From Emergency to Recovery
Remobilisation 2021-22
Plan 3

Supporting better quality health and social care for everyone in Scotland
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Introduction

Current operating context

This Plan provides an update to our Remobilisation Plan (RMP2) which was agreed with Scottish Government in August 2020, setting out at a high level our delivery intentions between April 2021 and March 2022. We anticipate that a further update of the Plan will be required during the year.

Our core purpose has not changed. We exist to ensure that the people of Scotland experience the best quality health and care services. We will work with the NHS to deliver impactful and clinically-led work to reduce the loss of life and the impact on quality of life due to both COVID19 and the major prevalent diseases in Scotland.

At present we are responding to the urgent needs of the system which, as a result of the COVID-19 pandemic, present a number of challenges and risks which require a different approach to planning our work.

At the time of writing, the most recent peak of the pandemic is having the following impact on Healthcare Improvement Scotland:

- increased Ministerial demand for inspection activity in care homes and acute settings
- refocusing of work in evidence, improvement and public involvement reflecting their critical role in the national COVID-19 response
- requests from NHS Boards for direct support from both our clinical and non-clinical staff
- some challenges in engaging with the service on statutory work
- COVID-19-associated workforce issues such as caring, absence and working from home

In recognition of the above and the changing context, we will take a phased approach to the planning and delivery of our work in 2021-22:

- **2021**
  - Emergency phase: Now until summer 2021

- **2021–2022**
  - Stabilisation phase: remainder of 2021-22

- **2022–2023**
  - Recovery phase: 2022-23 onwards
We will continue to undertake formal reviews of the COVID-19 situation every 6 weeks to ensure we are appropriately prioritising our resources to best support the service, and are aligned with the Remobilisation Framework set out by Scottish Government.

The ambitions of a more integrated health and social care system, with reducing levels of inequalities, will be key drivers of our work. We will be informed by the response of the service to the COVID-19 pandemic, for example the interfaces between acute care and social care around hospital discharges, and the impact of changes in the delivery of care on certain population groups. Understanding the evidence base and involving the people and communities who access and use services are also key drivers across our delivery areas.

Our planning also recognises how we have evolved as an organisation as a result of our initial and ongoing response to COVID-19. We will build on the agility and adaptability our entire workforce has demonstrated, and our proven capability to deliver change at pace, ensuring the gains from these changes become a lasting legacy for how we conduct our work in future.
The current phase of our response (to summer 2021)

The commissioning letter for this Plan highlights that the work of national boards should ‘complement and support’ the work of territorial boards, and described a number of key priorities which are set out below alongside HIS’ contribution during this emergency phase:

<table>
<thead>
<tr>
<th>Remobilisation Plan (RMP3) priority</th>
<th>Healthcare Improvement Scotland contribution</th>
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| Living with COVID                   | • To deliver intelligence-led inspections with a focus on nosocomial infection (acute settings and care homes)  
                                     • To provide rapid evidence-based clinical advice and guidance  
                                     • To support the Rehabilitation Framework in primary and community settings for long COVID and post viral conditions  
                                     • To ensure that changes made by NHS Boards and Integration Authorities during the pandemic are informed by the voices of people and communities |
| Continued delivery of emergency/urgent care | • To contribute to the redesign of urgent care and the reduction in delayed discharge  
                                           • To support implementation of Hospital at Home and the interface between secondary care and urgent care in primary care |
| Public health incl. safe provision of adult social care | • To provide quality assurance in relation to infection prevention and control  
                                           • To focus on patient/staff safety as a priority |
| Primary, community and social care  | • To continue to support the redesign of primary and community services including commissioning new models of care  
                                           • To support improved care navigation (including to Near Me), improved serial prescribing and support to anticipatory care planning  
                                           • To support new models and pathways of care for older people |
| Mental health                       | • To support delivery of the COVID-19 mental health transition and recovery plan  
                                           • To support delivery of the COVID-19 national dementia action plan |
| Routine and planned care            | • To improve safety through addressing key harms within acute care during and following the pandemic  
                                           • To support remobilization and redesign of elective care  
                                           • To support ongoing implementation of safe staffing / Excellence in Care |
During the emergency phase (until summer 2021) we will continue to ensure that our response is tethered to the current reality, with a particular focus on statutory responsibilities (including inspections) through the lens of public safety, and at the same time adjusting to the altered capacity of staff due to current restrictions.

We have also identified seven key delivery areas which support national priorities as the health and social care system recovers and continues to redesign how services are delivered. These, and the key work programmes underpinning them, are described later in this Plan, and many programmes of work will contribute to more than one area. Our statutory functions will complement and in places also contribute to these areas.

