduction and templates required by Scottish Government Finance Department (Appendix 1) and a separate list of the additional allocations (Appendix 2).

A meeting took place on 10th March 2020 with Scottish Government colleagues to discuss the draft plan. It was agreed that HIS could carry forward a surplus from 2019-20 of up to £400k into 2020-21 in order to support strategic change. In addition there is c£100k surplus due to slippage from the cancellation of events due to COVID-19 which increases the 2019-20 surplus to £500k.

3. Actions/Recommendations

The Board are asked to review the Final Draft Financial Plan 2020-2023 and to approve it.

Appendix:

1. Financial Plan 2020-23
2. Schedule of Additional Allocations

If you have any questions about this paper please contact Maggie Waterston, Director of Finance & 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>635</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 financial plan is fully integrated with the operational plan and the workforce plan |

<table>
<thead>
<tr>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan underpins the workforce plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What engagement has been used to inform the work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement with staff, Board and Sponsor Division</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.  |
The draft financial plan for 2020-2023 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>2020-21</th>
<th>2021-22</th>
<th>2022-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income – SG - Baseline</td>
<td>£27,395</td>
<td>£29,042</td>
<td>£29,623</td>
</tr>
<tr>
<td>Income – SG - Additional</td>
<td>7,098</td>
<td>5,807</td>
<td>5,923</td>
</tr>
<tr>
<td>Income - IHC</td>
<td>1,190</td>
<td>1,190</td>
<td>1,190</td>
</tr>
<tr>
<td>Pay Costs (28,070)</td>
<td>(28,070)</td>
<td>(28,288)</td>
<td>(28,855)</td>
</tr>
<tr>
<td>Fixed Costs (4,272)</td>
<td>(4,272)</td>
<td>(4,677)</td>
<td>(4,770)</td>
</tr>
<tr>
<td>Variable Costs (3,057)</td>
<td>(3,057)</td>
<td>(3,074)</td>
<td>(3,111)</td>
</tr>
<tr>
<td>Bridge Fund (283)</td>
<td>(283)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Surplus/ (Deficit)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Embedded savings target</td>
<td>2,013</td>
<td>2,291</td>
<td>2,349</td>
</tr>
</tbody>
</table>

The budget for 2020-21 has been created in detail with subsequent years being modelled based on 2020-21 information. The 3 year budget includes an embedded savings target based on analyses of previous year budget variances which identified an underlying structural surplus. The budget fully supports the Workforce Plan and the Operational Plan.

**Assumptions:**

- Baseline funding from Scottish Government for 2020-21 was announced on 6 February 2020 and is £27.1m
- 2021-22 and 2022-23 include a 2% uplift toward additional pay costs. This assumption has been included following guidance from Scottish Government finance colleagues
- Additional Allocations are modelled at £7.1m for 2020-21 with £1.4m transferring to the baseline for 2021-23. Significant effort is being made to agree further additional funding into baseline wherever practicable in order to improve the continuity and efficiency of that work.
- Wage inflation is calculated at cost (+4.7%) for 2020-21 and +2% for 2021-23.
- Non pay inflation at +2% pa.
• An agreed surplus of £400k from 2019-20 will be used as a bridge fund to support change management during 2020-21. This is largely aimed at improving digital efficiency and enabling changes to be made to the infrastructure of the organisation to improve its efficiency. This work is fundamental to financial sustainability for the future.

• A recurring contribution of £300k has been made toward the £15m National Boards target. No further contributions will be possible.

• Depreciation will increase by £250k per annum from 2021-22 as a consequence of changes to Glasgow accommodation.

• A charge will be made to all additional allocations to support internal overhead costs for HR, IT and Finance. This recognises the significant additional work that this type of funding incurs. This principle has been 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.

**Additional Allocations**

A full list of the additional allocations is set out in Appendix 2

**Financial Sustainability**

The Executive Team have committed to changing the infrastructure of the organisation during 2020-21. This will focus the organisation to become more digitally enabled and for the staffing model to be reviewed so that each directorate is fully resourced. The Bridge Fund and the Internal Improvement Oversight Board will drive the changes in Partnership with staff to release recurring savings and to ensure future financial sustainability.

**Financial Risks**

A table of financial risks are included within the template.

M Waterston

Director of Finance & Corporate Services

19th March 2020
## Core Revenue Outturn Statement

### Line no

<table>
<thead>
<tr>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
<th>2022-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total £000s</td>
<td>Rec £000s</td>
<td>Non-Rec £000s</td>
<td>TOTAL £000s</td>
</tr>
<tr>
<td>1.01</td>
<td>34,232</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gross Expenditure - Clinical &amp; Non-clinical</td>
<td>27,395</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less: Gross Income</td>
<td></td>
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<tr>
<td></td>
<td>1.02</td>
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<tr>
<td></td>
<td>33,273</td>
<td>Total Expenditure</td>
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<tr>
<td></td>
<td>785</td>
<td>Less: Total Non-Core RRL Expenditure</td>
<td>207</td>
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<tr>
<td></td>
<td></td>
<td>Less: FHS Non Discretionary Net Expenditure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.06</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>32,488</td>
<td>Core Revenue Resource Outturn</td>
<td>27,395</td>
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<tr>
<td></td>
<td>1.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26,360</td>
<td>Baseline Allocation</td>
<td>27,395</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.08</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NRAC parity funding uplift</td>
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<tr>
<td></td>
<td>1.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,028</td>
<td>Anticipated Allocations: Rec/ Non-rec/ Earmarked</td>
<td>7,098</td>
</tr>
<tr>
<td></td>
<td>1.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32,488</td>
<td>Core Revenue Resource Limit (RRL)</td>
<td>27,395</td>
</tr>
<tr>
<td></td>
<td>1.11</td>
<td></td>
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<tr>
<td></td>
<td>500</td>
<td>Forecast Variance against Core RRL</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1.12</td>
<td></td>
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<tr>
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<td>Financial Flexibility (% core RRL)</td>
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### Finances

#### Balance of Care Cost Split:

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<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
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<tbody>
<tr>
<td>Hospital Services total</td>
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<td>Community Services total</td>
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<tr>
<td>Total (inc. FHS)</td>
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<tr>
<td>Savings delivered/planned from hospital services</td>
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<tr>
<td>Additional investment in community services</td>
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<tr>
<td>Percentage of hospital savings invested in community services</td>
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</tbody>
</table>

### Cumulative 3-Year Total Outturn (2019-22)

0

### Contact Information

- **Main contact name:** David Rhodes
- **Phone number:** 0131 314 1277
- **Version number:** 2
- **Board Approval Date:** 28/02/2020
- **Date of submission:** 28/02/2020

---

**HEALTHCARE IMPROVEMENT SCOTLAND**

**FINANCIAL PLAN 2020-23**

**Core Revenue Outturn Statement**

---

Form 1 - Core RRL
### Cash-releasing Savings Requirement

#### 2020-21

<table>
<thead>
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<th>Workstream</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>Total £000s</th>
<th>Risk rating</th>
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<tr>
<td>Drugs and Prescribing</td>
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<tr>
<td>Workforce</td>
<td>704</td>
<td>1,310</td>
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<td>2,014</td>
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<td>1,310</td>
<td>2,014</td>
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#### 2021-22

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<th>Non-Rec £000s</th>
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<th>Risk rating</th>
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<td>0</td>
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<td>Drugs and Prescribing</td>
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<td>1,574</td>
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<tr>
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<td>N/A</td>
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<tr>
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<td>2,292</td>
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<tr>
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<td>2,292</td>
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#### 2022-23

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<th>Risk rating</th>
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<td>732</td>
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### Notes

2.01 Forecast variance against Core RRL

2.02 Savings forecast to be delivered (detailed in table below)

2.03 Savings required to break even

2.04 Savings as % of Baseline

### Financial Management / Corporate Initiatives

- Service Redesign
- Drugs and Prescribing
- Workforce
- Procurement

### Infrastructure (e.g. facilities management, IT, other support services)

### Financial Management / Corporate Initiatives

- Financial Management / Corporate Initiatives

### Unidentified Savings assumed to be delivered in year

- Unidentified Savings assumed to be delivered in year

### Total Core NHS Board Savings

- Total Core NHS Board Savings

### Savings Delegated to Integration Authorities

- Savings Delegated to Integration Authorities

### Savings Challenge Remaining

- Savings Challenge Remaining
## Non-Core RRL Expenditure

<table>
<thead>
<tr>
<th>Line no</th>
<th>2019-20 Total £000s</th>
<th>2020-21 Total £000s</th>
<th>2021-22 Total £000s</th>
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<tr>
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<td>Capital Grants</td>
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<td>135</td>
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<tr>
<td>3.03</td>
<td>Depreciation / Amortisation</td>
<td>207</td>
<td>532</td>
<td>543</td>
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<tr>
<td>3.04</td>
<td>PFI/PPP/Hub - Depreciation</td>
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<td>PFI/PPP/Hub - Impairment</td>
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<td>3.09</td>
<td>AME - Provisions</td>
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</tr>
<tr>
<td>3.10</td>
<td>AME - Donated Assets Depreciation</td>
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<tr>
<td>3.11</td>
<td>AME - Movement in Pension Valuation</td>
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<td>Total Non-Core RRL Expenditure</td>
<td>207</td>
<td>532</td>
<td>543</td>
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Form 3 - Non-Core RRL
**HEALTHCARE IMPROVEMENT SCOTLAND**  
**FINANCIAL PLAN 2020-23**  
**Infrastructure Investment Programme**

<table>
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<tr>
<th>Line No</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
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<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
<th>2024-25 £000s</th>
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<td>0</td>
<td>0</td>
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<tr>
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<td>200</td>
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**Memoranda**

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<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
<th>2023-24 £000s</th>
<th>2024-25 £000s</th>
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<tbody>
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<td>4.12</td>
<td>Delta House relocation (Glasgow Office)</td>
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</tr>
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<td>4.13</td>
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<table>
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<th>Line No</th>
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<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
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<td>Total Project Specific Funding (copies to line 4.03 above)</td>
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<th>Line No</th>
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## Financial Trajectories

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<td>May</td>
<td>(550)</td>
</tr>
<tr>
<td>June</td>
<td>(1,135)</td>
</tr>
<tr>
<td>July</td>
<td>(1,315)</td>
</tr>
<tr>
<td>Aug</td>
<td>(1,275)</td>
</tr>
<tr>
<td>Sept</td>
<td>(1,065)</td>
</tr>
<tr>
<td>Oct</td>
<td>(895)</td>
</tr>
<tr>
<td>Nov</td>
<td>(500)</td>
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<tr>
<td>Dec</td>
<td>(200)</td>
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<td>Jan</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>May</strong></td>
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</tr>
<tr>
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<td><strong>Nov</strong></td>
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<tr>
<td><strong>Jan</strong></td>
<td>2,014</td>
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<tr>
<td><strong>Feb</strong></td>
<td>2,014</td>
</tr>
<tr>
<td><strong>Mar</strong></td>
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### Revenue Outturn

#### RRL Saving/ (Excess)

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<th>Saving / (Excess)</th>
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<tr>
<td>May</td>
<td>(550)</td>
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<tr>
<td>June</td>
<td>(1,135)</td>
</tr>
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<td>July</td>
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<td>Aug</td>
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<td>Sept</td>
<td>(1,065)</td>
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<td>Oct</td>
<td>(895)</td>
</tr>
<tr>
<td>Nov</td>
<td>(500)</td>
</tr>
<tr>
<td>Dec</td>
<td>(200)</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>
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</table>

### Efficiency Savings Trajectory

<table>
<thead>
<tr>
<th>Month</th>
<th>Efficiency Savings £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>198</td>
</tr>
<tr>
<td>June</td>
<td>283</td>
</tr>
<tr>
<td>July</td>
<td>475</td>
</tr>
<tr>
<td>Aug</td>
<td>950</td>
</tr>
<tr>
<td>Sept</td>
<td>1,583</td>
</tr>
<tr>
<td>Oct</td>
<td>1,700</td>
</tr>
<tr>
<td>Nov</td>
<td>1,900</td>
</tr>
<tr>
<td>Dec</td>
<td>2,014</td>
</tr>
<tr>
<td>Jan</td>
<td>2,014</td>
</tr>
<tr>
<td>Feb</td>
<td>2,014</td>
</tr>
<tr>
<td>Mar</td>
<td>2,014</td>
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### Revenue Performance Trajectory

<table>
<thead>
<tr>
<th>Month</th>
<th>Revenue Performance £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>(200)</td>
</tr>
<tr>
<td>June</td>
<td>(400)</td>
</tr>
<tr>
<td>July</td>
<td>(600)</td>
</tr>
<tr>
<td>Aug</td>
<td>(800)</td>
</tr>
<tr>
<td>Sept</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Oct</td>
<td>(1,200)</td>
</tr>
<tr>
<td>Nov</td>
<td>(1,400)</td>
</tr>
<tr>
<td>Dec</td>
<td>0</td>
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<tr>
<td>Jan</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>0</td>
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</table>

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Form 5 - Trajectories
## Financial Planning Assumptions:

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>6.01</td>
<td>Base uplift</td>
<td>2019-20</td>
<td>2.00%</td>
<td>2020-21</td>
<td>2.00%</td>
<td>2021-22</td>
<td>2.00%</td>
<td>2022-23</td>
<td>2.00%</td>
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<tr>
<td>6.02</td>
<td>NRAC</td>
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<td>6.03</td>
<td>Other</td>
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<td></td>
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<tr>
<td>6.04</td>
<td>Base uplift</td>
<td>4.71%</td>
<td>2020-21</td>
<td>2.00%</td>
<td>2021-22</td>
<td>2.00%</td>
<td>2022-23</td>
<td>2.00%</td>
<td>2023-24</td>
</tr>
<tr>
<td>6.05</td>
<td>Incremental drift</td>
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<td>6.06</td>
<td>Other</td>
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<tr>
<td>6.07</td>
<td>Prices</td>
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<tr>
<td>6.08</td>
<td>Price</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.09</td>
<td>Volume</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.10</td>
<td>Price</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.11</td>
<td>Volume</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Risk Assessment

### Key Assumptions / Risks

<table>
<thead>
<tr>
<th>Key Assumptions / Risks</th>
<th>£ Value Risk/ £ Assumption/ % Assumption</th>
<th>Impact / Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay &amp; Pension</td>
<td>£0.5m</td>
<td>Future pay settlements funded 2% lower than awarded</td>
</tr>
<tr>
<td>Waiting Times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Price Regulation Scheme (PPRS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Improvement Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>£0.5m</td>
<td>Risk of mental health access work programme not being funded</td>
</tr>
<tr>
<td>Transformational Change Fund</td>
<td></td>
<td>Risk of Value Management activity not being funded</td>
</tr>
<tr>
<td>eHealth</td>
<td>£0.1m</td>
<td>Risk of eHealth activity not being funded</td>
</tr>
<tr>
<td>Capital Programme</td>
<td>£1.5m</td>
<td>Capital required to support business case for move from Delta House, Glasgow at end of lease March 2021. Decision required about capital funding as there is no scope for a revenue to capital transfer from HIS. Plans can be made to spread capital spend over 20/21 and 21/22 to alleviate capital position for SG but need guidance from SG</td>
</tr>
<tr>
<td>Independent Health Care</td>
<td>£0.2m</td>
<td>Risk of independent health care not being funded due to the complexity of this market and the inability to predict income with certainty. Current modelling demonstrates that fees require to increase by a minimum of 3% to enable costs to be covered which may not be sustainable. HIS do not have the baseline funding to support any shortfall in income</td>
</tr>
<tr>
<td>IFRS 16 Impact not funded</td>
<td>£0.1m</td>
<td>Implementation of the new accounting standard on leases is not fully funded by SG</td>
</tr>
<tr>
<td>Additional Allocation funding not baseline</td>
<td>£1.4m</td>
<td>Risk that additional allocations are either not baseline or only partly baseline/ reduced. This represents a significant risk on delivery of priorities. ISM/HOF safe staffing and SAPG are assumed to be baselined in 21/22 and there are significant permanent staff costs associated with these allocations</td>
</tr>
<tr>
<td>New property lease increases costs</td>
<td>£0.1m</td>
<td>The lease for our current accommodation in Glasgow expires 8 March 2021 with an assumption of 10% increase in property costs. We are currently finalising a property appraisal and costs may be higher. A 10% increase in rental costs/ fit out would impact adversely</td>
</tr>
<tr>
<td>Staff Turnover rate falls</td>
<td>£0.7m</td>
<td>Our financial plan includes a reduction in staff costs of 3% for the effect of staff turnover. If this becomes more stable then costs will increase as vacancy levels fall</td>
</tr>
<tr>
<td>Savings target not achieved</td>
<td>£1.7m</td>
<td>There is a risk that the internal improvement Board and Directorate don’t achieve internal savings targets. The risk in this area has increased as a result of lower than anticipated funding uplift in 2021/22 budget</td>
</tr>
<tr>
<td>Safe Staffing Allocation</td>
<td>£2.3m</td>
<td>Risk of safe staffing work programme not being funded will impact on delivery of this legislative work</td>
</tr>
<tr>
<td>Additional Allocations</td>
<td>£7.1m</td>
<td>Additional allocations unconfirmed or provided late will have an impact on our ability to recruit staff due to the short-term nature of the work. This could lead to slippage and non delivery of work</td>
</tr>
</tbody>
</table>

Form 6 - Assumptions & Risks
<table>
<thead>
<tr>
<th>Project</th>
<th>End date</th>
<th>Actual Year WTE</th>
<th>Total Projected 2020-21 spend £</th>
<th>Comments</th>
<th>Baseline?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSP - External (QM0020)</td>
<td>Ongoing</td>
<td>16.00</td>
<td>£ 1,168,968</td>
<td>Confirmed to baseline 21/22</td>
<td>Confirmed baseline</td>
</tr>
<tr>
<td>SAPG (Q10054)</td>
<td>Ongoing</td>
<td>3.20</td>
<td>£ 236,532</td>
<td>Confirmed to baseline 21/22</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>HSP - External (QM0040)</td>
<td>Ongoing</td>
<td>0.00</td>
<td>£ 853,448</td>
<td>Discuss for baseline transfer</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Adverse Events (Q10126)</td>
<td>Ongoing</td>
<td>3.40</td>
<td>£ 204,758</td>
<td>Discuss for baseline transfer</td>
<td>Under discussion</td>
</tr>
<tr>
<td>National Review Panel - NRP (Q10174)</td>
<td>Ongoing</td>
<td>1.18</td>
<td>£ 51,351</td>
<td>Discuss for baseline transfer</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>ICT Strategy (Q10069)</td>
<td>Ongoing</td>
<td>1.00</td>
<td>£ 91,379</td>
<td>Discuss for baseline transfer</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>National Hub (QE0050)</td>
<td>ongoing</td>
<td>5.60</td>
<td>£ 249,372</td>
<td>Discuss for baseline transfer</td>
<td>Under discussion</td>
</tr>
<tr>
<td>SUDI (Q10113)</td>
<td>Ongoing</td>
<td>1.00</td>
<td>£ 52,195</td>
<td>Discuss for baseline transfer</td>
<td>Under discussion</td>
</tr>
<tr>
<td>EiT-External (QM0030)</td>
<td>Ongoing</td>
<td>5.60</td>
<td>£ 278,000</td>
<td>Discuss for baseline transfer</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Off-Label Cancer Medicines - OLCM (Q10176)</td>
<td>31 October 2021</td>
<td>1.60</td>
<td>£ 89,024</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Value Management (QT0066)</td>
<td>31 March 2022</td>
<td>4.87</td>
<td>£ 675,661</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>GP Clusters (QT0055)</td>
<td>31 March 2021</td>
<td>11.31</td>
<td>£ 750,000</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Mental Health Access Improvement Support Team</td>
<td>31 March 2021</td>
<td>5.50</td>
<td>£ 418,000</td>
<td>Defined end date</td>
<td>Additional allocation</td>
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<tr>
<td>(MHAIST) External (QT0029)</td>
<td>31 October 2020</td>
<td>3.51</td>
<td>£ 393,284</td>
<td>Defined end date</td>
<td>Additional allocation</td>
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<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Access QI (QT0070)</td>
<td>31 March 2021</td>
<td>4.95</td>
<td>£284,586</td>
<td>Defined end date</td>
<td>Under discussion</td>
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<tr>
<td>Adult Support and Protection Inspections (QE0034)</td>
<td>31 December 2020</td>
<td>3.83</td>
<td>£283,485</td>
<td>Defined end date</td>
<td>Additional allocation</td>
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<tr>
<td>Early Interventions in Psychosis (EIP) (QT0067)</td>
<td>31 March 2021</td>
<td>3.60</td>
<td>£209,917</td>
<td>Defined end date</td>
<td>Under discussion</td>
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<tr>
<td>SHTG - external (QD0034)</td>
<td>31 March 2021</td>
<td>3.00</td>
<td>£188,000</td>
<td>Defined end date</td>
<td>Under discussion</td>
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<tr>
<td>Collaborative Communities (External) (QT0065)</td>
<td>31 March 2021</td>
<td>2.10</td>
<td>£118,654</td>
<td>Defined end date</td>
<td>Under discussion</td>
</tr>
<tr>
<td>QA Primary Care (Q10191)</td>
<td>30 September 2021</td>
<td>2.00</td>
<td>£115,858</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Dementia in Hospitals (QT0051)</td>
<td>31 March 2021</td>
<td>1.20</td>
<td>£99,557</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>SPSP Improving Observation Practice (SPSP IOP) (Q10168)</td>
<td>31 March 2021</td>
<td>0.40</td>
<td>£73,606</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Palliative and End of Life Care Clinical Leadership (QT0069)</td>
<td>31 March 2021</td>
<td>1.10</td>
<td>£62,700</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
<tr>
<td>Care Co-ordination External (QT0061)</td>
<td>31 March 2021</td>
<td>0.40</td>
<td>£44,000</td>
<td>Defined end date</td>
<td>Additional allocation</td>
</tr>
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<td>MCQIC external (QT0058)</td>
<td>31 March 2021</td>
<td>0.40</td>
<td>£43,373</td>
<td>Defined end date</td>
<td>Under discussion</td>
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<td>TBQR (Q10172)</td>
<td>30 September 2020</td>
<td>0.63</td>
<td>£35,216</td>
<td>Defined end date</td>
<td>Additional allocation</td>
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<td>Post-diagnostic Support (QT0054)</td>
<td>31 March 2021</td>
<td>0.00</td>
<td>£15,000</td>
<td>Defined end date</td>
<td>Under discussion</td>
</tr>
<tr>
<td>PNCP (QF1031)</td>
<td>31 March 2021</td>
<td>0.00</td>
<td>£12,900</td>
<td>Defined end date</td>
<td>Under discussion</td>
</tr>
<tr>
<td>WMTY SG (Q10165)</td>
<td>31 March 2021</td>
<td>0.00</td>
<td>£7,098,828</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** | £7,098,828
SUBJECT: Workforce and Development Plan 2020 - 2023

1. Purpose of the report

To provide the Board with an overview of the Workforce & Development Plan for 2020 – 23 and invite comments prior to submission to Scottish Government. Necessarily, the report is populated with data to 29 February and will need to be finalised early next month when the year end figures are available. With outstanding data from only one remaining month, any significant changes to the narrative and action points are very unlikely.

2. Key Points

The Workforce & Development Plan for 2019-22 contained a range of action points and activity to be delivered, identified on a scale from high to low priority, the clear focus being on those actions identified as high and to be completed within the year 2019/20.

The updated plan confirms achievements made and identifies continuing priorities for the organisation going forward.

A number of headlines can be identified from the work already undertaken

- The overall staffing level for Healthcare Improvement Scotland has increased by 46.8 whole time equivalents (WTE). This is a positive picture in terms of the recruitment to roles within the organisation. This has been delivered in a demanding environment with a 10% attrition rate and 46% of all vacancies resourced with internal staff, often resulting in a requirement to backfill.

- To date the organisation has run 136 recruitment campaigns (complete and current), ahead of the 122 in total run for 2018/19. The timeline from advert to offer of employment has increased from 42 to 46 days in the course of the year. Whilst this is an increase, given this has happened during the implementation of Job Train, this should not be viewed as overly negative. Recruitment has continued to perform whilst the new system has been introduced and ‘beds down’.

- Leavers across the organisation remain at 10% of the total workforce as at 29 February 2020. This is a similar figure as at the end of 2019/20. Initial detail has highlighted turnover in some of the more difficult to recruit roles, including Project Management, Associate / Improvement Advisors, ICT and Management Accountants. We will be improving the data to identify hard to recruit roles and supporting recruitment through an improved recruitment collateral.

- The ‘flexible contract’ mix across the organisation has increased slightly on last year, showing a rise from 17% to 19% of the mix of secondment and fixed term contracts in place within the organisation. This links to the need to understand the demand position across the organisation and also the funding arrangements in place.
• Sickness absence rates remain broadly similar, sitting at 3.1% for the organisation at the end of February as opposed to 3.3% at the same point in 2019.

For the 2020-23 plan:

• We are working towards a new approach to resourcing through clearly establishing demand (budget and affordability) v supply (resource less equivalent WTE loss from sick absence), adopting a forecasting model and more intense scrutiny of new recruitment requests to ensure the imperative need. This will support our aim to refocus and re-shape the organisation on an ongoing basis

• There are several recruitment actions, ranging from refreshing and repositioning our marketing of the organisation, advertising roles in advance of forecast vacancies to significantly reduce the request to start timeline, deploying consistent recruitment selection options and implementing best endeavour timelines. This is significant work which would require resource over and above the current People and Workplace staffing level

• Three key strategic workforce development themes that we need to continue to build on in the coming year are:
  - How we support, retain and make best use of talent and how we develop the right skills mix across the organization. Key interventions are our Career Pathways approach, optimising the use of National Development programmes for identified talent and recruiting Graduates and Modern Apprentices
  - How we engage and support people:
    ▪ to lead, engage with and manage change. This includes supporting people to work in a more agile and flexible way and how we increase our digital capability.
    ▪ in developing a culture that will deliver on current and future strategies and that provides a positive work experience for all our staff.
      This is underpinned by our engagement survey – iMatter - and ensuring action plans meet the needs of our people
  - How we support learning and access to learning, with a key focus on supporting strategic priorities and furthering our work on cross organisational working

3. **Actions/Recommendations**

The Board are asked to

a) Review the detail provided in the current draft submission of the Workforce & Development Plan 2020-23
b) Provide comment on the draft detail provided
Appendix:

1. Draft Workforce Development Plan 2020 - 23

If you have any questions about this paper please contact Sybil Canavan, Director of Workforce, sybil.canavan@nhs.net, 0141 241 6307 Ext 8640.

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/no</td>
<td>yes/no</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.

The plan’s key goal is to support the organisation resource to the right skills, right people and at the right time. Achieving that aim supports the each of the organisation’s Directorates meet their obligations in the strategic plan

Resource Implications

To achieve the plan would require release of 1 x manager in the P&W team for 3 months with their role backfilled

What engagement has been used to inform the work.

The Plan has been presented at the Board Seminar, Partnership Forum and Staff Governance meeting. All Directors have had the opportunity to input to the draft

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

The review of recruitment would ensure we continue to meet our legal obligations in accordance with the Equality Act. The Plan would support the Directorates deliver on their projects in a timely fashion with the right resource
Supporting better quality health and social care for everyone in Scotland

Workforce & Development Plan 2020-23

18 March
Contents

Summary
1. Introduction
3. Workforce Profile
4. 2020/21 Forecast Workforce
5. Development Plan
6. Action Plan

Appendix A – Prioritised Actions
Appendix B – ihub recruitment challenges
Appendix C – New Projects
Summary

This three year Workforce & Development Plan is aligned to Healthcare Improvement Scotland’s Corporate Strategy and Operational Plan to **Making Care Better** which wholly factors in the Government and Cabinet Secretary’s priorities. The plan provides a view of our current state, our challenges and proposals to ensure our workforce supports future capacity and capability to deliver priorities and to support health and social care organisations improve health and wellbeing outcomes for the people of Scotland.

The overarching aim for our workforce is to ensure Healthcare Improvement Scotland has the right people, in the right roles with the right skills at the right time and to maximise the potential of our people. This will enable the organisation to continue achieving our strategic and operational priorities.

1. **Factors influencing the Workforce Plan:** The Government and Cabinet Secretary priorities are threaded through our strategy and operational plan. This plan is aligned to support the achievement of those and further factors in our financial challenges arising from the pay award and flat baseline contribution over the next 3 years. This will be done through continuing to upgrade our people management information, focusing on making best use of resources and fully understanding the resource / workload demand.

2. **Workforce profile:** We have continued to meet increasing demand over a period of 3 years. Our workforce numbers were similar for the period 31 March 2017 – 31 March 2019 but over the past year additional recruitment campaigns have supported an increase of 47 headcount / 46.8 WTE to 29 February 2020. On 31 March 2019 we reported our total workforce (payroll and non-payroll) as 471, compared to 518 at 29 February 2020. The number of payroll employees has increased by 34 over the past year whilst non-payroll numbers have increased by 13.

Integral to the increased headcount / WTE has been 104 new staff joining the organisation whilst 57 have left giving us an attrition rate of 10%. This attrition rate has been consistent over the past 3 years. There has also been significant internal movement of 46 staff who were successful in securing new jobs in HIS. This plan acknowledges the significant support required to manage recruitment activity and proposes some improvement opportunities through decreasing the recruitment cycle time, extending our advertising / market reach and improving our supply v demand intelligence through improved collaboration between the People & Workforce and Finance Directorates.

Our contract mix continues to be sufficiently flexible to support the complex and changing nature of project assignments; 19% of our workforce operate on fixed term contracts or are seconded in from other NHS organisations. This is a 2% increase on last year – a proposal for People & Workforce and Finance to
regularly compare demand, from the budget, against supply, in the shape of resource, should help ensure we employ an optimal number of fixed term contracts / secondees in.

Whilst our age demographic is relatively stable year on year, we aim to increase the number of younger employees through extending our Modern Apprentice scheme and commencing Graduate intake to further grow our talent pipeline.

Consolidating all of this workforce data, and factoring in the activities to achieve an increased headcount, reveals that we have negotiated through a challenging landscape:

- We have invested a significant effort in recruitment with 2.5 campaigns to increase headcount by 1
- We have seen WTE turnover of between 4.5 – 5.2 staff per month over the last 3 years.
- The volume of recruitment equates to 19.3% of our total headcount
- Of our 100 successful candidates, 46 internal staff were successful. This is encouragingly positive for career development but potentially leaves the challenge of backfilling the original job of the 46 successful candidates
- We are competing against the external market for many of our jobs, as well as internally with other NHS Scotland Boards, so require to modernise our market offering highlighting our uniqueness
- Salaries offered for some jobs are perceived to be below the market rate, particularly when competing with some large employers in the East of the country.
- The length of time taken to fill jobs from eRAF creation to start date averages 98.2 days against a 30 day notice period for band 6 and below and 90 day notice period for band 7 and above
- New commissions from Scottish Government more often than not need to commence prior to the 98.2 days it takes to start a new recruit – this represents a key challenge for our workforce and succession planning arrangements within the organisation.
- Our sick absence rate is favourable against the NHS threshold but we can see from the Demand v Supply chart in section 3.1.3 that the monthly average, macro / high level, reduction on that supply is 15 WTEs

We acknowledge the demands these challenges create. We know we need interventions to address them and have prepared rigorous recommendations to do so.

3. Absence: We have a positive sick absence performance of 3.1% against the NHS threshold of 4%. This is an improvement of 0.3% on ’18/19 (full year).
Anxiety, stress, depression / other psychiatric illnesses remains the main cause of absence but the signs are that the hours lost for this reason will reduce year on year by 31 March 2020. We believe we can further improve on our sick absence rate through more focused line management support and interventions.

4. **Talent:** We have in place some key work to support our talent in the organisation. Significant work will continue supporting staff in their self-development through our Career Pathways programme and promoting access across a range of National development programmes; both designed to promote leadership and talent management. As mentioned, we are also aiming to increase our younger talent numbers through Graduate intake and an improved Modern Apprentice programme. This will be underpinned by our continued succession planning work to manage risk for critical roles.

5. **Learning:** Key focus is on ensuring we capture strategic and directorate development priorities, which in turn will drive our OD & Learning Team’s priorities. We will continue supporting cross organisational working, career progression and organisational flexibility through further building on the skills frameworks that are in development for Improvement and Inspection roles. We will seek to spread this approach to other roles across the organisation with a cross-organisational focus on project roles. In addition, the learning from the Primary Care Cross-Organisational Network approach to collaborative planning will be shared across other topic networks and the work with function leads to increase cross-organisational planning will continue.

6. **Engagement:** Last year’s iMatter engagement score of 78% was 2% lower than the previous year. By contrast, the response rate increased from 86% to 90% which means the information we are gaining is an accurate representation of staff perceptions. The plan focuses on improving the engagement score through (i) continued work on Engagement action plans; (ii) supporting our newly formed Internal Improvement Programme, which aims to optimally engage available resources; and (iii) continuing to build on the implementation of our bespoke culture survey designed to provide more in depth data to inform how the staff experience can be improved.

7. **Action Planning:** We have identified 19 Workforce activities and 23 Development activities in the action plan which are key to supporting our strategic and operational aims over the course of the next 3 years. These are listed in section 6.1 and 6.2. It is important to recognise that this is a 3 year plan. Accordingly, the Workforce actions are prioritised in Appendix A, while our newly appointed Head of OD&L will prioritise planning for Development in the early part of the new financial year.
1. Introduction

1.1 The Workforce & Development Plan 2020-2023 builds on the work carried out last year and aims to make further progress in ensuring our people resource is equipped to deliver both our Corporate Strategy for 2020/23 – Making Care Better - and our Operational Plan for 2020/21. The Workforce & Development Plan has a pivotal role in supporting the three year Financial Plan to ensure there are sufficient resources to support the delivery of work.

1.2 This plan establishes the following - progress made in the past year, the breakdown of the workforce, resource v demand, linkages between various data to confirm good practice, recommending improvement opportunities and confirming 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 existing / future requirement, using an 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
- robust processes are 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, skills framework development, succession planning and provision of appropriate learning
- our workforce operates 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
1.3 The Workforce & Development Plan will be used to inform Scottish Government of Healthcare Improvement Scotland’s workforce profile, our requirements and our workforce projections.

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

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

Strategy 2020-23, Structure, External & Internal Factors

2.1 Strategic Plan 2020-23

Our strategic priorities are:

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

The Workforce & Development Plan supports the delivery of Making Care Better, our organisation’s strategy for 2020–2023, linking into, the Scottish Government’s Health and Social Care Delivery Plan, and the National Performance Framework.

We believe we can make the biggest difference by:

- Enabling people to make informed decisions about their care and treatment.
- Helping health and social care organisations to redesign and continuously improve services.
- Providing evidence and sharing knowledge that enables people to get the best out of the services they use and helps services improve.
- Providing quality assurance that gives people confidence in the services and supports providers to improve.

The Workforce & Development Plan is shaped to support delivery of our work programme and wider NHS values. All our work has our organisational values embedded within its development and delivery. Our values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility, and
- Quality and teamwork

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, developing and disseminating evidence-based advice for NHSScotland and providing internal evidence development, Business Intelligence Strategy, research, health economics and knowledge support for other functions in the organisation.

- **Quality Assurance Directorate** works with colleagues across HIS and external partners to deliver programmes of quality assurance activity, including inspections and reviews. Quality Assurance reports and publishes findings on performance and demonstrates accountability of these services to the people who use them and provides the delivery of the Death Certification Review Service.

- **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 and shared leadership with NMAHP Directorate for clinical and care governance and clinical engagement.

- **Nursing, Midwifery and Allied Health Professionals (NMAPH) Directorate** 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.

- **ihub Directorate** 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 and the arrangement of #HISgoingglobal international events.

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

- **Scottish Health Council (known as Healthcare Improvement Scotland – Community Engagement from April 2020)** 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. Its engagement office network includes staff based in each NHS Board area.
External & Internal Factors impacting on the Workforce & Development Plan

2.1 Financial challenges: Healthcare Improvement Scotland faces financial challenges in line with all public services in Scotland. In the main, the challenges arise 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.

2.2 Operational Plan 2020 -2021: Our Operational Plan details the work we will be carrying out in 2020-21 illustrating 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 2020-21 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 work in an increasingly collaborative way to maximise our impact and make best use of limited resources. Throughout 2019, a number of our teams took part in an internal collaborative to test the use of our Quality Management System. We are now consolidating the learning from this collaborative, to inform how teams across Healthcare Improvement Scotland are to use this system. This will enable us to deliver on our strategy - Making Care Better.

2.3 Organisational Changes: It is recognised that change is required to match requests with the necessary capability to build a strong, optimised and resilient infrastructure to support delivery of our priorities. Our focus will be:

- building capability and resilience in evidence, community engagement and Quality Assurance
- creating a more digitally enabled organisation
- strengthening our corporate support services infrastructure
- enhancing our intelligence and analytical capability
- meeting the growing demand for medium to longer term improvement support for systems under pressure
- on areas for recurring investment and pressures re secondments / fixed term posts

The Scottish Health Council (to be known as the Community Engagement Directorate from April 2020) have implemented a number of significant changes to refocus its work in a way that takes account of health and social
care integration and ensure its efforts are focused on the areas it can make most impact on, strengthening the engagement of people and communities. These changes include: a new name for the directorate that better reflects its core purpose; a new directorate structure with investment in additional senior posts; revised governance arrangements; and the introduction of different ways of working including the ongoing development of new approaches to improvement and assurance of community engagement in the context of health and care integration.

2.4 Efficiency: It is important that we balance our budget with the operational plan, make best use of our resources and ensure return on investment whilst sustaining the Healthcare Improvement Scotland brand and continuing to support our people who work in a complex and broad operation. Capacity Planning is a system currently operating and continually developing in the Quality Assurance Directorate to support this aim. This remains work in progress from last year and is highlighted in the report as an activity that needs to be critically reviewed in 2020.

2.5 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
- Involved in decisions; and
- 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.

2.6 Headcount control & forecasting: Provision of monthly data to monitor headcount / WTE in the organisation has been rolled out in 2019/20. This works towards a clearer understanding of the composition of the workforce at a given time. This has been supported with the introduction of the new Tableau reporting system. Further work is planned to highlight the demand position for workload and resource and monitor this against the supply of resource to ensure potential risks in the shape of vacancies and skills gaps are regularly understood.
2.7 Workforce Equality Monitoring Report
Our ‘18/19 Workforce Equality Monitoring Report has been reviewed and updated with all actions now due to be completed and reviewed again up to April 2022. 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 plan covers:
- 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

2.8 Internal Improvement
During 2019-20 we introduced a programme of focused internal improvement work to support the strategic change needed to keep Healthcare Improvement Scotland sustainable, effective and fit for the future. This work is led by the Internal Improvement Oversight Board (IIOB) to provide leadership, governance and accountability for three key areas of improvement:
- People
- Place
- Process

Objectives of the internal improvement programme are to:
- Enable our people to make informed decisions about their work and their role within HIS
- Help the organisation redesign and continuously improve our internal processes
- Provide evidence and share knowledge that enables our people to get the best out of the systems we use
- Provide quality assurances that gives our people confidence in the organisation and supports HIS to improve our working environment and practices: and
- Make best use of our resources; we aim to ensure every pound invested in our work adds value to the health and care system in Scotland

2.9 Culture Survey
A bespoke Culture Survey was completed during 2019/20 to provide a better understanding of staff experience working in Healthcare Improvement Scotland, and to identify ways in which staff believe the current culture and working environment
could be further enhanced. The results provided key data which linked into the Workforce & Development Plan, particularly with regard to potential reasons for employees leaving the organisation, reasons for retention, aspirations and balance of workload.

2.10 Operational Framework

The introduction of our Operating Framework has assisted in managing additional demand from Scottish Government throughout the year in a more structured manner. It defines roles and responsibilities underpinning the relationship between each organisation, ensuring priorities are agreed with alignment to resources for the future. This approach directly links into section 3 where we have attempted to illustrate the impact and risk of known demand (workload with affordability) against supply (resources).

2.11 Glasgow Accommodation

Our lease for our accommodation in Delta House Glasgow is due to expire in March 2021. We are currently reviewing our options to accommodate staff from that date, including moving DCRS staff from NHS24 premises to be part of the new arrangements. A final business case is being prepared for ministerial approval and this has been informed with the help of a working group of Delta House and DCRS staff. This working group, which reports to the Partnership Forum, has considered the various accommodation options and will be supported by adopting an ambitious programme of smarter working principles across HIS to enable HIS to optimise the use of all office space. This reflects the changing shape and requirements of our staff and estate.
3. Workforce Profile

3.1 Headcount & Whole Time Equivalents (WTE)

Headcount and WTE numbers are displayed as a trend since 31 March 2018 to understand if past performance might impact on future performance, to review progress, establish strengths and lingering risks, and issues to inform appropriate actions. This timeline has also been used for the attrition / leavers and age demographic sections. Dates used for each table / chart are detailed appropriately.

3.1.1 Total current HIS workforce (payroll & non payroll*) (review period 31 March 2018 – 29 February 2020)

*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 |

| Additional WTE from Finance data: |
| Agency WTE: 9.1 x WTE |
| Secondees in, not recorded in eESS: 5.2 WTE |

*Figures exclude HIS staff on secondments outwith HIS
3.1.2 **Current HIS workforce by Directorate (Payroll & Non Payroll)** (review period 31 March 2018 – 29 February 2020)

Data sourced from eESS

### Headcount 31 March 2018 - 29 February 2020

<table>
<thead>
<tr>
<th>Directorate</th>
<th>17/18</th>
<th>18/19</th>
<th>Feb ‘19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Office</td>
<td>25</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Evidence</td>
<td>89</td>
<td>91</td>
<td>99</td>
</tr>
<tr>
<td>F&amp;CS</td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>ihub</td>
<td>125</td>
<td>129</td>
<td>146</td>
</tr>
<tr>
<td>Medical</td>
<td>47</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>NMAHP</td>
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<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>76</td>
<td>74</td>
<td>79</td>
</tr>
<tr>
<td>SHC</td>
<td>66</td>
<td>61</td>
<td>63</td>
</tr>
</tbody>
</table>

### WTE 31 March 2018 - 29 February 2020

<table>
<thead>
<tr>
<th>Directorate</th>
<th>17/18</th>
<th>18/19</th>
<th>Feb 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Office</td>
<td>24.3</td>
<td>22.0</td>
<td>19.2</td>
</tr>
<tr>
<td>Evidence</td>
<td>78.1</td>
<td>79.1</td>
<td>86.1</td>
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<tr>
<td>F&amp;CS</td>
<td>38.6</td>
<td>38.6</td>
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</tr>
<tr>
<td>ihub</td>
<td>105.4</td>
<td>112.6</td>
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<tr>
<td>Medical</td>
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<td>32.6</td>
<td>33.6</td>
</tr>
<tr>
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<td>8.6</td>
<td>23.4</td>
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<tr>
<td>Quality Assurance</td>
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<td>70.2</td>
<td>74.7</td>
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<tr>
<td>SHC</td>
<td>61.6</td>
<td>56.6</td>
<td>59.3</td>
</tr>
</tbody>
</table>
3.1.3  HIS Illustrative Supply v Demand position (Payroll & Non Payroll) (review period 31 March 2018 – 29 February 2020)

Analysis

3.1.4  19/20 has shown a positive increase in both headcount and WTE to support increasing demand. Total headcount stands at 518 compared to 471 at the end of 2018/9; an increase of 47. WTEs have increased by 46.8. Increased recruitment activity has supported this with 136 recruitment campaigns (current and complete) to date v 122 for the full ‘18/19 year.

We are, therefore, pleased to report that our headcount has improved for the first time in the past 3 years against an increased demand; this has been an impressive Healthcare Improvement Scotland team effort in a demanding environment

It is worth noting that the achievement of a positive headcount position has been as a result of recruiting 104 new payroll / non payroll starters v 57 leavers to 29 February

The data indicates an increase in supply v increased demand to support regular new Scottish Government Commissions. This positive movement has also been achieved with the challenge of having to backfill one or more vacancies when an internal candidate is successfully recruited to a new role.

This year’s plan includes an illustration of supply v demand with a 3 month supply forecast. Going forward, we will be reviewing our demand in terms of WTE affordability (our start of year allocated budget plus additional Scottish Government funding for new projects as the year progresses) v our supply in terms of paid resource. The mix of the staffing for demand v supply will also
be reviewed to ensure that all permanent staff are affordable from within the baseline funding allocation. This will be rigorously monitored by Finance and People & Workforce on a monthly basis to mitigate any emerging risks. The benefit will be to enable monthly management of risk through reviewing, monitoring and managing current gaps as well as forecasting our future short term headcount against affordability.

