



Supporting better quality health and social care for everyone in Scotland

Workforce Plan 2022 - 2025

October 2023

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Executive summary

Background

This plan has been developed by request from the Scottish Government for all NHS boards to review workforce needs for 2022-2025.

We have also carried out work focussing on our strategic and financial priorities. This work is reflected in the detail and structure of the Workforce Plan. The plan also contains the [National Workforce Strategy for Health and Social Care](#), which refers to the five 'pillars' of workforce planning: planning, attracting, employing, retaining and nurturing our staff.

Process

Scottish Government provided a template document as part of [DL 2022 \(09\): National Health and Social Care Workforce Strategy: Three Year Workforce Plans](#) to ensure a consistent approach from all organisations. This is reflected in the construction and detail of our workforce plan, which includes information on the current workforce, assessment of workforce need and also an Action Plan.

Specific reference to the NHS Recovery Plan, National Care Service and the Resource Spending Review are also featured in this Workforce Plan.

We have provided information on:

- Short term workforce drivers (12 months)
- Medium term drivers 12 – 36 months in terms of developing and sustaining workforce numbers and skill requirements.

This document has been developed and agreed in partnership with our local Partnership Forum representatives. It has also been discussed and agreed with both the Staff Governance Committee and the Board of Healthcare Improvement Scotland.

Findings and recommendations

During the last five years we have seen an increase in our overall headcount and whole time equivalent (wte) employees. This is due to an increasing workload financed from additional allocations in response to growing demand for a range of services from our organisation.

However, like the rest of NHSScotland, we have seen a significant change in our financial arrangements during the current financial year, particularly regarding additional allocations from Scottish Government. This has meant closer scrutiny of recruitment and careful planning around the management and use of fixed term contracts and secondment arrangements. This

supports the development of a consistent response to time limited work requests with specific skill and service requirements.

As part of this work, we have established our **'One Team'** programme. The structure, governance and approach of One Team is covered in this plan and will be a focus of planned activity.

It is essential that we focus on organisational stability within the evolving financial landscape, support our workforce and ensure they are actively shaping the processes and outcomes of the organisation. We will support the cultural and organisational changes needed to support our future ambitions.

Based on available financial modelling, including the assumption that future pay awards will be self-funded by the organisation, we will need a year on year headcount reduction from 440 wte to 384 wte by 2026-2027. This will reflect pre-pandemic employment levels as detailed in the Resource Spending Review requirements for the NHS in Scotland.

All organisational and directorate activity to support this work, together with some of the anticipated challenges, is detailed in the appendices of this document. There is also information on our planned development to ensure we have an agile and skilled workforce to support our strategic vision:

'Our purpose is to drive the highest quality of health and care for all'

The transformational change our organisation needs will mean a continued focus on staff health and wellbeing.

Governance and review

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

The plan will be updated and reviewed annually to reflect planning and financial assumptions within the organisation.

1. Introduction

This three year workforce plan covers 2022-2025 and is aligned to Healthcare Improvement Scotland's strategic priorities and three year plans for operational and financial planning processes. It also factors in Scottish Government and Cabinet Secretary priorities.

The plan outlines how we will plan, attract, train, employ, retain and nurture the workforce we need to deliver sustainable, high-quality services to achieve our strategic and operational priorities. Recognising the significant workforce pressures NHS boards face, the plan sets out the current workforce position, known future pressures and opportunities, and actions needed to recruit and develop the workforce our organisation needs in the short to medium-term.

The overarching aim for our workforce plan is to ensure we have the right people, in the right roles with the right skills at the right time. It aims to maximise the potential of our people as well as attracting and retaining the best talent by offering rewarding, well designed jobs and career opportunities.

1.1 Healthcare Improvement Scotland

Healthcare Improvement Scotland was established in 2011 as a health body, constituted by the National Health Service (Scotland) Act 1978, as amended by Public Service Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014. While HIS is not a special health board, it is grouped with other NHS special health boards in terms of Scottish Government initiatives such as shared services. HIS' key statutory duties are:

- A general duty of furthering improvement in the quality of healthcare
- A duty to provide information to the public about the availability and quality of services provided under the health service
- When requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS.

Specifically, HIS exercises the following functions of Scottish Ministers:

- To support, ensure and monitor the quality of healthcare provided or secured by the health service
- To support, ensure and monitor the discharge of the duty on NHS boards to encourage public involvement (through the Scottish Health Council Committee as described in Annex 4)
- To evaluate and provide advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs.