Appendix 1 lists the programmes of work which we will continue to deliver as a priority throughout this phase, although many have been adapted and refocused in recognition of the pressures on the service. We will continue to keep this range of work under review and ‘step up/step down’ as required over the course of the ‘emergency phase’.

Stabilisation phase (remainder of 2021-22)

For the remainder of 2021-22 and into 2022-23 we will align the specialist skills and expertise of our organisation to support the recovery, redesign and renewal of our health and social care system, underpinned by a systematic approach to Quality Management.

Our work programme for 2021-22 will be used as a ‘live’ document supporting an agile approach to delivery and measurement. It will include data on the ability of programmes of work to be paused, scaled back or refocused, and identifies those which are critical to continue during times of crisis. Our ongoing prioritisation will be supported by a new internal process for considering new work commissions, to ensure alignment with priority areas and clarity around resource implications. It is essential that all of our decisions at this time build a platform for financial stability in 2021-22 and beyond.

The organisation is also reshaping how it delivers its services - seven key delivery areas have been identified, alongside our core / statutory functions, and this approach aims to create a shared strategic focus; this will impact on how we function as an organisation, and also how our people work.

Our Internal Improvement Oversight Board (IIOB) is delivering a programme of focused internal improvement work to support and enable these changes.

Recovery phase and looking ahead to 2022-23

As a National Board we will support the delivery of priority services, the embedding of innovation and the optimisation of outcomes by the service, consistent with the Remobilisation Framework:
8 objectives for safe and effective remobilisation

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**We will retain and build resilience**
- Take action to identify the risks to immediate needs, as much as possible; develop plans to mitigate risks to each care setting
- Develop strategies to ensure that the services are resilient to future pandemics

**We will minimise excess mortality and morbidity from non-Covid disease**
- Prevent and manage outbreaks of the virus
- Implement and enforce infection control measures
- Work with local authorities to ensure that all patients receive appropriate care

**We will re-establish services, prioritised to clinical need and reflecting population demand**
- Ensure that services are rapidly re-established to meet immediate needs
- Prioritise services based on clinical need and population demand
- Ensure that services are accessible to all patients

**We will focus on approaches that create better population health and wellbeing**
- Develop and implement evidence-based strategies to improve population health and wellbeing
- Prioritise services that support healthy lifestyles and prevent disease
- Work with local authorities to ensure that all patients receive appropriate care

**We will support people to recover, including their mental health and wellbeing**
- Develop and implement evidence-based strategies to support people to recover from their illness
- Prioritise services that support mental health and wellbeing
- Work with local authorities to ensure that all patients receive appropriate care

**We will embed innovations and digital approaches**
- Develop and implement evidence-based strategies to support innovation and digital approaches
- Prioritise services that support innovation and digital approaches
- Work with local authorities to ensure that all patients receive appropriate care

**We will ensure the health and social care support system is focused on reducing health inequalities**
- Develop and implement evidence-based strategies to reduce health inequalities
- Prioritise services that support reducing health inequalities
- Work with local authorities to ensure that all patients receive appropriate care

**We will engage with the people of Scotland to agree the basis of our future H&SC system**
- Develop and implement evidence-based strategies to engage with the people of Scotland
- Prioritise services that support engagement with the people of Scotland
- Work with local authorities to ensure that all patients receive appropriate care

This Plan demonstrates how these objectives are reflected across our key delivery areas, core activities and key drivers, in particular:

- safety across all care settings
- pandemic response - nosocomial and care home inspection
- mental health as a key delivery area
- renewal - innovation, digital first, understanding the needs of people and communities
- outcomes – including engaging with people and communities the future of health and social care services and that outcomes that matter most to them
- adapting to changing priorities – such as managing the long term effects of COVID-19

**Independent Review of Adult Social Care**

We will also continue to be responsive to the changing health and social care context, in particular the Scottish Government’s response to the Independent Review of Adult Social Care. The recommendation for a National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, has direct implications for HIS, working alongside the Care Inspectorate. We will also need to respond to the creation of a National Care Service and redesign of planning, commissioning and procurement of social care support as it relates to our work.

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1 Taken from ‘Re-mobilise, Recover, Redesign: the Framework for NHS Scotland’, Scottish Government 31 May 2020
Work programme 2021-22

We have identified seven key delivery areas which support national priorities as the health and social care system recovers and continues to redesign how services are delivered. Each area will have an Executive sponsor.

Seven key delivery areas
- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

Key drivers
- Understanding and using the evidence
- Reducing inequalities
- Involving people and communities
- Whole system approach

Core/statutory functions, including:
- Inspection / regulatory activity
- Sharing intelligence
- Advice on new medicines and technologies
- Death Certification Review Service
- Healthcare Staffing Programme / Excellence in Care
- Improvement support
- Statutory Accounts

Underpinned by the Quality Management Approach
We will continue to review and refocus our work over the coming months using the Quality Management Approach to decide which combination of our functions will be most effective in the key delivery areas.