The demand line in illustration 3.1.3 is simply based on the budget allocation for each month as at 1 April 2019, with the April & May 2020 figure of 494 depicting our work in progress budget position for the start of next year. The 3 month forecast supply is based on the number of jobs in the recruitment pipeline at 25 February – 17.7 x WTE, less monthly forecast leavers – 4.5 x WTE. Demand will fluctuate as and when new Scottish Government commissions, with associated funding, are agreed. Tracking new commissions will be challenging as funding can be received some time after work has commenced. This approach, therefore, remains work in progress with a requirement for an early agreed understanding of demand. To emphasise the principle we want to follow going forward - at the moment there may be an April ‘20/21 WTE demand of 494 against a 29 February total of 467; a variance of 27 WTE for the organisation.

**Action – Priority HIGH**

3.1.5 Establish the approach for defining month on month demand

### 3.2 Recruitment

#### 3.2.1 Recruitment activity. (Review period 1 April 2019 – 29 February 2020)

<table>
<thead>
<tr>
<th>Vacancy Type</th>
<th>Total Campaigns YTD (RMS &amp; Jobtrain)</th>
<th>Total Filled YTD (RMS &amp; Jobtrain)</th>
<th>Filled Internally (RMS &amp; Jobtrain)</th>
<th>Filled Externally (RMS &amp; Jobtrain)</th>
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</thead>
<tbody>
<tr>
<td>Fixed-term</td>
<td>46</td>
<td>30</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>Permanent</td>
<td>73</td>
<td>58</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Secondment Only</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>136</strong></td>
<td><strong>100</strong></td>
<td><strong>46</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

***Data sourced from RMS & JobTrain***
3.2.2 Recruitment Timelines (Review period 1 April 2019 – 29 February 2020)

![Average Days to Hire](chart)

***Data sourced from RMS & JobTrain combined

3.2.3 Hard to recruit roles

Over the course of the past two years Directorates have reported the following as hard to recruit roles:

- Pharmaceutical Analyst
- Associate Improvement Advisor
- Improvement Advisor
- Senior / Health Economists
- Senior Inspector / Reviewer
- Senior / Programme Managers
- Senior Project Managers
- ICT roles
- Management Accountants (Note - data from the Agency, Robert Hall, states that Edinburgh salaries for accountants are on a par with London and that demand is exceeding supply at a higher rate than in London)

By contrast, recruitment campaign data for these roles during ‘19/20 indicates advert to offer timelines were broadly in line with the organisational average. Directorate anecdotal concerns, however, still persist. Going forward, and to provide definitive and objective data, we will use the new JobTrain functionality to monitor when (i) jobs have been re-advertised; (ii) sub optimal numbers of candidates are shortlisted; and (iii) the source candidates have
seen the advert for jobs. This will help plan a targeted marketing approach where a hard to recruit situation exists.

**Analysis**

3.2.4 A great deal of work has been undertaken to introduce the new National Recruitment System – JobTrain. We are pleased to report that this major project has been successfully deployed. Simultaneously, the advert to offer and advert to start date performances have been largely unaffected – although see later in this section detail of opportunities for improvement.

3.2.5 We continue to support career progression with 46 of the 100 posts filled by internal staff, equating to 46%.

3.2.6 Recruitment performance for average days from advert to offer is 45, whilst average days from advert to start date is 86.5, both slightly longer than last year’s performance. The figures reported exclude the length of time taken from submission of a recruitment request to the advert being posted. This averages 11.7 days for ‘19/20. Consequently, the average time taken from recruitment request to offer can average 56.7 days.

3.2.7 There are two in process stages we will review in an attempt to reduce the average timeline; (i) there should be opportunity to introduce a process to make decisions on recruitment requests in a more timely and structured manner, reducing the 11.7 days average; and (ii) there is a possible improvement opportunity in the timeline between the advert closing and the assessment/interview taking place – the best available data indicates the average timeline here is 20 days. We believe this could be improved through shortlisting and interview dates being established by the Hiring Manager at the recruitment request stage.

3.2.8 Introduction of formal Healthcare Improvement Scotland timelines for each stage of the process with transparency / reporting of performance would be beneficial.

3.2.9 The timelines for resourcing vacancies continues, in part, to mask the issue of internal employees who are successful at assessment, as their job, in turn, could be resourced by an internal candidate. When this happens, closing down the vacancy chain can take time. For example, the average time from advert to offer, for 2 consecutive backfills remains circa 4 – 9 months (to resource 3 vacancies in total).

3.2.10 Recruitment selection options are currently under review with the aim of having a consistent approach across the organisation.
3.2.11 We continue to have opportunity to review our adverts to enhance our external marketing profile in an effort to combat the higher salaries on offer from other organisations, particularly for the reported hard to recruit roles. We maintain the belief that there is opportunity to reach out to people who want to work with the health service, and Healthcare Improvement Scotland in particular, through positively marketing why this organisation should be one of choice. We will explore the risk v opportunity of providing more detail on terms and conditions such as specific pension detail, time off at Christmas and, importantly, agile and flexible working.

3.2.12 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.

3.2.13 Focusing on the ihub Directorate which experienced the majority of recruitment activity during’19/20. The ihub recruited to 47 jobs up to 29 February v 18 employees leaving the organisation. 17 of the 47 jobs were resourced with internal employees, very likely resulting in recruitment work required to backfill the consequent internal vacancy.

3.2.14 Over the course of ‘19/20, the ihub and People & Workforce managed a significant number of vacancies at a critical level, reducing this significantly through a relentless approach from a figure in excess of 30 to 13 (as at 16 March). A number of factors influenced this improved performance:

- Using locally collected manual data over and above eESS capability
- Weekly reviews between ihub staff and People & Workforce
- Controlling demand, facilitated by the organisation’s deployment of the Operating Framework
- Actively using the Risk, Control & Mitigation process; and
- Utilising resource to support the recruitment and selection process

3.2.15 A comprehensive paper detailing the ihub recruitment challenges remains available. 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 B. Whilst this paper is over 12 months old, the challenges, risks and opportunities remain current and organisation wide. Some potential solutions to address our recruitment collateral and offering can be project managed with a working group. This
project can link in with the Internal Improvement Programme ensuring it fits with our strategic plan.

3.2.16 It is worth noting that a wide range of advertising channels are already being used to optimise market penetration incorporating HIS & NHS/SHOW websites, Indeed.co.uk, Google4jobs.com, Adzuna, Linked-in (via online ads), Corporate Facebook & Twitter (via Comms), MyjobScotland (as required), SCVO (as required), Charity jobs (as required) & other sources in discussion with manager. We will explore the opportunity of how best we may target advertising for hard to recruit roles.

3.2.17 We will explore a process of advertising to a talent pool / waiting list factoring in jobs we know have a high attrition rate. We have, for example, experienced a loss of 9 Administrators and 6 Project Officers this year. We believe it may be a minimal risk to advertise these type of jobs before vacancies exist, highlighting that we will have such a role available in, say, 3 – 6 months time.

**Actions – Priority HIGH**

3.2.18 Adopt agreed Healthcare Improvement Scotland specific timelines for each stage of the recruitment process and scope the potential improvements at two stages – “recruitment request to approval” and “advert to assessment/interview”

3.2.19 Undertake a further review of the recruitment selection approach from the original Recruitment Review Options paper

3.2.20 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 should benefit from the outputs. The project can include a review of our market offering to include piloting use of Careers Advisory Services, Adopt an Interim (despite the title, this organisation can be used to recruit to permanent posts), 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.

3.2.21 Use the new JobTrain functionality to monitor when jobs have been re-advertised, when sub optimal numbers of candidates are shortlisted and to monitor where candidates have viewed adverts. Include this information in the Flash Report on a quarterly basis to establish any hard to recruit jobs, reporting on the reasons why, with recommended fixes.

3.2.22 Explore the potential for advertising vacancies to anticipated attrition.

3.2.23 Ensure a continued scrutiny of posts proceeding to recruitment to ensure fit and structural robustness across the organisation in line with financial requirements.
Actions – Priority MEDIUM

3.2.24 With the development and deployment of the skills frameworks in ihub and Quality Assurance, explore the opportunity for organisational wide synergy for roll out to all Directorates. This may facilitate the opportunity to reduce the time spent on a full blown selection process through an alternative resourcing approach adopting inter / intra level graded development moves

3.3 New Starts v Leavers

3.3.1 New starts v leavers Headcount Payroll & Non Payroll (review period 1 April 2019 – 29 February 2020)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Starters</th>
<th></th>
<th>Leavers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fixed Term</td>
<td>Secondees in -</td>
<td>Permanent</td>
<td>Total</td>
</tr>
<tr>
<td>CEO</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>4</td>
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<tr>
<td>Evidence</td>
<td>4</td>
<td>10</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>F&amp;CS</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>ihub</td>
<td>18</td>
<td>3</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Medical</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>NMAHP</td>
<td>11</td>
<td>7</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>SHC</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>19</td>
<td>52</td>
<td>104</td>
</tr>
</tbody>
</table>

Data sourced from eESS

3.3.2 Leavers / Attrition ‘17/18 – ‘19/20

Data sourced from eESS (Note: Data includes non payroll for ‘19/20 and will do so in future years)
### Analysis

3.3.3 Key available data is that of the 57 ‘19/20 leavers, 31 (54%) were permanent employees. 14 of the leavers were fixed term contract employees, representing 32% of all fixed term employees – a sizeable number; going forward we need to understand if the sole reason for leaving was the type of contract.

The table below details leaving reasons for the jobs which have most leavers – Administrative Officers and Project Officers - as well as jobs identified last year as hard to recruit.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Total</th>
<th>Death In Service</th>
<th>End of FTC</th>
<th>New Employment with NHS Scotland</th>
<th>Other</th>
<th>Retirement - Age</th>
<th>V.E Retirement + Actuarial red.</th>
<th>Vol. Resignation - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Officer</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Associate Improvement Advisor</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Economist</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Advisor</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Officer</td>
<td>9</td>
<td></td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Senior Health Economist</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Project Officer</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Details of 10 exit interviews were available; 9 from Administrative Officers. The main reason for leaving for 5 out of the 9 was for work at a higher level and, it is probably safe to assume, better remuneration. We know that 6 of the Administration Officers, 1 of the Project Officers and 1 of the Associate Improvement Advisors were on fixed term contracts. We do not know if this was a reason for leaving in any of the cases.

The more obvious risks this data presents are (i) the time taken to backfill these roles; (ii) the expertise lost and which needs replaced; (iii) the time taken for new employees to become effective; and (iv) the adverse impact on meeting demand.

3.3.4 The level of attrition over the past 3 years remains relatively high at around the 10% mark. There is therefore a need to (i) have an understanding of those staff in critical roles who may have plans to leave or advance, thus ensuring potential successors are identified for business continuity (addressed in the Talent section); and (ii) a requirement to understand if there are underlying work / contractual related issues.
3.3.5  We accept that turnover of employees is a normal organisational challenge, but we wish to gain further knowledge of the reasons to ensure an element of influence over the level

**Action – Priority MEDIUM**

3.3.6  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 to an acceptable level. This should provide important data to develop a robust retention strategy, if required.

3.4  **Contract Mix** (detail as at 29 February 2020. Comparison v 31 March 2019)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Fixed Term No</th>
<th>%age</th>
<th>Secondees from other Boards No</th>
<th>%age</th>
<th>Permanent No</th>
<th>%age</th>
<th>Internal secondees No</th>
<th>%age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>2</td>
<td>10%</td>
<td>1</td>
<td>5%</td>
<td>16</td>
<td>80%</td>
<td>1</td>
<td>5%</td>
<td>20</td>
</tr>
<tr>
<td>Evidence</td>
<td>9</td>
<td>9%</td>
<td>8</td>
<td>8%</td>
<td>78</td>
<td>79%</td>
<td>4</td>
<td>4%</td>
<td>99</td>
</tr>
<tr>
<td>F&amp;CS</td>
<td>4</td>
<td>10%</td>
<td>0</td>
<td>0%</td>
<td>36</td>
<td>88%</td>
<td>1</td>
<td>2%</td>
<td>41</td>
</tr>
<tr>
<td>ihub</td>
<td>26</td>
<td>18%</td>
<td>18</td>
<td>12%</td>
<td>91</td>
<td>62%</td>
<td>11</td>
<td>8%</td>
<td>146</td>
</tr>
<tr>
<td>Medical</td>
<td>4</td>
<td>9%</td>
<td>4</td>
<td>9%</td>
<td>37</td>
<td>82%</td>
<td>0</td>
<td>0%</td>
<td>45</td>
</tr>
<tr>
<td>NMAHP</td>
<td>2</td>
<td>8%</td>
<td>11</td>
<td>44%</td>
<td>11</td>
<td>44%</td>
<td>1</td>
<td>4%</td>
<td>25</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>3</td>
<td>4%</td>
<td>5</td>
<td>6%</td>
<td>69</td>
<td>87%</td>
<td>2</td>
<td>3%</td>
<td>79</td>
</tr>
<tr>
<td>SHC</td>
<td>2</td>
<td>3%</td>
<td>0</td>
<td>0%</td>
<td>57</td>
<td>90%</td>
<td>4</td>
<td>6%</td>
<td>63</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>10%</strong></td>
<td><strong>47</strong></td>
<td><strong>9%</strong></td>
<td><strong>395</strong></td>
<td><strong>76%</strong></td>
<td><strong>24</strong></td>
<td><strong>5%</strong></td>
<td><strong>518</strong></td>
</tr>
<tr>
<td>31 March 2019</td>
<td><strong>44</strong></td>
<td><strong>9%</strong></td>
<td><strong>34</strong></td>
<td><strong>7%</strong></td>
<td><strong>366</strong></td>
<td><strong>78%</strong></td>
<td><strong>27</strong></td>
<td><strong>6%</strong></td>
<td><strong>471</strong></td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td><strong>8</strong></td>
<td><strong>1%</strong></td>
<td><strong>13</strong></td>
<td><strong>2%</strong></td>
<td><strong>29</strong></td>
<td><strong>-1%</strong></td>
<td><strong>-3</strong></td>
<td><strong>-1%</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

Data sourced from eESS

**Analysis**

3.4.1  The complex project nature of the organisation requires a flexible workforce both in terms of short term contracts and taking a cross organisational approach to deploying staff. With regard to the workforce, 19% operate on Fixed Term Contracts and incoming secondments representing a 2% increase on the previous year end. Over the course of ’19/20, the number of fixed term contracts has increased by 8. Cross organisational working is covered in section 5.2.2 explaining that work to develop skills frameworks has commenced, initially, around the hard to fill posts of Improvement Advisor, Associate Improvement Advisor, Senior Inspector and Inspector

3.4.2  Balancing the organisation’s need for a flexible workforce against the individual requirement for contract stability in a project driven organisation is a challenging judgement; the work we will undertake to reconcile demand with supply (including forecasting) on a monthly basis should support further informed decision making on this matter. Our planned monthly reconciliation of finance and P&W data can provide opportunity to factor in regular reviews of temporary contract employees working on internally funded roles. Various considerations need to influence those particular decisions such as the
circumstance of the original job holder, long term prospects for the work and financial challenges.

3.4.3 We will continue to regularly review our temporary contracts with particular regard to those who are working in internally funded roles which have no substantive job holder and no imminent project end date.

3.5 Efficiency

3.5.1 Whilst recognising Healthcare Improvement Scotland is not a manufacturing, production line organisation there remains a requirement to understand and manage workload v resource. Throughout ’19/20, the Quality Assurance Directorate has continued to progress and refine their Capacity Planning tool through understanding Directorate workload, identifying individual workload, establishing skills frameworks and scheduling employees to cross departmental work.

Analysis

3.5.2 Quality Assurance has championed this work for some time now and it has progressed over the course of the year. We believe it is important now that the organisation arranges for a formal review of the impact and current state of the tool. This will enable a decision to be made on continued support and organisation wide roll out. It is worth noting that a previous Internal Audit review supported the approach.

Action – Priority HIGH

3.5.3 Critically review the impact and progress of the Capacity Planning tool to establish if it facilitates a more efficient way of working, provides meaningful metrics and supports employee engagement

3.6 Age Demographic - Payroll (review period 31 March 2018 – 29 February 2020)

Data sourced from eESS
Analysis

3.6.1 The age demographic has been broadly similar year on year for the past 3 years with the vast majority of employees in the age group 30 - 49. The data becomes useful for the age groups 55+ and 24 and below. For the age group 55+ there is a total increase over the 3 year period of 21; more employees are therefore moving towards age 60 when some make a decision for a different challenge. It is pleasing however to report a good retention rate of staff aged 60+ with 5 more employees v last year. 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 26 staff between the age of 60-64 and 4 staff aged 65+ who at various times will fall into this category.

3.6.2 There are 6 managers at Band 8D and above in the 60+ age group. We plan to establish which of these jobs would be categorised as “critical” and ensuring this is understood in the succession plan should they decide to leave the organisation.

3.6.3 Progress has been made to increase the number of young employees with an additional 5 aged below 24 compared to 31 March 2019. The proposal to increase the number of our Modern Apprentices is work in progress. One Modern Apprentice is currently employed with a view to extending their apprenticeship to a second year with plans to employ a further two in the near future. Healthcare Improvement Scotland is committed to increasing the length of the initial programme from one year to two, with apprentices working towards achieving an SVQ Level 3 award and a yet to be decided subject at HNC level. Additionally, there will be work developed to provide an opportunity to progress to band 4.

3.6.4 In collaboration with OD&L, P&W will support recruitment of graduates to further support our talent pipeline. Considerations will be selection underpinned by potential, constructing development that is supportive and systematic, and that progression is linked to achievement of an agreed plan

Actions – Priority MEDIUM

3.6.5 Commence the recruitment process for Modern Apprentices
3.6.6 In collaboration with OD&L, develop a Graduate intake proposal
3.6.7 Ensure the succession plan includes critical roles and succession plan

3.7 Workforce Management Information

3.7.1 Workforce data made available each month to the organisation and for this plan has improved. Data from eESS is available in a summarised format and high level workforce data is issued each month to the Executive Team from the new Tableau functionality, which has been well received. There is a desire that more granular data is available from Tableau.
3.7.2 Monthly reconciliation will take place between Finance and P&W from April to ensure headcount / WTE reporting is precise and, in particular, that this supports the organisation’s intelligence of supply v demand, where vacancies exist, which ones are being advertised, that there is support from funding and to enable forecasting.

**Analysis**

3.7.3 It is crucial that the monthly reconciliation meeting commences with April headcount / WTE information if there is to be integrity in the data that is shared for the rest of the year. This means that preparatory work will be required in advance to design one file containing all budgeted jobs populated with the 31 March job holders. This provision of salient data and the requirement to review that on a regular basis at Executive Team level will enable establishment of opportunities and risks, and allow for strategic people decision - particularly for approval, or not, of new recruitment requests.

**Actions – Priority HIGH**

3.7.4 Establish the monthly reconciliation meeting between Finance and P&W. Consider using a central repository of budgeted jobs (held by Finance), rather than mention or use of establishment files, with a monthly download of eESS postholders into this budgeted jobs file. The file to be locked down at the end of each month with a new one created for the following month. We will also be setting up a group led by the Workforce and Employee Director to review all eRAFs supported by a substructure of Finance and HR

3.7.5 eESS to be precisely maintained ensuring only budgeted jobs are in the system and that these reconcile each month with the locked down file (see 3.7.4) managed by Management accountants

**Priority - MEDIUM**

3.7.6 Scope the feasibility of lower level Tableau data being made available

3.8 **EU Nationals**

The Government has introduced the EU Settlement Scheme (EUSS) to help transition from EU free movement to a domestic system of skills-based immigration for future migrants. Under this scheme, all EU nationals (along with EEA and Swiss citizens) living in the UK have the right to register for pre-settled or settled status, which would allow them to continue living and working in the UK. We will be establishing how many EU nationals we have working in HIS to understand if any support is required for those who have initially indicated they wish to remain in employment with the organisation and whether that presents risk with regard to leavers.
Action – Priority HIGH

3.8.1 Establish who in the organization is an EU national

3.9 Sick Absence

3.9.1 Sick Absence rate (1 April 2019 – 29 February 2020)

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Rate</th>
<th>Long Term</th>
<th>Short Term</th>
<th>S/A Hours</th>
<th>Work Hours</th>
<th>Long Term</th>
<th>Short Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>1.6</td>
<td>227.8</td>
<td>363.5</td>
<td>591.3</td>
<td>36296.96</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Evidence</td>
<td>2.6</td>
<td>2763.0</td>
<td>1259.6</td>
<td>4022.6</td>
<td>154734.63</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>F&amp;CS</td>
<td>3.9</td>
<td>1196.6</td>
<td>1461.0</td>
<td>2657.6</td>
<td>68418.69</td>
<td>6</td>
<td>70</td>
</tr>
<tr>
<td>ihub</td>
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<td>3033.7</td>
<td>2324.6</td>
<td>5358.3</td>
<td>239124.47</td>
<td>11</td>
<td>108</td>
</tr>
<tr>
<td>Medical</td>
<td>2.8</td>
<td>1202.6</td>
<td>484.0</td>
<td>1686.6</td>
<td>61168.87</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>NMAHP</td>
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<td>282.0</td>
<td>282.0</td>
<td>41991.54</td>
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<td>11</td>
</tr>
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<td>134085.80</td>
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<td>116</td>
</tr>
<tr>
<td>SHC</td>
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<td>5401.4</td>
<td>106461.83</td>
<td>9</td>
<td>63</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.1</strong></td>
<td><strong>15524.3</strong></td>
<td><strong>10714.9</strong></td>
<td><strong>26239.1</strong></td>
<td><strong>842282.79</strong></td>
<td><strong>53</strong></td>
<td><strong>477</strong></td>
</tr>
</tbody>
</table>

Data sourced from eEES & SSTS

3.9.2 Sick Absence Reasons (31 March 2019 v 29 February 2020)

As at 31 March 2019
As at 29 February 2020

**Data sourced from eESS**

**Analysis**

3.9.3 The year to 29 February 2020 cumulative sick absence rate at 3.1% is a positive variance against the NHS threshold of 4%. It is likely that we will improve on our ’18/19 year end performance of 3.4%. Indicative days lost (calculated from the sick absence hours lost divided by the daily 7.5 work hours) sits at 3499 which exceeds the days lost at this stage last year by 262. The lower sick absence rate however is as a consequence of having more work hours compared to the same point last year. The reality is that sick absence will not be eliminated but we recognise there is opportunity to reduce our sick absence rate to relieve those who pick up work when colleagues are off sick and reduce negative impact on project timelines.

3.9.4 Anxiety / stress / depression / other psychiatric illnesses remains the main cause of sick absence, although the number of hours lost to 29 February v the same time last year is lower for this absence category by 3,332 hours. Extrapolating the current hours lost of 7132 to the full 12 months would show a figure of 7780 hours which would be significantly lower than the previous year.

There are some potential linkages to the recent Culture Review as follows:

- 37% of respondents reported their work environment as stressful
- 27% of respondents reported being frequently stressed at work; and
- 53% sometimes feeling stressed at work with follow up reasons given as workload, timescales and conflicting priorities

These are only potential linkages; employees off sick for stress, anxiety and depression may well have other root causes
We have noted that a number of instances of anxiety, stress, depression and other psychiatric illnesses has resulted in short term absence with 12 instances of 1 day and another 12 instances between 2 – 5 days. Our key intervention for understanding root cause is the Return to Work (RTW) interview where we expect line managers to ask for the cause of the absence and how best he/she could help, then to document that. A review of a sample of RTW interviews is required to understand the quality of the conversation that has taken place.

3.9.5 Absence due to “cold, cough, flu” has been replaced as the 2nd highest cause of sick absence last year by “Other known causes – not classified.” This classification appears to be used when the line manager does not know which category to log an absence against or is unsure of the ailment when recording the absence. Similar to the previous section, we require the line manager to establish more clarity on the absence at the Return to Work interview and to retrospectively alter the reason for absence on the sick absence system – SSTs

3.9.6 31 employees incurred 4 separate absences or more to 29 February. To manage levels of sickness absence it is important that these instances are regularly reviewed and addressed by line management. Advice should be regularly sought from HR Advisors to ensure appropriate and timely conversations take place with regard to frequent short-term, and in cases of long-term absence. Once again, Return to Work interviews are an appropriate opportunity to establish root cause, offer support and remind the employee of the organisation standards. A review of only 7 cases revealed no RTW undertaken for 4, 2 where the issue was not addressed and 1 when it was. There is opportunity for improvement at the RTW intervention

3.9.7 We have established that the majority of instances of sick absence occur with employees graded Bands 4 and 5. 16% of employees are graded band 4 and incur 29% of the instances of sick absence while 18% of employees are graded Band 5 and incur 27% of the instances of sick absence; a combined total of 56% of all instances of sick absence. Consistent with previous sections, we believe the RTW interview is an ideal opportunity to engage employees in a conversation about any patterns of absence that may be a cause for concern for the employee and the organisation

**Actions – Priority HIGH**

3.9.8 Continue with the analysis work arising from the Culture survey to establish any linkages to the work environment resulting in sick absence

3.9.9 Review a 20% sample of Return to Work interviews for the following:

- Whether or not appropriate conversations have taken place where 4 or more absences in 12 months have occurred
• Whether or not appropriate conversations have taken place to establish root cause and provide support for all absences, in particular where the reason is anxiety

3.9.10 Once Return to Work Interview documents have been sampled arrange for appropriate training for line managers, if required

3.9.11 Managers to be reminded that where an entry has been made for “other known causes – not otherwise classified” the reason for absence is later clarified at the appropriate point and the absence and SSTS record updated to reflect the reason for absence.
4. ‘20/21 Forecast Headcount (Payroll & Non Payroll)

<table>
<thead>
<tr>
<th></th>
<th>Feb 19/20</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>YoY var</th>
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<tbody>
<tr>
<td>Chief Executives Office</td>
<td>19.2</td>
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<td>40.6</td>
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<td>138.6</td>
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</table>

*Figures based on data sourced from eESS, new budgeted jobs and early knowledge of resource requirements for emerging Scottish Government Commissions

This is a snapshot scenario of a potential supply / resource forecast for ‘20/21. Factoring in a possible 3 month recruitment embargo, which could result in no new recruits from July to September (a potential impact of minus 26 x WTE based on this year’s level of recruitment), the total numbers broadly align with the budget.

The assumptions are follows:

(i) WTE in post as at 29 February 2020;
(ii) Leavers equates to the same rate and frequency as ‘19/20;
(iii) Recruitment is on hold until June (with start dates in September);
(iv) Recruitment equates to the same rate and frequency as ‘19/20 from September
(v) The current recruitment order book is fulfilled
(vi) Includes new posts in budget; and
(iv) Known anticipated resource for emerging Scottish Government commissions.

Full detail is contained in Appendix C

Various scenarios with different assumptions could clearly be used to support the challenge of the moment. The key here is that we will adapt to the regular fluctuating demand position arising from new Scottish Government commissions and various projects being completed. We can therefore use this as a template applying the assumptions pertinent at the time, always ensuring affordability, appropriate funding and organisational imperative.
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 and develop the right skills mix across the organisation
- How we engage and support people:
  - to lead, engage with and manage change.
  - in developing a culture that will deliver on current and future strategies and that provides a positive work experience for all our staff.
- How we support learning and access to learning

5.2 Talent, skills and career progression

5.2.1 Talent and succession planning: We aim to have an increased focus on talent management and succession planning, including youth employment to support development and retention.

In 2019 – 2020 an analysis of critical roles highlighted a number of areas for focus:

- Specialist post such as quality improvement posts, inspection posts, Health Economists, Finance and ICT can be difficult to fill due to levels of demand and supply of people with the appropriate skill sets
- Areas with high numbers of fixed term posts are vulnerable. This can vary, but often links to projects that attract additional allocation funding as opposed to core funding. However, it can also apply to some areas within Support Services.
- Senior leadership roles with significant technical knowledge and experience of working in a complex and a highly political landscape.
- The number of young people working within the organisation should be increased to support development and retention.

In 2020 – 2023 we will:

- Consider how to address hard to fill posts and capacity issues to meet work demands
- Seek to develop HIS Fellowships to attract fresh talent
- Seek to reduce the percentage of funding in additional allocations and increase the percentage in core funding to provide greater
stability in the workforce and retain staff who have developed knowledge and skills to deliver on our programmes of work. This in turn could lead to a reduction in the level of recruitment activity

- Develop leaders at all levels including supporting and promoting Project Lift (the National Talent Management Programme), Leading for the Future and Scottish Improvement Leaders programme. We will continue to support consolidation of learning through these programmes optimising the skills that have been developed.

- Focus on initiatives to increase the pipeline of young people joining the organisation. This includes a refresh of Modern Apprenticeship opportunities, Graduate Trainees and linking into the Princes Trust opportunities. This work will form part of the Internal Improvement People work stream.

**Actions 2020 – 2021**

5.2.1.1 Continue to roll out the Professional Development qualification for Inspection staff, managed through the Care Inspectorate and explore the potential for offering fellowship positions.

**PRIORITY – MEDIUM**

5.2.1.2 Promote Project Lift and Leading for the Future. Continue to establish ‘The Future is Now Network’ to engage our leadership alumnae in continuing to share learning and optimise the skills they have learned.

**PRIORITY – HIGH**

5.2.1.3 Increase the percentage of young talent in the workforce through refreshing Modern Apprenticeship Opportunities, Graduate Traineeships and linking into the Princes Trust Opportunities.

**PRIORITY – HIGH**

5.2.2 **Skills, skill gaps and career progression:** We will continue improving our organisational understanding of skills and skill gaps to increase the capability and skill mix across our workforce to improve career progression and staff retention, **building on the work in QAD and ihub.**

5.2.2.1 **During 2019 -2020** two key strands of work have been undertaken to support improved understanding and support for this work:

- The Career Pathways page was launched on the Source (intranet) in April 2019. Potential participants can find information here on project roles, as these represent a significant part of the
organisation’s workforce, links to staff stories about ‘a day in the life of…’ or about their career journeys to date, links to development resources.

- Work to develop skills frameworks initially around the hard to fill posts of Improvement Advisor, Associate Improvement Advisor, Senior Inspector and Inspector has been undertaken. Development resources have also been identified, linked to skills frameworks to help develop people to meet any key skill gaps. The work has been piloted as part of mid-year review conversations, with an emphasis on the skills frameworks as a developmental tool. These existing skills frameworks are now available for exploration and implementation for other roles across the organisation. This work will integrate into the development of Career Pathways resources for these roles.

5.2.2.2 **During 2020 – 2023** the skills frameworks will be implemented and a cross-organisational group formed to explore how this work could be extended across the organisation. This will form part of the Internal Improvement People work stream.

There will also be an increased focus on further developing the Career Pathways information on the Source ensuring that the content from the skills frameworks and development resources are used to underpin this work. We will continue the development of Managers as Coaches to help support discussions around skills frameworks, skills gaps, personal development and career progression.

**Actions 2020 – 2021**

5.2.2.3 Continue to develop skills frameworks and development resources to provide a basis for skills gap analysis and support development for existing staff and those seeking to develop into those areas. This work will form part of the Internal Improvement People work stream and align with the Career Pathways development

**PRIORITY – HIGH**

5.2.2.4 Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area underpinned by the Skills Framework

**PRIORITY – HIGH**

5.2.2.5 Continue development of Managers as Coaches to support conversations relating to skills frameworks, skills gaps, personal development and career
progression through delivery of ‘Managers as Coaches’ programme and through the ‘Taking Time to Coach’ peer support network

**PRIORITY – HIGH**

5.2.2.6 Continue to improve the career pathways content on the Source on an iterative basis regularly seeking and acting on feedback from users.

**PRIORITY – MEDIUM**

**Actions 2021 – 2023**

5.2.2.7 Continue to build Skills Frameworks, Development Resources and Career Pathways information for other roles over 2021 – 2023.

**PRIORITY – MEDIUM**

5.3 **Engagement:**

5.3.1 **Increased support for all our cultural changes and ensuring our values run through all our work:** 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 focus on supporting people to lead, engage with and manage change. The Staff Governance Standard sets out the framework for employers to ensure staff are fairly and effectively managed and that we seek to identify and work on areas for improvement. How staff are managed is critical to their experience of working in the organisation and to their ability to carry out their work effectively. We will focus on supporting managers to develop the knowledge, skills and behaviours that enable fair and effective day to day management. We will also support staff to build and maintain their resilience and wellbeing to enable them to deliver within a challenging context. We will continue to measure staff experience, aiming to continuously improve over the next three years.

5.3.1.1 **Leading, engaging with and managing change.** This includes supporting employees to understand the direction for the organisation, how they contribute and involving them to influence key interventions. Activities for doing so are:

- **Engagement in corporate planning and cross-organisational working:** During the 2020-23 planning process the Operational Planning Group continued to engage with Function Leads and the wider staff group building on the approach started in 2018 – 2019. 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. It also seeks to
develop a collective, collaborative approach to leadership to support teams working across the organisation make best use of our resources and maximise the impact of our work. We will continue to build on this work throughout 2020 – 2023 to meet key strategic commitments.

- **Internal improvement**: An internal improvement programme is currently under development. This aims to bring together various change and improvement initiatives to consolidate and prioritise areas for action. The programme has three strands - People, Process and Place. Each strand will engage staff across the organisation. Priority areas of focus for 2020 – 2021 are being finalised through the Internal Improvement Oversight Board.

**Flexible and agile working**: We will continue work to embed a culture of flexible and agile working across the organisation to reflect the shape and requirements of our staff and estate. This will include establishing policy and principles to support staff to work from a range of locations and to maximise use of our premises. It will also be underpinned by increasing digital capability to facilitate different ways of working and supporting the introduction of Office 365.

**Actions 2020 – 2021**

5.3.1.2 Continue the engagement and collaboration approach to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2020 – 2023.

**PRIORITY – HIGH**

5.3.1.3 Engage our leadership alumni and lean practitioners in leading and supporting work streams in the internal improvement programme.

**PRIORITY – HIGH**

5.3.1.4 Engage widely with staff to involve them in shaping the way we work.

**PRIORITY – HIGH**

5.3.1.5 Engage with all staff and managers to refresh the existing policy framework to further support and embed agile working across the organisation

**PRIORITY - HIGH**

5.3.1.6 Support managers and staff to access development resources that help them understand the policy, tools and techniques that create a healthy agile and flexible working environment. This includes supporting staff through the implementation of digital solutions such as Office 365.
PRIORITY - HIGH

5.3.1.7 Measuring and Improving staff experience: We will continue to measure staff experience aiming to continuously improve over the next three years in the following ways:

- **iMatter Employee Experience Survey 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 2019 our EEI score was 78% - 2% lower than in the previous year, however there was an increased response rate of 90% which is a 4% increase on the previous year. In 2020 – 2023 the focus will be on continuing to gain high levels of staff response, improve the EEI score, ensure meaningful team action plans and building the number of team iMatter stories.

- **HIS bespoke culture survey:** was developed and implemented in partnership during 2019 – 2020 to:
  
  - support an organisational culture temperature check
  - focus, in particular, on areas such as equality and diversity and identifying the underlying issues where staff feel they had been treated unfairly.

  The survey was rolled out in September with analysis and reports at Board and Directorate levels available in January 2020, providing a rich source of information. This data combined, along with information from the iMatter survey results will be used to inform more detailed actions to underpin improving staff experience. The focus in 2020 – 2021 will be to a) ensure reflection at directorate and organisational levels; and b) review the elements of the survey to ensure they invite reflection on positive aspects of the culture as well as areas for improvement.

- **Staff Governance Standard monitoring and self-assessment:** In 2019 – 2020 work was carried out to self-assess against the Staff Governance Standard at Directorate level, recognising differences in areas of strength and areas for development from one Directorate to another. This information has been used by Directorate in triangulation with workforce data, iMatter information and the Culture Survey information to inform Directorate action plans for improvement. The findings have been presented to the Staff Governance Committee over the course of the year, with one
to two Directorates presenting at each Staff Governance Committee. This approach will be continued in 2020 – 2021 and will then be reviewed. Themes emerging include the need to ensure all managers are able to manage staff fairly and effectively on a day to day basis. In addition there is a need to support staff and teams to manage their resilience within an environment of high demand and complex, emergent change.

**Actions 2020 – 2023**

5.3.1.8 Agree, in partnership, responses to the findings of the HIS Culture Survey at directorate and organisational levels.

**PRIORITY – HIGH**

5.3.1.9 Review and continue to roll out analysis of culture survey results to inform meaningful actions for improvement as part of the Staff Governance Action Plan. Additionally, we will build on the iMatter stories with examples of good practice to support teams using this approach to drive improvement at team level.

**PRIORITY – MEDIUM**

5.3.1.10 Continue to support self-assessment and improvement plans using the Staff Governance Standard Monitoring approach at Directorate as well as organisational level, drawing from a range of workforce data to inform the assessment and focus for improvement.

**PRIORITY – MEDIUM**

5.3.1.11 Develop Manager Induction and support all managers to have the knowledge, skills and behaviours that enable them to manage people fairly and effectively on a day to day basis. This will include support to adapt to managing people in a culture of flexible and agile working.

**PRIORITY - HIGH**

5.3.1.12 Support staff and teams to access resources that support them to build and maintain their resilience and take care of their wellbeing.

**PRIORITY - HIGH**

5.4 **Access to learning and development**: Access to learning and development is an area of mutual responsibility. We will seek to support people at individual, team, directorate and cross-functional levels to grow and develop the skills, knowledge and behaviours that will enable them to successfully deliver on the organisation’s goals and maximise their potential.
5.4.1 **Individual learning:** 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. We recognise that not everyone will want to change their job role, but we will still encourage them to build their skill and expertise to maximise their impact and work satisfaction.

5.4.2 **Group and team:** development will be supported through the use of iMatter results and through agreed approaches including team coaching and the Affina Team Journey. These methods emphasise leadership and team contribution to achieve collective development.

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

5.4.4 **Cross-functional:** A number of cross-functional networks have been created to support a more cohesive, collaborative approach to our work with the aim of maximising the impact we have on improving the quality of health and social care across Scotland. The Primary Care Cross-Organisational Network has continued to thrive, producing a refreshed cross-organisational driver diagram which captures HIS’ contribution to Primary Care. The Network has also mapped their work against the driver diagram to enable more effective reporting. During 2020–2021 this work will be shared with other networks and cross-organisational groups to share the learning and approach.

5.4.5 **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. They will provide consultation, advice and bespoke services for prioritised activities. Given the high level of demand on the OD&L team it will be important to review and agree how work can be prioritised within existing capacity or whether additional capacity is required to ensure momentum around addressing skill mix issues and supporting organisational change.
Actions 2020 – 2023

5.4.6 Report data monthly regarding training uptake and cancellations from courses to line managers and through governance structures.
PRIORITY – HIGH

5.4.7 Evaluate the impact of key learning programmes such as ‘Managers as Coach’; ‘Project Management’; ‘Report Writing’ to ensure value for investment and applied learning.
PRIORITY – MEDIUM

5.4.8 Support team and directorate development through enabling access to a range of development approaches including iMatter and Affina Team Journey based on relevant diagnostics. Prioritising teams who are transitioning through change.
PRIORITY – MEDIUM

5.4.9 Continue to develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities
PRIORITY – HIGH

5.4.10 Develop impact measures and monitor progress.
PRIORITY – HIGH
## 6.1 Actions 2019-20

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<tr>
<th>Section</th>
<th>Action</th>
<th>Priority</th>
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<tr>
<td>3.1.5</td>
<td>Establish the approach for defining month on month demand</td>
<td>H</td>
<td>Director Finance &amp; Corporate Services and Director of Workforce</td>
<td>End of April 2020</td>
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<tr>
<td>3.2.18</td>
<td>Adopt agreed Health Improvement Scotland specific timelines for each stage of the recruitment process</td>
<td>H</td>
<td>Director of Workforce in conjunction with People and Workforce Team, PF and ET</td>
<td>End of September 2020</td>
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<tr>
<td>3.2.19</td>
<td>Undertake a further review of the recruitment selection approach from the original Recruitment Review Options paper</td>
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<td>Dir of Workforce in conjunction with IIOB, PF and ET</td>
<td>“    “</td>
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<td>3.2.20</td>
<td>Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in the challenges detailed in the ihub Recruitment Paper.</td>
<td>H</td>
<td>Dir of Workforce in conjunction with IIOB, PF and ET</td>
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<td>3.2.21</td>
<td>Use the new JobTrain functionality to monitor when jobs have been re-advertised and sub optimal numbers of candidates shortlisted</td>
<td>H</td>
<td>People and Workforce Team</td>
<td>End of June 2020</td>
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<tr>
<td>3.2.22</td>
<td>Explore the potential for advertising to anticipated attrition</td>
<td>H</td>
<td>Director of Workforce in conjunction with ET and PF</td>
<td>End of September 2020</td>
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<tr>
<td>3.2.23</td>
<td>Ensure a continued scrutiny of posts proceeding to recruitment to ensure fit and structural robustness across the organisation in line with financial requirements</td>
<td>H</td>
<td>Head of O D &amp; L in conjunction with IIOB, PF and ET</td>
<td>End of March 2020</td>
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<tr>
<td>3.2.24</td>
<td>With the development and deployment of the skills frameworks in ihub and Quality Assurance, explore the opportunity for organisational wide synergy for roll out to all Directorates.</td>
<td>M</td>
<td>Head of O D &amp; L in conjunction with IIOB, PF and ET</td>
<td>See also action point 5.2.2.3</td>
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<tr>
<td>3.3.6</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews.</td>
<td>M</td>
<td>People and Workforce</td>
<td>End of June 2020</td>
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<tr>
<td>3.5.3</td>
<td>Critically review the impact and progress of the Capacity Planning tool to establish if it facilitates a more efficient way of working, provides meaningful metrics and supports employee engagement</td>
<td>H</td>
<td>Executive Team</td>
<td>End of September 2020</td>
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<td>3.7.4</td>
<td>Establish the monthly reconciliation meeting between Finance and P&amp;W.</td>
<td>H</td>
<td>PAW and Finance</td>
<td>From end of April 2020.</td>
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<tr>
<td>3.7.5</td>
<td>eESS to be precisely maintained ensuring only budgeted jobs are in the system and that these reconcile each month with the locked down file (see 3.7.4) managed by Management accountants</td>
<td>H</td>
<td>Finance and People and Workplace</td>
<td>From End of April 2020</td>
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<tr>
<td>3.7.6</td>
<td>Scope the feasibility of lower level Tableau data being made available</td>
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<td>Director of Workforce</td>
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<tr>
<td>3.8.1</td>
<td>Establish who in the organization is an EU national</td>
<td>H</td>
<td>Director of Workforce</td>
<td>Complete – to be monitored</td>
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<tr>
<td>3.9.8</td>
<td>Continue with the analysis work arising from the Culture survey to establish any linkages to the work environment resulting in sick absence</td>
<td>H</td>
<td>Director of Workforce in conjunction with ET and PF</td>
<td>ongoing</td>
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<tr>
<td>3.9.9</td>
<td>Review a 20% sample of Return to Work interviews to establish quality of conversations for 4 or more absences and anxiety, stress &amp; depression absences</td>
<td>H</td>
<td>Director of Workforce and PAW team</td>
<td>By End of June 2020</td>
</tr>
<tr>
<td>3.9.10</td>
<td>Once Return to Work Interview documents have been sampled arrange for appropriate training for line managers</td>
<td>H</td>
<td>Director of Workforce and PAW, with PF support</td>
<td>Throughout 2020/21</td>
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</table>
3.9.11 Managers to be reminded that where an entry has been made for “other known causes – not otherwise classified” the reason for absence is later clarified at the RTW interview and retrospectively entered into the system

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<tr>
<th>Manager/Team</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>H</td>
<td>Director of Workforce and PAW team</td>
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</table>

**New Head of OD&L will confirm the prioritised plan & timescales in the early part of the new financial year**

<table>
<thead>
<tr>
<th>5.2.1.1</th>
<th>Continue to roll out the Professional Development qualification for Inspection staff, managed through the Care Inspectorate and explore the potential for offering fellowship positions.</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Promote Project Lift and Leading for the Future and continue to establish ‘The Future is Now Network’ to engage our leadership alumnae in continuing to share learning and make best use of the skills they have learned.</td>
<td>H</td>
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<td>H</td>
<td>Increase the percentage of young talent in the workforce through refreshing Modern Apprenticeship Opportunities, Graduate Traineeships and linking into the Princes Trust Opportunities</td>
<td>H</td>
</tr>
<tr>
<td>Head of People and Workplace</td>
<td>End of December 2020</td>
<td></td>
</tr>
<tr>
<td>5.2.2.3</td>
<td>Continue to develop skills frameworks and development resources to provide a basis for skills gap analysis and support development for existing staff and those seeking to develop into those areas. This work will form part of the Internal Improvement People work stream and will also feed into and align with the Career Pathways development</td>
<td>H</td>
</tr>
<tr>
<td>5.2.2.4</td>
<td>Work with staff in Improvement Advisor, Associate Improvement Advisor, Inspector and Senior Inspector roles to develop content for the career pathways area underpinned by the Skills Frameworks</td>
<td>H</td>
</tr>
<tr>
<td>5.2.2.5</td>
<td>Continue development of Managers as Coaches to support conversations relating to skills frameworks, skills gaps, personal development and career progression through delivery of ‘Managers as Coaches’ programme and through the ‘Taking Time to Coach’ peer support network</td>
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<td>5.2.2.6</td>
<td>Continue to improve the career pathways content on the Source on an iterative basis seeking and acting on feedback from users</td>
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### 5.3.1.2 Continue the engagement and collaboration approach to support the development and delivery of a cohesive, collaborative, prioritised work programme over 2020 – 2023

### 5.3.1.3 Engage our leadership alumni and lean practitioners in leading and supporting work streams in the internal improvement programme.