Since HIS was established in 2011, we have made considerable progress in our responses to the changing health and social care environment. Like other NHS boards, we are experiencing challenges because of the pandemic. We have become more agile in how we work, adjusting and refocusing our efforts and priorities. At the pandemic's peak, 112 members of staff, nearly one quarter of our workforce, were deployed to frontline roles in other NHS boards, including direct patient care roles, call handling and participating in the national vaccination programme. We also continued to assure health and social care services remained safe and that the views of those who use healthcare were listened to and acted upon.

During the pandemic, we made staff wellbeing central our work and actions. This will continue as the NHS recovers from the impact of COVID-19. Our approach will reflect the importance of flexibility, efficient use of resources and the promotion of a positive work life balance, to ensure we have the strongest possible support and highest standards for our people.

We are uniquely positioned within NHSScotland and will continue to build on our learning to ensure our contribution remains relevant and timely to support the health and social care system to recover and improve.

We are developing our organisational strategy for 2022-2027 to reflect our organizational ambition to ensure people in Scotland experience the best quality health and care services. Our strategy will continue to build on our successes in embedding sustainable improvements in the quality of health and social care.

All our work has our organisational values embedded in its development and delivery. These values are:

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

Our workforce continues to be our biggest asset and we will focus on maximising the potential of all of our people to ensure they are engaged, well informed and effective. Our staff are crucial in implementing our vision to improve the quality of health and social care. Our Workforce Plan will support the delivery of our organisation's strategy as well as the delivery of the national workforce strategy.

1.3 Purpose and scope of the workforce plan

All NHS boards are required to develop three year workforce plans for 2022-2025 and ensure that their workforce, operational service and financial planning approaches are aligned. Workforce plans are expected to reflect the context of the "Five Pillars of Workforce Planning" which are outlined in the National Workforce Strategy for Health and Social Care in Scotland. Following this strategy will ensure we have a workforce to meet the local projected

short-term recovery and medium term growth requirements across our services.

The five pillars of the workforce journey are:

- Plan: data about our workforce is key to understanding where and how that workforce delivers health and care service needs to the people of Scotland
- Attract: the education system is one key aspect to providing the right educational pathways and creating an interest in working in health and social care
- Train: we must support our staff with the skills and education to deliver health and social care services
- Employ: it is vital that our staff feel valued and rewarded for the work they do, and that NHSScotland and social care employers are employers of choice
- Nurture: Once we have employed our workforce it is important that we nurture them. The wellbeing of our health and social care workforce is an essential priority.

The Workforce Plan aligns with the key policy commitments set out in the [NHS Recovery Plan](#). It identifies short term (12 months) recovery and stabilisation, and medium term (12 to 36 months) growth and transformation service demands, risks and opportunities, and the workforce implications of these.

Guidance on the development of workforce plans were issued to NHS boards and Health and Social Care Partnerships (HSCPs) in the DL 2022 (09): National Health and Social Care Workforce Strategy: Three Year Workforce Plans. In line with the guidance, this workforce plan will provide:

- Information on our current workforce, comparing demand analysis with current workforce
- Our assessment of further workforce needs, including describing and analysing the gap between projected future workforce needs and current staffing levels
- An action plan to address the gap and achieve the necessary changes to the workforce based on the five pillars of workforce planning.

The National Workforce Strategy also outlines the NHSScotland workforce vision:

Our vision for the health and social care workforce – a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do.

The overarching aim for our current and future workforce is to continue to maximise the potential of our people to enable Healthcare Improvement Scotland to achieve our strategic priorities. This means ensuring we have the right people with the right skills, in the right place at the right time while maintaining the wellbeing of our workforce.

1.3 Stakeholder engagement and governance

Healthcare Improvement Scotland recognises the importance of effective engagement with staff, their representatives and our partners in the development and implementation of our workforce plan. We engage with our staff about decisions that affect them and invite them to contribute to the planning and delivery of our plans and services.

Stakeholder engagement activity is an ongoing and iterative process within HIS, reflecting the dynamic nature of the organisation. The development of this workforce plan and ongoing engagement on workforce developments are regularly discussed with the Partnership Forum, Staff Governance Committee, Health and Safety Committee, One Team Programme Board and associated work streams as well as through regular staff huddles to ensure effective engagement and collaboration.

We use other communications methods to share information with staff including email, staff intranet and regular Chief Executive and Chair messages.

Any workforce risks are captured in the Board Risk Register and are updated on a regular basis to the Audit and Review Committee.