As we refine our work programmes during the coming months we will develop driver diagrams for each key delivery area, describing the aim, primary and secondary drivers, and which work programmes will support achievement of our planned outcomes.

Overview of each Key Delivery Area

The following pages provide an overview of how we anticipate the key delivery areas, through their associated work programmes, will support national priorities during 2021-22. These indicate that some programmes of work contribute to more than one delivery area. Our core functions will also complement and in places contribute to these areas, for example quality assurance reviews or the development of advice on health technologies can be deployed in direct response to quality issues identified within these areas.

Note regarding table headings:

- ‘RMP3 Priorities’ are those set out in the commissioning letter from Scottish Government for this Remobilisation Plan.
Safety

RMP3 Priorities
- Living with COVID
- Primary, community and social care
- Continued delivery of emergency and urgent care
- Acute services / redesign of urgent care

3Rs Framework objectives
- Pandemic response
- Better outcomes
- Non-COVID urgent care
- Elective care

Overview:
Our Safety work is focused on the development of safer systems by:

- Taking a quality management approach to supporting the system to address identified immediate safety priorities.

- Working with key partners to develop a refreshed safety strategy for Scotland’s health and care services, which sets a new and ambitious vision that builds on the successes of the last 12 years and ensures a health and care system that continues to provide world-leading safer care for everyone in Scotland.

Key programmes 2021-22 include:

- Progressing the development of the Healthcare Improvement Scotland Safety Strategy, including new national infrastructure to sustain further improvements in safety across the health and social care system

- The Scottish Patient Safety Programme (SPSP) with three core workstreams
  o 2020 Essentials of Safe Care for the entire health and care system
  o SPSP Programme Specific Improvements
  o Development of a SPSP Learning System to support all improvement activity

- Our inspection and standards teams working with colleagues from NHS Assure (the Centre of Excellence for the Built Environment) to update the current standards for the Built Environment as contained our published HAI standards, and we will consider the future need for the inspection of these standards.

- Developing the national notification system for Category I adverse events.

- Progress with the learning system to support national implementation of HEPMA (Hospital Electronic Prescribing and Medicines Administration) across Scotland.
### Older People

**RMP3 Priorities**
- Living with COVID
- Primary, community and social care
- Continued delivery of emergency and urgent care

**3Rs Framework objectives**
- Pandemic response
- Better outcomes
- Innovation and integration
- Ensure equity

**Overview:**

Older People’s System (OPS) is focussed on enabling Healthcare Improvement Scotland to deliver a coordinated and aligned offer of support, making the best use of its resource and maximising its impact in supporting better outcomes for older people in Scotland.

OPS is currently coordinating focussed explorations (“deep dives”) into key topics (Care Homes, Workforce, Dementia, Medicines and Frailty) to identify any new or redesigned high impact work that the organisation could take forward in the future.

Using the intelligence and information from the OPS work to date, we will produce Healthcare Improvement Scotland’s strategy for improving the quality of health and care for older people in Scotland for 2021 and beyond.

**Key programmes 2021-22 include:**

- **Focus on Dementia** - a national learning system to improve access to high-quality dementia care and support across Scotland, underpinned by 3 key workstreams focused on diagnosis and post-diagnostic support, improving care coordination in the community and dementia in hospitals.

- **Frailty Improvement Programme** – a combined acute/community frailty offer with aim to start offering support from April 2021 including work with other National Boards and HSCPs to scope a revised version of the eFrailty Index (eFI) which supports early identification of frailty.

- **Hospital at Home** – Providing improvement and implementation support to six areas to introduce H@H services and developing an implementation toolkit for further new service development and a business case toolkit, both for use in NHS boards and IJBs.

- **Joint Inspections** – Healthcare Improvement Scotland and the Care Inspectorate have been working closely in responding to the Covid-19 pandemic, with a particular focus by Healthcare Improvement Scotland on the provision of extra inspection capacity to the inspection of adult care homes.

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### Mental Health

**RMP3 Priorities**

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Overview:

HIS will support higher quality mental health services by taking a Quality Management System approach to:

- addressing identified immediate quality and safety priorities
- redesigning pathways and systems of care to enable better mental health and wellbeing outcomes for people in Scotland

Key programmes 2021-22 include:

- Practical implementation support for the work of redesigning and improving mental health services focused on key system priorities including early intervention in psychosis; pathfinder work on integrated mental health and substance use services; enabling redesign of mental health services to reduce pressure on inpatient services; implementing essentials of safety in SPSP, and enabling improvements in least restrictive practice.

- Working with the Mental Health Directorate at Scottish Government to design and agree future improvement support for CAMHS and PT Services, in line with the Mental Health Recovery Plan.