### 5.3.1.4 Engage widely with staff to involve them in shaping the way we work.

### 5.3.1.5 Engage with all staff and managers to refresh the existing policy framework to further support and embed agile working across the organisation

### 5.3.1.6 Support managers and staff to access development resources that help them understand the policy, tools and techniques that create a healthy agile and flexible working environment. This includes supporting staff through the implementation of digital solutions such as Office 365.

### 6.2 Actions 2020 – 2023

<table>
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<th>Section</th>
<th>Action</th>
<th>Priority</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6.6</td>
<td>In collaboration with OD&amp;L develop a Graduate intake proposal</td>
<td>M</td>
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</tr>
<tr>
<td>5.2.2.7</td>
<td>Continue to build the Skills Frameworks, Development Resources and career pathways information for other roles over 2021-23</td>
<td>M</td>
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</tr>
<tr>
<td>5.3.1.8</td>
<td>Agree, in partnership, responses to the findings of the HIS Culture Survey at directorate and organisational levels.</td>
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<tr>
<td></td>
<td>5.3.1.9</td>
<td>Review and continue to 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>M</td>
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<tr>
<td></td>
<td>5.3.1.10</td>
<td>Continue to support self-assessment and improvement plans using the Staff Governance Standard Monitoring approach at Directorate as well as organisational level, drawing from a range of workforce data to inform the assessment and focus for improvement.</td>
<td>M</td>
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<td>5.3.1.11</td>
<td>Develop Manager Induction and support all managers to have the knowledge, skills and behaviours that enable them to manage people fairly and effectively on a day to day basis. This will include support to adapt to managing people in a culture of flexible and agile working.</td>
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<td>5.3.1.12</td>
<td>Support staff and teams to access resources that support them to build and maintain their resilience and take care of their wellbeing</td>
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<td>5.4.6</td>
<td>Report data monthly regarding training uptake and cancellations from courses to line managers and through governance structures.</td>
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<td>5.4.7</td>
<td>Evaluate the impact of key learning programmes such as ‘Managers as Coach’; ‘Project Management’; ‘Report Writing’ to ensure value for investment and applied learning.</td>
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<td>5.4.8</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. Prioritising teams who are transitioning through change</td>
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<td>5.4.9</td>
<td>Continue to develop and implement accessible approaches to support learning in relation to the strategic organisational learning priorities</td>
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<td>5.4.10</td>
<td>Develop impact measures and monitor progress.</td>
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## Prioritised Workforce Actions

<table>
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<tr>
<th>Section</th>
<th>Action</th>
<th>Risk Analysis 5 = high risk if don’t deploy</th>
<th>Organisational imperative / impact 3= Mandatory 2 = Significant impact 1 = Low impact</th>
<th>Risk analysis x organisational imperative</th>
<th>Priority</th>
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<td>3.1.5</td>
<td>Establish the approach for defining month on month demand</td>
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<td>12</td>
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<td>Director Finance &amp; Corporate Services / Director People &amp; Workforce</td>
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<td>3.2.18</td>
<td>Adopt agreed Health Improvement Scotland specific timelines for each stage of the recruitment process</td>
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<td>4</td>
<td>Director of Workforce in conjunction with People and Workforce Team, PF and ET</td>
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<td>3.2.19</td>
<td>Undertake a further review of the recruitment selection approach from the original Recruitment Review Options paper</td>
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<td>4</td>
<td>Dir of Workforce in conjunction with IIOB, PF and ET</td>
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<td>3.2.20</td>
<td>Arrange for a working group to review the organisation’s recruitment collateral and offering, factoring in the challenges detailed in the ihub Recruitment Paper.</td>
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<td>5</td>
<td>Dir of Workforce in conjunction with IIOB, PF and ET</td>
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<td>3.2.21</td>
<td>Use the new JobTrain functionality to monitor when jobs have been re-advertised and sub optimal numbers of candidates shortlisted</td>
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<td>People and Workforce Team</td>
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<td>3.2.22</td>
<td>Explore the potential for advertising to anticipated attrition</td>
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<td>Director of Workforce in conjunction with ET and PF</td>
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<td>3.2.23</td>
<td>Ensure a continued scrutiny of posts proceeding to recruitment to ensure fit and structural robustness across the organisation in line with financial requirements</td>
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<td>Head of O D &amp; L in conjunction with IIOB, PF and ET</td>
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<td>3.2.24</td>
<td>With the development and deployment of the skills frameworks in iHub and Quality Assurance, explore the opportunity for organisational wide synergy for roll out to all Directorates.</td>
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<td>3.3.6</td>
<td>Reinvigorate a robust system to capture and summarise reasons for leaving from exit interviews.</td>
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<td>3.5.3</td>
<td>Critically review the impact and progress of the Capacity Planning tool to establish if it facilitates a more efficient way of working, provides meaningful metrics and supports employee engagement.</td>
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<td>3.7.4</td>
<td>Establish the monthly reconciliation meeting between Finance and P&amp;W.</td>
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<td>3.7.5</td>
<td>eESS to be precisely maintained ensuring only budgeted jobs are in the system and that these reconcile each month with the locked down file (see 3.7.4) managed by Management accountants</td>
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<td>3.7.6</td>
<td>Scope the feasibility of lower level Tableau data being made available</td>
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<td>3.8.1</td>
<td>Establish who in the organization is an EU national</td>
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<td>3.9.8</td>
<td>Continue with the analysis work arising from the Culture survey to establish any linkages to the work environment resulting in sick absence</td>
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<td>3.9.9</td>
<td>Review a 20% sample of Return to Work interviews to establish quality of conversations for 4 or more absences and anxiety, stress &amp; depression absences</td>
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<td>3.9.10</td>
<td>Once Return to Work Interview documents have been sampled arrange for appropriate training for line managers</td>
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Managers to be reminded that where an entry has been made for "other known causes – not otherwise classified" the reason for absence is later clarified at the RTW interview and retrospectively entered into the system.

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<th>3.9.11</th>
<th>Director of Workforce and PAW team</th>
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Summary of ihub Recruitment & Vacancies Paper of 26 September 2018

Identified Issues

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

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<td>Use case studies to ensure high quality applicants from other sectors provide salient evidence for the shortlisting stage</td>
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<td>Using more concise alternative job descriptions for recruitment</td>
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<td>Advertising beyond the central belt of Scotland scoping out potential remote working</td>
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<td>Reviewing recruitment collateral</td>
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<td>Developing training roles for Improvement Advisors</td>
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<td>Reviewing contractual status of fixed term employees on baseline projects</td>
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<td>Modernising market offering to sell the organisation, the impact of jobs, our value and make HIS an employer of choice</td>
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## Appendix C

### ‘20/21 WTE Forecast with new budgeted jobs and early knowledge of resource requirements for emerging Scottish Government Commissions

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- Recruitment is on hold until June (with start dates in September)
- Recruitment equates to the same rate and frequency as 19/20 from September
- The current recruitment order book is fulfilled
- Leavers equates to the same rate and frequency as 19/20
- Includes new posts in budget (see Appendix C)
- Current knowledge of resource on emerging Scottish Government commissions which may be agreed 20/21

*Note - 6.8 WTE TUPE transfers in April 2019 factored out for 20/21
Published Month Year

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

1. Purpose of the reports

These reports demonstrate the progress Healthcare Improvement Scotland has made in meeting our duties under the Children and Young People (Scotland) Act 2014 through actions that protect and promote the rights of children and young people in Scotland.

2. Key Points

Background

In 2016 the organisation’s Children and Young People Working Group (CYPWG) was formed with a remit to ensure HIS meets its duties under the Children and Young People (Scotland) Act 2014 (the Act). The group provides a platform for staff from across the organisation to share the ways in which HIS is meeting these legal duties, highlighting good practice and promoting cross-organisational working.

HIS is required to publish two reports this year to meet our duties under the Act.

Part 1 of the Act requires HIS to report every three years on the action we have taken to secure better or further effect of the United Nations Convention on the Rights of the Child (UNCRC), an international treaty, which sets out the rights that all children have. The attached Children’s Rights Report covers the period from 1 April 2017 to 31 March 2020. We are required to publish this report as soon as practicable after 31 March 2020.

HIS is also named as a Corporate Parent under Part 9 of the Act and, as such, has a number of duties to uphold the rights and promote the wellbeing of care experienced young people and care leavers. One of these duties is to publish a plan detailing the action we will take to meet our legal requirements. There is a recommendation that the plan is updated at least once every three years and that corporate parents also publish a report (in the same document) on the action they have taken over the previous years. Our first plan was published on 31 March 2017 with the next update due early April 2020.

Children’s Rights Report

When writing this report we followed the reporting guidance provided by the Scottish Government, using the UNCRC clusters to group our activities together. Some clusters of rights hold more relevance than others in relation to our role and responsibilities and this is reflected in the size of content contained within each cluster in the report.

The report demonstrates the breadth of work that HIS is involved in to deliver improved outcomes for children and young people in Scotland, and their families. Notable actions include our work to:
Support staff to protect children at risk of harm, abuse or neglect
Develop an approach to engaging with children and young people
Support young people to shape mental health services
Improve the collective response to child victims and witnesses of violence and sexual abuse
Promote the wellbeing and safeguard the rights of care experienced children and young people
Reduce infections/deaths in mothers and babies
Provide work experience opportunities for children and young people

Building on our work over the last 3 years, and reflecting the opportunities highlighted in the Children’s Health Service Review Report that our Public Protection and Children’s Health Services Lead has recently written, work is ongoing to ensure that the whole organisation understands our duties in relation to children and young people. We will also be working to ensure that our actions are well coordinated through our Children and Young People Working Group to maximise our impact and avoid duplication.

**Corporate Parenting Action Plan**

The Corporate Parenting Action Plan 2020-2023 and Progress Report highlights the action we have taken in the past three years to meet our corporate parenting duties and identifies new commitments for the coming three years.

Notable actions include our work to:

- Develop new public protection guidance and associated training for outward-facing roles
- Develop a corporate parenting e-learning module for all HIS staff
- Raise awareness of corporate parenting duties through fundraising activities, blogs and information sessions
- Support care experienced young people to shape health and care services
- Establish a baseline of care experienced young people who have participated in our community engagement activities/volunteering opportunities
- Support joint inspections of services for children and young people
- Become active members of corporate parenting collaboration groups

Our refreshed commitments focus on increasing awareness of our corporate parenting duties among staff and non-executive members, empowering care experienced people to have their views and experiences heard, exploring opportunities for collaboration, and providing opportunities for work experience.

Both reports have been considered by the Scottish Health Council Committee and subject to the Board’s consideration will be published in the week beginning Monday 13 April 2020.

We are currently considering ways to ensure that the steps we are taking to meet our duties under the Children and Young People (Scotland) Act 2014 are communicated to children and young people in a format that is accessible for them.
3. Actions/Recommendations

To ask the Board to review and approve the Children’s Rights Report and the Corporate Parenting Action Plan and Progress Report.

Appendices

1. Children’s Rights Report
2. HIS Corporate Parenting Action Plan 2020-2023

If you have any questions about this paper please contact Lynsey Cleland, Director of Community Engagement, via lynsey.cleland@nhs.net

SUPPORTING INFORMATION

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Foreword

Healthcare Improvement Scotland is pleased to present its first Children’s Rights Report, highlighting positive action we have taken in the last three years to support children in Scotland to realise their rights. As a national organisation with a broad programme of work, the action detailed is varied, but unified in its aim to promote better outcomes for our children and young people.

Under the UN Convention of the Rights of the Child (UNCRC), all children have a right to the highest possible standard of health and, as an organisation with the aim of making care better for everyone, this is where we have a particularly key role. However, we know that health inequalities persist and present big challenges.

Almost one in four children in Scotland currently live in relative poverty and this is expected to rise. In order to overcome these challenges we must continue to take evidence-informed actions and promote a rights-based approach among all of those people working with and for children and young people in Scotland. By strengthening our focus on the rights of all children and young people we can ensure that we are fulfilling our duties and contributing to a healthier, fairer Scotland.
Introduction

The role of Healthcare Improvement Scotland (HIS) is to lead on supporting health and care providers to delivery better quality care for everyone.

We have five key priorities:

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

Our broad work programme supports health and social care services to improve.

HIS is committed to ensuring we meet our legal duties set out in the Children and Young People (Scotland) Act 2014 (The Act). Duties under Part 1 of The Act require HIS to report every three years on the steps we have taken to secure better or further effect the United Nations Convention of the Rights of the Child (UNCRC), an international treaty, which sets out the rights that all children have. HIS is also named as a corporate parent under Part 9 of The Act and, as such, is required to uphold the rights and promote the wellbeing of care experienced young people and care leavers up to the age of 26.

This report sets out child rights-based actions taken by HIS between April 2017 and March 2020. It contains a wide range of examples from across our organisation, demonstrating the commitment of HIS to ensuring that the rights of all children and young people are protected, respected and realised, as enshrined in the UNCRC. Examples are presented under the cluster areas of the UNCRC, which are: general measures of implementation; general principles; civil rights and freedoms; violence against children; family environment and alternative care; disability, basic health and welfare; education, leisure and cultural activities; and special protection measures. Although examples are included under clusters, they often serve to protect multiple rights across several clusters.

1. General Measures of Implementation and General Principles

The General Measures of Implementation focus on ensuring that structures and systems are in place to respect and realise children’s rights, while the General Principles provide the means through which the other articles of the UNCRC are interpreted and achieved.
1.1 Tackling discrimination by promoting the use of Equality Impact Assessments

HIS has taken steps to ensure that rights are promoted without discrimination, as stated in Article 2.

Under the Equality Act 2010, HIS has a duty to:

- Eliminate unlawful discrimination and any other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Discrimination is usually unintended and can often remain undetected, until someone highlights how they have been let down. Equality Impact Assessments (EQIAs) are necessary to identify potential disadvantages and offer staff opportunities to take appropriate actions to remove or minimise any adverse impact of proposed activities.

In 2017, HIS produced new guidance to support staff to undertake EQIAs and promote their use. In addition to the nine protected characteristics named in the Equality Act 2010, our guidance asks staff to consider health inequalities and human rights. Amendments will also be made to ensure that staff treat ‘care experience’ as a protected characteristic. Advice and support is offered across the organisation by our Equality and Diversity Advisor and our Public Involvement Advisor, who leads on corporate parenting.

A list of our completed EQIAs can be found on our website.

In addition to EQIAs, staff are also encouraged to consider if a Child Rights and Wellbeing Impact Assessments (CRWIAs) is necessary when undertaking a new piece of work. For example, a CRWIA was recently undertaken by our Standards and Indicators Team to develop standards of care and support for a Barnahus response to children and young people who have experienced, or been witnesses to, violence in Scotland. This assessment has identified the UNCRC articles relevant to the standards and how the standards will promote the rights of children.

1.2 Promoting children’s rights through our Children and Young People Working Group

Article 4 states that we should do all we can to ‘make sure every child can enjoy their rights by creating systems… that promote and protect children’s rights’. In 2016, HIS established a Children and Young People Working Group to ensure that the whole organisation works together to meet the legal duties outlined in the Children and Young People (Scotland) Act 2014. The group considers activity across the organisation’s many parts and ensures that children’s rights are considered. It meets at least three times a year and updates on actions from our Corporate Parenting Action Plan at every meeting.
1.3 Promoting children’s rights through the Quality Improvement Awards
HIS, in partnership with the Scottish Government, runs the Quality Improvement (QI) Awards. These national awards celebrate and showcase the range of quality improvement practice that has been taking place across Scotland to improve outcomes for babies, children, young people and their families in all aspects of their life. 2019 was the fourth year of the QI Awards.

Categories include:

- Excellence in Using QI in Maternity, Neonatal and Paediatric Services
- Excellence in Using QI to Support the ‘Best Start in Life’ (0-8 years)
- Excellence in Using QI to Support our Children and Young People Towards Better Outcomes (8+ years)
- Achieving Results at Scale
- Quality Improvement Champion Award
- Quality Improvement Leader of the Year Award
- Most Inspiring or Innovative Project Award
- Top Team Award for Embedding QI as a Way of Working to Get it Right for Every Child
- Compassionate Collaboration Award

These awards recognise people and teams across different sectors who put children’s rights at the heart of their actions.

1.4 Supporting staff to protect children and adults at risk of harm, abuse or neglect
Keeping people safe is fundamental to everything we do in HIS. To achieve this, a Public Protection and Children’s Health Services Lead was appointed in January 2019 to provide
leadership, advice and support to the organisation on all matters relating to public protection. In July 2019, a suite of materials was shared on our staff intranet website to support us to fulfil our public protection remit. This material provides our staff with the confidence they require to recognise and respond to the early signs of abuse in both children and adults. In conjunction with guidance, training and supervision have been developed and are available to all staff across HIS. Mandatory training is offered via e-learning modules to all staff, while face-to-face training is offered to managers and staff with an outward-facing role (contact with NHS boards, other agencies, and the public). To date, 380 HIS staff have completed the e-learning module and 193 have completed face-to-face training sessions.

Our Public Protection and Children’s Health Services Lead has also been reviewing the activity the organisation is involved in to improve outcomes for children and young people and identifying opportunities for HIS to play its part in having a greater impact in national priority areas.

1.5 Developing an approach to engaging with children and young people

Understanding what matters most to people accessing support and services is crucial to building an evidence base for improvement. Our Community Engagement Directorate (previously known as the Scottish Health Council) supports the engagement of people and communities in shaping health and care services in Scotland, by offering advice and support to NHS boards and Integration Authorities. Our local presence and national reach enables us to work with a wide range of individuals, groups and organisations to this end. We also provide policy makers with evidence and public views that inform national policy.

Over the past three years, we have played an important role in ensuring that Articles 12 and 13, in particular, are realised. Article 12 states that ‘every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously’. While Article 13 states that ‘every child must be free to express their thoughts and opinions…’

In 2016, acknowledging that voices of children and young people are often underrepresented in conversations about health and care services, we formed a strategic partnership with Includem, an organisation which supports some of Scotland’s most disadvantaged young people, with a view to strengthening the involvement of young people in shaping health and care services. Includem seconded an experienced member of staff to HIS for the duration of this project. The Young Voices Project sought to:

- Explore and develop innovative approaches to engaging with children and young people across Scotland
- Support the development of an evidence base for engaging children and young people in health and care, particularly those groups facing disadvantage

Based on early conversations with stakeholders (including ENABLE Scotland, Who Cares? Scotland, Young Scot, Teenage Cancer Trust, Together, and others) scoping research was commissioned to:

- Map existing ways for young people to get involved in shaping health and care services in Scotland
• Identify where there are gaps in engaging young people
• Identify the most appropriate ways of engaging with young people
• Consider opportunities to add value to, or strengthen existing ways to listen and act on the views and experiences of young people
• Assess the possibility of developing a unified approach to engaging with young people

The findings of this work can be viewed in our report published on our website.

One of the outcomes of this work was the development of Young Voices workshops which drew on the Voices Scotland toolkit developed by Chest, Heart & Stroke Scotland, but have been tailored to a younger audience. These workshops were developed in partnership with Young Scot and then piloted across test sites in Fife, Forth Valley, Glasgow and Highland. Feedback from each test site was used to further develop the approach. The learning was distilled into a guide.

1.6 Supporting NHS 24 to involve young people in the design and development of their services

In the last couple of years HIS has supported NHS 24 to improve how they engage with young people. This involved the planning and delivery of bespoke engagement activities with the West Dunbartonshire Young Carers Group, the Glasgow Youth Council, Who Cares? Scotland and students from the Glasgow Kelvin College, to build relationships with staff and young people.

Our staff supported additional engagement activities with young people to gauge their interest in getting involved in the design and development of NHS 24’s services. Engagement approaches that supported the long-term involvement of young people were discussed and the results of these discussions fed into a new organisational approach to youth engagement for NHS 24. Following this activity, our staff supported NHS 24 to establish its NHS 24 Youth Forum.

The first NHS 24 Youth Forum event took place in June 2018 at the Scottish Youth Theatre. Further forum meetings have been held and NHS 24 will continue to use the forum to seek the views of young people going forward.

1.7 Supporting the involvement of young people in East Renfrewshire

We have also used the learning from the Young Voices project to tailor our approach to engaging with young people and to give a voice to young people living in localities they support. For example, in 2019 the Community Engagement Directorate’s Greater Glasgow and Clyde engagement office, in partnership with the East Renfrewshire Health and Social Care Partnership, visited eight secondary schools in East Renfrewshire to provide Young Voices sessions designed to support these young people to directly influence health and care services. These sessions involved them exploring the benefits of having their views heard and the barriers that prevent them from having their views heard. Subsequent sessions have focused on creating an action plan on how the young people in East Renfrewshire will influence health and social care services in the year ahead.
1.8 Supporting the Dumfries and Galloway Champions Board to have their views and experiences heard

HIS has also provided a Young Voices workshop to the Dumfries and Galloway Champions Board in April 2019. This group exists to support care experienced young people in the area to have a bigger say in local decisions that affect their lives. It provides an opportunity for young people to articulate the challenges that being in care can bring and how these challenges can be overcome with the right support. It is anticipated that more of these workshops will be carried out with Champions Boards across Scotland to provide these groups with the knowledge, skills and confidence to have their voice heard in health and care.

1.9 Supporting NHS Tayside to involve young people in the development of their Child Healthy Weight Strategy

The Community Engagement Directorate’s Tayside engagement office has recently been supporting NHS Tayside’s Public Health Team with the Tayside Plan for Children, Young People and Families. Staff were invited to join the Tayside Healthy Weight Strategy Group to provide advice and guidance to support a three-month public consultation on child healthy weight in Tayside. The purpose of this group is to identify areas for improving the health and wellbeing of all children in Tayside and work with all relevant stakeholders to do so. Supporting more children to achieve a healthy weight is an important part of this plan.

The engagement officers supported this group between July and September 2019, providing advice on stakeholder mapping, methods of engagement, development of a survey and other consultation materials, and also facilitated engagement sessions with young people (including through St Paul’s Academy and Strathmore Centre for Youth Development) and parents. Feedback received from young people during the consultation is currently informing the development of a new Child Healthy Weight Strategy for Tayside and will detail the necessary
steps to be taken by all partners, including the NHS, local authorities, health and social care partnerships, the third sector, and the community.

1.10 Gathering views on what ‘realistic medicines’ means to young people

Realistic Medicine is an approach to healthcare that encourages people providing care to find out what matters to people receiving care so that the support offered is right for that person.

In June/July 2017, the Chief Medical Officer asked HIS to gather views about what ‘realistic medicine’ meant to people accessing services. Our Tayside engagement officers engaged with Police Scotland Youth Volunteers from the Dundee West Group, while Orkney engagement officers engaged with young people from Kirkwall Grammar School and the Orkney Youth Workers Forum. A report describes our engagement activities in more detail.

In November 2019, our Orkney engagement office also supported NHS Orkney to engage with young people from Kirkwall Grammar School to explore what good practice in this approach looks like for them, and how ‘realistic medicine’ can be promoted in the area. A second event is expected to be held to engage with students from Orkney College - University of the Highlands and Islands. These views will be shared with NHS Orkney and the Orkney Health and Care Integrated Joint Board to inform actions to realise the Chief Medical Officer’s vision of ‘realistic medicine’.

Young people from St. Paul’s Academy exploring weight issues by using the Ketso tool
1.11 Gathering views of parents of young children on oral health services

Article 3 states that ‘the best interests of the child must be a top priority in all decisions and actions that affect children’. In 2016, the Scottish Government’s Chief Dental Officer and Dentistry Division approached HIS to seek support for its planned consultation exercise on the future of oral health services. The views of parents of young children were particularly important given that good oral health in childhood can support children to have the best possible start.

Views were sought by working in partnership with Early Years Scotland and Saheliya. Saheliya is a mental health and wellbeing support organisation for minority ethnic, asylum seeking, refugee and migrant women and girls in the Edinburgh and Glasgow area. Early Years Scotland is the leading third sector organisation for children pre-birth to aged 5. Early Years Scotland facilitated access to mother and toddler groups, while Saheliya brought together parents from minority ethnic communities, including asylum-seeking and refugee women.

The report, Gathering Views on the Future of Oral Health in Scotland, summarises what people who attended these sessions said. Feedback gathered in these focus groups, including comments from participants, was included in the Scottish Government’s Oral Health Improvement Plan, published in 2018.

1.12 Gathering views on organ donation and transplantation

At the end of 2016, the Scottish Government launched a consultation which sought views on how best to increase numbers of successful organ and tissue donations in Scotland. The consultation looked at ways to potentially increase the numbers of deceased organ and tissue donors and considered a proposal to introduce what was described as a ‘soft opt out’ system of organ donation. This system works on the assumption that most adults can be a donor when they die, unless they have specifically stated that they do not wish to donate, and should allow for a person’s family to provide information about the person’s views.
In 2017, HIS supported this consultation in four NHS Boards across Scotland by working alongside organisations such as People First, Barnardo’s Scotland, Arran Youth Foundations and local schools, to seek additional views. By working in partnership, HIS staff were able to gather views from groups for whom there are specific issues relating to organ donation, such as people with learning disabilities and young people with experience of the care system. The views obtained were shared with the Scottish Government to help shape the proposed development of a ‘soft opt out’ organ donation system. A Gathering Views report on Organ and Tissue Donation and Transplantation was published in April 2018.

1.13 Gathering views on healthy relationships and consent

While pregnancy at an early age can be positive for young people, for some it can increase the likelihood of facing socio-economic disadvantage and affecting health and wellbeing. In early 2018, the Scottish Government asked HIS to gather views on their draft Key Messages on Healthy Relationships and Consent, as part of their Pregnancy and Parenthood in Young People Strategy. HIS engaged with young people in a number of areas, including Shetland, Grampian, Tayside, Fife, and Dumfries and Galloway. Groups engaged with included:

- LGBT Youth Groups in Fife, Tayside, and Dumfries and Galloway
- A young mums’ group in Shetland
- Police Scotland Youth Volunteers in Grampian

These views have been used to inform the Scottish Government’s Key Messages for Young People on Relationships and Consent.

1.14 Asking young people what matters to them

‘What Matters to You?’ is an initiative encouraging more meaningful connection between people who provide health and care and the people they support and care for. Care providers are encouraged to hold ‘What matters to you?’ conversations to better understand and act on what matters most to people. This way of working is promoted on 6 June each year, on What Matters to You Day.

HIS was commissioned by the Scottish Government to establish a working group to plan and co-ordinate this activity. In June 2019 members of our Children and Young People Working Group engaged with young people on the streets of Glasgow, asking what matters to them when accessing health and care services and filming their answers. Young people we spoke to wanted:

- Their views and experiences to be listened to
- Staff to be caring and compassionate
- Services to be accessible
- To get the medicines they need

This video highlighted the clear role that HIS has in helping to deliver what matters most to young people.
1.15 Supporting young people to shape mental health services in Midlothian

HIS is committed to supporting better quality mental health care for everyone in Scotland. Our Improvement Hub (ihub) works with mental health services, people who use services, and leadership teams to support improvements to these services.

Between January and June 2019, the ihub worked in partnership with Nesta to test their People Powered Results (PPR) approach to large-scale redesign and change, with a focus on children and young people’s mental health and wellbeing. This was a 100-day challenge, which involved 42 team members from 19 different organisations, including schools, Child and Adolescent Mental Health Services (CAMHS), and numerous others from statutory, voluntary, and community sectors – all working together in new ways to listen and respond to what children, young people, families and carers needed.

Three teams tested out ideas that would help different groups: children moving from primary to secondary school, young people transitioning from secondary school to college, and care experienced young people across Midlothian.

One team asked children aged nine to 10 years, what they thought would make their classroom more conducive to improving wellbeing. They then encouraged the children to lead on redesigning it themselves, giving them the opportunity to bring their ideas to life. This enabled the children to shape their learning environment. The classroom now has a designated quiet space, and 26 pupils created their own personalised emotional wellbeing toolboxes.

Another team wanted to support young people moving from secondary school to college. They started gathering insights from 14-17 year olds, to better understand what mattered to them. As a result, they trained approximately 100 trusted adults in Mental Health First Aid, so that young people would know who to seek support from when they need it. The team also supported students to design and deliver mental health content for Personal and Social Education, with 59 percent of young people agreeing that their knowledge about mental health had increased.

The remaining team tested providing dedicated CAMHS consultation time for kinship carers (people who agree to raise the children of relatives as an alternative to the care system) for the first time. They were able to agree a plan to trial and evaluate the impact of kinship carers being supported directly by CAMHS, building their capacity to support the children and young people they care for.

In total, 175 people, including children, young people, families and carers were involved in Midlothian’s 100 Day Challenge and the experience has set a precedent for this to continue, so that people with lived experience of mental health issues continue to play a central role in shaping programmes and services that affect them.

1.16 Developing plans to support children and their families to think ahead when considering how they want to be cared for

End of life care is something that many parents often feel afraid or guilty to ask questions about. However, having some information in advance can help answer some of those
questions. Anticipatory Care Plans (ACPs) focus on what’s important to a child and their family, and give them a voice to support decisions to maximise their quality of life, e.g. where end of life care might be delivered. In 2019, the ihub published My Anticipatory Care Plan: For Babies, Children and Young People. This document was developed with representatives from different health boards and Children’s Hospices Across Scotland (CHAS).

1.17 Exploring what matters to young people when accessing school nursing

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care from nursing and midwifery staff, no matter where they receive it. This approach has been developed in collaboration between HIS, Scottish Government, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES). The EiC Children and Young People Working Group, set up to ensure that children have a voice in this work, has recently been developing quality measures for school nursing.

In February 2019, young people from Kirkcaldy High School, between the ages of 12 and 17, took part in focus groups arranged to explore what matters to young people when accessing school nursing services. There were six focus groups over the course of a day and a total of 48 young people who were involved. The facilitators presented the young people with a fictional scenario in which a young person had been referred to the school nurse and asked questions about what would matter to them in that scenario. Issues important to the young people included timely appointments to reduce anxiety and clarity regarding confidentiality. The facilitators plan to provide the feedback received into the EiC Children and Young People Working Group and return to meet with them to discuss what has changed as a result of what they shared. This approach was recently repeated in a school in Tayside.

2. Civil Rights and Freedoms

This cluster area focuses on children and young people’s civil rights and freedoms. This includes their rights to move freely in public space and to meet with others, to think and believe what they like, to access information and speak their mind (as long as it is not harmful to others), to keep personal matters and communications private, and their rights to be protected from inhumane or degrading treatment.

2.1 Providing accessible information for children and young people

2.1.1 Epilepsy

Article 17 of the UNCRC says that children have ‘the right to reliable information… that [they] can understand’.

The Scottish Intercollegiate Guidelines Network (SIGN) creates evidence-based guidelines to support health and social care professionals, and people with lived experience, to understand medical evidence and use it to make decisions about healthcare. SIGN also produces booklets to make people aware of the care and support they should expect to receive.

Epilepsy is a condition affecting the brain which can cause frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. Approximately 5000
children under 18 have epilepsy in Scotland. In 2020, SIGN will publish guidelines for epilepsy in children and young people. Two young people are full members of the guidelines development group. These young people will work with SIGN to co-produce information booklets for young people living with epilepsy and their families, for publication in 2020. The content will be informed by priorities identified by young people in a discussion group that was held in partnership with Epilepsy Scotland. Videos have also been made to share the experiences of two young people living with epilepsy in transitioning from child to adult services.

2.1.2 Fetal Alcohol Spectrum Disorder
In 2019, SIGN published guidelines for children and young people exposed to alcohol during pregnancy. Unborn babies are at risk of developing fetal alcohol spectrum disorder (FASD) if their mother drinks alcohol during pregnancy, as it can damage the developing baby, leading to lifelong issues.

A young person affected by this condition supported the development of a booklet for parents and carers, and this was published in October 2019. This young person also provided their views on the best way to communicate information to young people affected by FASD, leading to a video animation being produced. The animation uses the young person’s story to increase awareness of the condition and the care and support available. This was published in November 2019.

2.1.3 Health and Social Care Standards
HIS has a national role in setting standards of care. In 2015, following an extensive review of the National Care Standards, published in 2002, HIS and the Care Inspectorate were tasked with developing new Health and Social Care Standards to reflect the fact that inspections are increasingly looking at what it is like to actually experience a service. The standards seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to, are upheld. These standards were co-produced by working alongside people using services, service providers and other agencies.

During the consultation on the draft standards, HIS and the Care Inspectorate worked closely with a number of organisations to ensure that the views of children and young people were reflected in the standards. For example, the Centre for Excellence for Children’s Care and
Protection (CELCIS) ran focus groups with care experienced young people to find out more about what matters to them in relation to standards of care. Feedback was provided to demonstrate how/where their comments had led to direct change in the health and social care statements. As a direct result of their feedback the standards were revised and updated to include the importance of feeling ‘valued, loved and secure’.

The standards were published in June 2017 and introduced in April 2018. Efforts were made to ensure that the standards were easily accessible. In January 2018, the standards were made available in ‘easy read’ format. Subtitled videos were also produced. These videos share the experiences of children and young people and highlight what matters to these people when accessing care and support. Examples included Brooke, a young mum with experience of the care system, Robbie, a young person living with a neurological condition, and Dara and Wanda, two children in the early learning and childcare setting.

3. Violence Against Children

This cluster area focuses on situations where children experience violence, including physical and mental violence, abuse and neglect, maltreatment and exploitation, including sexual abuse.

3.1 Improving services for children who have experienced rape or sexual assault

Article 34 states that ‘Governments must protect children from all forms of sexual abuse’, while Article 39 states that children who have experienced violence ‘must receive special support to help them recover their health, dignity, self-respect and social life’. In 2017, the Chief Medical Officer set up a taskforce for the improvement of services for adults and children who have experienced rape or sexual assault. HIS produced standards to set an aspirational target for these services and, in 2018, were commissioned by the Scottish Government to develop indicators to measure national performance and support the work of the taskforce and its quality improvement subgroup. Consultation on the interim indicators included focus groups with adult survivors of child sexual abuse, interviews with forensic medical examiners, and collaboration with the Scottish Commission for Learning Disability and Stonewall Scotland. We published interim indicators in December 2018 and in November 2019 published draft indicators for consultation.

3.2 Improving the collective response to child victims and witnesses of violence and sexual abuse

There is recognition in Scotland that the justice system risks re-traumatising child victims and witnesses of violence, which can have an impact on long-term health and wellbeing. In Nordic countries, such as Iceland, meanwhile, a child or young person is interviewed in the Barnahus (meaning ‘children’s house’) by specialist interviewers during a single forensic interview, which is used as their sole evidence. This means that vulnerable witnesses will not have to go to court and testify, or tell their story several times over. HIS and the Care Inspectorate were commissioned by the Scottish Government to jointly develop standards of care and support that a Barnahus child protection response in Scotland should be based on. These standards
will be rooted in the UNCRC and will set out a framework for Barnahus to be tested in Scotland, and will focus on how it should feel for children and young people using the service.

In June 2019, a scoping workshop was held, with 50 participants from across health, social work, justice, police and child protection attending. Participants from all sectors contributed to a discussion on the direction of travel. A short-life working group, known as the Standards Development Group, has formed to write the standards. Central to the standards is the need for recovery to take place in an environment which allows this to happen. Draft standards will go out for a 12 week consultation. The views and experiences of children and young people will be crucial to ensure these standards are fit for purpose.

4. Family Environment and Alternative Care

This cluster area focuses on the right of every child to enjoy a supportive, nurturing home environment regardless of their circumstances.

4.1 Promoting the wellbeing and safeguarding the rights of care experienced children and young people

Article 18 states that ‘parents share responsibility for bringing up their child and should always consider what is best for their child’. Under the Children and Young People (Scotland) Act 2014, public bodies named as corporate parents are required to work together to promote the wellbeing of all care experienced children and young people. This means that HIS must support these children and young people in the way that parents and carers are expected to.

Over the past three years we have worked closely with Who Cares? Scotland (WC?S) to support us with our responsibilities as corporate parents. In 2018, we worked together with NHS 24 and WC?S to carry out an interactive evening session with a group of care experienced children and young people, known as the Young Radicals, who meet regularly to discuss issues important to them. We used this session to find out more about their experiences of health and care services, and what is important to them when accessing these services. We shared what we learned with all staff. We have also worked closely with WC?S to develop an e-learning module to be accessed by all staff in HIS. The module will be available to approximately 500 staff members and will support them to understand their role as a corporate parent and understand the impact that a good corporate parent can have.
During the festive period at the end of 2018, our Children and Young People Working Group decided to raise enough money to provide at least 40 care experienced young people with a gift on Christmas day during WC?S’ Care Family Christmas. We organised sponsored staff participation in the Glasgow Santa Dash, as well as arranging bake sales, supporting raffles, and even selling handmade jewellery that was kindly donated by another member of staff. We used the bake sale as an opportunity to raise awareness of our corporate parenting duties among staff by inviting WC?S to kick off the bake sale with an activity which served to demonstrate the number of services that support someone in the care system.

HIS staff, family and friends raised £1,428.37 in total, greatly exceeding our initial £400 target.

Many attendees of the Care Family Christmas shared positive feedback of their experience and thanked all of those who had donated to make it possible.

In December 2019 we raised money and collected gifts for Barnardo’s Scotland’s Kidsmas appeal. Again, we participated in the Glasgow Santa Dash and held a raffle to generate donations. We received over £900 in donations and around 80 gifts. These donations went to the Youth Involvement Project, which supports children and young people with experience of parental substance use in the Easterhouse area. Many of these young people have experience of the care system or are more likely to enter the care system.
5. Disability, Basic Health and Welfare

This cluster focuses on the health and welfare of all children and the rights of disabled children. All children should have the best possible standard of health, including access to relevant health services.

5.1 Reducing deaths or loss of babies before or during delivery

Article 6 states that ‘every child has the right to life. Governments must do all they can to ensure that children survive and develop to their potential’. Our Maternity and Children Quality Improvement Collaborative (MCQIC), part of the Scottish Patient Safety Programme (SPSP), has an overall aim to improve outcomes and reduce inequalities in outcomes for all babies, children, parents and families.

The death or loss of a baby before or during delivery, known as stillbirth, has been a priority for improvement in all 14 NHS boards. Evidence shows that:

- Pregnant women delay seeking advice when they become aware of changes in fetal movement
- Midwives are reluctant to mention the risk of stillbirth to pregnant women for fear of provoking anxiety. They are also anxious that they lack knowledge on the risks and causes of stillbirth
- The risk of stillbirth is 47 percent higher in women who smoke during pregnancy than in women who do not smoke while pregnant

The focus of improvement work included:

- Increasing the percentage of midwives having documented discussions with pregnant women about fetal movement and ensuring evidence-based advice is used to inform women about fetal movement and who to contact when concerns arise
- Ensuring midwives have supportive conversations about the dangers of smoking in pregnancy, and introducing the monitoring of all pregnant women for carbon monoxide levels, which is now routine practice across Scotland
- Supporting midwives and obstetricians to consistently measure the growth of babies and follow up quickly if issues are noted

As a result, MCQIC has contributed to a 23 percent reduction in the Scottish stillbirth rate, meaning that between 2013 and 2019, an average of 220 more babies have gone home safely each year.
Improvement initiatives across the UK and Australia suggest giving women standardised written information at 18-23 weeks’ pregnant and focusing on the growth of the fetus to improve outcomes. This will be the focus going forward. By March 2021, MCQIC aims to reduce stillbirth by 35 percent.

**Case study:** One evening, Lynne Campbell (pictured) became aware of a change in fetal movements. As a direct result of the conversation with her midwife, Lynne, instead of going to sleep (as she was tempted to do) contacted her maternity unit and several hours later, her son, Innes, was safely delivered by emergency caesarean section at 33 weeks’ pregnant. Lynne describes how the conversation with her midwife was key to saving her baby’s life, in a [video](#) published on the ihub website.

### 5.2 Supporting better understanding about the health of a fetus or newborn baby

Pregnancy screening is offered to help women make informed decisions about their health and the health of their fetus during pregnancy, while newborn screening is offered to support decisions about the health of a newborn baby. Our Standards and Indicators Team supports NHScotland’s screening programmes through developing new and, where appropriate, revising existing standards. In 2016, HIS received a request to revise Clinical Standards for Pregnancy and Newborn Screening. HIS developed these standards, informed by current evidence, best practice recommendations and group consensus. The development process commenced in September 2016 until October 2018, with the [final standards](#) being published in January 2019.

During our eight week public consultation on the draft standards, we engaged with a range of staff who support and deliver the pregnancy and newborn screening. We also worked with third sector colleagues who offer vital care and support to women and their families. The Standards and Indicators Team worked with [Deaf Scotland](#) and [Spina Bifida Hydrocephalus Scotland](#) to run focus groups to allow people to share their experiences of diagnosis, care and treatment.

### 5.3 Shaping the future of Maternity Services Liaison Committees

Maternity Liaison Committees (MSLCs) were set up in 2000 as a recommendation of the Maternity Services Standards to ensure that health boards listened to the views and experiences of people who use maternity services. The MSLCs that are currently active typically include people who worked in maternity services, people from local communities who had used them, and relevant third sector organisations.

In May 2019, the Scottish Government asked HIS to gather the views of people involved in MSLCs, including staff, with a view to ensuring that people who use maternity services have a voice at both a local and a national level.
Between July and September 2019, HIS staff gathered the views and experiences of people involved in MSLCs across the country by using discovery interviews based on the following journey points – origin, structure, support, representation and reflection. The information gathered was reported to the Scottish Government. Some of the key themes included:

- Challenges of recruiting people and keeping them in engaged in the activities of the MSLCs
- A lack of diversity in MSLC group membership
- A need for clear aims and evidence of impact
- A need for a less formal and more welcoming environment

Following the report, the Scottish Government are planning to develop a national network to share learning and good practice, and develop approaches to give people a voice at both a local and a national level. Two health boards have already taken steps to develop less formal approaches to engagement, more flexible to the needs of local people.

5.4 Reducing the deaths of children and young people

In 2019, the Scottish Government requested that HIS, in collaboration with the Care Inspectorate, establish a National Hub to better understand the circumstances surrounding the deaths of children and young people in Scotland. Ultimately, the aim is to reduce deaths and harm to children and young people.

Child Death Reviews will be carried out for the death of every child in Scotland (all live born children up to their 18th birthday), and up to their 26th birthday for care experienced young people in aftercare or continuing care at the time of their death. The Hub plans to identify trends which could alert professionals of possible areas of risk.

An expert reference group met for the first time in November 2019. This group includes representation from third sector organisations who support families with this experience and will seek further representation directly from families as the programme progresses.