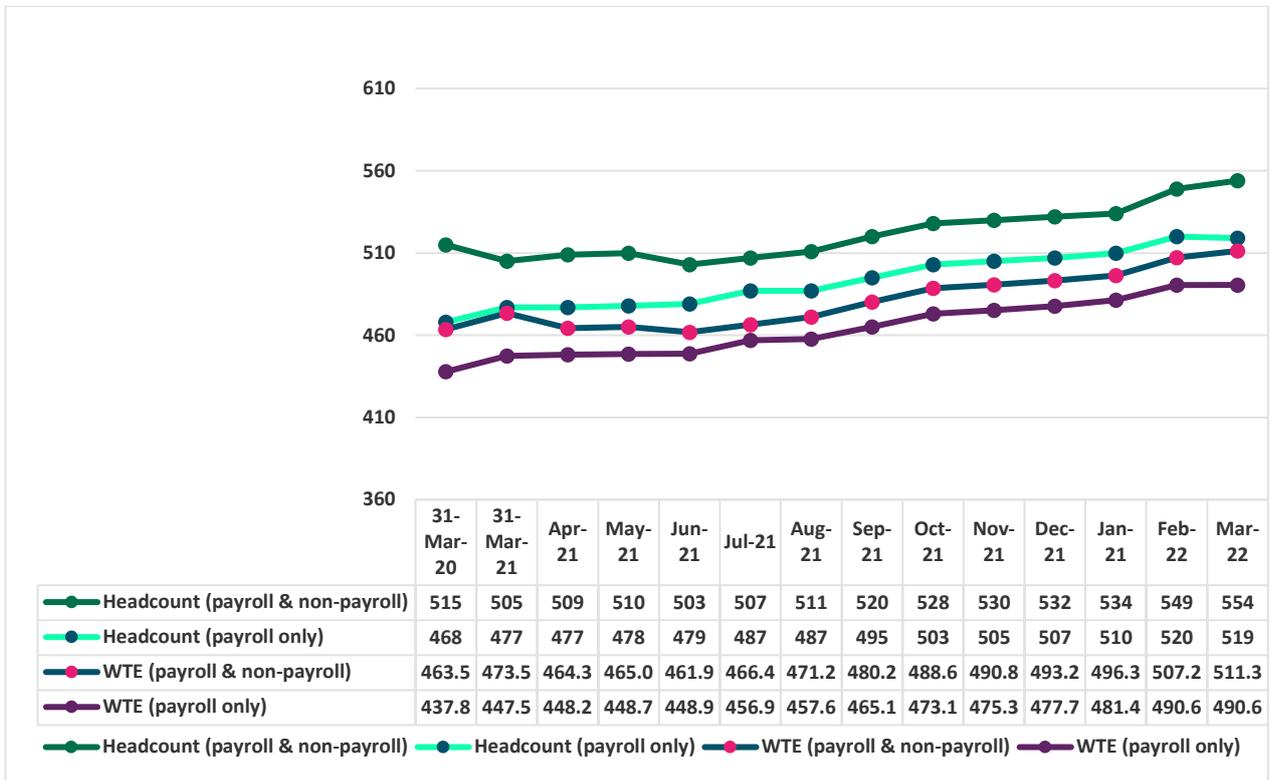
An Operating Framework is in place setting out how Healthcare Improvement Scotland and the Scottish Government will work together. Every year there are both formal and informal meetings between HIS and our sponsor division in the Scottish Government which cover emerging issues, opportunities, concerns and risks. Each programme area in HIS also has ongoing discussions with relevant policy leads in the Scottish Government to design and develop new commissions and monitor and oversee delivery of work. There are also separate channels to escalate issues and concerns from inspections carried out by our Quality and Assurance Directorate.