- Facilitating national learning systems to enable sharing and acceleration of improvements in quality and access across Scotland and improve the capacity and capability for redesign and improvement of services working in collaboration with the Scottish Benchmarking and Quality Network.

- Supporting identification and sharing of learning from suicide reviews, working in collaboration with NHS Boards, Mental Welfare Commission for Scotland and other partners with a shared interest in this area.

- Provision of evidence which supports improvement in mental health services including SIGN guideline on the management of people with eating disorders (including anorexia nervosa, bulimia nervosa and binge eating disorder) for all ages and gender groups, in any health or social care setting.

- Work with the Scottish Government, the Mental Welfare Commission and the Care Inspectorate to jointly review how we effectively assure the quality of mental health services

- Deliver the Prisons Pharmacy programme of work to support the medicines facet of the National
### Primary and Community Care

#### Overview:
We are supporting the service in the context of continued significant challenges for Primary Care remobilisation and recovery as the momentum of delivery of the COVID-19 vaccination programme increases amid continued efforts for more widely available routine primary care services within current COVID-19 restrictions.

#### Key programmes 2021-22 include:

- **Care Navigation** - to support general practice to implement safe and effective processes for navigating patients to access care with the right person, at the right place, at the right time. Our [Care Navigation in General Practice: 10-Step Guide](#) forms part of the national Scottish Government Primary Care Communications Toolkit.

- **Pharmacotherapy Collaborative** supporting general practice to implement safe and efficient serial prescribing which reduces GP practice and pharmacy staff workload. We are working with over 60 practices in 8 Health and Social Care Partnership (HSCP) areas. The collaborative teams are testing and developing a national Serial Prescribing Toolkit. Early data showing a reduction in GPs signing >500 prescriptions a week.

- **Continuing to support improvement in anticipatory care planning (ACP)** and have updated the [Essential ACP](#) developed in response to Covid-19. We will launch the web-based Essential ACP Online Tool in early 2021.

- **Supporting IJBs with strategic planning for COVID-19 focused models of care**, including commissioning housing/community services to reduce delayed discharges.

- **Collaborative Communities Redesign and Improvement Support**
  - Supporting implementation of new COVID-19 compliant models of support for Learning Disabilities day services and supports.
  - Ensuring the critical role of unpaid carers is embedded into all pathways and service redesign.
- Enabling IJBs to implement community-led and COVID-19 compliant models of care and alternative commissioning approaches, especially for mental health and older people’s services.

- Housing, Care and Support Programme
  - Supporting access to healthcare for marginalised groups with multiple and complex needs who are being disproportionately impacted by the pandemic.
  - Facilitating improvements in the interface between housing, health and care to enable hospital discharge and support at home for complex needs.

### Unscheduled / urgent care

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<td>Acute services / redesign of urgent care</td>
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<tr>
<td>Continued delivery of emergency and urgent care</td>
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<td>Innovation and integration</td>
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<td>Non-covid urgent care</td>
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<td>Ensure equity</td>
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<td>Better outcomes</td>
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### Overview:

This is an emerging area of work for HIS. Our work in this KDA will support the service to address covid and non-covid unscheduled care demands and priorities to enable better health and social care outcomes for people in Scotland.

### Key programmes 2021-22 include:

We are currently scoping existing and emerging areas of work across Healthcare Improvement Scotland which aligns with unscheduled/urgent care to better understand and describe the potential for HIS to contribute and add value in this area.

This detail will be added to the next iteration of the Remobilisation Plan and is likely to include activity relating to services close to people’s homes, areas of transition between primary/community and secondary care and preventative improvement activity.

### Access

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<td>Acute services / redesign of urgent care</td>
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<td>Primary, community and social care</td>
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COVID-19 has restricted access to planned care and resulted in planned care services redesigning how they safely and effectively deliver care as they remobilise services. Restricted access to care is causing people to wait longer for planned care which results in a growing risk of irreversible harm and the potential to increase demand on unscheduled care.

COVID-19 has also exacerbated existing health inequalities and highlighted the pressing need to ensure equitable access to health and care services across all population groups.