5.5 Reducing unplanned admissions – keeping mothers and babies together

Article 7 states that ‘every child has the right to… know and be cared for by their parents’, while Article 9 states that ‘children must not be separated from their parents against their will unless it is in their best interests’. Evidence shows that bonding between mother and baby is hugely important, and interruption to the bonding process can interfere with the postnatal adaptation of the newborn. This decreases the opportunity for temperature regulation and stabilisation of vital signs, including breathing rates, and has a negative effect on maternal mental health, breastfeeding success rates and long-term conditions for mother and child. Data submitted to NHS boards across Scotland suggested that for every 1,000 babies born at term, around 60 are admitted to the neonatal unit. With this in mind, MCQIC’s maternity and neonatal programmes have been working together to test various ways of reducing unplanned term admissions to the neonatal unit.

With support from the MCQIC team, a number of maternity units have reduced unplanned admissions to the neonatal unit. NHS Tayside, for example, had identified that the main reasons for their admissions were breathing complications, weight loss from breastfeeding
challenges and cold body temperature. Improvements that were made led to a 21 percent reduction in the number of babies admitted to the neonatal unit and thus separated from their mum. The average reduction across eight units being supported was 20 percent. This means that, each month, approximately 30 more babies in Scotland receive care at the bedside, beside their mothers, resulting in less disruption to breastfeeding and better long-term outcomes for both.

5.6 Reducing admissions to neonatal units due to hypothermia

All newborn babies are at risk of having a low body temperature (hypothermia) – especially those born premature or unwell. A low body temperature in babies can be dangerous and can lead to serious health complications or death. For many babies it will mean admission to the neonatal unit, leading to medical interventions (such as tubes or ventilators) and longer hospital stays. Keeping newborn babies warm is therefore a critical intervention that can improve a range of longer-term outcomes.

Often the care given to mothers before, during and after birth (maternity care) and the additional care given to newborn babies (neonatal care) are separate services. However, to reduce the incidence of hypothermia, maternity and neonatal services have been encouraged to work together to identify babies who are at risk of becoming cold, as well as identifying environmental factors that may increase the risk of hypothermia.

MCQIC set out to improve collaborative working relationships between maternity and neonatal colleagues through networking events, visits, dedicated discussions and supporting the measurement of progress.

NHS Lanarkshire used a particularly innovative approach, using a social media campaign to request donations of knitted hats from the community. This campaign was successful, with adult daycare centres in the local area forming knitting groups. These groups continue to provide a regular supply of knitted hats for babies.

There has also been a focus on increasing skin-to-skin contact with a parent. Other interventions have included being bedside ‘hot cots’, which are specially adapted heated and covered cots. NHS Lanarkshire’s work led to an 87 percent reduction in admissions to their neonatal unit due to hypothermia.

Since June 2017 there has been an average 23 percent decrease in the rate of babies admitted to neonatal units with hypothermia, across the six health boards submitting data.
5.7  Supporting early recognition of illness due to complications from pregnancy or childbirth

Early recognition of illness in pregnant women and mothers shortly after childbirth is essential, as things can progress quickly. Although the numbers of deaths due to complications from pregnancy or childbirth have dropped, detection remains an issue across the UK. In 2016, there were fourteen different Maternity Early Warning Scores (MEWS) in operation for maternity services. For over fifteen years, national audits have recommended the implementation of a single national MEWS. MCQIC set out to make Scotland the third country in the world to create a national MEWS to promote standardisation and consistency of practice. This national MEWS was launched in October 2018.

Case study: Caitlin O’Neill had no idea what MEWS was when she went into hospital to give birth, but she says it saved her life.

Caitlin explained that her pregnancy was fine, but after the birth she never felt right, experiencing flu-like symptoms. When her dad drove her back to the hospital her temperature reached 41 degrees and she passed out.

Using MEWS, nurses quickly detected that her condition had deteriorated and that she had the potentially fatal sepsis. Once stabilised, Caitlin was transferred to the high dependency unit and when she was well enough she was moved to the maternity ward to recover fully.

5.8  Reducing bleeding following childbirth

The incidence of postpartum haemorrhage (PPH), defined as blood loss of more than 2.5 litres following childbirth, was estimated to be around 6 per 1000 births in Scotland in 2012. The main reason for this bleeding is due to uterine tone (an issue with muscles in the uterus), with emergency caesarean section reported as the leading method of delivery. A number of recommendations were made in 2014. However, the data demonstrated no overall improvement at a national level. With the introduction of MEWS (as mentioned above), MCQIC aim to reduce the rate of severe PPH in mothers by 30 percent by March 2021.
5.9 Supporting early identification of illness in children
Article 24 states that ‘every child has the right to the best possible health. Governments must provide good quality health care… so that children can stay healthy’. The UK has one of the highest child mortality rates in Europe. A UK pilot review of child deaths identified the most common avoidable factor as not recognising how severe an illness is, often at the first point of contact. Until recently, each NHS board in Scotland was using a different paediatric early warning score (PEWS) and as a result there was no national common language for scoring or escalation processes. With a wide variation in communication, this was identified as an opportunity for improvements to be made. MCQIC facilitated the introduction of the national standardised PEWS for use by clinical teams to support them to identify when a child’s condition is worsening and provide appropriate expertise quickly. At present, 12 out of 14 NHS boards have introduced the national PEWS, with data from submitting areas showing 91 percent reliability in its use. The feasibility of the use of PEWS in primary care is currently being explored, with the ambition of providing a national system-wide approach to assessing and supporting children who are unwell.

5.10 Reducing hospital-acquired bloodstream infections
Central line-associated bloodstream infections (CLABSI) are hospital-acquired infections which can result in illness, death or interruption to the development of the brain and/or central nervous system in babies born prematurely.

Reducing CLABSI has been a key focus for MCQIC’s Neonatal Programme, including the Royal Hospital for Children in Glasgow.

A number of practices were identified by MCQIC in collaboration with the neonatal community, to support neonatal units to achieve this. For example, improving the safety of procedures with the use of a hat, mask, gown and gloves.

Between May 2014 and November 2017, CLABSI was reduced in the hospital by 65 percent.

5.11 Reducing ventilator associated pneumonia
Ventilator associated pneumonia (VAP) is a type of lung infection that occurs in people who are on mechanical ventilation breathing machines in hospital.

With support from MCQIC, the staff in the paediatric intensive care unit at the Royal Hospital for Children in Glasgow have been working hard to reduce this type of infection. The initial aim of the project was to achieve a 50 percent reduction in VAP for the children in their care, but they have managed to achieve a 78 percent reduction.

At a national level the reduction has been 86 percent in VAP incidents since 2013, and in 2017/2018 there were only nine episodes of VAP across the two units in Edinburgh and Glasgow compared to 26 the previous year.

5.12 Ensuring hospitals providing services to mothers, children and babies are safe and clean
Our Quality Assurance Directorate (QAD) are responsible for inspections of NHS hospitals and services in Scotland. The focus of safety and cleanliness inspections is to reduce the risk of
infections to people using hospitals and provide assurance to the public. Our inspectors undertake announced (at least four weeks’ notice) and unannounced inspections (no notice) of healthcare services, which involve physical inspection of the clinical areas, and interviews with staff and patients. Written reports are published eight weeks after the inspection.

A list of all safety and cleanliness inspection reports are published on our website. In the past three years over 40 of this type of inspection have taken place, including the Princess Royal Maternity Hospital (NHS Greater Glasgow and Clyde), the Royal Hospital for Sick Children (NHS Lothian) and University Hospital Crosshouse (NHS Ayrshire and Arran), which provides maternity and paediatric services for the area.

5.13 Supporting improved access to mental health services for young people
Our Mental Health Access and Improvement Support Team (MHAIST) supports mental health services to achieve the national target for 90 percent of people requiring CAMHS, to receive treatment within eighteen weeks of referral. Where services are not meeting the national target, support is provided to help them to understand the key factors affecting access and use this knowledge to develop plans to address them. Between 2016 and 2020 support has been provided to nine health boards.

Our engagement offices and our national Service Change Team have also supported our partners in mental health services to carry out effective community engagement with people who access these services. For example, in Forth Valley, our engagement office supported the setting up of a parent liaison group for CAMHS Forth Valley. It first of all supported a session in May 2017 with the service lead, where around 25 parents with children active in CAMHS came together to discuss key issues and challenges in the service. This session generated a 12-point improvement plan, including an action to develop an active parent liaison group to bring the lived experience of parents into the work of the service. By late 2018, they had recruited five parents to this newly formed panel. The panel has so far updated parent information pages on the CAMHS website and are developing new activities and resources for other parents, including a refreshed welcome pack and a ‘walk and talk’ group, allowing parents with children active in CAMHS to have guided walks and spend time together.

5.14 Reducing harm in mental health services
HIS also leads the Scottish Patient Safety Programme in Mental Health (SPSPMH) which is improving outcomes by focusing on reducing harm. This includes reducing rates of restraint, violence, self-harm and seclusion, while improving medicine safety at key transition points. This work has previously focused on adult acute mental health wards, but there is work now being undertaken in 2020 to broaden support to CAMHS and perinatal inpatient wards.

5.15 Supporting the management of asthma in children and young people
Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages, but often starts in childhood. In 2019, SIGN published an updated version of the guidelines on the management of asthma, which supports healthcare professionals with the diagnosis and management of asthma in adults and children, by making recommendations based on current evidence for best practice. For example, the guideline makes recommendations on the use of inhaler devices and how to predict future risk of asthma.
attacks. This guideline has recommendations specifically relating to children in different age groups and there is a specific section on asthma in adolescents. There are also booklets for adults and children living with asthma, and all meet the ‘Clear English Standard’. The guideline is applicable to the whole of the UK and is produced in collaboration with the British Thoracic Society. Work is currently underway to assess the impact of these guidelines.

5.16 Promoting the safe treatment of cancer with medicines in children and young people

The treatment of cancer with medicines is commonly referred to as Systemic Anti-Cancer Therapy (SACT). Outcomes for people who are receiving SACT are improving, but side effects are more common than most medicines, and there is a higher risk of serious and potentially life-threatening complications. The Scottish Government sets national standards for the safe use of SACT for adults, children and young people with cancer. HIS has a governance framework which supports NHS boards and cancer networks to assess and demonstrate that there are systems in place to support the safe delivery of SACT services. The original framework included children and young people in its scope, but it did not include a role for the Managed Service Network for Children and Young People with Cancer (MSN CYPC). This was identified as a gap as part of a HIS-led national external review. The MSN CYPC was involved in the refresh of the governance framework and now has a clearly defined role in the updated framework. CYPC clinicians are now participating in Board-level audits, where there are CYPC cancer centres. This will help ensure that boards are demonstrating they have systems in place to support better outcomes for children and young people who receive medicines as part of their cancer treatment.

5.17 Improving the use of antibiotics in children

The Scottish Antimicrobial Prescribing Group (SAPG) has recently established a Paediatric Stewardship work stream, supported by a multi-professional steering group to improve the use of antibiotics for the prevention and treatment of urinary tract infections in children, and to reduce variation in the use of antibiotics in children in hospitals.

SAPG have developed an education resource which uses a quality improvement approach to improve the management of urinary tract infections in children. The resource has been tested in several GP Practices in Tayside and Fife and will be launched as part of an update to an existing SAPG and NHS Education for Scotland resource early in 2020. Clinicians from the children's hospitals in NHS Greater Glasgow and Clyde and NHS Lothian are working on draft national guidance for treatment of infections in hospitals and these will be shared with teams across all health boards to help shape the final guidance.

5.18 Improving the use of antibiotics in children living in less affluent countries

Article 24 states that we must provide ‘…good quality health care… Richer countries must help poorer countries to achieve this’. SAPG has been working with two hospitals in Ghana to support the improved use of antibiotics as part of their global health partnership project. There are many children and young people in Ghana who require care and support for infections, but national guidance for healthcare professionals is lacking in some areas. SAPG has delivered training to support improved clinical practice and the local development of guidance. Work is ongoing with national agencies in Ghana to support community pharmacists with improving the
use of antibiotics, as pharmacists are the main source of health advice and medicine supply in community settings.

6. Education, Leisure and Culture

This cluster area focuses on the right of every child to an education that will help them achieve their potential.

6.1 Providing work experience opportunities for school-aged children

Article 28 states that ‘…every child has a right to education…’ while Article 29 states that ‘Education must develop every child’s personality, talents, and abilities to the full’. During 2018, we supported a number of work experience opportunities for young people from schools in Glasgow and Edinburgh. The young people carried out a range of activities, including: gathering supplies for conferences, stocktaking, and performing social media and website tasks. They were also given the opportunity to learn about quality improvement methodology through building Mr Potato Head figures. Some of the young people were also given the opportunity to take part in mock interviews, helping them to understand what is expected during competency-based interviews.

Given that we have a role in supporting community engagement in NHS Boards and Integration Authorities, we also spent time informing the young people about how their views, and the views of people who use health and care services, can inform what we do.

Feedback from the young people highlighted improved confidence and a better understanding of the range of roles available within the NHS. One of our public involvement advisors who supported a young person for a week commented that “It was wonderful to be able to give a young person the opportunity to learn about the work of our organisation and to let them meet so many of our staff in a range of roles. The impact for the young person is that it has
reaffirmed their intention to apply to study medicine when they leave school, but with an improved awareness of other NHS options available to them”.

6.2 Providing work experience and a qualification

Modern Apprenticeships (MA) support employers to develop their workforce by training new staff, and upskilling existing employees. For individuals, it allows them to earn a wage while gaining a recognised qualification. In June 2018 HIS recruited Emma Green, a recent school leaver, to our Quality Assurance Directorate as a trainee administrative assistant. By February 2019, Emma had successfully achieved her Modern Apprenticeship in Business and Administration – an experience which has led her to a full-time position in the ihub as an administrative officer. In March 2019, Emma wrote a blog sharing her experience with staff.

6.3 Providing opportunities for students and graduates to apply their skills in a work environment

Experience is an important factor when organisations are deciding who to employ. An internship is a period of work experience offered by employers to give students or graduates exposure to the working environment and allow them to gain experience of using their knowledge and skills. In January 2019, we were delighted to welcome Natalia Rodriguez to HIS to undertake a three month internship. Natalia is studying for a PhD at Heriot Watt University, exploring the challenges that interpreters face in mental health settings. During her time at HIS, Natalia worked with our Evidence and Evaluation for Improvement Team (EEvIT) and supported the team to evaluate the ‘What Matters to You? Day’ initiative.

7. Special Protection Measures

This cluster area sets out the rights of vulnerable and marginalised children who require special protection. This includes children who are in custody or detention, who are migrants, refugees or asylum seekers or who are victims of torture, trafficking, sexual exploitation, drug
abuse and child labour. These are often the children who are most at risk of having their rights ignored or infringed.

### 7.1 Improving services for children and young people in need of care and protection

In 2017, the Scottish Government’s child protection improvement programme set out a vision for a child protection system in Scotland that places the wellbeing of children at the heart of everything it does. Scottish Ministers asked HIS and other scrutiny partners, including the Care Inspectorate, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), and Education Scotland, to take a more focused look at children and young people in need of care and protection.

Our joint inspections therefore take account of the experiences and outcomes of such children and young people by looking at the services provided for them by community planning partnerships in each local authority area. This includes the work of health visitors, school nurses, teachers, doctors, social workers, police officers and lots of other people who work with children, young people and their families.

Engagement with children and young people about the focus of inspections, revealed that what was most important was that children and young people should experience sincere human contact and enduring relationships. They want to be able to build trust through consistent relationships with adults and they want to maintain contact with those people who are most important in their lives. Joint inspections for children’s services are therefore focused on how well the system is organised to ensure that they can experience continuity of care and develop and sustain lasting relationships.

Inspections last a number of months, and give us the chance to find out if children, young people, and their families are getting the support they need, and how services are making a difference to their lives. To do this, we:

- Speak with staff
- Speak with children and young people, and listen to their views
- Speak with parents and carers
- Read information about the children and young people.

The five inspection questions are:

- How good is the partnership at recognising and responding when children and young people need protection?
- How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
- How good is at maximising the wellbeing of children and young people who are looked after?
- How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- How good is collaborative leadership?
After each inspection, reports are published on the Care Inspectorate’s website about what we found for each area. Our inspection reports highlight what works well and what could improve, with the expectation that community planning partnerships will take action on any recommendations we make for improvements.

8. Reflections

While HIS does not provide services or support directly to children and young people, we ensure that children’s rights are protected and promoted in Scotland, through our work to support health and care services to deliver improved outcomes for children and young people in Scotland, and their families.

We place a high value on listening to and learning from the lived experience and views of children, young people, and their families, and have supported and encouraged them to be involved in shaping the health and care services that matter most to them. Making sure these views are acted upon once expressed will continue to be crucially important to the realisation of children’s rights.

The need for a more strategic approach to what we can deliver for children and young people has been highlighted in a recent internal Children’s Health Service Review report produced by our Public Protection and Children’s Health Services Lead. Over the next three years, our priority will be making sure that all staff across all parts of our organisation fully understand our duties relating to children and young people and that our actions are coordinated through our Children and Young People Working Group in order to maximise our impact. Continued collaboration with NHS boards, scrutiny partners and other key stakeholders will also be crucial to ensure we make the most of our resources, adding value but avoiding duplication of effort.

We are also committed to ensuring that the rights of children and young people who face disadvantage are protected. We need to better understand their experiences and use our circle of influence to improve their experiences by encouraging our colleagues to focus on what matters most to these young people. As an improvement organisation we want to make care better for all children and young people. By taking actions to get things right for groups most likely to face disadvantage, we can get things right for everyone.
Corporate Parenting Action Plan 2020-2023 and progress report

April 2020
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Foreword

Healthcare Improvement Scotland is a proud corporate parent and we are delighted to present our second Corporate Parenting Action Plan, which includes a report on our first three years.

Being a parent is not easy, but we feel we have come some way in our understanding and practice. We thank our staff for their commitment to improving outcomes for care experienced people, and to our extended family of care experienced people, and organisations that represent their interests, for providing ongoing support to help us on this learning journey.

We recognise that there is much more that we can do. Outcomes continue to be poorer for care experience people than those without experience of care and, as an organisation committed to advancing equality and making care better for all, we have a significant role to play. This begins with ensuring that everyone in our organisation understands and acts on their responsibilities.

Collaboration has been, and will continue to be, key. We must work closely as an organisation to ensure that we seize opportunities to demonstrate a positive impact for care experienced people. We must also continue to work closely with our fellow corporate parents by sharing our learning and avoiding duplication of effort in pursuit of our common objectives of getting things right for care experienced people.

We look forward to working with care experienced people, and those who support them, to ensure that the commitments outlined in this updated plan deliver improved outcomes.
Introduction

About Healthcare Improvement Scotland

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

We measure our progress towards our aim against five strategic priorities:

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

Our broad work programme supports health and social care services to improve.

Our Corporate Parenting Duties

Section 56 of the Children and Young People (Scotland) Act 2014 (the Act) names HIS as one of 24 Corporate Parents.

Corporate parenting is defined as:

‘An organisation’s performance of actions necessary to uphold the rights and safeguard the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted.’ (Scottish Government 2015)

According to Section 58 of the Act, this means that we must:

- Be alert to issues which, or which might, adversely affect the wellbeing of an eligible young person.
- Assess the needs of eligible children and young people for any services or support provided.
- Promote the interests of eligible children and young people.
- Seek to provide eligible children and young people with opportunities to promote their wellbeing.
- Take appropriate action to help eligible young people access those opportunities.
- Keep our approach to corporate parenting under constant review, seeking out improvement wherever possible.
These duties are not the responsibility of a single named individual, post holder or unit, and should be delivered jointly as an organisation, embedded into the way we work.

Corporate parents must also publish (and keep under review) detailed plans and reports, collaborate with each other, follow directions and guidance, and provide relevant information to Scottish Ministers.

**Definitions**

The Act defines who is considered ‘looked after’ and a ‘care leaver’ in section 57 and includes any child who is looked after by a local authority, and every young person who is under the age of 26 and has been looked after by a local authority. This includes foster care, residential care, secure care, ‘looked after at home’ (on Compulsory Supervision Orders with no condition of residence) and those in formal kinship care. HIS chooses to use the term ‘care experienced’ to describe people who meet this criteria, based on advice and support from organisations who amplify the lived experience of these young people. As such, we use this term throughout.

**About this plan**

Section 61 of The Act requires HIS to report on its corporate parenting duties. This report contains an update on progress made against commitments in the 2017-2020 plan, as well as identifying further actions to be taken forward in the 2020-2023 plan.

**Corporate Parenting Plan 2017-20**

**Our Corporate Parenting Journey**

In 2015, HIS began to make plans for adopting its corporate parenting responsibilities. During that same year the Centre for Excellence for Children’s Care and Protection (CELCIS) led a training session for HIS Board members to raise awareness of our duties. By early 2016, a Children and Young People Working Group had been set up to ensure that we continued to meet our legal duties under the Act. This group represents all directorates of HIS and has a remit to review and develop the way in which HIS works to meet these legal duties and, specifically, to support the delivery of our Corporate Parenting Plan by progressing actions contained in it.

**Performance against our commitment**

In the following section we provide a summary of our performance as a corporate parent since 2017 under three themes.
1. We understand the issues that care experienced people face and assess their needs

What we did

Since 2017 our Public Involvement Team have been encouraging staff to consider how their work might impact on care experienced people and prompting targeted engagement when there is evidence of a potential negative impact or where the views of care experienced people may be underrepresented. To encourage staff to view care experience in the same light as protected characteristics listed in the Equality Act 2010 and look for evidence regarding the potential impact of our work, we will add ‘care experience’ as a consideration in our equality impact assessment (EQIA) templates and associated guidance.

In July 2019 we developed new public protection guidance to provide our staff with the confidence they require to recognise the early signs of abuse in both children and adults, and act accordingly to support local authorities. Training and supervision have also been developed and are available to all staff across HIS. Mandatory training is offered via e-learning modules to all staff, while face-to-face training is offered to staff with an outward-facing role (contact with NHS boards, other agencies, and the public). This activity supports our staff to be aware of how to recognise and respond to issues which may adversely affect the wellbeing of children and young people to whom corporate parenting duties apply.

We liaised with our Knowledge Management team in our Evidence Directorate to explore options to share regular information regarding the needs and views of care experienced people relating to health and wellbeing, and have decided to produce a bi-annual flash report to be shared with all staff. This will ensure that staff are aware of current evidence or issues pertinent to their work and their responsibilities.

It is important that staff understand their corporate parenting duties and how to promote the interests of care experienced people in the work that they do, whether it be supporting NHS boards to improve their services or working, setting new standards of care, or recruiting staff. To this end, we worked in partnership with Who Cares? Scotland to develop a new e-learning module to be made available to all HIS staff. The module includes videos of care experienced people sharing their experiences of accessing health and care services. The module will be promoted widely through our new intranet system and other relevant campaigns. It will also be included in our induction checklist for managers.

We have also utilised awareness campaigns such as Care Day and Care Experienced Week to raise awareness of our corporate parenting duties among staff by writing blogs about our corporate parenting journey and creating social media content, including images of HIS staff marching in rallies demanding a lifetime of love for care experienced people.
During the festive period of 2018, our Children and Young People Working Group decided to raise enough money to provide at least 40 care experienced young people with a gift on Christmas day during WC?S’s Care Family Christmas. We organised sponsored staff participation in the Glasgow Santa Dash, as well as arranging bake sales, supporting raffles, and even selling handmade jewellery that was kindly donated by a member of staff.

We used the bake sale as an opportunity to raise awareness of our corporate parenting duties among staff by inviting WC?S to kick off the bake sale with an activity which served to demonstrate the number of services that support someone in the care system and how it feels to be that person. HIS staff, family and friends raised £1,428.37 in total, greatly exceeding our initial £400 target.

Many attendees of the Care Family Christmas shared positive feedback on social media of their experience and thanked all of those who had donated to make it possible. A report detailing the impact of our donations was shared with all staff.

In December 2019, we raised money and collected gifts for Barnardo’s Scotland’s Kidsmas appeal. Again, we participated in the Glasgow Santa Dash and held a raffle to generate donations. We received over £900 in donations and around 80 gifts. These donations went to the Youth Involvement Project, which supports children and young with experience of parental substance use in the Easterhouse area. Many of
these young people have experience of the care system or are more likely to enter the care system.

In order for us to fulfil our corporate parenting duties as an employer, we explored how to capture information about the number of care experienced people who work for us. However, we use national NHS application forms and the Electronic Employee Support System (EESS) which place limitations on the information we can capture. We are also aware that many care experienced people will not want to self-identify due to the stigma associated with this label. Our focus instead will be to assess the impact of recruitment and staff policies on care experienced people seeking employment or in employment with us, and to committing to ‘care-proofing’ these policies. Input will be sought from care experienced people to better understand actions we can take that would make a positive difference to people facing disadvantage. We will also seek support from fellow corporate parents who have taken such action.

What we’ll do next

- Add ‘care experience’ to our EQIA template and guidance
- Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages
- Launch our e-learning module and include it in the induction checklist for new staff, and explore alternative methods to raise awareness of our duties
- Seek the views and experiences of care experienced people to explore how best to ‘care-proof’ our recruitment/staff policies
- Take actions to ensure that our Board are aware of our corporate parenting duties and are kept up to date on developments

2. We promote the interests of care experienced people and provide them with opportunities

What we did

Many parts of our organisation have built and sustained relationships with third sector organisations who support care experienced people to ensure that this group has a strong voice in shaping health and care services and national policy. We have involved care experienced people in a number of community engagement activities in the last three years, including:

- Gathering views on the Scottish Government consultation on Organ Donation and Transplantation (Community Engagement Directorate)
- The development of Health and Social Care Standards (Evidence Directorate)
- The development of revised model of Joint Inspections (Quality Assurance Directorate in partnership with the Care Inspectorate)
- The Midlothian 100 Day Challenge to improve mental health and wellbeing for children and young people (ihub in partnership with Nesta)
The Community Engagement Directorate’s Dumfries and Galloway office has also been working closely with the area’s Champions Board (a mechanism for young people to hold their corporate parents to account), including holding a workshop informed by the Young Voices project. These workshops provide communities with the knowledge, skills and confidence to have their voices heard in the shaping of local and national health and care services. This established relationship will ensure that the views of care experienced people in this area can be sought when work affecting them is being undertaken.

In 2018, we added a ‘care experience’ question to our equality monitoring forms for participation in our community engagement activities and for people volunteering with our organisation. This step was taken to establish a baseline of the number of care experienced people (under the age of 26) who have been directly involved in our work, that we have corporate parenting duties towards. Data collected from engagement activity during 2018/2019 showed that 4.99% of respondents were care experienced. While there is no current published figure of how many care experienced people there are in Scotland, a crude estimate based on the annual Children Looked After Survey (CLAS) collected by the Scottish Government suggests that care experience people (up to the age of 26) may represent around 1.3% of the total Scottish population. This figure suggests that care experienced people are well represented in these activities. However, it should also be noted that equality monitoring forms only provide a snapshot of the makeup of the people HIS has engaged with during this period. The data gathered is unlikely to be a truly accurate reflection as it is not always possible or appropriate to ask people to complete equality monitoring forms during engagement activities. From our pool of volunteers, 3.13% of respondents identified as care experienced. Again, this suggests that care experienced people are fairly well represented, comparable with the general population, in our volunteering activities.

As a corporate parent we have a duty to provide care experienced people with opportunities to promote their wellbeing and take action to help them access these opportunities. Importantly, as an employer, we are in a position to offer opportunities for experience, training or employment. In 2018, HIS trialled a work experience partnership with two other health boards – the Scottish Ambulance Service (SAS) and National Services Scotland (NSS). This was to test a collaborative way of working to provide young people with opportunities to experience work across three national health boards in our Edinburgh office where we are co-located. Feedback from the young people highlighted improved confidence and a better understanding of the range of roles available within the NHS. Learning from this experience will be taken into account when considering the best approach to offering work experience opportunities to care experienced people.

What we’ll do next

- Build on our commitment to strengthen the voice of care experienced people across Scotland by developing relationships with regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity
• Use care experienced data collected to make informed decisions about targeted recruitment for engagement activities and volunteering opportunities
• Explore how line managers can best support care experienced staff
• Develop short NHS work experience opportunities for care experienced and disadvantaged people

3. We collaborate with other corporate parents and improve the way we work with care experienced people

What we did

As a health board which does not provide services directly to children and young people, collaboration is particularly important in ensuring that we meet our duties. In 2017, we joined the Glasgow City Health and Social Care Partnership Corporate Parenting Forum. Being involved in this group allows us to understand what a wide range of organisations are doing to support care experienced young people. It has also helped us to better understand where corporate parents can support each other to deliver on our shared aims. Importantly, it gives us an opportunity to hear from the Glasgow Champions Board, known as PAC (People Achieving Change), about what they want from their corporate parents. There is also a national group formed to facilitate collaboration between corporate parents, which is co-ordinated by the Children and Young People’s Commissioner Scotland (CYPCS). We have recently joined this group and plan to become active members. Being part of collaborative groups will strengthen our commitment and our accountability among our fellow corporate parents.

We have also been proactive in contacting other NHS boards to ask them how they are approaching certain issues, such as collecting information about the number of people working for them who are care experienced. Many boards face the same issues due to the common systems and processes we use, and it’s likely that we have many shared aims. There may be an opportunity for HIS to step into a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties. This will be explored further.

In 2018, we worked together with NHS 24 and Who Cares? Scotland to carry out an interactive evening session with a group of care experienced people between the ages of 14 to 28, known as the Young Radicals, who met regularly to discuss issues important to them. We used this session to find out more about their experiences of
health and care services, and what was important to them when accessing these services, whilst avoiding duplication of effort for our organisations. What we learned was shared with all staff in NHS 24 and HIS. The information is also included in our e-learning module.

In 2017, the Scottish Government asked HIS and other scrutiny partners, including the Care Inspectorate, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and Education Scotland to carry out joint inspections of services for children and young people. The Care Inspectorate were asked to work with these partners to develop a revised model of inspection with a strong focus on child protection and corporate parenting. These inspections are reporting on how well these partnerships recognise and respond when children and young people need protection, as well as supporting those children and young people to stay safe and recover. This revised programme started in 2018 and will continue into 2020. Information from these inspections will continue to be shared with staff and other corporate parents to highlight what is working well for care experienced people and where improvement is necessary.

What we’ll do next

- Become active participants in the Corporate Parents Collaboration Group
- Explore HIS having a potential convening and co-ordinating role in establishing good practice in promoting health and wellbeing relating to our corporate parenting duties
- Share learning from joint inspections of children’s services with other corporate parents
- Seek learning from corporate parents across sector about their experiences of involving care experienced people in their work
<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Action</th>
<th>Outcome</th>
<th>Indicative Timeline</th>
<th>Owner</th>
</tr>
</thead>
</table>
| 1      | We understand the issues that care experienced people face and assess their needs | a) ‘Care experience’ to be included in Equality Impact Assessments and treated as a protected characteristic  

We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts  

June 2020  
E&D Advisor  

| b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages | We are aware of issues affecting care experienced people  

October 2020  
Children and Young People Working Group (CYPWG)  

| c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training | We understand our corporate parenting duties and how it applies to our work  

February 2021  
Organisational Development and Learning  
Corporate parenting lead  
Public Protection and Children’s Health Service Lead  

| d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting | We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people  

March 2023  
Public Involvement Advisor  
Programme leads |
<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Activity</th>
<th>Who should be involved?</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>We promote the interests of care experienced people and provide them with opportunities</td>
<td>a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity</td>
<td>Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work October 2022 Community Engagement local offices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed</td>
<td>Care experienced people are well represented in our engagement activities Ongoing Public Involvement Advisor</td>
</tr>
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</table>

| e) Seek views and experiences of care experienced people with a view to exploring scope for ‘care-proofing’ recruitment/staff policies | We understand the issues care experienced people face when accessing employment opportunities | July 2021 People and Workplace Team |
| f) Share learning from the Independent Care Review with our staff, including non-executive members | We understand the health issues that care experienced people face | April 2020 Community Engagement Director/Public Involvement Advisor |
| g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities | Our board members are committed to corporate parenting and encourage our staff to demonstrate this | Ongoing Public Involvement Advisor |
decisions about targeted recruitment for future engagement activities

Our decisions are informed by the views and experiences of care experienced people

Engagement Programme Managers

c) Explore how line managers can best support care experienced people staff

Staff with line management responsibilities are aware of how to best support care experienced people involved in our work

March 2021

Organisational Development and Learning Team

d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people

Care experienced young people have opportunities to gain work experience in the NHS

October 2020

Corporate parenting lead

Organisational Development and Learning Team

Other NHS health boards

e) Explore opportunities to promote Modern Apprenticeships to care experienced people

Care experienced people have opportunities to gain employment in the NHS and develop their skills

July 2022

People and Workplace Team

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Activity</th>
<th>Who should be involved?</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>We collaborate with other corporate parents and improve the way we work with care experienced people</td>
<td>a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group</td>
<td>Corporate parenting lead CYPWG</td>
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</table>
We share our learning with other corporate parents to inform the practice of other corporate parents.

We identify opportunities for collaboration where it will add value and avoid duplication of effort.

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<td><strong>b)</strong></td>
<td>Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties</td>
<td>We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</td>
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<td></td>
<td>March 2021</td>
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<tr>
<td></td>
<td></td>
<td>Corporate parenting lead</td>
</tr>
<tr>
<td><strong>c)</strong></td>
<td>Share learning from joint inspections of children’s services with other corporate parents</td>
<td>Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents</td>
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<td></td>
<td>Ongoing</td>
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<td></td>
<td></td>
<td>Clinical Expert, Quality Assurance Directorate</td>
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<tr>
<td><strong>d)</strong></td>
<td>Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors</td>
<td>We apply learning from other corporate parents to improve how we involve care experienced people in our work</td>
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<td></td>
<td></td>
<td>Ongoing</td>
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<tr>
<td></td>
<td></td>
<td>Public Partnership Co-ordinator</td>
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Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to our Scottish Health Council Committee of the Board of Healthcare Improvement Scotland.
SUBJECT: Scottish Health Council Directorate Change Implementation

1. Purpose of the report

This paper provides an update on progress with the Scottish Health Council directorate’s change implementation process.

2. Key Points

Background

Following an extensive consultation and review process the Scottish Health Council directorate is implementing a number of significant changes to refocus its work in a way that takes account of health and care integration and ensure its efforts are focused on the areas where it can make most impact on strengthening the engagement of people and communities.

These changes include: a new name for the directorate that better reflects our core purpose ("Healthcare Improvement Scotland – Community Engagement"); a new directorate structure with investment in additional senior posts; revised governance arrangements; and the introduction of different ways of working including the ongoing development of new approaches to improvement and assurance of community engagement in the context of health and care integration.

The new core purpose of the Community Engagement directorate is: Supporting the engagement of people and communities in shaping health and care services in Scotland. All of the directorate’s future work will fulfil three key tests which are regarded as essential by stakeholders who participated in the review process:

1. Adding distinct value and avoiding duplication
2. Collaborating with others where there is benefit in doing so
3. Demonstrating positive impact

Promoting equality and human rights, and the need to address inequalities, will be additional underpinning principles for all the directorate’s activities.

As a fully integrated part of Healthcare Improvement Scotland, the Community Engagement directorate will be establishing a more connected and aligned approach to supporting the effective engagement of people and communities across the organisation’s work.

New Operating Name

As outlined above, the Scottish Health Council will operate as the Healthcare Improvement Scotland Community Engagement directorate from April 2020. The legal entity will remain the Scottish Health Council, but the brand identity and operating name will become Healthcare Improvement Scotland - Community Engagement. This change aims to make the core role and purpose of the directorate clearer to stakeholders and position it more visibly as part of
HIS. The new operating name and brand identity is being supported by a comprehensive communication strategy and the launch of a new website.

**New directorate structure and leadership arrangements**

The Chair of the Scottish Health Council was appointed in April 2019, with the Director of Community Engagement / Chief Officer of the Scottish Health Council coming into post in June 2019.

Following an extensive organisational change consultation with staff, changes have also been made to the directorate structure and senior management team. These changes came into effect fully in February 2020 and will enable the directorate to engage at a more strategic level with NHS Boards, Integration Authorities and other key stakeholders, both locally and regionally, to improve the engagement of communities in the design and delivery of health and care services. The changes will also enable the directorate to work in a more connected and integrated way across HIS.

**Revised governance arrangements**

The governance arrangements for the Scottish Health Council Committee have been revised to provide greater transparency and assurance of the directorate’s work, and the wider work of Healthcare Improvement Scotland, in supporting the engagement of people and communities.

New terms of reference for the Scottish Health Council Committee (a legally required Committee of the Healthcare Improvement Scotland Board) were agreed in June 2019. These strengthen the Committee’s role in holding all parts of Healthcare Improvement Scotland to account for performance in areas of patient & public involvement, the Duty of User Focus, and equalities and human rights.

The composition the Committee has also been strengthened and diversified with the appointment of four new Committee members in January 2020.

Committee minutes and papers will be made publicly available on the directorate’s new website and work is ongoing to develop clearer arrangements for engaging with stakeholders and demonstrating how their views inform the directorate’s work programmes.

**New ways of working**

Changes to ways of working are set within the context of the directorate’s core purpose and three key tests. They are also driven by the need to actively seek and increase collaboration with others who share an interest in community engagement.

Key changes include the introduction of work programs based on agreed national themes and local priorities. This will enable the directorate to promote a more cohesive approach to its engagement support across Scotland and focus its resources to make the best possible impact.

The directorate’s work will have an increased focus on identifying, collating and sharing evidence and learning about how people and communities can help shape and improve health and care services, with a view to creating a national learning system for community engagement.
Work is also being undertaken to develop a new approach to how the directorate carries out its support and assurance functions for community engagement across NHS Boards and Integration Authorities. A proposed approach aligned to the Quality of Care framework is being developed in conjunction with a wide range of stakeholders, and will be taken forward in parallel with the introduction of new national guidance on community engagement for health and care services.

With regards to the directorate’s broadening role within Healthcare Improvement Scotland, four distinct work-streams are being progressed to support a more consistent and coordinated approach to the engagement of people and communities across the organisation’s work. These work streams will focus on building capacity and capability for public engagement within HIS; reviewing and developing Volunteering / Public Partner roles within HIS; developing and establishing sufficient governance mechanisms to assure how the organisation is engaging people in its work; and ensuring dedicated public involvement resources are properly organised in order to help support the fulfilment of work-streams.

**Next Steps**

Following the launch of the directorate’s new operating name and branding in April 2020, Healthcare Improvement Scotland - Community Engagement will be continuing to embed itself as a fully integrated part of HIS and will be taking forward its new ways of working in close collaboration with a wide range of stakeholders.

The Scottish Health Council Committee has been receiving regular updates during the change implementation phase and will continue to oversee the directorate’s development plans and key work streams as it implements its new ways of working. An evaluation plan will also be developed to review the impact of the changes that have been made.

**Actions/Recommendations**

The Board is asked to note the content of the update and offer any feedback as appropriate.

If you have any questions about this paper please contact: Lynsey Cleland, Director of Community Engagement/ Chief Officer of the Scottish Health Council via lynsey.cleland@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>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
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### 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 work relates to each of the strategic priorities.

<table>
<thead>
<tr>
<th>Resource Implications</th>
<th>The resource implications of the change implementation process and new ways of working have been costed within existing budgets.</th>
</tr>
</thead>
</table>

The change implementation has been informed by extensive internal and external engagement.

<table>
<thead>
<tr>
<th>What Equality and Diversity considerations relate to the work. Advise how the work:</th>
<th>Promoting equality and human rights, and the need to address inequalities, will be an underpinning principle for all the Community Engagement directorate’s activities</th>
</tr>
</thead>
</table>
SUBJECT: Organisational Performance Report – March 2020

1. Purpose

For the Board to consider the organisational performance report for March 2020 (covering October – December 2019) and make any recommendations in relation to future reporting.

2. Key points

This quarterly report provides a significant amount of detail to provide assurance to Board members regarding progress that is being made, in the following format:

- Section 1: overview including areas of work that the Board should be sighted on either because they are not proceeding as planned, they are new/challenging commissions, or are proceeding well.
- Section 2: summary of progress being made to meet the national priorities set out in the Operational Plan 2019/20.
- Section 3: horizon scanning including potential commissions that we are currently discussing with the Scottish Government.
- Section 4: business as usual - all of the work that HIS undertakes that is funded by the baseline allocation and which is therefore considered to be our core work. The tables in this section provide a status report regarding progress toward achieving our planned outputs. Please note that the description that supports a downward arrow ie work that requires some corrective action has been changed to increase its clarity.
- Section 5: short term (between 1-3 years) work commissioned by Scottish Government. This is often complemented by the core work of HIS.

This report also provides Finance and Workforce reports (latest position).

Quality and Performance Committee consideration

The remit of the Quality and Performance Committee states that it 'is responsible for considering, on the Board’s behalf, progress being made by the organisation to deliver the Strategy, exploring any issues of performance and managing any associated risks assigned to it'.

For the first time, the Committee considered this report (excluding the Finance and Workforce reports as these are the remit of other Committees) ahead of the full Board at its meeting on 26 February 2020, and it is intended that this will continue to be the process in future.

The Committee noted the following points for highlighting to the Board in relation to the report:
• The Committee considered whether the Board would need to receive the full report (i.e. including the detailed work programme sections 4 & 5) given the Committee’s role in considering progress, but agreed that it should continue to do so for the time being.

• The Committee welcomed the progress report provided in relation to Primary Care in particular and noted that this would be useful in the event of providing evidence to the Health and Sport Committee in future.

• It was noted that the Committee received both high and very high operational risks, while the Board receives only very high risks, and that the Risk Management Working Group continues to consider governance arrangements in this area.

3. Actions / recommendations

The Board is asked to note the progress updates provided in the attached report.

Board members may also wish to provide views on future information requirements given the role of the Quality and Performance Committee.

Appendices:

1. Organisational performance report March 2020

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, Margaret.waterston@nhs.net, 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>
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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. |
| Performance reporting is required to provide Board members assurance in relation to the organisation's progress against strategic priorities during 2019-20. |
| Resource Implications | None |
| What engagement has been used to inform the work? | Performance reporting has been developed with input from the Executive Team, Function Leads from across the organisation and non-executive directors. |

What Equality and Diversity considerations relate to the work. Advise how the work:
• helps reduce health inequalities;
• helps people who are service users;
• makes efficient use of resources.

There are no specific equality and diversity issues as a result of this paper.
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Section 1: Overview

Introduction

The objective of this report is to provide the Board with information about the progress of Healthcare Improvement Scotland (HIS) in delivering its Operational Plan 2019/20. The report includes a number of sections which aim to make the complexity of the work programme, including new commissions more easily understood and to assist the Board to gain assurance about the breadth and depth of work that is taking place and the progress that is being made.

This report includes finance, workforce and very high operational risk reports. These three disciplines underpin delivery of all of the work of the organisation and complement earlier sections of the report.

This report should be read alongside the Executive Report to the Board in order to gain a full understanding of the activities taking place across the organisation, both internally and externally.

This overview aims to distil some of the highlights from the following sections to assist with understanding key issues around delivering the Operational Plan 2019/20. Sections 4 (Business as Usual) and 5 (Short Term Commissions) provide detailed information about all of the strands of work that are taking place and the outputs that they are planned to deliver.

Items of note

The Board is asked to particularly note the following items:

**Innovation**

The Director of Evidence and the Director of Improvement have convened a cross-organisational innovation and good practice (IGP) group, which includes senior colleagues from the Evidence Directorate, ihub and the Scottish Health Council. The IGP will establish a forum and system to support HIS and the service to be ready identify, assess an implement improvements, innovation and good practice.

Since first meeting in November 2019 the IGP has worked at pace to map out HIS’s innovation capabilities and potential offers to the system; held a successful internal innovation workshop and supported an NHS innovation workshop on behalf of the NHS Chairs’ Innovation and Reform Steering Group. The IGP will now use these inputs to develop an Innovation and Improvement Strategy for HIS.

**Digital Developments**

The Director of Evidence has been awarded a place on the 2020 cohort of the Scottish Government Digital Champions Programme. The programme is a key element of the government’s Digital Strategy and is designed to engage public service leaders on how to transform public services with digital technology and customer delivery approaches. The programme helps to build awareness of new and emerging opportunities, and equip participants to lead digital reform in their organisations.
We are exploring a collaboration with the Digital Health & Care Institute that will allow us to develop an understanding of each other’s key priorities and capabilities and build an effective strategic relationship and to explore opportunities for future collaboration that could prove mutually beneficial that secures the delivery of the National Strategy for Digital Health and Care. This will initially focus on mechanisms to embed SIGN clinical guidelines into national decision support systems and will be supported by the National Decision Support Oversight Group which is managed by DHI on behalf of Scottish Government. The Director of Evidence has been invited to join the oversight group.