Key programmes 2021-22 include:

- Our Evidence Directorate will continue to work with the Clinical Cell at Scottish Government to provide guidance to services on their recommencement.
- The SHTG Health Technology Assessment (HTA) process allows for the assessment of any new and existing health technology, including those that may facilitate a significant shift in care from an inpatient to a homely setting. The context will be considered as part of an HTA, and this facilitates the consideration of value during specific periods such as COVID-19.
- As above, SMC is prioritising the HTA of medicines that may reduce pressures on acute services or facilitate a significant shift in care to a homely setting.
- Access QI is providing support to NHS Boards to apply quality improvement methodology to improve access to elective care and support remobilisation of elective care.
- The New Models for Day Supports for People with Learning Disabilities Collaborative is working with eight Health and Social Care Partnerships (HSCPs) to redesign day support services for individuals with a learning disability including supporting the implementation of COVID compliant models of support.
- The ADP and Homelessness Programme is working with 4 HSCPs to reduce drugs deaths and improve access to vital health and care services for people who are experiencing homelessness.
- National Cancer Medicines Advisory Group advice on cancer medicines where there is no other national advice (e.g. off protocol or off label) or support for implementation of SMC advice.
Overview:

COVID-19 is significantly impacting the lives of children and young people in a range of ways, particularly those who are vulnerable. For the remainder of 2020/21 and beyond we will be harnessing our work across the organisation to reflect key issues for children and young people emerging from the pandemic, and working to maximise our opportunities to positively impact their experiences and outcomes. Our Children and Young People’s Working Group is scoping current and emerging areas of work across HIS that have a full or partial focus on children and young people and considering how we take forward a more holistic approach to our work for this key delivery area.

Key programmes 2021-22 include:

- The work of the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

- Further develop and implement Excellence in Care quality indicators for paediatrics, maternity services and Health Visiting and support the development of Covid specific Nursing and Midwifery workload tools for maternity services.

- Supporting health and care services to meaningfully engage with children and young people to help ensure they are involved in shaping decisions about their health and care and the design of services.

- Progressing the 2020-2023 Corporate Parenting Action Plan, taking forward our duties as a national organisation in respect of care experienced young people.

- Work with pathfinder sites for redesigning the support for young people’s mental health and wellbeing in partnership with the Scottish Government and IHI.

- Developing our processes for assessing the impact of our work on children’s rights, health and wellbeing from the outset and identifying ways to increase the participation of children and young people, and the organisations who represent them, in all that we do.

- Joint Inspections of Children’s Services with the Care Inspectorate will also recommence in due course but no date has been agreed for this yet.
Key drivers

All of our work will be underpinned by the Quality Management System and the following drivers:

- Understanding and using the evidence
- Reducing inequalities
- Involving people and communities
- Whole system approach

Our response to the COVID-19 pandemic has informed our approaches to these drivers, including in the following ways:

Understanding and using the evidence

We have an Evidence Strategy 2020-23 which describes how we will provide evidence based advice for Health and Care services throughout Scotland; use evidence to support the overall purpose and objectives of HIS and the delivery of our strategy. In particular, we will:

- Build on the learning from COVID-19 to embed our “rapid review” service and explore the potential to further extend our “menu of products”
- Develop our networks and interactions with key stakeholders and groups of influencers to consolidate the connections made during the response to COVID-19 so that evidence remains a building block of policy development
- Develop outputs that meet the needs of our stakeholders and are integral to the delivery of technology enabled care
- Measure/monitor the quality and impact of what we do on clinical practice and patient care.
- Value, support and invest in our teams to support quality outputs and use of appropriate and contemporary methodologies in delivery of our work.

Reducing inequalities

Healthcare Improvement Scotland seeks to mainstream equality considerations to ensure that equality is considered within everything that we do, and by everyone who works, volunteers or collaborates with us. In particular we undertake equality impact assessments to inform the scope of and approach to our work, both to meet our organisational equalities and inclusion duties, and to support our commitment to positively impacting on health inequalities. We have agreed specific Equality Outcomes for 2021-25 relating to the health and care needs of people from BAME communities.

Increasingly many aspects of our work programme are focused on specific population groups including people experiencing health inequalities, at present: children and young people, older people (both highlighted in our key delivery areas), prisoner healthcare and people with multiple and complex needs.
In response to COVID-19 we will continue to support inclusive engagement during physical distancing via our online resource, Engaging Differently, which helps organisations achieve a mix of approaches to ensure consideration of those affected by digital exclusion.

**Involving people and communities**

We believe that people and communities should have the opportunities and support to use their skills and experience to design and improve the health and care services that matter to them. In addition, they should have the opportunity to work together with the organisations that provide those services.

The need to engage and involve people and communities has never been more important and we have had to adapt what we do to support meaningful engagement in line with physical distancing restrictions and stay at home messages that have been in place during the pandemic. This has meant a return to more traditional ways of engaging such as telephone and post as well as moving our engagement activities onto digital platforms.

The Community Engagement Directorate will also be supporting the ongoing development of inclusive and sustainable volunteering in NHS Scotland. We will use the guidance and training resources we developed in response to the pandemic to facilitate a consistent approach to how volunteering roles are developed and managed across the country.

Across our work we will be strengthening our governance of community engagement activities to ensure the voices of people and communities are directly informing and shaping all our work programmes and functions, from planning to delivery.

**Whole system approach**

Through this and previous Remobilisation Plans we seek to demonstrate how HIS is supporting a whole system response to the COVID-19 pandemic and the safe resumption of services. We will work to recognise the connections between services and systems and support them to work together.

In addition, we will take a whole system approach across our key delivery areas. For example, in relation to older people we are working across the following care settings:

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**HIS wide approach to supporting the redesign of health and care services**

Redesigning services requires a systematic approach to understanding the challenge, designing solutions, testing and refining changes, assessing the impact of any change and spreading at scale.
Our combination of expertise across evidence, community engagement, strategic planning, commissioning of care services, quality improvement methodologies, clinical and care staff engagement, and assurance means we are able to provide effective support at every stage of the process.

At times we will support a piece of work through the entire redesign process from explore through to spread at scale (e.g. our work with primary care to reduce workload on GPs); at other times we will input on a specific element of the process, such as the work of the Scottish Health Technologies Group to assess the value of new technologies.

As well as providing support at every step in the journey of redesign, we also recognise that transformation requires a combination of:

- Point of care improvements
- Designing and implementing new models of care
- Redesigning pathways of care to ensure the person gets their needs met first time, by the right person in the right way
- New systems of care which usually incorporates action across all of the above

And we have experience of providing effective support at every one of these levels. In addition our whole system focus means we bring experience of working across health, social care, third sector, independent sector and housing and our work spans from front line delivery through to informing policy development.

In delivering this support, we understand the importance of working collaboratively with others and as such, we work closely with a wide range of other national organisations to ensure we are able to jointly offer the right support for the challenges faced. A key priority for us over the next year is to further improve our key collaborations to help deliver maximum value and secure sustainable and affordable improvements in the health and wellbeing outcome for the people in Scotland.
Innovation and internal improvement

Internal Improvement Oversight Board (IIOB)

Our internal improvement work is designed to ensure we deliver our work programmes in the most efficient and cost effective way. As a national improvement organisation for health and care, it is important we succeed in improving ourselves, while continually striving for more. We have established the Internal Improvement Oversight Board (IIOB) to drive forward this work and to manage the required changes to enable us to be sustainable for the future.

The IIOB is partnership driven, providing leadership, governance and accountability for three key inter-linked areas of improvement – people, place and process. We have identified three immediate priorities:

- **Ways of working (WoW),** including our culture and values; agile working, staff health & wellbeing and creating joy in work
- **Staff capacity and capability,** including understanding of what staff require of us to help them develop within their role and closely linked to the workforce, capacity and operational planning
- **Digital transformation,** including the actual and virtual work environments, the HIS buildings and estates plan and our digital readiness for the future

Over the next year, we will:

- deliver activity to embed the learning from our COVID-19 Learning reports, focusing on our resilience, agility, virtual working, innovation and staff experience.
- develop a new policy framework, our *Humanifesto*, setting out how we will deliver sustainable improvement activity and cultural change to future proof the organisation.
- deliver a new Health & Wellbeing strategy for the organisation and embed the 5 Ways to Wellbeing across HIS.
- undertake a review of the HIS estate and take action to ensure that the provision of workspace is equitable across our sites and provides diverse spaces to support different working styles.
- expand our adoption of Microsoft Office 365, review the legacy HIS digital estate and deliver a baseline review of digital skills and capability in HIS.
- deliver Quality Improvement Training supporting the organisation to embed the QMS approach through the HIS Foundation Improvement Skills course (HIS FIS).
Renewal to a better health and care system

To support the service in its efforts to embed innovations and digital approaches in line with the Remobilisation Framework, we will also do the following:

- We will use digital technology to develop intelligent products, harnessing smart product applications and platforms to create access anywhere products that are available to anyone at anytime on any device and in any context.
- We will continue to enhance our application of analytics to support intelligence led and data driven decision making and policy development.
- We will continue to support the delivery of more innovative services in a community setting which embrace the role of individuals and communities in self-management and community support alongside effective use of digital technologies.
- We will continue to work with the Scottish Government Technology Enabled Care Programme to support the effective use of service design and quality improvement methodology as part of its pathfinder work.
- We will continue to support the NHS Innovation Steering Group and input into its ongoing work programme.

National Boards Collaborative

We continue to work as part of the National Boards Collaborative, which provides HIS and other national boards with the opportunity to collaborate and play a lead role in important areas of recovery and renewal: supporting the primary care reform agenda and sharing data and improving intelligence.

The primary care activity has a focus on a digital-first approach, with specific workstreams in relation to prescribing, and a ‘digital front door’ to primary care.

The improving intelligence work has a focus on older people and health inequalities, and we are exploring areas where we can help address public health inequalities through sharing information and improved intelligence between health and social care.