Value Management

The Value Management Collaborative, launched in November 2019, is a partnership between Healthcare Improvement Scotland, NHS Education for Scotland (NES) and The Institute for Healthcare Improvement (IHI). The collaborative aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value.

There are six NHS Boards participating within the collaborative

- NHS Highland
- NHS Greater Glasgow and Clyde
- NHS Lothian
- NHS Forth Valley
- NHS Lanarkshire
- NHS Tayside.

The set up phase of the collaborative has included:

- the adaption of the value management methodology tested in Highland to reflect an approach that could be applied in a range of settings across Scotland;
- the development of a capability building programme including ongoing improvement support for the board level improvement coaches;
- development of a measurement system to track progress and inform the evaluation framework.

All of the above is supported by an interactive online knowledge for teams to share and learn. A launch event held in November brought participating teams together to learn about the three year collaborative with the first learning session is planned for May 2020.

Hospital at Home

Healthcare Improvement Scotland has now completed the development of Guiding Principles on Hospital at Home as requested by the Cabinet Secretary for Health and Sport.

The resource is a source of information and evidence for Integration Authorities and NHS Boards in Scotland on the provision of “Hospital at Home” services. In addition to summarising the evidence base and case for change, it provides practical guidance to support Integration Authorities and NHS Boards to plan and implement a Hospital at Home Service.

The case for change can be summarised as: a growing elderly population means that if we don’t change models of delivery we will need to build more hospitals; there are increased risks associated with admitting an elderly person to hospital including institutionalisation, hospital acquired infection
and delirium; technology developments mean we are now able to do more in people’s own homes; and the evidence that patients (and carers) express a strong preference for care at home.

The report was made available on HIS web site on the 31 January 2020 and circulated in the first instance to NHS Board CEOs, Integration Joint Board Chief Officers, Chief Social Work Officers and Local Authority Chief Executives as well as a range of national bodies and key stakeholders. Scottish Government, Healthcare Improvement Scotland and NHS Education for Scotland are working with Integration Authorities and NHS Boards to identify and agree any further national implementation support.

Scottish Government has announced an additional £1m funding to support the development of ‘Hospital at Home’ type services. Distribution of the funding is still to be decided.

Living Well in Communities (LWiC) and Maternity and Children’s Quality Improvement Collaborative (MCQIC) - impacts on programme delivery

See also section : Operational Plan Risk Register (#953)

The Hospital at Home commission (above) came into the organisation during 19/20 with no additional resources and therefore was delivered by slowing down or placing existing commitments on hold and in particular:

a) Scoping work around an improvement support offering to IJBs/NHS Boards around responses to people with Long Term Conditions.

b) Work to develop the next phase of improvement support offerings for palliative and end of life care in Care Homes.

c) The finalisation of good practice guidance on Anticipatory Care Planning.

d) Internal work within the directorate around workforce planning and development as part of the mitigations to reduce the risks around vacancies.

The first three were all aspects of the LWiC delivery plan for 19/20. The work of LWiC was also impacted by the temporary secondment of the Portfolio Lead to the Access QI Programme Director until October 2020 and the need, due to time pressures and the high profile of the work, to move the individual from LWiC to Access QI before the LWiC backfill was recruited.

There has then been a further impact to MCQIC delivery due to the Improvement Advisor for MCQIC being successful in her application for the interim portfolio lead in LWiC. This move happened at the same time as a number of other vacancies arose in this programme:

1 x Associate Improvement Advisor (AIA)
1 x Project Officer (PO)
1 x Clinical Lead (Paediatrics)

Two risks for MCQIC have been identified: financial underspend due to staffing vacancies, and delivery of programme milestones. However mitigations are in place to minimise the impact of these.

Due to the interim nature of the MCQIC Improvement Advisor vacancy (till Oct 2020) it is unlikely we would be able to recruit. Further, if one was made it would likely lead to further interim backfill arrangements with yet more disruption. Therefore a decision was made for the current postholder to continue with a leadership role for MCQIC in addition to covering the LWiC Portfolio Lead role. Recruitment to the other vacant posts in MCQIC is in process.
Identifying key priorities for delivery with associated timelines for both LWiC and MCQIC is underway to agree a programme of work that aligns with Scottish Governments key priorities and is deliverable with the resource’s available. As part of this, consideration is being given to LWiC picking up some elements of implementation support for Hospital at Home.

Taking this approach will enable leadership and the continuity of programme knowledge whilst maximising capacity within the available resources across both the Living Well in the Community and MCQIC teams.

Financial Position

Net revenue expenditure at 29 February 2020 is £0.2m underspent against budget. This is anticipated to widen during March with a full year surplus of £0.5m anticipated. This includes some volatility as a result of COVID-19 estimated for the current year at circa £0.1m.

In addition to the above the Glasgow accommodation business case has identified a requirement to increase the dilapidations provision for Delta House by £0.65m. This will be processed into the accounts in March.

Workforce Position

The Workforce report contained within this document provides an overall picture of a number of workforce metrics on a cumulative basis since 1st April 2019. The overall absence rate for the organisation is sitting at 3.1% and based on analysis provided by both this document and the workforce plan, there will be an ongoing focus on absence management across the organisation to ensure consistency and appropriate application of support and policy to staff. It should also be noted that further work will be underway to ensure accurate recording of reasons for absence to ensure appropriate information is available for all staff unable to attend work.

Over the period we have continued to see a significant level of recruitment, in response to internal turnover and also to support a range of contractual and working arrangements across Healthcare Improvement Scotland.
Section 2: Operational Plan - Priorities 2019-20

Introduction

This section provides an update on progress against the following national priorities:

1. Integration of health and social care services
2. Mental health
3. Primary care
4. Governance of the quality of care
5. Ensure the effective engagement of individuals in the design and provision of their care
6. Access to care
7. Statutory duties to safeguard the public and to provide high quality care

### Priority: Integration of health and social care services

#### Overview:

We are carrying out a wide range of activities designed to help achieve the ambition of an effective integrated health and social care system across Scotland. 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.

#### Progress report:

There is a substantial programme of reform underway in the areas of integration, primary care and adult social care support, with the purpose of ensuring that more people enjoy health and care services at home or in a community setting. For Healthcare Improvement Scotland this includes work on strategic planning, reform of adult social care support, the 2018 GMS contract (see update on primary care) and the health and social care delivery plan (see update on mental health).

**Report of the Ministerial Strategic Group (MSG) for Health and Community Care**

Since the publication in February 2019 of the MSG report reviewing progress with integration, extensive work has been underway to address all of the 25 proposals. The following recommendations are directly relevant to HIS:

- Improved strategic inspection of health and social care is developed to better reflect integration
- National improvement bodies must work more collaboratively and deliver the improvement support partnerships required to make integration work

Proposals for joint inspections have been developed and discussions have been taking place between Scottish Government, HIS and the Care Inspectorate to agree a number of co-ordinated actions to further progress this work.
The MSG also recommended that revised statutory guidance on community engagement and participation for health and social care bodies should be developed. The Scottish Health Council continues to engage with this work as a member of the Scottish Government/ COSLA co-chaired group convened to progress this recommendation in parallel with its work to develop a quality of care approach for community engagement.

**Frailty at the Front Door**
The Frailty at the Front Door Collaborative, delivered by the Acute Care portfolio, aims to improve outcomes and experiences of people living with Frailty who present to unscheduled care services by:

- improving the processes for identifying frailty
- improving the processes for delivering early effective comprehensive geriatric assessment (CGA)
- improving the coordinated response to frailty, and
- developing improvement capacity and capability in NHS boards using recognised quality improvement (QI) methodology

Whilst this work is focused within a hospital setting, the Acute Care portfolio is working with the Living Well in Communities collaborative to ensure a joined up approach to supporting people with frailty across the whole care pathway.

This collaborative is being delivered in two phases. Phase one concluded in August 2019 with impact demonstrated across the five participating boards resulting in:

- Increased discharge of people over 75yrs within 48 hours in 2 sites
- 20,600 people were screened for frailty
- 9 new nursing/AHP/medical roles to deliver CGA
- 1000 Comprehensive Geriatric Assessment huddles
- Decreased length of stay in 2 sites, and
- Increased number of specialist beds including 2 new frailty units

Phase 2 was launched in September 2019 and is working with four NHS Boards: NHS Greater Glasgow, NHS Lothian, NHS Ayrshire & Arran and NHS Tayside. The evaluation of the initial phase has informed revisions to ongoing collaborative delivery:

- a revised driver diagram, change package and measurement plan,
- pre-work including readiness for change and partnership agreements,
- an initial walk of the patient pathway, and
- forming an economic evaluation group from the beginning of phase 2.

**Good Practice Framework for Strategic Planning**
The Strategic Planning portfolio provides support to health and social care partnerships and NHS boards across Scotland. Strategic Planners within HSCPs, NHS boards and partner organisations work within complex systems. Building on a recurring theme identified from requests made to the portfolio a need was identified for guidance on what ‘good’ looks like in the context of planning for long-term, sustainable change.

In December 2019 the Strategic Planning portfolio published a Good Practice Framework for Strategic Planning. The framework is based on critical evaluation of a range of strategic documents produced by health and social care organisations across the country, and aligns with
existing statutory guidance for the planning of health and social care services in Scotland. The framework aims to:

- Provide an overview of a robust approach to strategic planning for health and social care services which helps to navigate a complex system.
- Draw together a large volume of guidance, experience and examples of good practice relating to approaches for planning within the health and social care system into one easily-understandable structure that enables practical application.

The framework has been successfully tested and will now form a key part of the strategic planning offer.

**Technology Enabled Care (TEC) Pathfinders Programme**

Our work on the Technology Enabled Care (TEC) Pathfinders Programme was presented at the Digital Health and Care Conference (20-21 Nov 2019), with senior leaders from four pathfinder sites presenting their work. This focused on how the pathfinder sites have used the Scottish Approach to Service Design to explore problem spaces in their local areas and how it will be used to identify and develop solutions with people for end-to-end services across whole systems. This work covers areas as diverse as frailty (Midlothian), aging (Irvine Valley), abuse (Aberdeen City) and breathlessness (Highland).

**Collaborative Communities Commissioning Support**

Our Collaborative Communities team has been supporting Health and Social Care Partnerships (HSCPs) to look at different commissioning models. For example, bespoke commissioning support has been provided to East Ayrshire HSCP around development of a “Partnership Provider Statement” which will enable the HSCP to commission the best range of services for service users from all agencies. The Widening the Market workstream focuses on supporting small local organisations and commissioners to design and test community solutions to health and social care provision. In this quarter six sites from across Scotland came together for the first of five workshops to share the challenges they are facing in developing or sustaining small scale community led care initiatives. Each site will take forward a test of change based on at least one of the key challenges and opportunities that will be covered in the remaining workshops.

A proposal to extend this work for a further two years was requested by the Integration Directorate and was submitted in January.

**Community-Led Support**

Community Led Support (CLS) seeks to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering of staff and a true partnership with local people. This quarter has seen significant activity across the five new CLS sites in Scotland to develop the approach locally and with some early steps towards implementation.

**Carers Support**

The team has concluded the initial diagnostic phase on the involvement of carers in the design and provision of care, and the implementation of the Carers Act within HSCPs strategic planning. Activity has focused on analysing and sharing the learning from the ihub diagnostic activity, with the diagnostic report identifying a number of shared priorities around influencing national and local systems and processes that are having an impact on practice.
### Evidence and Evaluation for Improvement

The Evidence and Evaluation for Improvement Team (EEvIT) is currently supporting 26 evidence and evaluation projects across all ihub teams. EEvIT is currently finalising an evaluation guide for QI projects and an introductory economic evaluation guide for QI projects. The guides which are under review will be published on the website thus providing guidance for HSCPs. In addition, EEvIT will be publishing the first phase evaluation report of the development of Neighbourhood Care in Scotland on 31 January 2020.

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### Priority: Mental Health

**Overview:**

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 supporting this through our mental health access improvement support activities and our quality improvement safety programme focused on reducing harm in mental health settings.

**Progress report:**

**Mental Health Access Improvement Support Team (MHAIST)**

We continue to support the delivery of the national target that 90% of people requiring Child and Adolescent Mental Health Services (CAMHS) and/or Psychological Therapy (PT) Services will receive treatment within 18 weeks of referral to the service.

- Following the completion of the National Mental Health Access (MHAIST) Collaborative, which brought 29 teams together from across CAMHS and PT to focus on improving access using quality improvement methods, we are continuing to work with collaborative teams to produce a toolkit. The toolkit will contain case studies, tools and measurement guidance, showcasing the work of all of the teams that have participated and provide an opportunity to continue to share learning with a much wider audience. The toolkit will also include an infographic highlighting the priority of this work and key learning.

- We are planning stakeholder events to scope a future Mental Health Network. The network will bring together partners working on access and flow as well as those focusing on a range of mental health priorities, including SPSP, Early Intervention in Psychosis, Perinatal Mental Health, and Prisoner Healthcare. This new, broad network will allow key stakeholders in mental health to come together via webinar, events, digital space and social media, to share ideas, challenges and learning. The first event is planned for March 2020.

- We also provide in depth bespoke support to services struggling to meet the 18 week standard to support their understanding of the key factors impacting on access and flow and then to develop improvement plans based on this. We are currently providing support to four boards – NHS Forth Valley, NHS Grampian, NHS Lothian and NHS Tayside. Three boards are now in a position to share their learning and we are supporting these boards to produce case studies. We are also planning for the next phase of this work which will begin in April 2020.

We currently have a waiting list of 13 NHS boards who wish to receive bespoke support but, due to capacity constraints, we continue to take a phased approach to this work ensuring that we are not committing to work over and above our capacity to deliver.
Scottish Patient Safety Programme Mental Health (SPSP MH)

SPSP MH aims to improve outcomes through a focus on reducing harm including restraint, violence, self-harm and seclusion, improving medicine safety risk assessment and safety planning at key transition points. The revised measurement plan which involves data submission from the majority of mental health in patient wards in Scotland has been tested and is now being implemented. The first board self-assessments are due in February and a series of WebEx’s and board visits will commence following the submissions.

We continue to deliver and spread the Improving Observation Practice programme (SPSP-IOP) and are supporting NHS boards to develop local policy based on our new guidance published in spring 2019, delivering a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre. The work is currently being implemented in 24 wards with spread plans within each board.

Person-Centred Design and Improvement for acute adult mental health beds

The Person-Centred Design and Improvement team has been commissioned to work with other national partners to support Directors of Planning to consider alternative models of provision for acute adult mental health beds, with reduction in bed use a policy direction from Scottish Government. A programme of work with three territorial NHS boards (NHS Lothian, NHS Grampian, NHS Dumfries and Galloway) is currently being scoped.

It has been recognised that traditional improvement approaches without design thinking may not deliver the change needed. A multi-disciplinary transformation team is being established and the programme will use a person-centred health and care redesign approach (based on Scottish Approach to Service Design), and relevant strategic planning and user engagement tools.

The programme will begin with a Discovery phase to explore the problem space and understand the whole system (including needs, challenges and barriers) before identifying how we can be more innovative in solving the problem more holistically across the whole system and defining appropriate solutions.

Key to this work will be involvement of a wide range of partners including Integration Authorities, NHS boards, Scottish Government Mental Health Policy Team, third sector organisations, Scottish Ambulance Service, and Public Health Scotland (including Information Services Division).

Early Intervention in Psychosis (EIP)

The delivery of a Scottish Government Early Intervention in Psychosis (EIP) commission is well underway. A multi-agency EIP Advisory Group (including people with lived experience of psychosis) oversees this project. Two Accelerator Boards (NHS Highland and NHS Forth Valley) have begun work to understand their current service provision with a view to producing an Improvement Plan by the end of February. A national EIP Network was launched on 5 December 2019. Participants from all over Scotland came together to learn the benefits of early intervention approaches and co-design the Network and a National Needs Assessment. A needs assessment will be undertaken with all NHS Boards to map services available for those experiencing first episode psychosis. A key element of this work will be gathering views of people with lived experience of psychosis. SIGN is conducting a synthesis of evidence for approaches to early intervention for rural and semi-rural areas which will be published in 2020. Phase 1 of this work will be completed in December 2020 and will culminate in a final report with recommendations for how EIP may be implemented across Scotland.
SIGN guideline on management of eating disorders
The SIGN guideline on the management of eating disorders will provide evidence-based guidance for management of patients with eating disorders. This includes psychological therapies, pharmacological therapies, exercise, transition between services, perinatal advice, management of diabetes and eating disorder, and support for people with severe and enduring eating disorders, and support for families and carers. The guideline will apply to primary care, general practice, NHS inpatient, outpatient, child and adult mental health services, intensive outreach and day patient services. Links with both the independent sector and with voluntary and social care settings are being explored. The guideline is scheduled for publication in Spring 2021.

Priority: Primary Care

Overview:
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. We continue to lead on supporting the development and implementation of work in Improving Together: A National Framework for Quality and GP Clusters in Scotland and the Memorandum of Understanding which details the agreed priorities for service redesign as part of the General Medical Services (GMS) contract. Our work includes national improvement programmes that support the implementation of new ways of working.

Progress report:

Primary Care Improvement Programme
We have two national improvement programmes directly supporting the implementation of the GMS contract:

Pharmacotherapy Level 1 Services Collaborative
In recognition that multidisciplinary working is critical to reducing GP workload, the Memorandum of Understanding included an agreement that every practice would receive pharmacy and prescribing support which is referred to as Pharmacotherapy services. We have recruited 49 practices across 11 HSCPs to an improvement collaborative focused on supporting the implementation of Pharmacotherapy Level 1 services within GP practice teams. Having hosted an introductory WebEx with over 80 participants from the practices teams, work is now underway to support collection of baseline data. The first learning session takes place on 31 January 2020 with over 150 delegates anticipated in attendance.

In collaboration with the University of Strathclyde we are developing standardised data collection processes. This will allow us to provide feedback on the feasibility of collecting data against various metrics within the Scottish primary care context. The feedback will feed into the national strategy to support the evaluation of the impact of pharmacotherapy services.

Practice Administrative Staff Collaborative (PASC)
The second phase of the Practice Administrative Staff Collaborative (PASC) is now underway with up to 185 GP practices across Scotland taking part. Four learning sessions were delivered in November and December 2019 in Ayrshire, Inverness, Glasgow and Edinburgh with a total of 356 delegates attending. A fifth learning session will take place in February 2020 for the remaining 50 practices. Participating practices are now working through Action Period 1 and are focused on
building team engagement within their practices, collecting baseline data and process mapping their current systems. Engagement to date has been high with a 92% submission rate from participating practices of their first monthly progress reports and 85% of practices registered for the first webinar session scheduled for 29 January 2020. This work supports practice administrative staff to develop their QI skills while improving key GP practice processes around effective document and correspondence management and appropriate care navigation. This builds on the successful outcomes of PASC Phase 1, which saw a 44% average reduction of correspondence being reviewed by GPs, amounting to around 5,200 less documents per week. In one practice this led to a release of 5 hours of GP time per week.

**Primary Care Quality Improvement Faculty**
We have established a multi-disciplinary Primary Care QI Faculty to provide on the ground, practical support for quality improvement to primary care services via coaching, facilitation and mentoring. In this first phase, the faculty includes GPs, practice managers and pharmacotherapy/medicines specialists and nursing representatives. During Phase 1 (September 2019 – March 2020) the faculty is supporting our Practice Administrative Staff and Pharmacotherapy Level 1 Collaboratives. The faculty are contributing to this work by supporting regional Learning Sessions, steering group meetings, webinars and project surgeries. We have received two ad-hoc requests for support. A faculty member will be running a Cluster Quality Leads (CQL) Developmental session on 29 January 2020 and support for another CQL Development session is under discussion.

We are now in the position of actively promoting the Primary Care Quality Improvement Faculty as the work delivered in Phase 1 allowed us to develop the internal processes required to be able to respond to more ad-hoc requests. We are planning for Phase 2 and we aim to grow the faculty in size and include a wider range of professionals to provide QI support across our work in primary care.

**Community Treatment and Care Services (CTAC)**
Following the completion of the 90 day learning cycle on CTAC services, our focus was to support the sharing of learning, challenges and successes of the development of CTAC services across Scotland. We support the CTAC network, formed by those leading on the local planning and implementation of CTAC services, in different ways. We set up a closed online CTAC network to have a space for peer-to-peer discussion and share information. We also support the sharing of learning by developing case studies. On 9 January 2020 we hosted a Get Together WebEx where people were able to share their experiences. We plan to host more WebEx sessions throughout the year.

**Developing our primary care learning system**

- **National Event for Primary Care – 19 May 2020**
  *Edinburgh international Conference Centre (EICC)*
  We are leading the delivery of the first large scale National Conference dedicated to Primary Care. In collaboration with key stakeholders, including Scottish Government, other national boards, Cluster Quality Leads and RCGP, we will bring together up to 500 delegates working across primary care.

- **Improving Together interactive: a one-stop-shop library of resources for primary care**
  We have restructured Improving Together Interactive (ITi) with new and improved content and are continuing to work with the ITi champions from other national organisations to develop the site further.
Quality Improvement in General Dental Practice
Phase 1 of our work is to support all general dental practices to complete the Safety Climate Survey (SCS). The SCS focuses on workload, communication, teamwork, safety systems and learning, and leadership. The process supports whole practice teams to initiate conversations about these domains within the survey, better understand how these can impact on safety within their practice, and identify areas for improvement. To date there is 49% of practices have completed or registered for the survey.

Patient participation in General Practice
The Scottish Health Council has continued to support the establishment and development of Patient Participation Groups within general practice (supporting on average 20 per month) and during May 2019, sent a survey to all (944) general practices across Scotland asking for information on the types and methods of public engagement being carried out. There was a 40% response rate and local Offices have subsequently been contacting those general practices which, through the survey, asked for support to improve their engagement activities.

SIGN guideline: Management of dementia
A SIGN guideline on management of dementia will be developed to support improvements in the care and management of people with dementia in Scotland. Preliminary discussions around the scope revealed that stress and distress, pharmacological and non-pharmacological interventions, patient journey and transitions, admission to hospital, advanced dementia and end-of-life care were all important issues to be covered. After agreeing the scope, guideline development will begin in March 2020.

SIGN guideline on Diagnosis and treatment of bacterial lower urinary tract infection (UTI) in women.
UTI is the second most common infection presenting in primary care. Acute infection represents a significant proportion of GP consultations and UTI is estimated to account for 20% of these consultations.

Diagnosing UTI can be difficult and treatment in women under 65 is often empirical based on symptoms. Evidence supporting the use of symptomatic relief rather than antibiotics is growing in this population.

It can be challenging to recognise symptoms in elderly people and it is widely acknowledged that there is overuse of antibiotics both for treatment and prophylaxis of UTI in this population. There is often lack of clarity in practice over the role of testing within the diagnostic pathway so people treat urine results not patients. This guideline will provide the means of refocusing and promoting the evidence base in this area. The guideline is due to publish in March 2020.

Priority: Governance of the Quality of Care
Overview:
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. 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.

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.

**Progress report:**

**Sharing Intelligence for Health and Care**
The feedback letters from the Sharing Intelligence for Health & Care Group to NHS boards are now made publicly available. The first letters were published in October 2019 (NHS Lothian, NHS Fife, NHS Borders, NHS Ayrshire & Arran, NHS Tayside) followed by letters for five NHS boards (NHS Forth Valley, NHS Highland, NHS Greater Glasgow & Clyde, Golden Jubilee National Hospital, State Hospital) in January 2020, following The group was keen to publish its feedback to NHS boards, recognising openness and transparency is a characteristic of good governance.

**Adverse Events**
In line with previous correspondence from the Cabinet Secretary, guidance was issued by the Quality Assurance directorate in December requiring all NHS Boards to notify HIS when they have commissioned a Significant Adverse Event Review for a Category I event.

This guidance was informed by stakeholder engagement during October - December, targeted primarily at NHS colleagues with a particular role in implementing the changes.

Ongoing work will be developed with support from a cross-organisational group which has been established with representatives from across the directorates, and by wider collaboration with NHS Education for Scotland.

**Quality of cancer care: regional planning**
Healthcare Improvement Scotland undertakes the external quality assurance of cancer services against tumour-specific quality performance indicators (QPIs). This work has included consideration of the effectiveness of the governance of the regional networks themselves as well as an examination of the cancer quality performance data. This is intended to provide assurance that the governance arrangements are sufficient to respond positively to the improvements required and identified through the data. We have now published reports of pilot reviews of all three regional cancer networks. A national event to consider the learning from this pilot process is being held on 30th January 2020.

**Healthcare Staffing Programme (HSP)**
The HSP will support the implementation of the Health and Care (Staffing) (Scotland) Act by creating capacity and capability within NHS Boards to discharge their legislative duties. It is expected for the Act to be fully enacted for the financial year (2021/22), once enacted the Act will extend HIS’ existing quality assurance and improvement role by inserting new sections in the National Health Service (Scotland) Act 1978. These provisions set out that HIS will be responsible for:

- Monitoring the discharge by every Health Board, relevant Special Health Board and the Common Services Agency, of their duties under all parts of the Act.
Monitoring the effectiveness of the common staffing method as set out in the Act, and the way in which Health Boards, relevant Special Health Boards and the Agency are using it. HIS will from time to time, as it considers appropriate, carry out reviews of the Common Staffing Method.

- Monitoring the effectiveness of any staffing level tool or professional judgement tool which has been prescribed by Ministers. This includes new or revised tools. HIS may also develop and recommend new or revised staffing level tools and professional judgement tools for use in relation to any kind of health care provision. HIS may also be directed by Ministers to develop a new or revised staffing level tool or professional judgement tool.

- Consideration of multi-disciplinary staffing tools when developing a new or revised staffing level tool or professional judgement tool. HIS can also recommend to Ministers that an existing staffing level tool or professional judgement tool, should apply to more than one professional discipline.

The role of HIS will be supported by the duty placed on Health Boards to give HIS such assistance as it requires to perform its duties. Therefore HIS will also be responsible for serving a notice on Health Boards, relevant Special Health Board or the Agency, in pursuance of its functions, to provide HIS with information about any matter specified in the notice by a specific date. The notice will set out why the information is required and what function HIS is performing.

The first Multi-professional Stakeholder event was held on 6 December, to scope workforce planning practices across the non-nursing and midwifery workforce.

The team continues to grow, a sixth Programme Advisor is being funded by Scottish Government, to provide specific support to Maternity Services and to review the existing Workload tool to ensure it is reflective of the Best Start service delivery model. Some team members are now permanent members of staff which reduces the risk to the programme of high levels of secondees. Recent discussions with the Enactment Team has identified the need to focus on NHS Board support, with Workload Tool development moving at a slower pace. The HSP Team will assess capacity within the Team.

**Excellence in Care**

The Excellence in Care programme aims to improve the nursing and midwifery care in all settings across Scotland. Core quality measures, which are applicable to all nursing and midwifery families, have now been agreed, along with the acute adult and paediatric measures. The remaining quality measures (mainly community nursing and midwifery) will be agreed by March 2020. Data submission plans from each NHS Board are in place to work towards full implementation of all quality measures during 2020.

The Excellence in Care Team were invited to help support NHS Orkney with their annual staff conference in October, entitled ‘Dignity at Work’. The EiC Team delivered two workshops with a focus on creating the conditions for teams to thrive and using child development theory to understand our relationships as adults. Evaluation and feedback was positive.
Priority: Ensuring the effective engagement of individuals in the design and provision of their care

Overview:

Through the Scottish Health Council’s local office network we are continuing our work to enable local communities to participate in the planning, development, and delivery of services. The directorate’s specialist teams are leading on the national Our Voice Citizens’ Panel and providing advice and support to NHS boards and Health and Social Care Partnerships (HSCPs) on service change.

Progress report:

Gathering Public Views

Through our Scottish Health Council local office network have been supporting a number of requests to gather public views to influence national policy and direction. The following projects are currently being supported:

- Gathering views on user input to maternity services, including work to ascertain whether service users have a voice at a local and national level, and that there are good mechanisms to ensure they are aware of how to engage and to facilitate engagement with each other and at a national level. A report of the feedback has been shared with the Scottish Government and will be published on our website. Work is underway to develop resources for NHS Boards to better engage with maternity service users and consideration is being given to a joint national training event with the Scottish Government to promote public involvement in maternity services.

- Gathering public views on ME Services on behalf of the Scottish Government has progressed to local offices starting to arrange discussion groups in each health board area. A set of questions around what a quality service for people with ME could look like has been agreed between the Scottish Government and ME support organisations.

- Gathering public views on shared decision making: all local offices gathered views about how to improve conversations between patients and healthcare professionals so that people can be as involved as they want to be in decisions about their care and treatment. The feedback will be used to inform national policy development and promotional activity around shared decision making, including considerations around ‘question prompts’ for patients to use in appointments with healthcare professionals. The report has been shared with the Scottish Government and will be published on the Scottish Health Council website in due course.

- Gathering public views on the Guthrie Card Index: the Guthrie Card Index is a collection of bloods taken from a neonatal heel prick is on newborns. Agreement has been reached with the Scottish Government that the Scottish Health Council will conduct a pre consultation gathering views exercise with members of the public to ‘road test’ public information prior to the consultation.

Patient Participation in General Practice

See under ‘Primary Care’ above.

Citizens’ Panel
The Citizens’ Panel, consisting of around 1,170 people who live across all NHS Board and Health & Social Care Partnership areas in Scotland, is used to get statistically robust and representative feedback on a wide range of health and social care topics. This year the panel has been refreshed and reported in October on topics relating to Scottish Ambulance Service’s future strategy, Organ Donation and Excellence in Care (Nursing & Midwifery). A further two surveys are planned during 2019/20 on:

- understanding of antimicrobial resistance and behaviours around seeking and using antibiotics in the Scottish population, and
- public perceptions on the safety of care (health and social care).

Service Change
Advice and support on engagement in service change has been provided to 19 organisations (12 NHS Boards and 7 Health and Social Care Partnerships) on 28 active changes.

NHS Tayside completed a public consultation on proposed changes to orthopaedic services. The proposal is to transfer all orthopaedic trauma surgery to Ninewells hospital, Dundee and for Perth Royal Infirmary to become a “centre of excellence” for planned orthopaedic surgery and non-surgical orthopaedics. NHS Tayside’s three month public consultation concluded on 31 October 2019. The Scottish Health Council published its quality assurance report on 19 December 2019. The report highlights that NHS Tayside met national guidance, and outlines recommendations for next steps.

The third animation to support engagement practice titled “effective engagement when redesigning health and social care services” was published on 29 November 2019 and focused on key elements of ‘good’ engagement and based on the Gunning principles.

Volunteering in NHSScotland
The Volunteering Programme Team developed a further three case studies on volunteering which are due for publication in the third quarter. Seventeen NHS Boards have been supported in 108 activities and the National Group for Volunteering in NHSScotland met in August. In November a KPI workshop on volunteering was delivered in NHS Dumfries & Galloway and a seminar on Disclosure and PVG for volunteers took place. NHS Fife, NHS Greater Glasgow & Clyde and NHS Lanarkshire are participating in an improvement project to streamline the volunteer recruitment process. The team is also supporting NHS Borders implement an End of Life Care volunteer companion pilot.

Engaging people in the work of Healthcare Improvement Scotland
Following the completion of a focused review exercise in Autumn 2019 to look at the ways in which people are engaged across the range of Healthcare Improvement Scotland’s work activities, four distinct work-streams have been identified to progress during 2020 focussing on:

- Building capacity and capability for public engagement within HIS – practical and structured learning & development for staff across the organisation to help foster a consistent approach to engaging people in our work
- Volunteering / Public Partner roles within HIS – understanding what directorates and teams across the organisation need from engaging with volunteers / Public Partners, and redeveloping these opportunities to ensure mutual benefit
- Governance arrangements for public engagement within HIS – developing and establishing sufficient governance mechanisms to provide assurance about how the organisation is engaging people in its work
Priority: Access to care

Overview:

Access QI is a new programme of work focused on supporting NHS Boards to deploy quality improvement (QI) expertise to meet the challenge of delivering sustainable improvements in waiting times while maintaining or improving the quality of care. The programme design was agreed in April 2019 with an agreement that it will work with NHS Boards to:

1. Build the capability within teams and across pathways of care to deploy QI to improve waiting times.
2. Provide support to ensure infrastructures and culture enable application of QI expertise to priority areas of work.
3. Develop new and strengthening existing systems to share learning about what is and isn’t working.
4. Work with the existing national programmes to ensure readily accessible information/guidance is available on High Impact Changes, Change Packages and Measurement.

Progress report:

Access QI
The national team is now fully recruited and is working with NHS Education for Scotland to deliver a programme of activities to the end of October 2020. The primary focus is support to three accelerator sites (NHS Grampian, NHS Lothian and NHS Tayside) to enable them to deploy their QI expertise to sustainably improve access. This has included creation of a measurement framework, providing funding to release local-QI capacity/clinicians and webex-based project surgeries. The next accelerator site learning session is planned for 3 March 2020 in Dundee.

Accelerator sites have each identified three pathways for improvement and are using QI methods to understand their current system, with one site identified change ideas to implement for testing.

A national learning system is being planned to spread learning to all NHS boards. This has started with a review of the tools and resources of the QI Zone website to ensure they are compatible with Access. Content requiring update will be updated to QI Zone by end of March 2020. Plans are also being developed for workshops, masterclasses, events and webexes to spread learning with delivering starting in July 2020.

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

Overview:

There are a number of activities that we are required to carry out by law. These include:
- advice on the clinical and cost-effectiveness of new and existing health and care technologies, and of all new medicines
- 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 (see earlier in report)
- helping to improve the quality and accuracy of death certificates, and giving public assurance around the death certification process
- 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
- carrying out regulatory inspections to ensure safe care for patients, carers and staff who are exposed to medical ionising radiation in any NHS or independent service
- responding to concerns raised under the Public Interest Disclosure Act

**Progress report:**

**Advice on new medicines**

The Scottish Parliament’s Health & Sport Committee is currently undertaking an inquiry to consider the supply and demand for medicines in Scotland. Dr Alan MacDonald, Chair of SMC, participated in an evidence session on 21 January on issues of access and procurement and on 28 January, Dr Ewan Bell, National Clinical Lead for the Area Drug and Therapeutics Committee Collaborative participated in a session on prescribing. The official report of the sessions can be found on the Scottish Parliament website.

**Advice on health and care technologies**

The Scottish Government asked SHTG to advise on the use of surgical mesh for elective repair of primary inguinal hernia in male patients compared with repairs without surgical mesh (non-mesh/suture repair). In particular, we were asked to consider safety and patient aspects.

The SHTG advice to NHSScotland is that surgical mesh should be used for elective repair of primary inguinal hernia in adult males, with discussion with patients. The assessment of the evidence was complemented by a 5-week public engagement exercise to gather patient and public views and experiences of groin hernia repair in Scotland.

Surgical mesh has become an important topic in the last few years following women’s experiences of severe, chronic pain after surgical mesh was used to treat pelvic organ prolapse. Following the media and political spotlight on the use of mesh, SHTG is working closely with SG to respond to any enquiries around this advice.

**Standards on Healthcare Associated Infections and Indicators on Antibiotic Use**

In support of the UK government’s action plan for tackling antimicrobial resistance (AMR), the following antibiotic prescribing indicators were developed by the Scottish Antimicrobial Prescribing Group (SAPG) in collaboration with health board antimicrobial teams and have recently been launched and communicated to board Chief Executives:

1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day).
2. Use of intravenous antibiotics in secondary care defined as DDD / 1000 population / day will be no higher in 2022 than it was in 2018.
3. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in Acute hospitals by 2022.

These standards and indicators are now available in NSS Discovery at national and board level. SAPG is working with board Antimicrobial teams on local quality improvement approaches to support achievement of targets for the antibiotic use indicators.
Section 3: Horizon Scanning

Introduction

This section of the report is intended to provide a forward look in terms of what Healthcare Improvement Scotland (HIS) is being asked or may be asked in future to deliver – either as an extension of our existing work or as new work. It includes details of discussions with Scottish Government which may lead to the formal commissioning of work as well as a broader look at the legislative agenda and external political and policy environment.

Potential/Emerging commissions from Scottish Government

The table below provides a summary of current areas of work which are at various stages of discussion with Scottish Government; some are formal requests currently undergoing scoping while others have been noted but may have had little formal discussion. When a formal commission including funding arrangements have been agreed, the work will move from this section and be included within the additional allocations section of the report where progress will be measured.
### SCOTTISH GOVERNMENT COMMISSIONS - HORIZON SCANNING

**Note re definitions:**
- **Level 2** - SG request for consideration
- **Level 1** - Emerging area, potential for formal request

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<tr>
<th>Level</th>
<th>Date added</th>
<th>HIS Directorate</th>
<th>Area of work</th>
<th>Type</th>
<th>Resource Implications</th>
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<td>Jan-20</td>
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<td>Equipment and Adaptations review</td>
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<td>Scottish Health Council</td>
<td>User Engagement in Maternity Services</td>
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<td>Evidence</td>
<td>Support for revision of polypharmacy guidance</td>
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<td>Quality improvement programme for Out of Hours Services</td>
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<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Gathering Public Views on Limited Clinical Value Procedures</td>
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<td>All costs (apart from staff resource) will be back charged to SG</td>
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<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Promoting engagement in public consultation on the Guthrie Card Archive</td>
<td>New work</td>
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<td>Medical</td>
<td>Single National Formulary</td>
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<td>Additional resources</td>
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<td>2</td>
<td>Aug-19</td>
<td>Medical</td>
<td>HEPMA benefits realisation and shared learning</td>
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<td>Additional resources</td>
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<td>Scale up of hypertension project (improvement collaborative)</td>
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<td>Prisoner healthcare - improvement support</td>
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<td>Quality Assurance</td>
<td>Police Custody Suite inspections with HMICS</td>
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<td>Stroke care in HSPCs - best practice / improvement work</td>
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<td>Evidence</td>
<td>Decision support tools assessment</td>
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<td>Oral health standards</td>
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<td>Nov-19</td>
<td>Evidence</td>
<td>Screening standards - to increase frequency of updating to 3 yearly</td>
<td>Extension/expansion of existing work</td>
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<td>Nov-19</td>
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<td>Support to Directors of Planning re Using SatSD approaches to shifting to a community model as alternative to acute model for adult mental health problems</td>
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<td>Quality Assurance</td>
<td>External quality assurance against rape and sexual assault indicators</td>
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<td>Oct-19</td>
<td>Scottish Health Council</td>
<td>Person-Centred Policy - national approach to patient/family councils</td>
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<td>Aug-19</td>
<td>ihub</td>
<td>Adult Social Care Reform - Community Led / Commissioning support (SDS Implementation Plan)</td>
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<td>Jun-19</td>
<td>ihub</td>
<td>Redesign work relating to midwifery services</td>
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<td>Scottish Approach to Service Design</td>
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<td>Mar-19</td>
<td>Evidence / ihub</td>
<td>SMMP - potential expansion in relation to 2 UK audits</td>
<td>Extension/expansion of existing work</td>
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<td>Mar-19</td>
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<td>Application of clinical standards for fracture liaison services</td>
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<tr>
<td>Mar-19</td>
<td>Evidence</td>
<td>Review of utility of best practice statement for physical examination of newborns</td>
<td>New Work</td>
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</tr>
</tbody>
</table>
Scottish Government priorities

Consultation on regulation of non-surgical cosmetic procedures

The Scottish Government has launched a consultation on the regulation of non-surgical cosmetic procedures in Scotland (closing date 30 April).

Non-surgical cosmetic procedures, such as lip enhancement or dermal fillers, are not currently regulated and anyone is currently able to administer such procedures. The Scottish Government wants to ensure that anyone providing non-surgical cosmetic procedures does so safely and is competent and appropriately trained to do so. The consultation seeks views on the regulation of such individuals and premises.

The consultation refers to Healthcare Improvement’s role regulating independent clinics owned by doctors, nurses, dentists and other professionals, but also specifically asks the question of whether services provided by pharmacists who undertake independent healthcare practices (including non-surgical cosmetic procedures), should be regulated by Healthcare Improvement Scotland. HIS will be developing a response to the consultation.

Scottish Parliament

Health and Sport Committee

The work programme of the Health and Sport Committee for 2019-21 includes the following areas:

- Primary Care – what should primary care look like for the next generation?
- Social prescribing of physical activity and sport
- Medicines
- Social Care capacity

The inquiry into the Supply and Demand for Medicines is currently underway, with a focus on the management of the medicines budget, including the clinical and cost effectiveness of prescribing (see section 2: advice on new medicines), and SMC representatives have given oral evidence.

The inquiry into Social Care capacity has been launched and HIS has submitted written evidence.

Healthcare improvement Scotland has also responded to the Committee’s call for views in relation to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, with reference to HIS’ healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse (2017).

Further details on the work of the Committee is included in the monthly Parliamentary Activity Briefing circulated to non-Executive Directors.
Other external / policy developments

Independent Inquiry into Mental Health Services in Tayside

The final report of the independent inquiry into mental health services in NHS Tayside was published on 5 February. The report makes a number of recommendations for NHS Tayside to improve mental health services, under the themes of Governance and Leadership, Crisis and Community Mental Health Services, Inpatient Services, Child and Adolescent Mental Health Services and Staff.

The report includes numerous references to the work of Healthcare Improvement Scotland including the work of the Sharing Intelligence for Health and Care Group. There is also a specific recommendation that ‘a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland’ is conducted. The report also sets out the expectation that HIS and other external bodies will seek to be informed in their work by progress made by NHS Tayside in response to this report.

The Cabinet Secretary has written to the Health and Sport Committee setting out her expectations in relation to progress following the report and noting her intention to establish a national approach to the quality and safety of mental health services; the first meeting of the new Quality and Safety Board takes place on 19 February 2020.

Report of the Independent Inquiry into the Issues raised by Paterson

The report of the Inquiry into the malpractice of Ian Paterson was published on 4 February. It includes a range of recommendations in relation to:

- Information to patients
- Consent
- Multidisciplinary teams
- Complaints
- Patient recall and ongoing care
- Improving recall procedures
- Clinical indemnity
- Regulatory system
- Investigating healthcare professionals’ practice and behaviour
- Corporate accountability, and
- Adoption of the Inquiry’s recommendations in the independent sector.

While the Inquiry was restricted to matters concerning the treatment of patients in the independent sector and NHS in England, it is expected that the Scottish Government will wish to respond.

Queen Elizabeth University Hospital (Glasgow) / Royal Hospital for Children and Young People (Edinburgh)

In November the Cabinet Secretary for Health and Sport announced that The Right Honourable Lord Brodie will chair the public inquiry into issues at the Queen Elizabeth University Hospital.
(QEUH) campus in Glasgow and the Royal Hospital for Children and Young People (RHCYP) in Edinburgh.

In response to the Ministerial statement, the Cabinet Secretary was asked if lessons from the Shrewsbury and Telford NHS Trust report would be applied across the health service. The Cabinet Secretary explained she had asked officials to check if the recommendations of the investigation could be applied in a Scottish context and expected to receive advice shortly.

A separate Independent Review into the QEUH led by Dr Andrew Fraser and Dr Brian Montgomery is gathering evidence, with a view to publishing its findings in spring 2020.

Report on Independent Care Review

The report of the Independent Care Review, published on 5 February, is the product of an independent ‘root and branch’ review of the care system announced by the First Minister in 2016 and which began in February 2017. The report has identified five foundations for change, with over 80 specific changes that must be made to transform how Scotland cares for children and families as well as the unpaid and paid workforce. The Care Review has also published The Plan, an approach to implementation plotted out over 10 years whilst demanding urgency is maintained in the pace of change.

We have invited Fiona Duncan, Chair of the Review, to meet with us to discuss what the Review says about the health needs of children and young people, their experiences of accessing the NHS and what HIS might do given our role and responsibilities to bring about improvements. This has been arranged for 23 April, attached to the Scottish Health Council Committee meeting.
Section 4. Business as Usual

Our core funded work covers most of the work of the organisation. The core budget is currently £26m and covers the core functions of HIS hence the title ‘business as usual’. This is the work that most external stakeholders will recognise HIS for and which underpins our reputation as an organisation that delivers and is high performing.

The table below details progress against the projects for Q3 (October – December 2019).

**Project and Finance progress is presented using an arrow system:**

- The project is performing to plan. All aspects of the project are within tolerance.
- The project is exceeding anticipated expectations.
- Represents there are issues or slippage and action may be required to meet business objectives.

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<th>Director</th>
<th>Cost Code</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>Project Title</th>
<th>Output</th>
<th>KPI Quarter</th>
<th>Number</th>
<th>Actual Number</th>
<th>Progress</th>
<th>Exception Narrative</th>
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</thead>
<tbody>
<tr>
<td>1. Enable people to make informed decisions about their own care and treatment</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>QF2010</td>
<td>£307,020</td>
<td>£226,367</td>
<td>Community Engagement and Improvement Support</td>
<td>Publish Community Engagement reports regarding views gathered from the public</td>
<td>Q3</td>
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<td>ihub</td>
<td>Ruth Glassborow</td>
<td>QT0004+QT0069</td>
<td>£856,459</td>
<td>£646,589</td>
<td>LWIC2 Living and Dying Well in Care Homes</td>
<td>Participating teams confirmed for the collaborative launch</td>
<td>Q3</td>
<td>1</td>
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<td>This work has been slowed down due to: a number of staff changes in the portfolio, need to reprioritise staff time to support a new piece for work requested by Scottish Government and the need to undertake further scoping work</td>
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<td>Focus Area</td>
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<td>Budget/Year</td>
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<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Ruth Glassborow</td>
<td>QF8010</td>
<td>£207,446</td>
<td>£121,235</td>
<td>Person Centred Health and Care Programme One Person Centred network newsletter publisher per quarter Two learning sessions are delivered per quarter</td>
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<td>It had been planned to run a learning session in two locations per quarter (west and east) however due to registration numbers in the West, only the East learning sessions have been taken forward.</td>
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<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Lynsey Cleland</td>
<td>QF7010</td>
<td>£327,533</td>
<td>£245,755</td>
<td>Service Change Communicating key messages in Service Change Processes to support practice Support and advice provided to NHS Boards and Health and Social Care Partnerships on engagement in service change and to meet our statuary requirements.</td>
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<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Lynsey Cleland</td>
<td>QF2011+QF2013</td>
<td>£99,061</td>
<td>£64,899</td>
<td>Volunteering in NHS Scotland - Internal Evaluation report on the cost of volunteer attrition Impact story on developmental support provided to NHS Boards</td>
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<td>Unable to deliver due to capacity, move to 2020/21.</td>
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<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Lynsey Cleland</td>
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<td>Hospital Standardised Mortality Ratio update for Scottish</td>
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<td>£315,606</td>
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<td>SPSP Acute Adult - All 15 boards submit quarterly progress reports against programme aims with analysis and feedback</td>
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| ihub | Ruth Glassborow | Q0052+QO061 | £73,523 | £35,314 | Focus on Dementia - Care Co-Ordination | Focus on Dementia Midlothian Report published | Q3 | 1 | 0 | Delayed to allow further analysis of the quantitative data. It is anticipated this will be published by the end of March 2020. |

| ihub | Ruth Glassborow | Q0004 | £856,459 | £619,839 | LWiC1 Living and Dying Well with Frailty | Living and Dying Well with Frailty learning session event (150 delegates) | Q3 | 1 | 1 | Teams continue to participate in the collaborative however progress on reporting |
Participating teams demonstrate tests of change. Improvement into practice.

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<th>Q3</th>
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This work has been put on hold due to staff changes, three staff on maternity leave and the need to prioritise a new piece of work for Scottish Government. The Long Term Conditions project will remain on hold until we have enough staff capacity to progress.

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Delayed due to the need to take into account emerging new data and evidence.

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Further analysis being undertaken to inform next steps.

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<td>QT0057</td>
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<td>Ruth Glassborow</td>
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Session scheduled for October was cancelled due to the speaker no longer being able to participate.

Currently supporting TEC pathfinders (4 areas) to take a design led approach to designing services. Working with NHS Lanarkshire, Edinburgh City HSCP, and Falkirk HSCP as part of responsive bespoke projects - also links with strategic planning projects. Also supporting NHS Ayrshire & Arran to embed the Scottish Approach to Service Design into their
<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
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<td>Ann Gow</td>
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<td>QM0020</td>
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<td>Strategic Planning</td>
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<td>Four HSCPs are enabled to review strategic planning capacity and capability over two quarters (outcome)</td>
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<td>Four HSCPs are enabled to review strategic planning capacity and capability over two quarters (outcome)</td>
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<td>Over 330 members of staff will be provided with strategic planning advice and critical friend guidance over two quarters</td>
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<td>Over 330 members of staff will be provided with strategic planning advice and critical friend guidance over two quarters</td>
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<td>Strategic planning training/coaching on interconnected systems mapping, 40 members over two quarters</td>
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<td>Strategic planning training/coaching on interconnected systems mapping, 40 members over two quarters</td>
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<td>NMWWPP - Develop an implementation plan for the implementation of Health and Care Enactment Staff</td>
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<td>NMWWPP - Develop an implementation plan for the implementation of Health and Care Enactment Staff</td>
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<td>NMWWPP - Engagement with key stakeholders to inform the development of multi professional workload tools</td>
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<td>NMWWPP - Engagement with key stakeholders to inform the development of multi professional workload tools</td>
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<td>Foundations of a strategy started - to be completed Q4</td>
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<td>Knowledge that enables people to get the best out of the services they use and helps services to improve</td>
<td>Participation Network e-Connect quarterly newsletter</td>
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<td>SHTG Evidence Synthesis reports for 6 technologies (Cancer waiting times) (Cochlear implants) (Closed system drug transfer devices) (Faecal PCR) (MRI Simulator / MRI Linac) (Organ retrieval using in-situ normothermic regional perfusion (NRP)</td>
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<td>Q3</td>
<td>1</td>
<td>1</td>
<td>The Best Start continuity of care work is impacting on local resource capacity for MCQIC activity. Ongoing discussions as well as dedicated support visits are taking place to support the teams who are struggling to submit their data and self-assessments. For boards not meeting their partnership agreement commitments MCQIC follow a four levels escalation process.</td>
</tr>
<tr>
<td></td>
<td>SPSP MCQIC - Maternity units data toolkits and self-assessments submitted, analysed and reported against</td>
<td></td>
<td></td>
<td></td>
<td>Q3</td>
<td>45</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

SPSP MCQIC - Maternity units data toolkits and self-assessments submitted, analysed and reported against

Q3 60 43 The Best Start continuity of care work is impacting on local resource capacity for MCQIC activity. Ongoing discussions as well as dedicated support visits are taking place to support the teams who are struggling to submit their data and self-assessments. For boards not meeting
SPSP MCQIC - Paediatric units
data toolkits and self-assessments
submitted, analysed and reported against

<table>
<thead>
<tr>
<th>Collaborative Communities</th>
<th>Q3</th>
<th>45</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are ongoing challenges around boards engagement with the paediatric programme evidenced by boards undertaking work out with the scope of the MCQIC paediatric programme. After extensive stakeholder engagement, MCQIC is in the process of negotiating the future content of the paediatric programme.</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ruth Glassborow</th>
<th>QT0048</th>
<th>£114,892</th>
<th>£83,234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Communities newsletter for CLS in Scotland published quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Three Collaborative Communities learning sessions facilitated with local organisations and commissioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Two Collaborative Communities HSCP and community based organisation will test small, local and non-traditional care and support</td>
<td></td>
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<tr>
<td>Q3</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HSCPs still scoping testing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Two Collaborative Communities workshops with HSCPs are delivered per quarter</td>
<td>Q3</td>
<td>2</td>
<td>2</td>
</tr>
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</tr>
<tr>
<td>Ruth Glassborow</td>
<td>QT0002</td>
<td>£128,789</td>
<td>£90,741</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Sandra McDougall</td>
<td>Q10161</td>
<td>£90,088</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>Q10171</td>
<td>£37,925</td>
<td>£26,872</td>
</tr>
<tr>
<td>Scottish Mortality &amp; Morbidity Survey</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve</td>
<td>Nursing Directorate</td>
<td>Ann Gow</td>
<td>QM0020</td>
</tr>
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<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Ann Gow</td>
<td>QA0053</td>
<td>£167,000</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Public Protection</td>
<td>QM0020</td>
<td>£1,082,061</td>
<td>£676,111</td>
</tr>
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</table>

There were 3 safe and clean and 2 OPAH. 2 of the inspections were reactive rather than planned.
<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Q10105</td>
<td>£135,051</td>
<td>£101,638</td>
<td>Joint Inspection of Prisoner Healthcare</td>
<td>Joint Inspection of Prisoner Healthcare 4 full inspections and 3 follow up inspections during 2019/20</td>
<td>Q3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Joint Inspection of Prisoner Healthcare Meet HMIPS timescales for report publication by delivering the final report on standard 9: Health and Wellbeing 12 weeks after inspection (note Q1 2020-2021)</td>
<td>Q3</td>
<td>1</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Joint Inspection of Prisoner Healthcare Meet the HMIPs timescales for report publication by delivering the draft report on standard 9: Health and Wellbeing 3 weeks after inspection</td>
<td>Q3</td>
<td>2</td>
</tr>
<tr>
<td>QE0060</td>
<td>£684,000</td>
<td>£580,843</td>
<td>Regulation of Independent Healthcare</td>
<td>Planned Independent healthcare inspections for 2019/20 = 239</td>
<td>Q3</td>
<td>69</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Process registration within 90 days of completed application</td>
<td>Q3</td>
<td>24</td>
</tr>
</tbody>
</table>

HMP Glenochil report published in Q3 (delayed from Q2 by HMIPS due to operational issues). HMP Barlinnie report was due to publish in Q3 but this has been delayed by HMIPS due to operational issues and publication date is still to be confirmed.

HMP Edinburgh draft report was delayed in going to HMIPS due to capacity issues within the team.

Due to reduced number of inspectors working on IHC and competing demand with the operational groups needs.

25 services registered in total (8 within 90 days of completed application)
<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Total</th>
<th>Ongoing</th>
<th>Cost</th>
<th>Action</th>
<th>Q4</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra McDougall</td>
<td>QE0035</td>
<td>£338,650</td>
<td>£234,144</td>
<td></td>
<td>Board Reviews Conduct four after action board reviews and produce reports</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td>QA0054</td>
<td>£298,100</td>
<td>£202,300</td>
<td></td>
<td>Strategic Inspection Adult Services Joint Inspection Adult Services Full Inspection Report Publication</td>
<td>Q3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sandra McDougall</td>
<td>Q10102</td>
<td>£1,478,758</td>
<td>£1,097,647</td>
<td></td>
<td>Death Certification Review Service The target is to review 14% of Deaths in Scotland</td>
<td>Q3</td>
<td>1597</td>
<td>1597</td>
</tr>
<tr>
<td></td>
<td>Q10146</td>
<td>£122,102</td>
<td>£69,552</td>
<td></td>
<td>External Quality Assurance of Cancer Quality Performance Indicators (QPIs) Conduct 3 reviews of Regional Cancer Networks</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

- Reviews paused after third test - SLWG now consolidating learning, developing SOP considering future comms. Golden Jubilee National Hospital report published early October.
- Delayed report for Perth & Kinross HSCP was published in September.
- The review of all 3 networks is now complete with publication dates as follows: NCA 1st August 2019, WoSCAN 23rd January 2020 and SCAN 24th January 2020.
Section 5. Short Term Commissions

This section covers the work that is specifically commissioned and funded by Scottish Government. This generally relates to short term funding for projects which may then be absorbed into programmes or themes within Business as Usual in Section 4. This section will also cross reference/reconcile to the section in the finance report around funding for additional allocations.

The table below details progress against the projects Q3 (October – December 2019).

**Project and Finance progress is presented using an arrow system:**

- The project is performing to plan. All aspects of the project are within tolerance.
- The project is exceeding anticipated expectations.
- Represents there are issues or slippage and action may be required to meet business objectives.

<table>
<thead>
<tr>
<th>Main Strategic Priority</th>
<th>Directorate</th>
<th>Director</th>
<th>Cost Code</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>Project Title</th>
<th>Output</th>
<th>KPI Quarter</th>
<th>Number</th>
<th>Actual Number</th>
<th>Progress</th>
<th>Exception Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Help health and social care organisations to redesign and continuously improve services</td>
<td>Community Engagement</td>
<td>Lynsey Cleland</td>
<td>QF2012</td>
<td>£0</td>
<td>£0</td>
<td>Volunteering in NHS Scotland - External</td>
<td>Case studies on volunteering published (film and written)</td>
<td>Q3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>Published: Stroke Lifestyle Group, NHS Ayrshire &amp; Arran. Delayed: Care Home (NHS Highland)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>QT0051</td>
<td>£111,954</td>
<td>£57,391</td>
<td>Focus on Dementia - Improvement</td>
<td>Focus on Dementia contract with Collaboration Sites</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative Hospitals</td>
<td>Impact report published: Specialist Dementia Units</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>Ruth Glassborow</strong></td>
<td>QT0029</td>
<td>£1,215,264</td>
<td>£865,604</td>
<td>Mental Health Access</td>
<td>Mental Health Portfolio National learning Session 4 (National learning Event)</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>QT0067</td>
<td>£191,500</td>
<td>£31,209</td>
<td>SPSP Early Intervention Psychosis (EIP)</td>
<td>Early Intervention in Psychosis (EIP) - Improvement Network Launch event</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ruth Glassborow</strong></td>
<td>QT0055</td>
<td>£630,010</td>
<td>£580,181</td>
<td>Primary Care Improvement Programme GP Clusters</td>
<td>Primary Care GP Clusters - Faculty Leads Up to 12 Sessions/visits per 15 leads, maximum 192 sessions this year</td>
<td>Q3</td>
<td>96</td>
<td>116</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary Care GP Clusters - PASC 2 Regional Events (2 day x 3 region) 150 attendees each</td>
<td></td>
<td>Q3</td>
<td>3</td>
<td>4</td>
<td></td>
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</tbody>
</table>

Finalised but needs to be signed off by the NHS boards and the delivery group that supported the work. It is anticipated that this will be published by the end of February 2020.

Includes some additional sessions in Sept 2019 (Q2) that has not yet been reported as engagement was not originally planned for Q2.

Originally 3 regional (N,W&E) Learning Sessions planned for PASC 2 but after recruitment of the participating practices additional sessions were held. West LS divided into 2 separate areas (GLA & Ayrshire) 4 x 2 day Regional Events (Learning Session 1) held during Nov & Dec 2019 // 395 delegates in total.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Internal ID</th>
<th>Total Budget</th>
<th>Budget Actual</th>
<th>Description</th>
<th>Quarter</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care GP Clusters - Pharma L1 Learning Session 150 attendees</td>
<td>Ruth Glassborow</td>
<td>QT0066</td>
<td>£526,729</td>
<td>£206,897</td>
<td>Value Management Collaborative National Launch Event (150 delegates)</td>
<td>Q3</td>
<td>1</td>
<td>0 This has been delayed to Q4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Value Management Collaborative Site Visits</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical Directorate</td>
<td>Laura McIver</td>
<td>Q10157</td>
<td>£165,000</td>
<td>£95,099</td>
<td>ADTCC News letter for Pharmacy Stakeholders</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ADTCC Operational guidance documents for EAMS</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. 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>Evidence</td>
<td>Safia Qureshi</td>
<td>£226,890</td>
<td>£158,586</td>
<td>SAPG - SONAAR Report in collaboration with NSS</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAPG Events (50 delegates)</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAPG National Meetings</td>
<td>Q3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>ihub</td>
<td>Ruth Glassborow</td>
<td>Q10112</td>
<td>£66,756</td>
<td>£52,238</td>
<td>Acute care - Portfolio Frailty at the Front Door (Phase 2)</td>
<td>Q3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Frailty at the Front Door Phase 2 Site Visits to Support System Diagnostics</td>
<td>Q3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Frailty at the Front Door teams provide progress updates with analysis and feedback</td>
<td>Q3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Directorate</td>
<td>Name</td>
<td>47</td>
<td>100,000</td>
<td>60,396</td>
<td>National Review Panel learning event (20 delegates)</td>
<td>Q3</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Medical Directorate</td>
<td>Laura McIver</td>
<td>Q10174</td>
<td>£143,851</td>
<td>£94,125</td>
<td>Management of Adverse Events</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Sandra McDougall</td>
<td>Q10126</td>
<td>£1,500</td>
<td>£22,685</td>
<td>Establishment of Oversight Group for Transvaginal Mesh Implant</td>
<td>Q3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Evidence</td>
<td>Safia Qureshi</td>
<td>Q10177</td>
<td>£58,892</td>
<td>£64,276</td>
<td>Ionising Radiation (Medical Exposure)</td>
<td>Q3</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

We contributed to the Scottish Government 12 month review of PACs Tier 2 NRP - learning event held in 2018 was considered sufficient.

AE network meetings to inform on new notification system

Expert reference group meetings to inform on national notification dataset

Introduction of new national notification system

Stakeholder event

Stakeholder event

Update on national AE framework

Inspections were halted by the Head of Quality Care due to a lack of funding. A request for
providers to improve

<table>
<thead>
<tr>
<th>Regulations IR(ME)R</th>
<th>inspections including tests</th>
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additional funding was submitted to SG. Inspections restarted in January 2020. Highlights - HIS was invited to join the National Radiological Safety Group coordinated by BEIS. The group will seek opinions on radiological safety standards adoption after BREXIT.

<table>
<thead>
<tr>
<th>Not Set</th>
<th>ihub</th>
<th>Ruth Glassborow</th>
<th>QT0070</th>
<th>£482,806</th>
<th>£5,543</th>
<th>Access Q1</th>
<th>Number of learning sessions</th>
<th>Q3</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Number of maintained websites</td>
<td>Q3</td>
<td>1</td>
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<td></td>
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<td></td>
<td></td>
<td>Number of NHS Boards supported</td>
<td>Q3</td>
<td>3</td>
<td>3</td>
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<td></td>
<td>Number of online resources published</td>
<td>Q3</td>
<td>3</td>
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<td></td>
<td>Number of webexes</td>
<td>Q3</td>
<td>1</td>
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</table>
Section 6. Finance Report at 29 February 2020

Overview of Financial Performance

The February funding allocation letter from Scottish Government (SG) was received on 28 February 2020. This outlined a baseline recurring allocation of £26.596m (line A in Table A below). It also included a combined total of £6.049m (line B in Table A below) on additional allocations and depreciation. The result is a total revenue resource limit (RRL) for 2019-20 of £32.645m at February 2020.

Overall expenditure year to date is £0.182m under budget. Of this, baseline recurring allocations are underspend against budget by £0.213m. This primarily reflects non pay expenditure underspends across a number of Directorates. The savings target at £1.723m is £0.313m ahead of budget. This position is net of the decision not to apply the corporate overhead recharge.

During February £0.859m of additional allocations were returned to the Scottish Government in addition to a non-recurring contribution to National Board savings target of £0.3m. This contribution will be adjusted to £0.23m in March following discussion amongst the National Boards.

The full year forecast therefore anticipates a surplus of £0.5m, this reflects savings achieved in excess of target, return of £0.07m of the National Boards contribution, and further cost slippage primarily in relation to covid-19.

Summary of Financial Expenditure:

<table>
<thead>
<tr>
<th></th>
<th>April - February</th>
<th>Full Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget Spend £000's</td>
<td>Actual Spend £000's</td>
</tr>
<tr>
<td>A Expenditure on Baseline</td>
<td>23,689</td>
<td>23,476</td>
</tr>
<tr>
<td>B Expenditure on additional allocations -received</td>
<td>5,223</td>
<td>5,209</td>
</tr>
<tr>
<td>C Expenditure on additional allocations -anticipated</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Revenue Resource Limit Expenditure (RRL)</td>
<td>28,911</td>
<td>28,685</td>
</tr>
<tr>
<td>IHC Income</td>
<td>-627</td>
<td>-709</td>
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<tr>
<td>IHC Expenditure</td>
<td>627</td>
<td>754</td>
</tr>
<tr>
<td>Net Deficit (Surplus)</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>AME Provision</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Net Revenue Expenditure</td>
<td>28,976</td>
<td>28,795</td>
</tr>
</tbody>
</table>

| Corporate Savings target still to be achieved | -6 | -78 | 72 | 0 | 400 | -400 |
| Capital Expenditure | 0 | 0 | 0 | 0 | 0 | 0 |
| Baseline staff count (WTE) | 376.9 | 386.2 | -9.3 | 384.3 | 384.3 | 0.0 |
| Non recurring allocations staff count (WTE) | 76.2 | 76.1 | 0.0 | 76.0 | 76.0 | 0.0 |
| IHC staff count (WTE) | 12.4 | 16.1 | -3.7 | 12.4 | 15.4 | -3.0 |
5. Baseline recurring spend

At 29 February the total baseline funding received is £26.596m. HIS has spent £23.541m of baseline funding for the first eleven months which is £0.213m under budget. We are 92% of the way through the year with 89% of the baseline funding spent. Table B below outlines the baseline recurring spend position.

1.1. Financial position at 29 February 2019

The variances are explained in more detail in section 1.3 and 1.5. In addition to the above the dilapidations provision at Delta House has been increased by £65k and will increase by a further £585k in March following external review of the mechanical and electrical condition of the building and its dilapidations schedules.

1.2. Pay costs

Baseline staffing WTE levels at the end of February were ahead of budget, 386 vs. budget of 377 but in line with March budget levels.

![Baseline Pay February 2019](image-url)
1.3. Directorate Pay Analysis

### Table C

Key variances on year to date pay costs are:

- **Chief Executive** overspend of £32k is a result of higher than anticipated pension costs and unanticipated VAT charge for a secondment.

- **ihub** overspend of £57k is a result of additional secondment charges in prior period and a post funded through an income stream rather than against budget.

- **QAD** overspend of £40k is a result of lower than anticipated cost being charged to additional allocations. Whilst the volume of staff charged to additional allocations are in line with budget the grade and average cost is lower, this leaves a higher cost remaining in the baseline. In addition, the funding for IRMER was baselined during the year and the allocation of staff to the project has been greater than budget.

- **SHC** underspend of £27k is a result of timing. Vacancies in SHC National Office have taken longer than forecast to fill.

1.4. Non pay costs

The graph below outlines the non pay expenditure and budget profile and compares this to prior year.
1.5. Directorate Non Pay Analysis

Table D

Key variances on year to date non pay costs are:

- **Chief Executive** underspend of £25k, due to minor underspends in various areas held to cover overspend on pays.

- **Evidence** underspend of £23k, due to the delay on printing and room hire by SIGN. This expenditure is to take place over the next month and will bring annual spend in line with budget.

- **ihub** underspend of £76k, relates to timing difference for travel charges, payments to other organisations and credits generated from the reversal of historical purchase orders that will not be invoiced.

- **QAD** underspend of £80k, due to timing on charges for contractors and travel to be used on site visits. There are also credits generated from the reversal of historical purchase orders. Being held to offset the overspend on pays.

- **SHC** underspend of £50k, due to a delay in spend in the Local Offices and rebranding costs.

1.6. Internal efficiency savings targets 2019-20

In order to achieve a balanced budget the financial plan was the subject of internal savings targets amounting to £1.2 m. This was to be achieved through strategic initiatives £0.5m and staff turnover during the year £0.7m. The budget also assumed a carry forward of £0.4m surplus, this contrasts with an actual carry forward of £0.257m. This surplus shortfall has therefore increased the target to £1.41m.

Table E shows the current position as at 29 February 2019. This shows that net savings of £1.723m have been achieved in the first eleven months of the financial year, after adjusting for approved expenditure on Form D’s of £0.087m. The target has therefor been exceeded by £0.313m. This is after adjusting for the decision not to apply a corporate overhead recharge.
2. Additional Allocations non recurring spend

Table F below shows the details of the additional allocations received as at February. The budget value shown below is the approved budget value communicated to the Board in March 2019. The 19/20 allocation is the value confirmed in the latest SG allocation letter.

<table>
<thead>
<tr>
<th>Allocations received</th>
<th>Future Funding category</th>
<th>Directorate</th>
<th>Budgeted</th>
<th>Unbudgeted</th>
<th>Budget</th>
<th>19/20 Allocation</th>
<th>19/20 Spend</th>
<th>Budget Remaining</th>
<th>Return to SG</th>
<th>Variance</th>
<th>20/21</th>
<th>21/22</th>
<th>22/23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
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<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
</tr>
<tr>
<td>Unbudgeted</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>
<td></td>
</tr>
<tr>
<td>Professional Careers Programme salary contribution</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>£2022k</td>
<td>£1977k</td>
<td>£2022k</td>
<td>£1977k</td>
<td>£2022k</td>
<td>£1977k</td>
<td>£2022k</td>
<td>£1977k</td>
<td>£2022k</td>
<td>£1977k</td>
<td>£2022k</td>
</tr>
<tr>
<td>Funding for What Matters to Your Day 2019</td>
<td>Non Recurring</td>
<td>SHC</td>
<td>£12,000</td>
<td>£31</td>
<td>£12,000</td>
<td>£31</td>
<td>£12,000</td>
<td>£31</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Funding for Forensic medical examinations</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>£27,120</td>
<td>£7,878</td>
<td>£27,120</td>
<td>£7,878</td>
<td>£27,120</td>
<td>£7,878</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Banbury Standards</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>£2,154</td>
<td>£2,154</td>
<td>£2,154</td>
<td>£2,154</td>
<td>£2,154</td>
<td>£2,154</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Volunteering Systems</td>
<td>Baseline</td>
<td>SHC</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Mortuaries</td>
<td>Non Recurring</td>
<td>Evidence</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£26,000</td>
<td>£6,070</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Adult Support and Protection Multi-Agency Inspection Programme</td>
<td>Non Recurring</td>
<td>QA</td>
<td>£1,157,821</td>
<td>£6,766,331</td>
<td>£3,056,182</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
<td>£2,022,416</td>
</tr>
<tr>
<td>Access Oil</td>
<td>Non Recurring</td>
<td>Iliu</td>
<td>£422,986</td>
<td>£206,063</td>
<td>£276,723</td>
<td>£180,700</td>
<td>£36,023</td>
<td>£393,784</td>
<td>£393,784</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Neighbourhood Care</td>
<td>Baseline</td>
<td>Iliu</td>
<td>£37,000</td>
<td>£15,661</td>
<td>£21,139</td>
<td>£3,060</td>
<td>£17,239</td>
<td>£17,239</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>QA of Primary Care (EXT)</td>
<td>Non Recurring</td>
<td>QA</td>
<td>£69,000</td>
<td>£20,417</td>
<td>£48,583</td>
<td>£40,583</td>
<td>£189,000</td>
<td>£189,000</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>BIP (Early Intervention Psychosis)</td>
<td>Non Recurring</td>
<td>Iliu</td>
<td>£191,500</td>
<td>£36,556</td>
<td>£134,944</td>
<td>£113,700</td>
<td>£21,244</td>
<td>£283,485</td>
<td>£283,485</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lit &amp; Div in Care Homes (national clinical leadership)</td>
<td>Non Recurring</td>
<td>Iliu</td>
<td>£71,400</td>
<td>£15,458</td>
<td>£55,942</td>
<td>£3,942</td>
<td>£73,600</td>
<td>£73,600</td>
<td>£0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Aligned Return of Funding</td>
<td>Non Recurring</td>
<td>Iliu</td>
<td>£489,000</td>
<td>£1,054,718</td>
<td>£565,718</td>
<td>£565,718</td>
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<td>£0</td>
<td></td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Reallocation of National Board Savings</td>
<td>Non Recurring</td>
<td>Iliu</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
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<td>£0</td>
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<td>0</td>
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</tr>
<tr>
<td><strong>Future Funding</strong></td>
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<tr>
<td><strong>Category</strong></td>
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</tr>
<tr>
<td><strong>Target</strong></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Achieved to date recurring</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Achieved to date non recurring</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>
<td></td>
</tr>
<tr>
<td><strong>Balance outstanding</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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delegated to Directorates</th>
<th>Target</th>
<th>Achieved to date recurring</th>
<th>Achieved to date non recurring</th>
<th>Balance outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>3% Turnover</td>
<td>£676</td>
<td>£339</td>
<td>£517</td>
<td>£517</td>
</tr>
</tbody>
</table>

| Held Centrally | Strategic Change | Pay | £229 | 0 | £563 | £334 |
| Strategic Change | Non pay | £229 | 0 | £494 | £265 |
| Prior year c/f/forward variance to budget | £143 | 0 | £143 |
| 18/19 carry forward earmarked awaiting baselining | £88 | 0 | £0 | £88 |
| NMAHP v3 budget assumed income of £2022k, costs of £1977k | £45 | 0 | 0 | £45 |
| **TOTAL** | £734 | 0 | £1,057 | £323 |
| **GRAND TOTAL** | £1,410 | £339 | £1,384 | £313 |
3. **Additional allocations returned to Scottish Government**

As noted earlier £0.859m was returned to the Scottish Government in February, this primarily reflected slippage on projects.

4. **Outturn Prediction for 31 March 2020**

In compliance with Scottish Government guidance HIS has the ability to break-even over a three-year period, enabling it within any year to under or overspend by up to one per cent of annual resource budget. In HIS’s case this reflects circa +/- £0.3m.

The full year forecast anticipates a surplus of £0.5m, this reflects savings achieved in excess of target £0.313m, return of £0.07m of the National Boards contribution, and further cost slippage primarily in relation to covid-19 of circa £0.1m.
Section 7. Workforce report at 29 February 2020

This report summarises the workforce position at each month-end throughout the year (YTD). Headcount (HC) and Whole Time Equivalent (WTE) are referenced, along with comparisons to previous periods where appropriate. Terms used include ‘Payroll’ (HIS staff with permanent and fixed term contracts) and ‘Non-payroll’ (external secondees/associates from other NHS Boards). eESS is the primary source of workforce data unless otherwise stated (which excludes HIS employees seconded out to other organisations, agency and bank workers).

Periods referenced:

YTD month end: 29 February 2020
YTD Period: 1 April 2019 – 29 February 2020
Previous Year End: 31 March 2019
Summary highlights

Workforce Mix
Our current workforce is:
- 518 total headcount
- 471 payroll headcount
- 47 non-payroll headcount

Directorate workforce:
(total headcount)
- CEO: 20
- Evidence: 99
- Finance/Corp: 41
- Improvem’t/ihub: 146
- Medical: 45
- NMAHP: 25
- QAD: 79

Staff Changes
During the financial year, 57 people have left the organisation, which represents a turnover rate of 11%.

In this period, the overall workforce (payroll & non-payroll) has increased by a net total of 47 headcount across the organisation.

Sickness absence
We’ve lost 26,239 hours or 3,500 days due to sickness absence this year, which represents a rate of 3.1% of available hours.

59% of sickness has been due to long term conditions and the main reason given for absence is anxiety, stress or depression, which accounts for 27% of reported absence and 7,131 hours or 950 days lost.

Vacancy Approvals
126 recruitment related posts have gone through the eRAF system since the start of the financial year with 123 of those approved and others pending. On average, it’s taking around 13 days to approve a resource request via the Sharepoint workflow on Source.

Around half of the vacancies are project related - Programme

Recruitment
We have recruited to 136 campaigns since the start of the financial year and we’ve filled 100 of these with others currently being recruited to.

It’s taking on average 45 days to get from advertisement to offer stage and a further 41 days on average until the person is confirmed as starting.
YTD workforce position

Current total workforce stands at 518 HC / 467.2 WTE in the organisation with 471 / 440.7 WTE being payroll staff and 47 HC/26.5 WTE non-payroll.
Additional workforce data (not recorded on eESS):
Agency/Bank Workers: 9.1 WTE
Additional secondees: 5.2 WTE

Changes in Workforce since 1 April 2019

The workforce across the organisation has changed by a total of +47 HC / +46.8 WTE during this financial year. At Directorate level, the key net changes due to joiners, leavers and internal moves were within Improvement Support & ihub (+17 HC) and NMAHP directorates (+ 15 HC) with the Chief Executive Office decreasing in this period (by 3 HC).
The contract mix of staff by contract type across the organisation remains largely unchanged during the course of the year.

![Bar chart showing variance in workforce during 2019/20 YTD](chart.png)

<table>
<thead>
<tr>
<th></th>
<th>Total HC Variance +/-</th>
<th>Total WTE Variance +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executives Office</td>
<td>-3</td>
<td>8</td>
</tr>
<tr>
<td>Evidence Directorate</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Finance &amp; Corp Serv</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Improvmt Supp &amp; ihub</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Medical Directorate</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>NMAHP Directorate</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>-2.8</td>
<td>7.0</td>
</tr>
</tbody>
</table>

**Workforce Mix by Contract Type**

- **Payroll Staff (Permanent)**: 76%
- **Payroll Staff (Fixed Term)**: 10%
- **Other**: 14%
- **Payroll Staff on Internal Secondment**: 5%
- **Non-Payroll Secondees into HIS**: 9%

Source: eESS (changes in staff hours during the year, may result in net variances in WTE without impacting on HC)
Recruitment Activity (YTD)

Since 1 August 2019, new recruitment campaigns have been processed via Jobtrain (NHSScotland recruitment system). As a result, reporting for the fiscal year (YTD) incorporates data taken from both systems (RMS & Jobtrain as shown below).

In total 136 campaigns have been advertised since the beginning of the financial year (including 85 campaigns via Jobtrain from 1st August). 4 are currently being advertised, 11 in total are at shortlisting/interview stage and 5 are at offer/on-boarding stage. Out of the campaigns advertised year to date, a total of 97 have been filled (45 by internal staff)

Recruitment Campaigns (1 April 2019 – YTD)

<table>
<thead>
<tr>
<th>Vacancy Type</th>
<th>Total Campaigns YTD (RMS &amp; Jobtrain)</th>
<th>Total Filled YTD (RMS &amp; Jobtrain)</th>
<th>Filled Internally (RMS &amp; Jobtrain)</th>
<th>Filled Externally (RMS &amp; Jobtrain)</th>
<th>Current Live Campaigns (Jobtrain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-term</td>
<td>46</td>
<td>30</td>
<td>9</td>
<td>21</td>
<td>4 2 2 1</td>
</tr>
<tr>
<td>Permanent</td>
<td>73</td>
<td>58</td>
<td>32</td>
<td>26</td>
<td>0 2 5 1</td>
</tr>
<tr>
<td>Secondment Only</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>7</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>136</strong></td>
<td><strong>100</strong></td>
<td><strong>46</strong></td>
<td><strong>54</strong></td>
<td><strong>4 4 7 2</strong></td>
</tr>
</tbody>
</table>

Recruitment Timelines

The average time to reach offer stage after advertising a vacancy is 45 days (compared to an average of 42.5 days in 2018/19) and 86.5 days to confirm a start date (compared to an average of 75.3 days in 2018/19). The rise in on-boarding time in Q4 is mainly due to roles with pre-determined start dates to suit HIS needs (i.e. Head of OD&L and SMC Chair). Cycle times are not expected to significantly change towards the end of the fiscal year.
Staff Turnover (11.1% YTD)

Year to date, there have been 57 staff who have left the organisation in total, the highest level of attrition was across Improvement Support & ihub (18), the Chief Executive’s Office (10) and Evidence Directorates (9). This resulted in an overall turnover ratio of 11.1% since the start of the financial year. This remains higher than the same period last year, where the average turnover was circa 10% at this point. Based on the YTD trend, turnover is forecasted to be circa 12.4% at the year end. Those leaving the organisation are also shown below by contract type and the respective turnover rates for each category.
Turnover by Contract Type (YTD)

<table>
<thead>
<tr>
<th>Contract Type</th>
<th>Leavers</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Term</td>
<td>14</td>
<td>23.7%</td>
</tr>
<tr>
<td>Inward Secondment</td>
<td>6</td>
<td>13.2%</td>
</tr>
<tr>
<td>Permanent</td>
<td>31</td>
<td>8.1%</td>
</tr>
<tr>
<td>Internal Secondment</td>
<td>6</td>
<td>24.0%</td>
</tr>
<tr>
<td><strong>YTD Organisational Turnover</strong></td>
<td><strong>57</strong></td>
<td><strong>11.1%</strong></td>
</tr>
</tbody>
</table>
Sickness Absence Rate (3.1% YTD)

YTD, a total of 26239 hours (3500 days) was lost due to sickness absence, representing 3.1% of the available workforce. Over 59% of sickness was attributed to long term conditions with the highest rates being within the Scottish Health Council (5.1%), QAD (4.7%) and Finance & Corporate Services (3.9%).

Consistent with previous periods (based on the total hours lost) the main reason for sickness absence remains ‘Anxiety/stress/depression/psychiatric illnesses’ related with 7131 hours (950 days) lost and affected 56 staff members YTD (other reasons are shown below). Work is continuing to encourage managers to correctly categorise sickness absence and reduce those recorded as ‘Unknown/Other known causes’.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Rate %</th>
<th>Sickness Absence</th>
<th>Hours Lost</th>
<th>Instances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Long Term</td>
<td>Short Term</td>
<td></td>
</tr>
<tr>
<td>Chief Executives Office (Dir)</td>
<td>1.6</td>
<td>227.8</td>
<td>363.5</td>
<td>591.3</td>
</tr>
<tr>
<td>Evidence Directorate (Dir)</td>
<td>2.6</td>
<td>2763.0</td>
<td>1259.6</td>
<td>4022.6</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services (Dir)</td>
<td>3.9</td>
<td>1196.6</td>
<td>1461.0</td>
<td>2657.6</td>
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<td>Improvement Support &amp; ihub (Dir)</td>
<td>2.2</td>
<td>3033.7</td>
<td>2324.6</td>
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<td>Quality Assurance Directorate (Dir)</td>
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<td>15524.3</td>
<td>10714.9</td>
<td>26239.1</td>
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</table>
Vacancy Position YTD

Since the 1st April 2019, there have been 303 requests gone through the eRAF system for all types of approvals as shown below. 126 of these were reported to be directly related to recruitment (incl. covering leavers/internal moves/secondments/sickness etc). Improvement Support & ihub submitted the most eRAFs (40), followed by QAD (30) and Evidence (25). The average time taken to approve an RAF this period was 12.7 days.

<table>
<thead>
<tr>
<th>Time taken to Approve eRAFs</th>
<th>Minimum</th>
<th>Average</th>
<th>Maximum</th>
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<tr>
<td></td>
<td>0.0 days</td>
<td>12.7 days</td>
<td>104 days</td>
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Recruitment related eRAFs submitted by Directorate

<table>
<thead>
<tr>
<th></th>
<th>Chief Executive</th>
<th>Evidence</th>
<th>Finance &amp; Corporate Support</th>
<th>Improvement Support &amp; ihub</th>
<th>NMAHP</th>
<th>QAD</th>
<th>SHC</th>
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<tr>
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<td>39</td>
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<tr>
<td>Approved with Unit Head</td>
<td>23</td>
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<td>11</td>
<td>39</td>
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<td><strong>Grand Total</strong></td>
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<td><strong>25</strong></td>
<td><strong>11</strong></td>
<td><strong>40</strong></td>
<td><strong>6</strong></td>
<td><strong>30</strong></td>
<td><strong>12</strong></td>
<td><strong>126</strong></td>
</tr>
</tbody>
</table>

Source: eRAF

Vacancy Pipeline by Job Title/Stage

Since the start of the financial year, around half of all recruitment RAFs (as detailed above) progressing through authorisation have been project related – including Programme Manager, Project Officer & Administrative Officer roles with others shown below.
<table>
<thead>
<tr>
<th>Post Title</th>
<th>Approved</th>
<th>Not Commenced</th>
<th>with Unit Head</th>
<th>Grand Total</th>
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</thead>
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<tr>
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<tr>
<td>Administrative Officer</td>
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<tr>
<td>Area Manager</td>
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<tr>
<td>Assistant Programme Advisor</td>
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<tr>
<td>Associate Improvement Advisor</td>
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<td></td>
<td>6</td>
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<tr>
<td>Communications Manager</td>
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<tr>
<td>Communications Officer</td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>Data &amp; Measurement Advisor</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Database Development Manager</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>Deputy Senior Medical Reviewer</td>
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<td></td>
</tr>
<tr>
<td>Equality and Diversity Adviser</td>
<td>1</td>
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</tr>
<tr>
<td>Finance Manager</td>
<td>1</td>
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<tr>
<td>Finance Officer</td>
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<tr>
<td>Head of Engagement &amp; Equalities Policy</td>
<td>1</td>
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<tr>
<td>Head of Engagement Programmes</td>
<td>1</td>
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<td></td>
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<tr>
<td>Head of Nursing and Midwifery</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>Head of Organisational Development &amp; Learning</td>
<td>1</td>
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<tr>
<td>Head of Service Review</td>
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<td>2</td>
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<tr>
<td>health economist</td>
<td>2</td>
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<tr>
<td>Health Service Researcher</td>
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<tr>
<td>HR Information Officer</td>
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<td></td>
</tr>
<tr>
<td>ICT Support Analyst</td>
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<td></td>
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<tr>
<td>Improvement Advisor</td>
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<td></td>
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<tr>
<td>INSPECTOR</td>
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<td>2</td>
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<tr>
<td>Knowledge and Information Skills Specialist</td>
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<tr>
<td>Local Officer</td>
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<td></td>
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<tr>
<td>Management Accountant</td>
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<td></td>
<td>1</td>
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<tr>
<td>Medical Reviewer</td>
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<tr>
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<tr>
<td>National Clinical Lead</td>
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<tr>
<td>National Professional Lead for Social Services</td>
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<tr>
<td>New Drugs Committee Chair</td>
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<td></td>
<td>1</td>
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</tr>
<tr>
<td>New Drugs Committee Vice Chair</td>
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<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Operations Manager</td>
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<tr>
<td>PA to Director</td>
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<tr>
<td>Personal Assistant</td>
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<tr>
<td>Pharmaceutical Analyst</td>
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<tr>
<td>Principal Health Economist</td>
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<tr>
<td>Programme Advisor</td>
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<td>Programme Assistant</td>
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<td>1</td>
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<td>Programme Manager</td>
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<tr>
<td>Senior Health Economist</td>
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<td>Senior Project Officer</td>
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<td>Senior Reviewer</td>
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<tr>
<td>Senoir ICT Support Analyst</td>
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<tr>
<td>SHC Committee Member</td>
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<tr>
<td>SMC Chair / Co-Vice Chair</td>
<td>2</td>
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<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>123</strong></td>
<td><strong>1</strong></td>
<td>2</td>
<td><strong>126</strong></td>
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</table>
## Section 8. Operational Plan Risk Register (at 12 March) (Very High 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>Current Risk Level</th>
</tr>
</thead>
</table>
| Operational    | Death Certification Review Service      | 932     | Sandra McDougall       | There is a risk that the current IT Infrastructure provided by NHS24 to support the work of DCRS will no longer be available because NHS24’s planned technology refresh may not include continued support to the service resulting in the service being unable to carry out MCCD reviews and/or having to relocated DCRS staff to new sites where the IT infrastructure can be supported. | Plan developed to explore feasibility of hosting DCRS IT in house, including costs of moving current IT database to new site or cloud based system and costs associated with relocation of staff. | Exploring with HIS IT options to • host DCRS IT in-house via a cloud based system on a subscription basis • support DCRS hardware requirements Exploring with HIS Estates manager options for DCRS Cardonald staff to be located with HIS Glasgow staff NHS24 have extended support for all IT applications for 12 months to 31 October 2020. | 6/2 - eCMS provider Provident working with NSS to establish costs for cloud based IT solution. MW liaising with NHS24 around IT extensions support/security. | Very High - 20  
Impact - 5  
Likelihood - 4 |
<p>| Operational    | Death Certification Review Service      | 933     | Sandra McDougall       | There is a risk that the planned relocation of NHS24 staff from the Golden Jubilee and the NHS24 IT technology refresh highlighted in risk                                                                                                                                                                                                                                                                                                                                                       | Plan developed to explore feasibility of DCRS moving to work from HIS main offices in Glasgow and Edinburgh or exploring options for both DCRS | Exploring with HIS IT the feasibility of hosting DCRS IT infrastructure in house and exploring options for both DCRS AH participating in the Delta House relocation group and plan being developed for staff currently working at Norseman house/Dundee | |</p>
<table>
<thead>
<tr>
<th>Operational Regulation of Independent Healthcare</th>
<th>969 Ann Gow</th>
<th>932 will impact on the current accommodation arrangements DCRS have with NHS24 resulting in staff who currently work in Cardonald (Glasgow) Norseman (Queensferry, Kings Cross (Dundee)) and Aberdeen requiring to be relocated.</th>
<th>from Scottish Health Council Offices in Dundee and Aberdeen.</th>
<th>Cardonald staff to be relocate to HIS Delta House or any new accommodation being secured by HIS and DCRS staff in the other sites relocating to HIS Edinburgh should the IT be able to be supported in house and for staff in Dundee and Aberdeen to work from SHC sites.</th>
<th>to move to Gyle Square and Aberdeen staff to relocate with Aberdeen SHC site.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that Healthcare Improvement Scotland will be unable to take credit card fee payments by independent healthcare services from 1 April 2020 because of information governance concerns resulting in damage to our reputation and continued bad debt in this workstream.</td>
<td>The appropriate Information Governance documentation is being completed. Working closely with information governance colleagues, NSS (who are currently using World Pay).</td>
<td>Continuing to work with information governance colleagues and IT to progress this matter urgently.</td>
<td>We had previously been told by IT that adding the World Pay bridging software to our website would be straightforward. However, we were then advised by Comms that the website was not secure enough for this software, so we have now had to explore other options with the support of information governance and IT colleagues.</td>
<td>Meeting with Royal Bank of Scotland to progressing taking payments via mobile telephones rather than using the HIS website.</td>
<td>Very High - 20 Impact - 5 Likelihood - 4</td>
</tr>
<tr>
<td>Operational Regulation of Independent Healthcare</td>
<td>945</td>
<td>Ann Gow</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------</td>
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<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a risk of Healthcare Improvement Scotland not being able to robustly regulate independent healthcare services because of the issues with the electronic customer relationship management system (CRM) that we use requiring considerable updates to support its ongoing use resulting in a loss in functionality and potential issues with accessing the system.</td>
<td>Concerns raised with Head of IT, HIS Software Developer and Head of Planning individually and through the IHC Short Life Working Group. In addition, issues with the current system raised regularly with HIS software developer. Some issues are able to be solved, but we have been informed that some cannot be solved or functionality developed further until the system is upgraded.</td>
<td>Concerns raised with Head of IT, Software Developer and Head of Planning individually and through the IHC Short Life Working Group. Discussion regarding the upgrade to CRM has to be taken as an organisation due to the costs involved and implications for various parts of the organisation.</td>
<td>Concern is raised currently in relation to this risk, as the software developer in HIS who developed the IHC CRM system and knows how it works is retiring in March 2020. In addition, the external software company who have worked with the HIS software developer and know the system have their contract with HIS ending in March 2020. Work is ongoing to ensure software development cover.</td>
<td></td>
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</tr>
</tbody>
</table>

We are experiencing continued problems with the CRM in terms of issues that seem to be appearing due to the age of the system. We remain concerned that a CRM update is urgently required to allow us to work effectively.