Both programmes support the ambition for delivering the right care at the right time and in the right place, while also helping to alleviate unnecessary pressures on the NHS in Scotland.
**Workforce sustainability**

In the coming year the overarching aim for our workforce remains to ensure that 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 achieve our priorities as described in this Plan and in line with Scottish Government’s 3Rs Framework: Remobilise, Recover, Redesign.

Alongside this Remobilisation Plan we have developed an interim Workforce Plan for 2021/22, which will also enable us to plan the priorities for 2022 onwards, as we revert to a three year workforce planning cycle. This will include actions and learning resulting from an internal audit on current Workforce and Development Planning arrangements within HIS, to address risks in terms of our workforce planning capacity and delivery going forward.

The People and Workforce Directorate will have a key role to play in supporting the organisation to change, to achieve its goals and to ensure that our ‘people practices’ evolve to fit what the organisation needs to be ready for the future. The Directorate will undergo a process of organisational change in 2021 to review and re-align corporate resources (in the areas of Human Resources, Facilities and Organisational Development & Learning) in a way which best suits the changing demands of the organisation, as we emerge from the Covid-19 pandemic.

The Workforce Plan will be presented to the HIS Board for approval alongside this Remobilisation Plan prior to agreement with the Scottish Government within the required timescales.

**Supporting staff wellbeing**

Supporting staff wellbeing is key to sustainability of our workforce during the current pandemic and as we move into a recovery phase. We have undertaken a range of activities since the outbreak of the pandemic to support staff health and wellbeing, including:

- Broadening the focus of this year’s performance reviews to include a specific discussion on wellbeing
- Setting up a health and wellbeing page on our staff intranet to ensure easy access to a range of resources as well as campaigns such as ‘Light Up December’ and ‘Hop, Skip and Jump into Spring’
- Focus on Wellbeing webinar programme for all staff
- Promoting the National Wellbeing Hub for health and social care staff
- Weekly staff meditation sessions and wellbeing support group
- Regular reminders to managers and staff on the importance of maintaining wellbeing, via the Chief Executive’s weekly newsletter, all-staff huddles and staff intranet
Financial sustainability

Financial management during 2021-22

Financial planning for 2021-22 is based on the indicative allocation for baseline funding notified by Scottish Government letter dated 28 January 2021. Financial planning is for one year only to support this remobilisation plan and takes into account the current phase of emergency support to the pandemic which is estimated to continue into the summer followed by a period of stabilisation for the remainder of the financial year to March 2022.

Separately, we are planning for a longer term of 3-5 years to ensure future financial sustainability for HIS.

Assumptions for 2021-22 have been made as follows:

- Pay and increment inflation has been calculated at 1.5%
- Non pay cost increases are based on RPI at 1.5%

The draft budget for HIS has been prepared in three parts: baseline funding; additional funding allocations received; and the regulation of independent healthcare.

Baseline funding

The indicative baseline allocation for 2021-22 is £27.5m. We are expecting additional transfers to baseline funding of £1.6m which have been agreed by Scottish Government colleagues during the course of 2020-21. We will continue to work during 2021-22 to transfer other funding to baseline that supports our core work e.g. to support the National Hub for Child Deaths which is ongoing work but currently funded on an annual basis.

A balanced budget has been prepared which has a savings target of £1.6m embedded within it. This comprises a staff turnover target of £0.7m recurring savings and a non – recurring savings target of £0.8m. The solution for HIS to achieve recurring savings is based on robust prioritisation of the work programme and a re-engineering of workforce costs to support delivery of the work. The Workforce Plan 2021-22 includes the actions that have been agreed to ensure that we use our workforce more cross organisationally and more efficiently which should deliver recurring savings.

Investment will take place during 2021-22 to deliver a Digital Strategy which has been agreed with the Board. The digital improvements will lead to greater efficiency by streamlining current systems and by using AI techniques where appropriate across the organisation.

A ‘Once for HIS’ approach is being introduced to remove duplication, increase consistency and generate savings across the organisation. This will also maximise expertise and skills within the organisation and should improve career pathways for colleagues.

These changes are part of the Internal Improvement work of the organisation and will be overseen and governed by the Internal Improvement Oversight Board and a new Workforce Planning group. It is planned that these changes over the next 2-3 years will deliver recurring savings and future financial sustainability.
Additional Allocations

Significant work has taken place with Scottish Government colleagues to confirm most of the additional funding allocations prior to the start of the new financial year. This has been a positive forward step and enables HIS to concentrate with certainty on this work from the beginning of the financial year.

Currently there are £1.1m of additional funding allocations where the funding amount has not been confirmed. These have been included within the financial plan as a risk based decision because the intention to fund has been received from SG colleagues. However, if the funding does not materialise this will increase the savings target of £1.654m by the amount of the allocation not received. Work continues to formalise these outstanding funding arrangements.