<table>
<thead>
<tr>
<th>Workforce SPSP Maternity and Children</th>
<th>953</th>
<th>Ruth Glassborow</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk of the MCQIC programme not being delivered because of staffing changes (3 vacancies: 1 x IA, 1 x AIA, 1xPO) in the team resulting in lack of capacity and RAFs have been approved for the IA (fixed term till Oct 20) and AIA (permanent) posts. A RAF is being generated for the PO post(permanent).</td>
<td>1) IA post: Given the fixed term nature of this post there is exploration of how best to assign capacity from exiting ihub IA staff. Proceeding to advert and recruitment</td>
<td>March 2020 Update: 1) The existing IA maintains oversight of MCQIC programme whilst seconded to portfolio lead post in LWiC. 2) Unsuccessful recruitment to AIA post.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>4</td>
</tr>
</tbody>
</table>
| Resource to deliver programme aims. | A review of current workload and identification of priorities has occurred to match capacity with demand. | On hold until this can be identified.  
2) Recruitment for the AIA post is underway - going to advert and that schedule is being mapped.  
3) Board engagement and required support at local level is being interrogated so we can prioritise where to allocate existing reduced staffing resources.  
3) Unsuccessful PO recruitment. I interviewing reserves from previous ihub PO recruitment scheduled  
4) Awaiting ihub structure plans before allocating LWiC staff to MCQIC | Reviewing ad and scope to optimise further recruitment. Have identified some short term AIA support from LWiC team.  
3) Unsuccessful PO recruitment. Interviewing reserves from previous ihub PO recruitment scheduled  
4) Awaiting ihub structure plans before allocating LWiC staff to MCQIC |
SUBJECT: Risk Management

1. Purpose of the report
To provide the Board with the information to enable them to review the strategic risk register.

2. Key Points

a) The risk reporting system (Compass) has been created to support the Risk Management Strategy and to enable review of risk across the organisation. It has been fully updated to reflect the revised Risk Management Strategy approved by the Board at its meeting on 25 September 2019.

b) The Board is asked to review all of the strategic risks (Appendix 1) as at 9 March 2020. These risks were also reviewed by the Audit and Risk Committee at its meeting on 18 March 2020.

c) The Board is asked to note that the Internal Audit report from the audit of risk management arrangements within HIS has been finalised and was discussed by the Audit and Risk Committee at its meeting on 18 March 2020. A Risk Oversight Group, led by the Audit and Risk Committee Vice Chair, has already been formed to consider recommendations within the report. Further detail will be provided to the Board as the work develops.

d) At both the Audit and Risk Committee meeting and the Board meeting on 18 March 2020, it was agreed that a new strategic risk should be raised in relation to the COVID-19 pandemic. There will be a discussion about the wording of this risk at the Board meeting on 25 March 2020.

e) The movement schedule at Appendix 2 shows the changes in strategic risks since the previous Board meeting in December 2019.

f) A grid showing the risk appetite and scoring is attached for reference at Appendix 3.

g) The Board’s role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance as follows:
   - Agree the organisation’s risk appetite.
   - Approve risk management strategies and ensure they are communicated to the organisation’s staff.
   - Identify current and future corporate, clinical, legislative, financial and reputational risks.
   - Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

3. Actions/Recommendations
The Committee are asked to review the attached papers to:
   - Assure themselves that the risks presented are recorded and mitigated appropriately.
   - To identify and agree any new risks that ought to be raised.
   - To identify any opportunities that arise from the risk reports presented.
   - Consider the wording for the new strategic risk related to the COVID-19 pandemic.
Appendices:
1. Strategic Risk Report
2. Movement Schedule
3. Risk appetite definition

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, Margaret.waterston@nhs.net, 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.

The risk register underpins delivery of the organisation’s strategy including these 5 priorities. Discussion of the risk register and its impact on delivery of the organisation’s plan is a key part of the assurance arrangements of the organisation and in identifying opportunities.

Resource Implications

The implementation, management and training of risk is being conducted on a team basis and forms part of management responsibilities. There are no additional resource requirements.

What engagement has been used to inform the work.

The risk register is an internal governance system, which does not require external engagement.

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps reduce health inequalities;
- helps people who are service users;
- makes efficient use of resources.

There are no specific equality and diversity issues as a result of this paper.
### Appendix 1 - Strategic Risks (as at 9 March, 2020)

<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 Last Reviewed by Committee</th>
<th>Current Risk Level</th>
<th>Feb - 2020</th>
<th>Jan - 2020</th>
<th>Dec - 2019</th>
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</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Business Intelligence Strategy</td>
<td>908</td>
<td>Safia Qureshi</td>
<td>There is a risk that HIS doesn't have a system for systematically reviewing the quality of key national metrics/indicators (eg access, harm) which could mean that our quality assurance and quality improvement work is not sufficiently informed. This could result in the potential to miss the early signs of a serious service failure.</td>
<td>Data comes from established sources and is quality assured. Indicator review group reviews and signs off. Escalation options encompass the responding to concerns process, the role of SIHCQ and access to national data and our MOUs with other organisations.</td>
<td>Key metrics selected will be reviewed during the first year of reviewing them ending April 2020. The analysis will be shared at the internal sharing meetings, with the Quality of Care organisational reviews and the emerging concerns team.</td>
<td>Three meetings to consider patterns in key metrics for all NHS boards have taken place with colleagues from NSS Information Services Division. The metrics were considered to be fit for purpose although the group will review during the transition year up to March 2020, including whether community care is sufficiently represented. DMBI intend to keep this risk open until our transition year is complete.</td>
<td>Audit &amp; Risk, 18/3/20</td>
<td>Low - 6 Impact - 2 Likelihood</td>
<td>Low - 6</td>
<td>Low - 6</td>
<td>Low - 6</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Community Engagement and Improvement Support</td>
<td>956</td>
<td>Lynsey Cleland</td>
<td>On behalf of the Scottish Government, the Scottish Health Council is gathering views from people with lived experience of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Given the complex nature of the condition and high profile of this work, there is a risk that our process and conclusions are either challenged (for example by the media or patient representative groups), or there is perceived to be an unmet need in relation to patient expectation. This would result in a reputation risk to our role and purpose of the project.</td>
<td>Agreed template issued to all 14 local offices taking part in the work, together with background information and definitions relating to ME/CFS. Links to the work of NICE have been shared as well as background information about where this work has originated ie through the Petitions Committee. ME representative groups will get in touch to support the Scottish Health Council’s work and support staff conducting the gathering views activities.</td>
<td>Working with Scottish Government policy leads to ensure there is a clear and jointly shared understanding of the purpose of the Gathering Views work and the respective roles and responsibilities as well as to increase understanding of issues out with the scope of the work. Gathering Views template has been completed and agreed alongside questions for use in the discussion groups - these have been shared with representative groups and they are supportive of the approach. Representative Groups to be kept informed so they are on board with the process. Involvement of Healthcare Improvement Scotland Communications Team will ensure any press attention to the work can be responded to. Developing lines of communication with Scottish Government.</td>
<td>Gathering views exercise is ongoing but will end on 24 March. Publication was planned for May but will be under review. No change in the level of risk.</td>
<td>Audit &amp; Risk, 18/3/20</td>
<td>Medium - 9 Impact - 3 Likelihood</td>
<td>- 0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial / Value for Money</td>
<td>Finance Strategy</td>
<td>635 Margaret Waterston</td>
<td>There is a risk of not meeting our delivery commitments because of changing and competing priorities around our workplan due to the significant amounts of additional short term financial allocations resulting in difficulties in managing a 12 month budget in accordance with Scottish Government guidelines. Regular Management Accounts information prepared with the support of budget holders. Sharper focus during 2019-20 on initial budget phasing leading to monthly forecasting based on interpretation of monthly spend patterns, commitments raised and understanding of changes to workplan. Monthly information will be a mix of narrative and graphical to assist with understanding. Mid Year review highlighted potential risk areas. Training for all new budget holders and refresher training for all existing budget holders. Timeous financial information to be available for ET to consider. Financial position to be a regular item on DMT agenda. Management Accountants to attend DMT meetings. Budgeting for 2020-23 is reaching a conclusion. There has been some movement around baseline funds from additional allocations but less than had been anticipated. This is part of the workforce plan and the management of fixed term appointments to align with short term funding.</td>
<td>Audit &amp; Risk, 18/3/20</td>
<td>High - 15 Impact - 5 Likelihood - 3</td>
<td>Medium - 10</td>
<td>Medium - 10</td>
<td>Medium - 10</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Reputational / Credibility</td>
<td>ICT Strategy</td>
<td>923 Margaret Waterston</td>
<td>There is a risk that our ICT systems could be disabled because of a cyber security attack resulting in staff being unable to deliver our work and causing reputational damage. Controls that are in place include: no direct connection to the internet and two Dell Sonicwall firewalls between the Swan network (external) and HIS network (internal) blocking incoming and outgoing traffic. These provide the following safeguards: block network attacks, intruder prevention and gateway anti-spyware anti-virus. Network traffic is segregated with VLans and Sophos filters website traffic by blocking or allowing websites or categories. Sophos Anti-Virus has been deployed across domain which includes malware detection and blocks the latest threats, including ransomware, exploit-based attacks, and server-specific malware. We proactively search for issues, understand how attacks take place. Sophos sandstorm provides the organization with an extra layer of security against ransomware and targeted attacks. Healthcare Causing reputational damage. unable to deliver attack resulting in staff being because of a cyber security systems could be disabled. There is a risk that our ICT managing a 12 month budget in resulting in difficulties in term financial allocations amounts of additional short workplan due to the significant competing priorities around our delivery commitments. There is a risk of not meeting</td>
<td>Audit &amp; Risk, 18/3/20</td>
<td>Medium - 12 Impact - 4 Likelihood - 3</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
<td>Medium - 12</td>
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</tbody>
</table>
### Operational / Credibility

| Information Governance Strategy | Safa Qureshi | There is a risk of reputational damage through failure to demonstrate compliance with the General Data Protection Regulation resulting in reduced stakeholder confidence in the organisation. | Ongoing monitoring and advice | An audit tool is in testing with one department with feedback due to be shared at the April IG meeting. GDPR training for IG group reps being delivered on 10th March. Ongoing advice provision is in progress across a number of work streams. | Audit & Risk, 18/3/20 | Medium - 9 | Medium - 9 | Medium - 9 | Medium - 9 |

### Operational

| Making Care Better Strategy 2017-2022 | Robbie Pearson | There is a risk that we are not committing sufficient time to delivering existing programmes of work because of the level of requests from Scottish Government to scope and design new programmes of work resulting in a failure to deliver within the operational plan. | * Operating Framework | Further development of the new commissions process to include requirement for the lead officer in Scottish Government to confirm what funding is available before scoping work is started. * Development of capacity planning approaches to include explicitly identifying time for scoping and designing new programmes of work. * Where requests for scoping/designing new programmes exceed available capacity agree with SG lead and sponsor approach to take forward including, where appropriate, additional resources to support the scoping and design stages. Internal improvement oversight board and its programmes will consider options in the process improvement and people work streams to better balance existing and emerging planning of work. | The Operating Framework between our organisation and Scottish Government is a key mechanism for managing the demands on the organisation. The implementation of the Operating Framework with Scottish Government is being monitored, and there is growing recognition of the importance of its consistent application within Healthcare Improvement Scotland and across policy branches of Scottish Government. In addition, the Scottish Government health and social care directorates policy forum is proving a useful arena for ensuring a more connected and coherent approach to managing the multitude of ‘asks’ on the organisation. | Audit & Risk, 18/3/20 | High - 16 | High - 16 | High - 16 | High - 16 |

### Operational

<p>| Making Care Better Strategy 2017-2022 | Margaret Waterston | There is a risk that the lease for Delta House Glasgow, will expire in March 2021 before we have made alternative arrangements due to the expectations of the Shared Services Estates planning work that is in its early stages resulting in short term arrangements that may be costly and which may not suit the needs of our workforce. | A working group has been established to review options advised by a commissioned property specialist (Avison Young). Visits to potential sites will take place to assess suitability against specific criteria. Meetings have taken place with SG chief | An options appraisal has been conducted to arrive at 2 options and these have been approved in principle by the Board. Heads of terms are being agreed to remain at Delta House subject to the landlord upgrading the M&amp;E fabric of the building (air conditioning/ventilation/heating etc). Good progress is being made on scoping/designing new programmes to meet the lead officer in Scottish Government. | Discussions are taking place between national boards, particularly NHS24 and NES who also have lease expiry during 2021/2022 to understand potential options. Avison Young have been commissioned to research potential options for HIS. Contacts have been made with Scottish Government surveyors who are guiding us through the process and capital investment protocols. An options appraisal will be prepared for | Audit &amp; Risk, 18/3/20 | High - 15 | High - 15 | High - 15 | High - 15 |</p>
<table>
<thead>
<tr>
<th>Reputational / Credibility</th>
<th>Place Home &amp; Housing</th>
<th>960 Ruth Glassbow</th>
<th>There is a risk that the Place Home and Housing Portfolio is unable to demonstrate impact because of complex system factors including lack of cross sector planning and different policy imperatives which inhibit capacity in health and housing to fully understand and engage in improvement work resulting in limited willingness and motivation to participate in our improvement activities to design and deliver whole system improvement responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>All improvement activities have a defined dissemination plan as part of their PID ensuring evaluations are written in plain English.</td>
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<tr>
<td>We engage EEvIT and the Evidence Director to advise and support development of robust evaluation plans.</td>
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<tr>
<td>We continue to raise the profile that Housing is a social determinant of health across our communications plan.</td>
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<tr>
<td>We develop robust relationships across Housing, Health and Social care by sustaining a relationship matrix and categorising our main stakeholders.</td>
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<tr>
<td>We actively invite a cross section of Government and service providers onto our Housing Advisory Group.</td>
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<tr>
<td>We support Housing to understand the health system by acting as a broker to engagement with a broad range of QI programmes and activities across iHub and beyond.</td>
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<tr>
<td>Take the lead in working alongside ISD to design and deliver a national data set in relation to housing and health.</td>
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<tr>
<td>Ensure visibility of our work across organisational documents published for external audiences.</td>
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<tr>
<td>We encourage blogs from well-connected</td>
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<tr>
<td>Our comms plan measures engagement across social media, if this risk is realised we will seek to adjust our active engagement for that audience.</td>
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<tr>
<td>Ensure our sponsor division is alive to this risk through regular coms with SMT/PL.</td>
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</tr>
<tr>
<td>The portfolio continues to engage with key stakeholders in health and housing to raise awareness and seek opportunities for health and housing to work together. A range of approaches are being used to facilitate engagement and collaborative working including round tables and sharing of data and information to inform the portfolios work plan and potential future commissions.</td>
<td></td>
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</tr>
</tbody>
</table>

| Audit & Risk, 18/3/20 | Medium - 9 | Medium - 9 | - | - |
| Operational QAD wider directorate risks | 929 Robbie Pearson | There is a risk of disruption to the activities of the quality assurance directorate arising from changes in the leadership arrangements which will impact delivery of work. | Actions agreed by the Executive Remuneration Committee to establish interim leadership arrangements in house capacity. External Recruitment. Workplan known. Sandra McDougall will assume the role of Interim Director of Quality Assurance. Ann Gow will assume leadership responsibility on an interim basis for inspections and regulatory activity. Alongside this, strengthening of leadership arrangements will take place including the appointment of an Interim Chief Inspector. An interim leadership structure is in place. Professor Donna O’Boyle (Professional Regulatory Adviser at Scottish Government) is providing additional leadership support on a part time basis to finalise the review of Independent healthcare and to review the use of the capacity planner and matrix working for deploying staff. Further consideration is being given to the future leadership arrangements for the directorate, and any further proposals will be developed in partnership with staff. | Audit & Risk, 18/3/20 | High - 15 Impact - 5 Likelihood - 3 |

| Reputational / Credibility Quality of Care Reviews | 899 Sandra McDougall | There is a risk that the HIS QoC approach and methodology cannot be appropriately applied to the diversity/complexity of larger NHS organisations which could result in reviews that are not sufficiently robust impacting negatively upon the reputation of the organization and undermining interdependencies across HIS. | A review process is underway will identify any changes required to the methodology. Short-life governance group has been established and will report its findings and recommendations to the Quality & Performance Committee. Internal audit is providing advice and assurance in relation to the development of Standard Operating Procedures which underpin the Quality of Care Approach. An external review of Ayrshire and Arran process has identified lessons to be learnt. Experience of the test organisational reviews is being considered along with wider experience in applying the Quality of Care Approach in the context of other work programmes in the Quality Assurance Directorate. Non Executive Directors and Public Partners are members of the short-life governance group which is reviewing experience to date and reporting progress to the Quality & Performance Committee. Reports have now been published in respect of the test reviews in Orkney (August 2018) and the Golden Jubilee National Hospital (October 2019). It was decided not to publish a report of the Ayrshire & Arran test review, in light of issues identified in relation to the process, the comprehensiveness of the evidence considered and conclusions which could be reached. It is evident that the scale and complexity of undertaking an organisational level review in a more complex territorial board would require a different approach and greater level of resource. Initial conclusions suggest that more targeted intelligence-led, risk-based reviews, to complement our broader inspection and review programmes, would be a better use of resource on balance than a rolling programme of organisational reviews, particularly in light of the work now being undertaken by the Sharing Intelligence for Health and Care Group. An update has been provided to Scottish Government. | Audit & Risk, 18/3/20 | High - 16 Impact - 4 Likelihood - 4 |
Reputational / Credibility

Regulation of Independent Healthcare

890 Ann Gow

There is a risk that HIS may not be able to pursue enforcement of unregistered independent healthcare services because of a lack capacity resulting in both reputational risk to HIS and a potential public safety risk.

We have enforcement policies and procedures for unregistered services. In addition, we have a list of services who have told us they do not require to register with us and a list of services we have had no response.

We had produced a business case for an additional 0.8 WTE band 7 Programme Manager to undertake this work along with other pieces of work. Without this additional post, we will be unable to pursue these services.

We believe there are currently at least 29 unregistered services that require to be registered and a number of unregistered training providers using live models that make them providers of an independent healthcare service.

Executive Team agreed to IHC recruiting a 1.0 Programme Manager and a 1.0 Inspector and two additional fixed term inspectors to assist with work. The Programme Manager has returned from on maternity leave on 8 January 2020 and freeing up the time of the other programme manager to follow up unregistered services. The new inspectors are working to get to a point where they can assist. One fixed term inspector post is being re-advertised as we were unable to fill it previously and we will interview next month.

Discussions have taken place in the SLWG and are now with DMT regarding team composition and how staff are deployed with consideration being given to having a focused IHC team.

Audit & Risk, 18/3/20

Medium - 12 Impact - 4 Likelihood - 3

Medium - 12 High - 16 High - 16

Operational Workforce Strategy

634 Sybil Canavan

There is a risk that we may not have the right skills at the right time to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.

Workforce Plan agreed for 2019-22 Workforce plan provides detail on current and planned service arrangements within the organisation and includes a detailed action plan describing necessary actions to be implemented in 2019 & 2020 and are underway.

Detailed action plan describing high and medium priority activity during 2019/10 which is underway. Activity and progress monitored quarterly via Staff Governance Committee. Further scrutiny and service focus will also take place through the ‘People’ workstream of the internal improvement programme which will focus on actions outstanding and also updating of plan on an ongoing basis.

The Workforce Plan 2019-2022 includes mitigating actions for this risk. It includes better workforce planning regarding succession planning and hard to find skills. It also includes a move to better cross organisational working and capacity planning around generic posts. These actions are being led and implemented by the Director of Workforce. The risk assessment for this area has recently been increased to reflect the acknowledged issue of short term funding for commissioned work which in turn has an impact on some areas of recruitment to specialist or senior roles where we are unable to offer permanent appointments to posts.

Audit & Risk, 18/3/20

High - 15 Impact - 5 Likelihood - 3

High - 15 High - 15 Very High - 20
## Strategic Risks

### New risks on the report since December

<table>
<thead>
<tr>
<th>Risk #</th>
<th>Category</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>956</td>
<td>Community Engagement and Improvement Support</td>
<td>On behalf of the Scottish Government, the Scottish Health Council is gathering views from people with lived experience of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Given the complex nature of the condition and high profile of this work, there is a risk that our process and conclusions are either challenged (for example by the media or patient representative groups), or there is perceived to be an unmet need in relation to patient expectation. This would result in a reputation risk to our role and purpose of the project.</td>
<td>New risk raised on Compass</td>
</tr>
<tr>
<td>960</td>
<td>Place Home &amp; Housing</td>
<td>There is a risk that the Place Home and Housing Portfolio is unable to demonstrate impact because of complex system factors including lack of cross sector planning and different policy imperatives which inhibit capacity in health and housing to fully understand and engage in improvement work resulting in limited willingness and motivation to participate in our improvement activities to design and deliver whole system improvement responses.</td>
<td>New risk raised on Compass</td>
</tr>
</tbody>
</table>

### Risks that have left the report since December

<table>
<thead>
<tr>
<th>Risk #</th>
<th>Category</th>
<th>Description</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>930</td>
<td>Management of Adverse Events</td>
<td>There is a risk that the new national notification system for Category I adverse events and associated arrangements will not be fully and/or effectively delivered from the end of 2019: because of the volume and range of work required to design and implement this, with stakeholder engagement, and within a challenging timescale; resulting in inability to deliver on the Cabinet Secretary’s expectations and to address variation in practice by NHS Boards.</td>
<td>Risk closed – superceded by risk 957 (operational plan risk, rated medium)</td>
</tr>
</tbody>
</table>
Risk appetite definition

The risk appetite of the organisation is set by the Board and is the amount of risk that we are prepared to take, tolerate or be exposed to at any point in time. A range of appetites exist for different risks and these are regularly reviewed.

The current risk appetite categories are:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial/value for money</td>
<td>• risks which impact on financial and operational performance (including damage / loss / fraud).</td>
</tr>
<tr>
<td>Operational</td>
<td>• risks which impact on the ability to meet project/programmes objectives (including eg impact on patient care)</td>
</tr>
<tr>
<td></td>
<td>• risks which could impact on the availability of business systems and therefore the organisation’s ability to perform key functions (technological)</td>
</tr>
<tr>
<td>Reputational/Credibility</td>
<td>• risks which have an impact on the reputation/credibility of the organisation.</td>
</tr>
<tr>
<td></td>
<td>• could also include uncertainties caused by changes in health policy and government priorities.</td>
</tr>
<tr>
<td>Workforce</td>
<td>• risks which impact on the implementation of staff governance</td>
</tr>
<tr>
<td></td>
<td>• employee relations issues</td>
</tr>
<tr>
<td></td>
<td>• risks relating to staffing capability and capacity; issues of retaining, recruiting and developing staff with the required skills</td>
</tr>
<tr>
<td></td>
<td>• risks which lead to incidents or adverse events that could cause injury</td>
</tr>
</tbody>
</table>

The Board considers its risk appetite against these categories of risk. The current risk appetite, by risk category, has been agreed by the Board of Healthcare Improvement Scotland (21 August 2019), as follows:

<table>
<thead>
<tr>
<th>Risk Appetite Classification</th>
<th>Description</th>
<th>Category of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of benefit</td>
<td>Operational</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reputational/Credibility</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 benefit.</td>
<td>Financial/value for money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workforce</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 benefit.</td>
<td>No categories are currently assigned this appetite</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>20-25 – Very High</td>
<td>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</td>
<td>16-25 – Very High</td>
</tr>
<tr>
<td>13-19 – High</td>
<td>Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</td>
<td>11-15 – High</td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>Acceptable level of risk exposure subject to regular active risk monitoring measures</td>
<td>6-10 – Medium</td>
</tr>
<tr>
<td>1 – 7 - Low</td>
<td>Acceptable level of risk exposure on the basis of normal operation of controls in place.</td>
<td>1 – 5 - Low</td>
</tr>
</tbody>
</table>

**Net Risk Assessment**

- **OPEN**
  - 5 – 10
  - 15
  - 20
  - 25
- **CAUTIOUS**
  - 5 – 10
  - 15
  - 20
  - 25
- **MINIMALIST**
  - 5 – 10
  - 15
  - 20
  - 25
SUBJECT: Succession Planning Committee

1. Purpose of the report
To provide details to the Board of a new Succession Planning Committee and seek approval for the Committee’s terms of reference and outline membership.

2. Key Points
   a) In the last 18 months, the HIS Board has seen significant change as several Non-Executive Directors reached the end of their terms and new members were appointed. At these times, it is critical that we have a clear understanding of what skills we require on our Board to enable it to be effective and what gaps in skills there might be. We must also ensure that the Board is equipped to deliver the role set out for it in the NHS Scotland Blueprint for Good Governance. Alongside this, recent recruitment rounds in NHS Boards have highlighted that there are challenges in identifying suitable candidates for NHS Board Chair and Non-executive Director appointments.
   b) It is proposed that a Succession Planning Committee is set up within HIS to address some of these challenges. The proposed terms of reference for the Committee are attached at Appendix 1 and set out a role which includes leading the process for Non-Executive Board appointments and reviewing the skills, knowledge, diversity and expertise of current Board Members in line with the Blueprint. Over time, it is hoped that the Committee will influence the Scottish Government’s approach to Public Appointments to ensure better outcomes for recruitment and more diverse and effective Boards.
   c) The terms of reference also include an outline of the proposed membership of the Committee and suggested additional attendees. To date, Suzanne Dawson, Chair of the Scottish Health Council, has accepted the invitation from the HIS Chair to join the Committee as the second Non-Executive member. Invitations to join and contribute to Committee meetings have also been accepted by representatives from the Corporate Governance Office, the Communications Team, Organisational Development and Learning, and the Scottish Health Council. The latter will ensure that equality and diversity matters are central to the operation of the Committee and that the work can be extended to the stakeholder members of the Scottish Health Council Committee.
   d) It is proposed that the first meeting of the Succession Planning Committee will be held in late Spring or early Summer 2020.

3. Actions/Recommendations
The Board is asked to:
   • Note the proposal to create a Succession Planning Committee.
   • Approve the draft terms of reference for that Committee for inclusion in the Code of Corporate Governance.
   • Endorse the outline membership set out in the terms of reference.

Appendix:
   1. Succession Planning Committee draft terms of reference.

If you have any questions about this paper please contact Carole Wilkinson, Chair, his.chair@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>no</td>
<td>no</td>
<td></td>
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</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.

An effective Board sets the organisation’s strategic direction and assures delivery of all its priorities.

Resource Implications

- The small amount of additional resource required to service the Committee will be absorbed by the Corporate Governance Office.
- The draft terms of reference have been provided to the Governance Committee Chairs.
- The Committee will support equality and diversity through its role in the processes around Board appointments.

What engagement has been used to inform the work.

- The draft terms of reference have been provided to the Governance Committee Chairs.

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources.
Appendix 1 – Succession Planning Committee, Draft Terms of Reference

1.1 Purpose

The role of the Succession Planning Committee is to:

- To lead the process for non-Executive Board appointments\(^1\), providing advice and recommendations to the Board

- To review and evaluate the skills, knowledge, diversity and expertise of current Board Members on an annual basis in line with the Blueprint for Good Governance.

- To work with and influence the Scottish Government approach to Public Appointments

1.2 Remit

The duties of the committee are as follows:

- To review and evaluate the skills, knowledge, diversity and experience of the Board, in order to identify gaps and recommend action to address these through future Board appointment processes.

- To advise on and influence the development of current Board members in support of short-term succession planning i.e. to enable them to take on other non-Executive leadership roles, such as Committee Chairs.

- To develop and agree a longer-term succession plan in response to the expertise required by the Board in the future and the needs of the organisation, for appending to the Workforce Plan.

- To consider and recommend different approaches to recruitment with the aim of (i) widening the applicant pool and (ii) achieving a diverse Board and (iii) addressing skills gaps.

This should include consideration of the role of stakeholders in the recruitment process and nurturing of a talent pool which allows those with no previous Board experience to develop the skills required to become a Board member.

- To keep the Board informed of the Committee’s work via an annual report.

- To ensure adherence at all times to the Code of Practice for Ministerial Appointments and policy and advice of the Public Appointments Commissioner’s Office.

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\(^1\) To note that the Executive Remuneration Committee is responsible for staff employed on Executive and senior management terms and conditions.
1.3 Membership

- To consist of the Chair and two Non-Executives. The Committee will be chaired by the HIS Chair.

- To invite up to two representatives from our stakeholders/public partners to sit on the Committee.

- To have scope to co-opt additional members with specialist knowledge or expertise if required including from the Scottish Government Public Appointments Unit and/or Sponsor Unit.

- Staff members from the Corporate Governance Office, Workforce, Organisational Development & Learning and Communications will attend as required. The expertise of the Scottish Health Council may also be sought in relation to areas such as stakeholder engagement, equality and diversity and hard-to-reach groups.

- To invite other Board Members and Executives to attend to provide advice or as part of their personal development.

1.4 Quorum

A quorum shall be at least two Non-Executive members.

1.5 Meetings

The Committee shall hold a minimum of two meetings a year.

1.6 Information requirements

When available / required, the following information will be provided to the Committee:

- updates from the Scottish Government Public Appointments Unit
- updates from the Standards Commissioner
- information summaries from public appointments rounds
SUBJECT: Scottish Health Council Committee Terms of Reference

1. Purpose of the report

To agree updated Terms of Reference for the Scottish Health Council Committee.

2. Key Points

Following the review of the Scottish Health Council Committee’s governance arrangements in early 2019, revised Committee Terms of Reference were approved by the Board in June 2019.

However, the revised Terms of Reference did not reflect the subsequent decision to change the Scottish Health Council’s operating name to Healthcare Improvement Scotland – Community Engagement from April 2020. The Committee’s Terms of Reference have been updated to reflect this change and are detailed in appendix 1.

3. Actions/Recommendations

The Board is asked to agree the revised Terms of Reference for the Scottish Health Council Committee.

Appendix 1 – Scottish Health Council Committee terms of reference

If you have any questions about this paper please contact:
Lynsey Cleland, Director of Community Engagement/ Chief Officer of the Scottish Health Council via lynsey.cleland@nhs.net
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
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<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (if all issues addressed and actions delivered to timescale. Currently on track)</td>
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</table>

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>The Scottish Health Council Committee is responsible for ensuring its work and the work of the Scottish Health Council supports corporate objectives.</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 Committee’s work is informed by engagement with a range of stakeholders.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work.</td>
<td>The Scottish Health Council Committee has a specific role in holding to account all HIS Directorates for performance in relation to Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee</td>
</tr>
</tbody>
</table>
Terms of Reference: Scottish Health Council Committee

1.0 Purpose

The Scottish Health Council operates as Healthcare Improvement Scotland – Community Engagement.

The Committee shall be responsible for oversight of the governance and assurance of the statutory duties of the Scottish Health Council as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:

- ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public
- ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)

The Committee will assure the Board that HIS is meeting its duties in respect of: (i) patient focus and public involvement\(^1\) (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

2.0 Remit

The duties of the Scottish Health Council Committee are:

- approval of Healthcare Improvement Scotland – Community Engagement strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans
- detailed scrutiny of performance against the workplan and delivery of outcomes
- the establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee
- approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services
- hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.

\(^1\) The term ‘community engagement’ may be used to signify the duties of patient and public involvement.
The Committee will manage any associated risks assigned to it. The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

3.0 Membership

The Chair of the Committee shall be the Chair of the Scottish Health Council as appointed by Scottish Ministers. There shall be up to eight other members of the Committee, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the Scottish Health Council, and up to six who shall be members of the public appointed by the Chair of the Scottish Health Council. Committee members can serve a maximum of two four-year terms. The Director of Community Engagement is expected to attend meetings.

The Healthcare Improvement Scotland Chair cannot be a member of the Committee but has the right to attend.

The Chair of the Scottish Health Council shall be a member of the Quality and Performance Committee.

A Vice-Chair will be appointed by the Chair, who will deputise for the Chair in their absence.

4.0 Quorum

Meetings of the Committee shall be quorate when at least 50% of members are present, including at least one HIS non-executive Board member.

For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

5.0 Meetings

The Committee will meet a minimum of four times a year. Meetings will be held at a place and time as determined by the Committee.

6.0 Information requirements

For each meeting the Scottish Health Council Committee will be provided with:

- Business Planning Schedule
- Operational Plan
- Risk register

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2 The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk.
As and when appropriate the Committee will also be provided with:

- Equality mainstreaming reports
- Corporate Parenting progress reports
SUBJECT: Governance Committee Chairs’ Meeting: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs’ meeting on 19 February 2020.

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

   a) Governance Committee Agendas
      The Chairs discussed how best to achieve an awareness amongst Board members of the work of the various Committees. It was agreed that Governance Committee agendas would be circulated to all Board members and they would be welcome to attend as an observer at Committees of which they are not a member.

   b) NHS Blueprint for Good Governance
      It was noted that there would be a further self-assessment for Boards against the Blueprint to ensure it was achieving the desired improvements in governance. In particular, to identify if the correct systems are in place to identify issues before they become a crisis.

   c) Quarterly Overview of Committee Business
      The Committee Chairs reviewed an overview of the Board and Committee business for the upcoming quarter. They noted that the Quality of Care approach was being discussed by several committees and that the Culture Survey results would be considered by the Board as well as the Staff Governance Committee. It was noted that further work is required to examine the relationship between the Scottish Health Council and the Quality and Performance Committees. The quarterly overview is attached as Appendix 1.

Carole Wilkinson
Chair, Governance Committee Chairs
Appendix 1 - Board and Committee Business Planning Schedule
2019-20 – Quarter 4/2020-21 Quarter 1

The following list brings together the substantive items currently included on the Board and Committee business planning schedules for January – June 2020 (excluding standing items).

It is intended that presenting the items in this way supports the Governance Committee Chairs in cross-checking items for duplication or identifying where items may be delegated from the Board to a Committee, or referred to other Committees. Governance Committee Chairs are also asked to suggest any gaps in terms of key issues they would expect to see covered over this period.

**Board (meeting 25 March, development 29 April, meeting 24 June)**

- Operational Plan 2020-21 with Financial Plan and Workforce Plan
- Strategic Planning (follow-on from October strategy event)
- Corporate Parenting
- Glasgow Accommodation
- Scottish Health Council change implementation
- Quality of Care Approach Short Life Governance Group

**Staff Governance Committee (4 March, 27 May)**

- Workforce Plan
- Workforce Equality Monitoring Report
- Allied Health Professional Revalidation
- Culture Survey
- Performance and Development Reviews
- Joint development session with Scottish Health Council Committee

**Audit and Risk Committee (18 March, 17 June)**

- Financial Planning
- Independent Healthcare
- Review of risk management

**Quality and Performance Committee (26 February, 13 May)**

- Quality of Care Reviews including short life governance group
- Responding to Concerns
- Operational Planning
Scottish Health Council Committee (27 February, 23 April)

- Strengthening Patient and Public Involvement in Primary Care
- Quality of Care Approach in Community Engagement
- Operational Planning
- Change Implementation
- Future of Participation Standard
- Joint development session with Staff Governance Committee

Executive Remuneration Committee (5 February, 3 June)

- Leadership Arrangements for the Quality Assurance Directorate
- Executive Level Appointments
- Executive Level Performance
- Senior management capacity and structure
MINUTES – Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at
12.30pm
28 November 2019
HIS Board Room, Gyle Square, Edinburgh

Present
John Glennie OBE Board Member (Committee Chair)
Gill Graham Board Member
Rhona Hotchkiss Board Member

Healthcare Improvement Scotland Officers
Robbie Pearson Chief Executive
Sybil Canavan Associate Director of Workforce
Belinda Robertson Deputy for Director of Improvement
Ann Gow Director of Nursing, Midwifery and Allied Health Professionals
Safia Qureshi Director of Evidence
Lynda Nicolson Interim Director of Communications

In Attendance
Kevin Freeman- Ferguson Head of Service Review (for item 4.1)
Tracy Birch Senior Inspector (for item 4.1)
Kate Brooks Grant Thornton
Karlyn Watt Deloitte
David Rhodes Head of Finance & Procurement
Pauline Symaniak Corporate Governance Manager

Committee Support
Emma Smith Minutes

Apologies
Kathleen Preston Board Member
Ruth Glassborow Director of Improvement
Maggie Waterston Director of Finance and Corporate Services
### WELCOME AND APOLOGIES FOR ABSENCE

1. All present were welcomed to the meeting.

   The Committee Chair extended best wishes for Kathleen Preston and Maggie Waterson during their current periods of absence.

   John Glennie declared an interest as a Non-executive Director of NHS24.

2. Apologies were noted as above.

### MINUTES OF PREVIOUS MEETING/ACTION REGISTER

1. **Minute of Audit and Risk Committee meeting on 4 September 2019**

   The minute was approved as an accurate record of the meeting with the exception of a correction to Karen Ritchie’s attendance – this was as a deputy for the director not as an acting director.

2. **Review of action point register of Audit and Risk Committee meeting on 4 September**

   The Committee reviewed the action point register and noted that all actions were complete.

   There were no matters arising.

### COMMITTEE GOVERNANCE

1. **Business Planning Schedule**

   The Committee reviewed the Business Planning Schedule.

   The Chair advised that this would be reviewed post development session.

   In response to question from the Committee, the Head of Finance and Procurement advised that the Procurement and Commercial Improvement Programme had been paused. He would advise of a revised timeline for it.

   The Committee were content with the Business Planning Schedule.

### CORPORATE GOVERNANCE

1. **Regulation of Independent Healthcare**

   Kevin Freeman- Ferguson, Head of Service Review and Tracy Birch, Senior Inspector joined the meeting for this item.

   The Head of Finance and Procurement provided a paper to the Committee updating them on the current position with the regulation of independent healthcare (IHC) and the fee structure.

   The following points were highlighted:

   a) The Fee structure is broken down into registration fees which are a one-off charge and continuation fees which are an annual charge.

   b) Registrations had expected to reduce but this has not been the case as the market has expanded.
c) The fee structure had different rates for Clinics and Hospitals.

d) There would be a 3% uplift in fees for year 2020/2021 and a review of the fee structure for 2021/2022.

e) There had been no consultation with services on the level of fees increase because it reflected the work required to deal with the anticipated registration numbers.

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

a) The Head of Finance and Procurement advised that the increase of 3% had been calculated based on an estimate of inflation for the full year and in reflection of increased running costs.

b) The Head of Finance & Procurement reported that there was ongoing work on scenario planning and forecasting costs for IHC for the next few years which would assist the financial planning.

c) There were risks with inflating fees too much especially for smaller suppliers who could continue operating unregulated. This would increase public safety concerns.

d) There were also costs related to dealing with complaints and legal issues.

e) Caps were set by Scottish Government for fees that could be charged. These were based on original assumptions about the size of the market. Market expansion had exceeded expectations in both numbers and complexities of services.

f) The flat registration fee was considered appropriate because the registration is the same for all irrespective of size of business.

g) The payment options had been simplified to help assist with debt management amongst providers and to reduce the costs in collecting payments.

h) Financial checks would no longer be part of the registration process because registration had never been refused as a result of a financial check.

The Committee asked that the language in the consultation report be more transparent.

The Committee agreed to recommend to the Board to approve the IHC fee proposals for 2020/21.

The Committee noted the update and the ongoing challenges with this area of work.

4.2 Counter Fraud /Business Resilience

The Head of Finance and Procurement provided an update on Counter Fraud and highlighted the following points

a) There had been two fraud alerts but after checks there had been no fraudulent activity detected.

b) A Phishing alert had resulted in banking details being checked but there were no issues of concern found.

c) National Fraud Initiative work was complete and no fraud was detected.
The Committee reviewed the update and were assured of the progress made.

### 4.3 Financial Performance Report

The Head of Finance and Procurement provided an update on Financial Performance and highlighted the following points:

a) The baseline budget is on target to break even by the year end although we have flexibility to create a 1% surplus which can be carried forward.

b) There is currently £2.8 million of additional allocations funding still to be received.

c) The risk around not receiving all the additional allocation funding is not being able to deliver organisational objectives.

d) The receiving of all additional allocation funds has been slower this year due to large projects such as the Healthcare Staffing Programme.

The Committee noted the hard work of staff in achieving a good financial position.

The Committee scrutinised the Financial Performance Report and were content with the progress.

### 4.4 National Boards £15 Million Savings Target

This section was chaired by the Vice Chair due to a conflict of interest for the Chair.

The Chief Executive provided an update on the National Boards Collaboration highlighting the following points.

a) Historically HIS has contributed £300,000 with an additional non-recurring contribution of £300,000.

b) NHS 24 and the Scottish Ambulance Service had not contributed their share to the combined savings target and this could have an adverse impact on HIS’s financial position.

c) A response to a paper is awaited from Scottish Government and HIS will review its position for 2019/20 and thereafter.

The Committee noted the report and the efforts of staff to achieve the contribution but there were concerns around the lack of a contribution from other boards and the impact on HIS.

### 4.5 Delta House Lease Options

The Head of Finance and Procurement provided an update of Delta House property options. The following points were highlighted:

a) The lease at Delta House is due to expire in March 2021 and work is currently underway to locate alternative premises. All options being considered were located centrally and the five shortlisted premises were due to be visited shortly to appraise them.

b) Avison Young (property agents) in Glasgow were assisting with the options appraisal.

c) Work has taken place to estimate the future size of the Glasgow workforce and this has led to a property search for 15,000 to 20,000 sq feet. Delta House is currently c16,300 sq feet and the future space will include relocating the DCRS team to the agreed premises.

d) Meetings have been held with Scottish Government (SG) property surveyors who have advised that there are specific actions to be taken when considering future accommodation such as co-locating or use of empty premises.
The Committee were assured by the ongoing work to secure appropriate property.

### 4.6 Financial Planning 2020/23

The Head of Finance Procurement provided an update and a presentation on Financial Planning and highlighted the following points:

- a) The budget position would not be known until February 2020 due to the election.
- b) The draft budget presented was based on two scenarios - one where an uplift was provided and another where an uplift was not provided.
- c) The assumed staffing levels were 412 Whole Time Equivalent in baseline and 95 in additional allocations.
- d) The financial impact of staff turnover is a saving of 3% and a corporate services recharge of 5% is applied to additional allocations.

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

- e) It was not known if there would be an additional savings target for 2020/21.
- f) The additional allocations are anticipated to be at a broadly similar level.
- g) Work was ongoing to move as much as possible of additional allocation funding into baseline.
- h) Of the staffing profile, 80% of staff are on permanent contracts and 20% are on fixed term contracts or inward secondments.

The Committee reviewed and accepted the report.

### 4.7 Non-Competitive Tender

The Head of Finance and Procurement presented this paper and it was noted that there were no tenders received for this period.

### 4.8 Code of Corporate Governance Update

The Chief Executive provided an updated Code of Corporate Governance which reflected the NHS Scotland Blueprint for Good Governance, the revised terms of reference and the national model Standing Orders.

- a) The Director of Evidence reported that further changes were required to the Terms of Reference for the Quality & Performance Committee.

The Committee were content to recommend to the Board that it adopts the updated Code of Corporate Governance but did not recommend the adoption of the optional text set out in the Code.

### 4.9 Information Governance

- The Director of Evidence provided an update and advised that instances of emails being sent to incorrect recipients had now been addressed and numbers have now decreased.

In response to a question from the Committee it was confirmed that the implementation of the email policy was on track.

The Committee reviewed and accepted the report.

The Chair advised that following the Committee’s development session that morning an overview on IT Governance would be provided for the next Committee meeting.
4.10 **Review of Gifts & Hospitality Register**

The Chief Executive provided the register of gifts and hospitality as of 14 November 2019. The Committee reviewed the register and approved it for publication.

4.11 **Review of International Travel**

The Chief Executive provided the register of international travel as at today's meeting.

- In response to a question from the Committee, the following was clarified that checking of the business case for people attending any international conference was carried out and staff had to do teach back to share what was learned.

The committee noted the update.

5. **INTERNAL AUDIT**

5.1 **Internal Audit Actions- Progress Report**

The internal auditor highlighted the following points from the action tracker:

- **a)** Most actions were on track.

  - **b)** Information Governance actions were breeched but this was out of the organisation’s control. It was considered a low risk because mitigating actions were in place.

  - **c)** A request had been received to revise the deadlines on the recruitment audit as there had been a national delay to Jobtrain.

In response to a question from the Committee, the Director of Evidence advised that although the national safe information handling module had been withdrawn, HIS has its own which covers the same area.

The Committee reviewed the report and were assured of progress against the actions.

5.2 **Internal Audit Progress Report**

Grant Thornton presented this paper and highlighted the following points:

- **a)** One reviewed had been completed and three had been scoped.

- **b)** The audit days originally assigned to Brexit had been moved into contingency.

- **c)** Support was being provided to the Quality Assurance Directorate on the review of the quality of care approach.

The Committee noted the report.

5.3 **Internal Audit Reports**

The internal auditor provided the audit report Using Quantitative Data in HIS. There was significant assurance but there were some areas for improvement around roles and responsibilities, peer review, consistency of measurement requirements and expansion of collaborative groups.

The Committee noted the report and were assured by the actions identified.
## 6. EXTERNAL AUDIT

### 6.1 External Audit Update

The external auditors provided an update on the HIS External Audit 2020 and highlighted the following points:

- The work would be include the review of the governance statement and financial sustainability.

- There is a new accounting standard for leases that would apply in 2021 and preparation for this is starting now.

- The audit would be based on significant risks from previous years and would examine budgeting processes, resource limits, management controls, and unusual transactions.

The Committee did not review the paper in detail but asked that the paper is provided at the next committee meeting in March 2020.

To be added to Business Planning Schedule and Agenda for March.

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## 7. STANDING BUSINESS

### 7.1 Risk Management Update: Strategic & Operational Plans Risk Registers

Belinda Robertson joined meeting by telephone for this item.

The Chief Executive presented the Strategic and Operational Risk Registers and the following points were noted.

**Strategic Risks**

Risk 923, IT Strategy was noted as a new risk on the register.

Risk 929, Quality Assurance Directorate wider directorate risk, the risk was mitigated by the shared leadership model. No appointment made to the Chief Inspector Role and this would be reviewed going forward. The risk would be reviewed and reworded.

Risk 930, Management of Adverse Events, new notification management system introduced from January 2020 which will not be digital initially. There will be requirement for self reporting from boards on all adverse events until an automatic system is in place.

The Committee asked the Exec Team to review the Operational Plan risks and Strategic Risks to ensure that they sit within the appropriate register.

**Operational Plan Risks**

Risk 840, Mental Health Access, reduced from Very high to high since report had been extracted. The risk rating had been reduced due to being able to secure full time permanent posts.

Risk 801 Mental Health Access, there was a possibility that HIS would be held to account for long waiting times because of a confusion between the different roles of HIS, Scottish Government and NHS Boards.

In response to a question from the committee about any new risks it was advised that Healthcare Staffing program risks would be added to the register for the next meeting of the committee.
### 7.2 Board Report 3 key points

- Independent Healthcare Fees
- National Boards Collaboration and £15 Million savings

### 7.3 Feedback session

The provision of time on the agenda for a detailed review of risks was welcomed.

### 8. ANY OTHER BUSINESS

There were no items of other business.

### 9. DATE OF NEXT MEETING

18 March 2020, Delta House, Glasgow

Person Presiding: John Glennie

Signature:  *John Glennie*

Date: 18/3/20
SUBJECT: Quality and Performance Committee: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee of 26th February 2020

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

   a) Responding to Concerns

   The Interim Director of Quality Assurance provided a paper outlining the progress with implementation of the organisation-wide process for responding to concerns.

   The committee discussed in detail the following points:
   I. The process of RTC and how timescales are managed by Quality Assurance team and the Internal Improvement Group.

   II. How the process is managed and how the issues around capacity are being handled.

   III. The diverse range of concerns that are being dealt with by the team and the challenges this brings.

   The committee discussed and agreed that the signposting to this service is important and must be clear and transparent to people. The committee also discussed it must be clear that HIS are not the gatekeepers of this service.

   The committee noted the report and were assured that the work would progress.

   b) Cabinet Secretary - confidence in SMC

   Health and Sport Committee – inquiry into supply and demand for medicines

   The Scottish Government’s Health & Sport Committee (H&SC) is currently undertaking an inquiry to consider the supply and demand for medicines in Scotland. The inquiry covers all aspects of medicines supply and demand across primary and secondary care. Dr Alan MacDonald, Chair of SMC, participated in a round table session on 21 January 2020 where ‘the focus was on issues of access and procurement’. The official report of the session can be found on the Scottish Government website.

   The October report to the QPC noted that the Cabinet Secretary for Health and Sport had written to the SMC Chair following Scottish Government’s announcement that a pricing agreement for two cystic fibrosis medicines (Orkambi and Symkevi) had been reached following not recommended advice from SMC for these medicines. The Cabinet Secretary welcomed an opportunity to discuss current issues with SMC and at the meeting of the 18th of February with the SMC chair reinforced her confidence in the SMC process.
c) **Consistent concerns around staffing/resources**

Risk Management
The Director of Finance and Corporate Services presented the latest report on the risks assigned to the Committee. The committee discussed the Operational register and the work that needs to be done around the resourcing and staffing issues that are causing Quality and Performance risks. The committee were assured that the Executive Team are working on getting a better hold on risk in its totality.

Zoë Dunhill, Chair
MINUTES – Approved

Meeting of the Quality & Performance Committee
Date: Wednesday 6 November 2019
Venue: Room 6.4/6.5, Delta House, Glasgow

Attendance
Zoë Dunhill Board Member, Chair
Jackie Brock Board Member
Gill Graham Board Member
Duncan Service Board Member

Present
Robbie Pearson Chief Executive
Ann Gow Deputy Chief Executive/Director of Nursing,
Midwifery & Allied Health Professionals (Lead
Director)
Lynsey Cleland Director, Scottish Health Council
Ruth Glassborow Director of Improvement
Sandra McDougall Interim Director of Quality Assurance
Laura McIver Chief Pharmacist
Ruth McMurdo Head of Nursing
Safia Qureshi Director of Evidence
Maggie Waterston Director of Finance and Corporate Services
Susan Siegel Public Partner
Alexandra Jones Public Partner
Alan MacDonald Chair, Scottish Medicines Consortium (SMC)
Iain Robertson Chair, Scottish Health Technologies Group (SHTG)
Angela Timoney Chair, Scottish Intercollegiate Guidelines Network
(SIGN)

Apologies
Jackie Brock Board Member, Vice Chair
Suzanne Dawson Chair, Scottish Health Council (SHC)
Andrew Seaton Chair, Scottish Antimicrobial Prescribing Group
(SAPG)
1. OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome
The Chair welcomed everyone to the meeting especially Safia Qureshi attending her first meeting and Ruth McMurdo who was shadowing the Director of NMAHP.

1.2 Apologies for absence
Apologies were noted as above.

1.3 Declarations of interest
All present were reminded to declare interests either at the start of the meeting or at any point during the meeting.

1.4 Minutes of the Performance and Clinical & Care Governance (PCCG) Committee meeting held on 15 August 2019
The minutes of the meeting held on 15 August were approved as an accurate record with the following amendment:
- Para 2.3a) to state that HIS would establish the hub then evaluate hosting arrangements.

1.5 Review of action point register: 15 August 2019
The Committee noted that all actions had been completed or would be covered later in the agenda.

1.6 Business Planning Schedule
The Director of NMAHP provided the business planning schedule.

The Committee noted that the line for Responding to Concerns was blank. The Committee Secretary would confirm when the Committee received this and update the schedule.

The Committee approved the business planning schedule.

Director F&CS
Committee Secretary

2. DELIVERING OUR OPERATIONAL PLAN

2.1 Operational Plan: Performance Reporting
The Director of Finance and Corporate Reporting Services provided this paper and highlighted the following key areas:

a) The previous meeting of the Committee had reviewed the proposed format of the report and approved its further development.

b) The full report was submitted to the Board at its meeting on 25 September 2019. From 2020 the review of the performance report would be in sequence with the Quality and Performance Committee undertaking a detailed review of performance in advance of the Board receiving the report.

The Committee welcomed the report, in particular the horizon scanning section and the integrated view of performance against the priorities. It was noted that signposting in the overview section that highlighted key issues such as risks or external engagement would assist.

The Committee noted the performance reported.

2.1.1 Operational Planning 2020-21
The Director of Finance and Corporate Services presented a paper which set out the process and timelines for operational planning for 2020-21. The work would be aligned to the Quality Management System. The draft plan would be provided for an initial review to the Committee and the Board Seminar in February 2020 prior to submission.
to the Board in March 2020 for approval.

The Committee noted the update.

### 2.2 Quality of Care Approach

The Interim Director of Quality Assurance provided a paper which updated the Committee on progress with the review of the Quality of Care approach. The Director highlighted the following points:

- **a)** The Short Life Working Group (SLWG) had been formed to lead on the review following the report by Simon MacKenzie.
- **b)** The initial plan had been to focus on targeted, intelligence-led reviews and to test this with NHS Dumfries and Galloway. However, work has been re-prioritised to address demands for additional inspections and reviews that have arisen.
- **c)** There was now a shared leadership arrangement in place for the Quality Assurance Directorate and both Directors were undertaking a review of the work programmes and how the Quality of Care approach was being applied across these. This would take into account the new EFQM (European Foundation for Quality Management) model which has been launched.
- **d)** Work would begin to standardise procedures in the Quality Assurance Directorate and this would be assisted by the Internal Auditors.

In response to questions from the Committee, the following additional information was provided:

- **e)** An update had been provided to the Scottish Government sponsor division and the Cabinet Secretary had been briefed.
- **f)** The risks related to the programme were being addressed by the Executive Team cross-organisationally as the Quality of Care approach was threaded through all programmes in the organisation.
- **g)** The Sharing Intelligence for Health and Social Care Group enabled the organisation to use intelligence about Boards more effectively. The intelligence available supported the decision to not undertake the NHS Dumfries and Galloway review but to focus work in other areas.
- **h)** An update on the review of the Quality of Care approach had been provided to the Clinical and Care Forum who were supportive of the way forward.
- **i)** An after action review with NHS Ayrshire and Arran would provide additional input to the process.

The Committee noted the update and supported the proposals presented.

### 2.3 National Hub for Reviewing and Learning from the Deaths of Children and Young People

Kevin Freeman-Ferguson, Head of Service Review, joined the meeting for this item and provided progress against key deliverables:

- **a)** The expert advisory group had been convened.
- **b)** Work with the pilot sites had progressed successfully and the report would be available shortly.
- **c)** Baseline scoping surveys from Boards and Local Authorities had been returned.

The Head of Service Review noted that this was a long term project to collate then use data to the point that it could inform policy. Therefore it may take a few years to show improvements.

In response to questions from the Committee, the following additional information was provided:
d) The scoping exercise would provide a clear picture of the current landscape and ensure that there was no duplication of work but also no gaps so that all child deaths received a review.

e) Perinatal mortality was included but a review wouldn’t be repeated if the original had been sufficient.

f) The reviews covered children and young people up to the age of 18, or up to the age of 26 if they had been looked after. Pilot sites had also reviewed evidence related to the broader 18 to 26 age group.

g) The expert advisory group was multi-sectoral with good health sector representation.

h) The work connects to other areas of the HIS work programme such as adverse events and suicide reviews. These connections were being mapped.

i) There were close communications with professional bodies such as the Royal College of Paediatrics and Child Health.

The Committee noted the update and that a risk related to the work had been raised on the risk register.

### 2.4 HSMR/New Quality Indicators

Tim Norwood, Data and Measurement Adviser, joined the meeting for this item to deliver a presentation which set out the following information:

- a) A set of new indicators, broader than the Hospital Standardised Mortality Ratio (HSMR), had been developed to help assess the quality of care in NHS Boards.

- b) The set of indicators was selected in liaison with ISD (Information Services Division) and NHS Boards and had been in use since April 2019. Scottish Government were advised of the change.

- c) The indicators were designed to highlight concerns which would then be addressed by organisational processes such as Quality of Care reviews, Responding to Concerns. It was also used by the Sharing Intelligence for Health and Social Care Group.

- d) The data used a comparison against Scottish averages to highlight services that varied significantly from that average.

- e) There was a risk on the risk register related to business intelligence but to date the data had not highlighted a service with systematic failure.

- f) The next steps were to raise awareness of the indicators internally and externally.

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

- g) The indicators were chosen by looking at six domains of quality and different aspects of care. There were only two criteria for children due to lack of availability of data but this would be examined at the next review of the indicators.

- h) The data took account of variation in small sample areas.

- i) The indicators provided broad data but there was also specific, focused data produced for particular programmes of work when needed.

The Committee noted the update.

### 2.5 Scottish Health Technology Group Update

Iain Robertson, Chair of SHTG, delivered a presentation on the work of the Group which covered the following areas:

- a) The role and remit of the SHTG.

- b) The shifting boundaries between technology assessment, medicines and social interventions.

- c) Regenerative therapies were testing these boundaries further and introducing
**new challenges with regulation.**

d) A forward look to how the Group and how its decision-making might operate in the future, particularly considering the growth in technologies.

The Committee thank Iain Robertson for his presentation and agreed the slides would be shared with the Board.

### 3. CLINICAL AND CARE GOVERNANCE

#### 3.1 Health Technology Group Updates

The Director of Evidence referred to the update issued in advance of the meeting and highlighted the work delivered by SAPG with authorities in Ghana as part of the antimicrobial stewardship programme.

The Committee noted the updates.

### 4. STAKEHOLDER ENGAGEMENT

#### 4.1 ihub Impact Report

The Director of Improvement presented this paper and highlighted the following points:

- a) The memorandum of understanding (MoU) between HIS and COSLA, compiled in 2015 when the Joint Improvement Team moved into HIS, required that an annual impact report is produced by HIS.
- b) It had been agreed subsequently that the MoU needed to encompass all of the organisation’s work in the integrated space and would therefore require to be updated. However, insufficient capacity and competing priorities had prevented progress on this.
- c) This year reporting has been via an online directory of impact stories which were set out in the paper.

The Committee noted the updated approach to publishing impact stories.

#### 4.2 Strategic Stakeholder Advisory Group (SSAG) Update

The Director of Improvement provided an update following the SSAG meeting which took place on 13 August 2019. The following points were highlighted:

- a) The SSAG advised on the totality of the organisation’s work in the integrated space.
- b) The most recent event focused on Primary Care and was attended by a successful mix of core members and subject experts.
- c) The paper summarised the themes that had emerged from the event:
  - Improve the coherence of your offer and communicate it better.
  - Provide support for understanding what good looks like and then support implementation of it across Scotland.
  - Provide stronger national leadership.
- d) Work to examine the advice would be taken forward by the organisation’s primary care network.
- e) The next event would be held the following day and would look at the care of older people.

The Committee noted the report.
4.3 Access QI

The Director of Improvement presented a paper which set out the detail of a new programme of work to support the deployment of Quality Improvement expertise towards the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care. The following points were highlighted:

a) The joint commission with NES had been received directly from the Cabinet Secretary in support of the Waiting Times Improvement Plan.
b) There was a need to secure long term improvements in waiting times by redesigning pathways of care.
c) Initial work had been supported by NES releasing their Head of Quality Improvement for three days per week.
d) It had taken three months to agree funding and that had now been secured for one year. If the programme demonstrated an impact within that time, it was likely that funding would be extended.
e) It was a complex piece of work due to the complexity of the landscape in which it operated.
f) Intensive work was being delivered with three accelerator sites which focussed on redesign.
g) The work presented exciting opportunities for HIS to demonstrate an impact but there were also risks.

The Committee noted the update and requested that an interim report on the programme was brought to the next Committee meeting.

Director of Improvement

5. CLOSING BUSINESS

5.1 Risk Management

The Director of Finance and Corporate Services presented the latest report on the risks assigned to the Committee.

The Executive Team highlighted the following points:

a) Regarding risk 454, SMC, the Director of Evidence advised that submissions were prioritised and the priority ones dealt with within the standard timeframe. Those not prioritised, took approximately one month longer to review.
b) A workshop would be held to review the SMC risks. Alongside this, a review would be held to look at how SMC work could be managed within the resource available.
c) Regarding risk 929, Quality Assurance Directorate, a shared leadership arrangement had been put in place and recruitment was underway for a Chief Inspector.

The Committee requested that an awareness was maintained of the risks related to the regulation of independent healthcare as these were assigned to the Audit and Risk Committee. Issues such as this would also be discussed at the Governance Committee Chairs’ meetings.

The Committee noted the update and, subject to the comment above, were assured by the management of risks.

5.2 Board report: key points

The Chair summed up the three key points for reporting to the Board as follows:

- SHTG Update -- include the presentation slides as an appendix to the key points report.
- Progress with the review of the Quality of Care approach.
- Access QI update.

Committee Secretary
6. **DATE OF NEXT MEETING**: 26 February 2020, Delta House, Glasgow

Person Presiding: Zoë Dunhill

Signature: Zoë Dunhill

Date: 18/3/20
SUBJECT: Scottish Health Council 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 Scottish Health Council Committee – 27 February 2020.

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

a) Engaging People in the Work of HIS
Following on from the November meeting, the Committee received an update on progress with the Engaging People in the Work of HIS programme. The Committee were pleased to hear that work is progressing to develop a governance framework tool to gain assurance from Directors on the performance of all HIS directorates in relation to engaging people in our work. The Committee also welcomed the ongoing work to review public partner roles within HIS which is focusing on the practical ways to improve the diversity of volunteering roles and reviewing how public partners are utilised across the organisation.

b) Community Engagement Guidance and Quality of Care approach for Community Engagement
An initial draft of the new community guidance for health and social care was shared with all NHS Boards, Integration Authorities and Local Authorities for comment before Christmas and feedback will be sought on a further iteration at the end of March. In tandem with the development of this guidance, the Scottish Health Council is working in partnership with the Care Inspectorate and representatives from NHS Boards, Integration Authorities, the third sector and other relevant stakeholders to develop an approach to support and assure meaningful community engagement across health and care aligned to the quality of care approach. A stakeholder advisory group formed to support the development of this work met for the first time at the end of February. The Committee will consider the progress of this work together with the next iteration of the community engagement guidance at its April meeting.

c) Gathering Views on ME and the Guthrie Card Index
The Scottish Health Council’s 14 local engagement offices commenced a Gathering Views exercise on people’s experience of health and care services for ME (Myalgic Encephalomyelitis) on 1st February 2020. Over 400 survey responses have been received in just over three weeks and a report will be produced for the Scottish Government in the spring. The Committee were also advised of a Gathering Views exercise in the pipeline relating to the Guthrie Card Index. This will gather views on the use of the small samples of blood taken from babies at birth for research purposes prior to a full public consultation. It is recognised that this is a complex and sensitive issue and the Committee will be kept advised on the progress of this work.

Suzanne Dawson
Chair, Scottish Health Council
SUBJECT: Scottish Health Council: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee – 27 November 2019.

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

a) The Committee supported the introduction of four work streams designed to develop HIS’ engagement with people across its work. These workstreams include practical ways to build capacity for public engagement across the organisation; the role of volunteers and public partners in the work of HIS; governance arrangements for public engagement across HIS’s activities and the role of the HIS Public Involvement Team. In considering how to build capacity and improve engagement it was agreed that a staged process with pace would best achieve a standard of engagement that adds value, so ensuring a coherent approach which will then enable the wider organisation to focus on addressing any gaps. Progress on the four work streams will be reported at future Committee meetings.

b) Gary McGrow presented an evaluation report of the implementation and impact of the recent Citizens Jury on shared decision making. The Committee heard that the evaluation report was positive, highlighting that all Jury members had participated in the process from start to finish and that the Scottish Government had committed to respond to the Jury’s recommendations. The Committee agreed that the report included some useful learning which will inform any next steps around the delivery of any future Citizens Jury.

c) SHC team has made good progress on delivering the Change Implementation Plan. The branding for the new Community Engagement Directorate has been agreed and the senior management team has been recruited with Tony McGowan taking up the post of Head of Engagement and Equalities Policy and Jane Davies, Head of Engagement Programmes. All further senior appointments are expected to be in place by February 2020. Three working groups (covering the directorate’s local support offer; a Quality of Care approach for community engagement; and the development of an engagement learning network) have been set up to further consider outputs from what was a successful All Staff Event held in October 2019.

Suzanne Dawson
Chair, Scottish Health Council Committee
MINUTES – V1.0

Meeting of the Scottish Health Council Committee
27.11.2019
Delta House, Glasgow

Present
Suzanne Dawson (Chair) (SD)
John Glennie (JG)
Christine Lester (CL)

In attendance
Carole Wilkinson (CW) Chair, Healthcare Improvement Scotland
Lynsey Cleland (LC) Director of Community Engagement
Valerie Breck (VB) Interim Senior Programme Manager
Daniel Connelly (DC) Service Change Manager
Christine Johnstone (CJ) Community Engagement & Improvement Support Manager

Tony McGowan (TMG) Head of Engagement and Equalities Policy
Gary McGrow (for item 2.5) (GMG) Social Researcher
Leslie Marr (LM) Service Change Manager

Apologies
Alison Cox, Elizabeth Cuthbertson, Susan Ferguson

Committee support
Louise Wheeler (Service Change Sub-group support)

ITEM | NOTES | ACTION
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1. WELCOME & APOLOGIES FOR ABSENCE

1.1 Welcome
The Chair welcomed everyone to the meeting and advised that following a robust recruitment process, four new Committee members had been appointed with a start date of January 2020.

SD informed the Committee that Irene Oldfather (IO) will not continue for a second term. SD thanked IO for her contribution over the last four years.

A welcome was extended to Carole Wilkinson, Chair of Healthcare Improvement Scotland.

1.2 Apologies for Absence
Alison Cox, Elizabeth Cuthbertson and Susan Ferguson gave their apologies for absence.
### Minutes of Previous Meeting 26 September 2019 and matters arising

Minutes of the meeting were approved as accurate.

There were no matters arising that are not covered in the agenda.

### 1.3 Review of Action point register

Actions 2.1 & 2.4 were noted as complete.

Actions 2.2 are ongoing and awaiting the appointment of a new Equality and Diversity Advisor. It was confirmed that interviews for this post will be held on Tuesday 3 December 2019.

Action 3.4 is ongoing. Gathering Views exercises are now captured in the new commissions report that is considered by the Executive Team. Lynsey Cleland and Christine Johnstone are reviewing the approach for SHC agreeing to undertake a Gathering Views exercise.

### 1.4 Business Planning schedule

The Committee noted the SHC business planning schedule and were advised that the format of this will be amended at the start of the next financial year to fit with other committees.

### 2. STRATEGIC BUSINESS

#### 2.1 Scottish Health Council Change Implementation Plan

LC and TMG updated the Committee on progress with the Change Implementation Plan:

- The branding for the new Community Engagement Directorate had been considered by staff and has been shared with Committee members.
- Tony McGowan has been recruited to the post of Head of Engagement and Equalities, with a start date of 1 November 2019. Jane Davies has accepted position of Head of Engagement Programmes and will commence the new role on 2 February 2020.
- Recruitment for the posts of Engagement Programme Managers has begun with interviews taking place on 28 November 2019.
- LC confirmed that all senior appointments are expected to be in place by February 2020.
- An All Staff event was held on 8 October 2019. This took the format of information giving in the morning with discussions on new ways of working in the afternoon, together with consideration of communication requirements. Outputs from the day will be built on through three working groups:
  - local support offer
  - Quality of Care approach
  - the learning network

The Committee was advised that the working groups will be led by Christine Johnstone, Daniel Connelly, Leslie Marr and Valerie Breck.
respectively. It is planned that these working groups will bring staff together for more detailed discussion and greater understanding.

SD noted that she was pleased to see the progress that has been made against the Change Implementation Plan and had welcomed the opportunity to attend the All Staff event.

CL queried whether Partnership representatives had been involved in discussions. TMG advised CL that the two Partnership representatives attend bi-monthly meetings throughout the review and change implementation process.

It was confirmed that the Scottish Health Council has taken part in the Staff Culture Survey.

TMG noted that an induction programme for new Committee members is being prepared and a similar approach will be taken to that of Non-Executive Board members. SD suggested it would be helpful to get feedback from new Board members to help design the induction process moving forward.

### 2.2 Engaging People in the work of HIS – focused review report

TMG referred to the work undertaken on how the wider organisation engages with people to inform their work. The opportunity had been taken to engage with the i-hub, portfolio leads and others to ensure views from across the organisation. Four work streams have emerged to be taken forward in 2019-20. These are:

- Practical ways to build capacity across HIS – identifying areas of good engagement practice and improvement and sharing skills and enthusiasm
- Volunteering and Public Partners – consider how to broaden and augment the role of Public Partners
- Governance arrangements – developing the role of the SHCC in assuring the organisation’s equality, diversity, human rights and public involvement duties.
- HIS Public Involvement Team – consideration of roles and approach, build capacity and align with the rest of the Directorate.

SD noted that the role of the Public Partners was raised at the Annual Review and there appears to be a lack of clarity. Public Partners are an important resource and SD is keen to ensure we make best use of them. JG felt this an important area of work and queried how to build capacity or practical ways to improve engagement. TMG referred to a ‘staged process with pace’ to achieve a standard of engagement that adds value so ensuring a coherent approach which will enable the organisation to focus on gaps.

CL noted the paper is visibly demonstrating the standards we expect from others.

The Committee agreed that this is a good piece of work and concludes with robust actions. The work streams will be activated by end 2019 and progress will be reported at future Committee meetings.

TMG to lead the four work streams and report on progress at future Committee meetings.
2.3 Community Engagement and the Quality of Care Approach

LC explained that a joint paper between HIS and the Care Inspectorate was produced in May 2019 proposing the development of an approach aligned to the Quality of Care approach to assure meaningful engagement across health and care.

LC advised that the general principles of this have been supported internally and have received some initial feedback from external stakeholders, but the proposal requires further development and discussion with key stakeholders.

LC also advised that it is proposed that the Scottish Health Council’s focus in a quality of care approach to community engagement should seek to identify, support and assure engagement activity in relation to routine engagement; specific engagement activities (such as service change); and internal governance systems for community engagement activity. The underlying principles of the Participation Standard remain relevant and could inform the basis of the development of a self-evaluation tool for community engagement.

LC noted the Scottish Health Council would have a role to play in supporting NHS Boards and Integration Authorities before and after they self-evaluate their organisational approach to community engagement. NHS Boards and Integration Joint Boards could also use the assessment to inform other quality assurance activities that they may be subject too, as well as internal governance arrangements.

Following the Committee’s consideration of the proposals further engagement with external parties will be undertaken to understand how this may look in practice. The proposals will also be aligned to the organisation’s wider considerations around the quality of care approach.

Carole Wilkinson (CW) noted the need to be mindful of the myriad of self-assessments and that this approach must offer a simple and useful improvement tool.

CL proposed that consideration is also given to Community Planning Partnerships and other public organisations that engage with people e.g. police, fire and safety, mental health. CL also proposed the need to consider how best to deliver support and be flexible, while setting standards which are sufficiently rigorous to support credibility i.e. develop, test and evolve over time.

The Committee supported further engagement and development of the
2.4 **Community Voice**

TMG explained that Community Voice was one of three themes that the Scottish Health Council had agreed to take forward in 2018. However, since this time there has been uncertainty about the focus of this theme. TMG advised that some colleagues viewed it as having an external focus representing a shared objective across all teams to involve people and communities in helping to shape health and care services (an objective which has subsequently evolved into our directorate’s core purpose), while other colleagues have taken the view that Community Voice should have an internal focus and become part of the process of developing our workforce capability and our community engagement expertise and practice.

SD suggested that by changing the perspective of Community Voice from a national theme to a change in our own practice, it becomes an ‘enabler’ rather than a theme. CW suggested this is around workforce development i.e. making us do something better.

The Committee agreed that Community Voice should not be a national theme and should instead be taken forward through alignment to established change-related activities including the directorate development plan and the engaging people in the work of HIS review.

2.5 **Our Voice/Citizens Jury Evaluation Report**

Gary McGrow (GMG) explained that the Citizens Jury, which discussed shared decision making, was part of the Our Voice programme and that recommendations from the Jury were put forward in February and the Scottish Government responded to these in May 2019.

This evaluation report considers how the Citizens Jury was implemented and its impact. Committee members agreed that the Citizens Jury evaluates well and welcomed the insightful recommendations. It was acknowledged that Jury members had participated from start to finish and that the Scottish Government had given a commitment to the recommendations. Committee discussion points included costs of running a Citizens Jury and what next steps may look like. CW referred to the Sturrock report and the culture of conversations. Participatory budgeting was referenced, and it was acknowledged that Citizens Juries can be used for local or national issues. CJ proposed that it is important to keep the momentum going and consider potential ways of applying the Citizens Jury to other areas of work. DC suggested that the approach has multiple dimensions that may be used to support regional discussions or early strategy (prior to development of proposals).

GMG advised that some of the learning from the evaluation included:
- incentive to keep people engaged in the process for evaluation purposes
- clarity around added value
- resource commitment.

He advised that the report will be published in January 2020.

SD thanked GMG for sharing the report with the Committee and for his contribution.
### 3. Committee Governance

#### 3.1 Operational Plan

LC advised that most Directorate work streams are on track. LC updated the Committee that topics had been identified for the two further Citizens Panel in 2019/20 and that consideration was being given to a longer term approach for 12-18 month work plan for the Panel that reflects wider work across HIS and national priorities and is used more widely to support collaborative Board working.

JG found the operational plan helpful and a tribute to the team and work of the Directorate.

#### 3.2 Risk Register

The Committee reviewed the Risk Register with the following points being noted:

- Service change is still on the register given the current position re new guidance but the Scottish Health Council is now in a position to communicate the interim operating position.

- CJ referred to a Gathering Views proposal received regarding ME and advised that she is currently seeking clarity as to whether this piece of work will go ahead. If so, this would be added to the risk register.

- SD proposed reviewing the risks regarding the relaunch of the Directorate and Quality of Care considerations prior to the next Committee meeting.

- There was consideration of the contribution of new Committee members and the timing required to review existing risks and consider risk appetite. JG noted it would be helpful to consider how different the risk may look from different perspectives.

- The Committee agreed that the Risk Register will be reviewed and updated where required prior to the next Committee meeting.

#### 3.3 Service Change Update

LM gave the Committee an update on the Scottish Health Council’s report on NHS Tayside’s consultation on Shaping Orthopaedic Services planned for publication on 16th December 2019. LM noted that proposals did not appear to be contentious and that the Board appeared to have taken learning from the previous process. CL raised a point on whether the SHC would consider sending NHS Boards letters where things have gone well.

DC provided an update of other Service Change activity within the SHC which included the following:

- NHS Lanarkshire’s current discussion with the public on potential site options for the Monklands replacement, which is in response to a recommendation from the Independent Review Panel. The next scheduled meeting with NHS Lanarkshire is on 9th December to discuss the Scottish Health Council’s feedback to the draft engagement plan and how we will assess work in more detail.
• In terms of implementing the Major Trauma network, discussions are focussing on how engagement may be undertaken if only one model emerges and how transparency can be created e.g. there may be only one model from the NHS Board’s perspective, but that may not be the case for communities.

### 3.4 Community Engagement and Improvement Support Update (verbal)

CJ provided the Committee with a verbal update and advised that it is anticipated that the Gathering Views report for Shared Decision Making will be published in early 2020. The Scottish Health Council had engaged with 78 people through 11 focus groups and one-to-one interviews.

CJ noted that discussion had taken place with the Scottish Government regarding two other potential projects i.e. ME (discussed under item 3.2) and the Guthrie Card Index. The Guthrie test is the sample of blood taken from a baby’s heel just after birth. These samples could be used for research, but consent was never given for the samples to be used in this way. The purpose of the Gathering Views exercise would be to help test and refine questions prior to a full public consultation by Scottish Government. Christine agreed to share the Gathering Views proposal for the Guthrie Card Index with Committee members for their information.

CJ to circulate Guthrie Card Index Gathering Views Proposal to Committee members

### 4. Additional Items of Governance

#### 4.1 Service Change Sub-Committee (verbal)

DC provided a verbal update from the Sub Committee meeting

The lack of response from the Scottish Government to NHS Tayside on whether the proposal for Shaping Orthopaedic Services meets the threshold for major service change had made governance arrangements unclear. It was clarified that the Scottish Health Council provides a recommendation to inform the Scottish Government’s view but that it is for the Cabinet Secretary to decide whether a change meets the threshold for major service change.

CW proposed that she would raise this matter with Scottish Government officials at the next sponsors meeting.

### 5.0 Key Points

After discussion with the Committee it was agreed that SD would highlight the following points to the Board.
1. Engaging people in the work of HIS report
2. Citizens Jury
3. Positive update on the Change Implementation Plan

### 5.1 AOB and Close

Committee members were reminded that there would be a morning development session with the Staff Governance Committee on ‘Equalities’ to be held on the day of the next Committee (27 February 2020)

Date of next meeting
Thursday 27 February 2020, Meeting Room 6.8, Delta House, 50 West Nile Street, Glasgow G1 2NP

Name of person presiding: Suzanne Dawson

Signature of person presiding:

Date: 27/02/2020.
SUBJECT: Staff Governance Committee - 3 key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee which took place on 4 March 2020.

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

   a) Workforce and Development Plan 2020 – 23
   The Committee received a draft copy of the plan for comment and also had a detailed presentation during the meeting covering the main aspects of the narrative. Particular detail was presented regarding workforce data, the contractual mix within the organisation, the level of ongoing recruitment activity and also detail regarding absence processes. The update provided was discussed at length and a number of specific actions requested by the Chief Executive and others present to focus on turnover and management of absence consistently across the organisation.

   b) Culture Survey
   The Committee received a copy of the Board level Culture Survey report for their consideration and received detail on the development and delivery of a bespoke culture survey for Healthcare Improvement Scotland.

   It was confirmed that all aspects of the development and implementation of the survey have been carried out in partnership, and following sign off by the Partnership Forum of the Culture Survey reports, it had been agreed that the process for discussing and agreeing ways of improving staff experience. This would be completed through local discussions of Directorate reports alongside the Board report to identify appropriate actions and also at a facilitated meeting with the Partnership Forum which took place on 12 March.

   c) ihub Staff Governance Activity
   June Wylie and Ruth Robin provided a detailed presentation of the Staff Governance activity underway within the ihub.

   The detail encompassed a range of measures in relation to staff engagement activity, the focus of the skills framework activity, staff engagement measures and also detail on some local bespoke work, including Induction Packs for new staff, activity reflecting staff development and also plans for further work in relation to review of the work undertaken to date.

Duncan Service, Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at 10:30
16 October 2019
Meeting Room A, Gyle Square, Edinburgh

Present

Duncan Service  Board Member, Committee Chair
Christine Lester  Board Member

In Attendance

Ann Gow  Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) Director
Ann Laing  Head of People & Workplace
Belinda Henshaw  Partnership Representative
Maggie Waterston  Director of Finance and Corporate Services
Ruth Glassborow  Director of Improvement

Committee Support

Emma Smith  Minutes
Pauline Symaniak  Minutes

Apologies

Kathleen Preston  Board Member
Lynsey Cleland  Director of Community Engagement
Sybil Canavan  Associate Director of Workforce
Anne Lumsden  Head of Organisational Development and Learning
Robbie Pearson  Chief Executive
Kenny Crosbie  Partnership Representative
### 1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting. Apologies were noted as above. The Chair noted that the committee sent Kathleen Preston, Board Member, best wishes in her recovery.

The Chair highlighted the low numbers in board members but advised that new appointments were in progress, including the new Whistleblowing Champion, and that the meeting was quorate.

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 29 August 2019

The minutes of the meeting held on 29 August 2019 were approved as an accurate record of the meeting.

2.2 Review of action point register of Staff Governance Committee on 29 August 2019

The Committee reviewed the action point register from the meeting on 29 August 2019 and noted the status report against each action. The following action point was discussed:

4.2 – It was noted this item was on the agenda for comment later in the meeting

The Committee were content with the progress made on the action point register.

### 3. COMMITTEE GOVERNANCE

3.1 Business planning schedule

The Chair presented the Business Planning Schedule.

The Chair confirmed that at the next meeting The Sturrock Report and The Culture Survey would be discussed.

The Committee was content with the remainder of the business planning schedule.

Committee Secretary

### 4. CORPORATE

4.1 Workforce Plan 2019/22 Update on Progress

The Head of People and Workplace provided an update on progress in the absence of the Associate Director of Workforce with the high priority actions identified in the Workforce Plan 2019/22. The Head of People and Workplace highlighted the following from the report:

a) Following discussions at the last Staff Governance Committee meeting the report had been changed to a Red Amber Green format.

b) Some activity was delayed due to the People work stream being established. Partnership had been involved in this.
In response to questions from the Committee, the following additional information was provided:

c) The amber coloured issues related to work that had been delayed.
d) The Internal Improvement Oversight Board had three subgroups related to people, process and place. Each work stream was led by an Executive Team member and had been assigned a board member as a critical friend. Work was currently underway to map the current state and create terms of reference, a program plan and driver diagrams.
e) The new Public Health Scotland body could have an impact on the HIS workforce as staff may be lost to new, national posts. Regarding the delivery interfaces, an internal group had been convened to maintain an oversight of these.

The Committee reviewed in detail the progress reported.

### 4.2 National Boards Collaboration

The Director of Finance and Corporate Services presented paper in absence of the Chief Executive and highlighted the following key points:

a) The National Boards collaboration work was established three years ago with a target of saving £15m through shared services. To date £12m of savings had been found on a recurring basis.
b) The work is currently slow moving and not all Boards had been fully engaged.
c) The creation of the new Public Health body provides opportunities for sharing services.
d) There remained work to do on rationalisation and synchronisation of processes.

The Committee considered the update.

### 5. WORKFORCE INFORMATION

#### 5.1 Workforce Data

Head of People and Workplace presented the paper providing an update on workforce metrics from 1 April until 30 September 2019. This included:

a) Headcount data including turnover data
b) Recruitment activity
c) Absence data
d) Employee relations activity

It was also advised that there would be a detailed update on Health and Safety at the next committee meeting.

In response to questions from the Committee, the following additional information was provided:

a) The high staff turnover figure was due to projects ending, fixed term contracts ending and retirements.
b) Work was currently ongoing on a systematic process for exit interviews
c) Regarding recruitment marked "with finance", this was due to the Finance Team checking funding on the resource approval form. Recruitment generally passed through the system quickly.

The Committee scrutinised the workforce data and welcomed the additional

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Committee Secretary
information now being presented.

5.2 Medical Revalidation Report

The Head of People and Workplace presented an annual report on the Medical Revalidation self-assessment and the Medical Revalidation Review Letter. It provided assurance that doctors working in HIS were validated to practice.

The Committee welcomed the revalidation outcome and noted the update.

5.3 Staff Governance Standard Directorate Update

The Director of Finance and Corporate Services was invited to present to the Committee on how the Staff Governance Standard is being implemented.

The Director gave an update on the Directorate which covered:

a) Results of matter survey had been taken forward.
   b) Development work had been undertaken that supported cross team working.
   c) There were plans to increase awareness of what the directorate do and what it can do for other teams.
   d) The Directorate development day will be expanded to include all support service teams.

In response to question from the Committee the Executive Team highlighted how recruitment issues could be eased by better articulating the benefits of working with the NHS.

The Director of NMHAP was then invited to present to the Committee highlighting how the Staff Governance Standard is being implemented:

   e) This is a new directorate established two years ago
   f) There are challenges with turnover due to secondments and internal promotions.
   g) The Directorate have Partnership integration which has been very successful.
   h) There were delays to IT and Finance recruitment

In response to a question from the Committee about use of IT it was advised that Skype and Video Conferencing could be used more and could be looked at as part of the Place work stream.

6. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

6.1 Culture Survey

The Head of Organisational Development and Learning provided a verbal update on the latest Culture Survey.

   a) The survey had closed with a 65% completion rate which was higher than the other previous year's surveys.
   b) The results were being collated and should be ready in November.
   c) The survey had attracted a significant amount of interest from other organisations.

The Committee requested that the results from the survey are on the agenda for the next Committee meeting.
The Committee noted the update.

### 6.2 Prevent Program and Public Protection

The Director of NMAHP and Partnership representative presented a report and gave a presentation on Public Protection Approach.

a) The Director advised that to date 291 staff had completed the online training and 143 staff had attended the face to face training. The Director highlighted that there is still a need to ascertain who needs the face to face training.

b) The Partnership representative noted that it was possible for bespoke training on this to be provided. Also it was noted that those members of staff who felt uncomfortable with this training could speak to an appropriate person.

c) The Director highlighted that it was important that managers attended this training as there could be staff members with issues.

The Committee noted the report and were assured by the actions in place.

### 7. RISK MANAGEMENT

#### 7.1 Risk Management/Risk Register

The Director of Finance and Corporate Services introduced the paper to provide the Committee with information to enable them to review the risks relating to the remit of the Committee.

In response to questions from the Committee, the following information was clarified:

a) There was a new workforce category for risk.

b) All risks currently assigned to the Quality and Performance Committee would be reviewed in light of this. Those that impact on delivery would remain with the Quality and Performance Committee while any with a workforce angle would be moved to the workforce category within the remit of the Staff Governance Committee. The Executive Team would review risks.

c) Organisation Business Continuity plan covers situations where HIS do not have enough staff.

d) The Quality Assurance directorate review capacity in territorial boards during winter and adjust inspection schedules accordingly.

e) There was no data available on the levels of uptake by staff of the flu vaccination as this was a voluntary programme.

The Committee were assured with the management of the risks presented.

### 8. PAPERS FOR INFORMATION

#### 8.1 Partnership Forum Minutes/Key Points
The Partnership Forum representative highlighted the key items from the Partnership Forum meeting held on 10 October 2019 which were that the Delta House Lease was due for renewal and the Culture Survey results.

The Committee noted that the minute from the last Partnership Forum meeting was not available at time of this Committee meeting but would be circulated when available.

The Committee noted the update.

### 9. ANY OTHER BUSINESS
There were no items of 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. Director presentations to the Committee
2. Culture Survey
3. Public Protection

#### 10.2 Feedback Session
The Chair invited the attendees to provide feedback by email on any reflections of the meeting.

### 11. DATE OF NEXT MEETING
The next meeting of the Staff Governance Committee will be held in HIS Board Room, Gyle Square on 4 March 2020.

Person Presiding: Duncan Service

[Signature]

Date: 13.03.2020