Regulation of Independent Healthcare

The assumption for 2021-22 continues to be that this work is ‘self-funding’. This means that the fees that we receive should pay for the delivery of the service. Market projections around this unpredictable sector have been evaluated financially and we believe that from 2023 it is unlikely that the sector will continue to self-finance. This is largely the result of a reduction in registration income. A short life working group has been established between HIS and SG and they are reviewing the future of this sector. The conclusions reached and potential changes made for the future will be included in all future financial forecasting.

Capital Investment

The business case for agreeing new leases and to refurbish Delta House in Glasgow was approved by Scottish Ministers during 2020. The refurbishment of Delta House is currently underway. The majority of the fit out works will take place between April and September 2022 and this is budgeted to be £2.2m as approved in the business case. The depreciation charge for 2021-22 onwards increases as a consequence of this capital spend.
APPENDIX 1: work programme delivery during emergency phase

The following programmes of work are those which we will continue to deliver as a priority throughout the emergency phase, and which support the emergency COVID-19 response and/or the system to adapt to living with COVID-19. We will continue to keep this range of work under review and ‘step up/step down’ as required over the course of the emergency phase.

*Ongoing statutory responsibilities*

<table>
<thead>
<tr>
<th>Priority work during emergency phase (present time to summer 2021)</th>
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<tr>
<td><strong>Sharing Intelligence</strong></td>
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<tr>
<td>Monthly Sharing Intelligence for Health and Care Group (SIHCG) meetings to consider intelligence about the quality of care for two NHS Boards each month. Continued provision of data and intelligence, along with advice and support on its use, to other programmes within HIS.</td>
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<tr>
<td><strong>Management of Adverse Events</strong></td>
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<tr>
<td>Continue notification system and national alerts process.</td>
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<tr>
<td><strong>Ionising Radiation (Medical Exposure) Regulations IR(ME)R</strong></td>
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<tr>
<td>Any concerns raised in the event of a mandatory notification by an NHS Board, for example, in relation to over-exposure will continue to be followed up as appropriate during this period.</td>
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<tr>
<td><strong>Inspections of Care Homes</strong></td>
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<tr>
<td>Undertake inspections of care homes along with the Care Inspectorate to ensure people’s health and wellbeing is supported and safeguarded during the Covid-19 pandemic</td>
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<tr>
<td><strong>Regulation of Independent Healthcare</strong></td>
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<tr>
<td>Whilst routine inspections have been paused, inspections focused on Covid-19 continue to be undertaken, as informed by relevant data and intelligence.</td>
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<tr>
<td><strong>Death Certification Review Service</strong></td>
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<tr>
<td>Review randomly selected Medical Certificates of Cause of Death (MCCDs) for quality and accuracy. In response to increased pressures on NHSScotland, the sampling rate was reduced to 8% during January, and is being kept under review.</td>
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<td><strong>SUDI</strong></td>
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<td><strong>Joint Inspection of Prisoner Healthcare</strong></td>
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<td><strong>Adult Support and Protection Inspections</strong></td>
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<td><strong>Hospital Inspections</strong></td>
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<td><strong>Responding to Concerns</strong></td>
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<td><strong>Healthcare Staffing Programme</strong></td>
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<td><strong>Volunteering in NHS Scotland</strong></td>
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<td><strong>Service Change</strong></td>
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<tr>
<td><strong>SMC Programme plus Innovative Licensing &amp; Horizon Scanning</strong></td>
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<tr>
<td><strong>Screening Programmes (COVID19 Initiated)</strong></td>
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<tr>
<td><strong>COVID 19 - Guidance/Evidence Reviews/ SHTG Technology Assessments</strong></td>
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<tr>
<td><strong>Person Centred Design and Improvement</strong></td>
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<tr>
<td><strong>Essentials of Safe Care</strong></td>
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<td><strong>Primary Care Improvement</strong></td>
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<td><strong>Hospital at Home</strong></td>
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<td><strong>Frailty Support and Learning System</strong></td>
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<tr>
<td>Anticipatory care</td>
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<tr>
<td>Mental Health Redesign and Improvement</td>
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<tr>
<td><strong>Medicines and Pharmacy Team</strong></td>
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<tr>
<td>Focus on Dementia</td>
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<tr>
<td>Good Practice in Strategic Planning</td>
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<tr>
<td>Collaborative Communities Redesign and Improvement Support</td>
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<tr>
<td>ADP and Homeless Programme: Reducing Harm, Improving Care</td>
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<td>Healthcare Access in Homelessness Programme</td>
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<td>Housing and Healthcare</td>
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<td>Access QI</td>
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<td>Quality Management System (QMS)</td>
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<tr>
<td><strong>MCQIC</strong></td>
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<td><strong>Acute Care</strong></td>
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<td><strong>Value Management</strong></td>
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