2. Current workforce profile

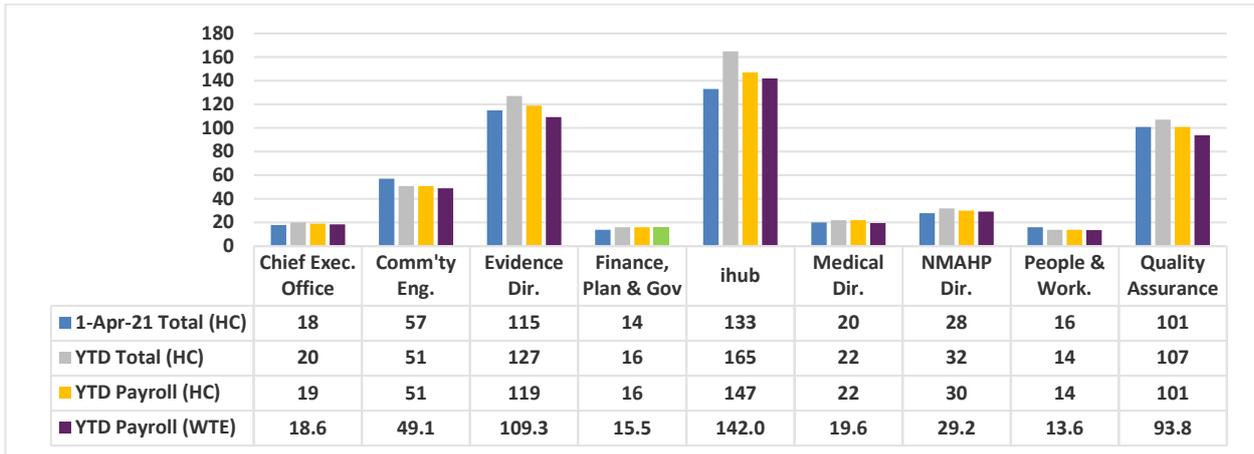
Understanding our workforce is key to workforce planning, taking into account the changes in the numbers, turnover and vacancies as well as sickness absence rates and reasons. Relevant data for our organisation's workforce is captured in the following sections.

1.1 Headcount and whole time equivalents

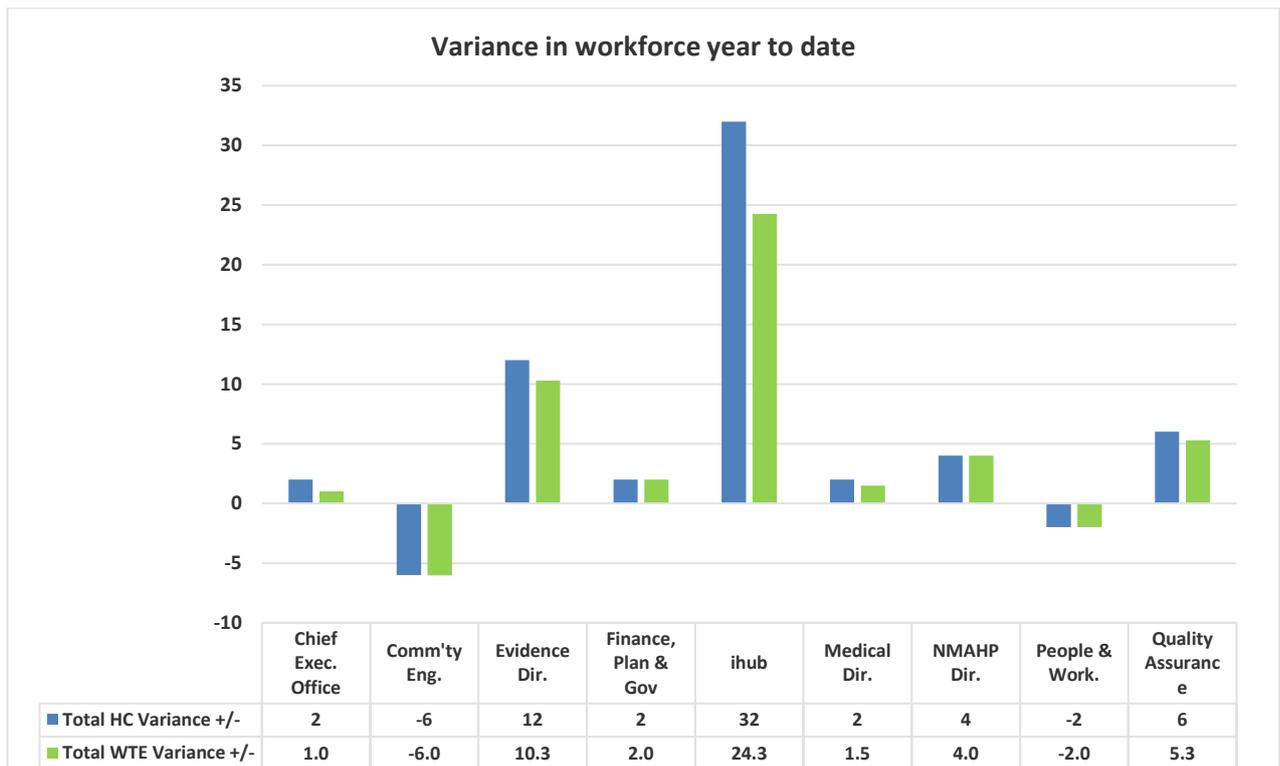
The following diagram details our workforce trends in 2021-2022, and a comparison to the workforce numbers on 31 March 2020, demonstrating the increase in our workforce.



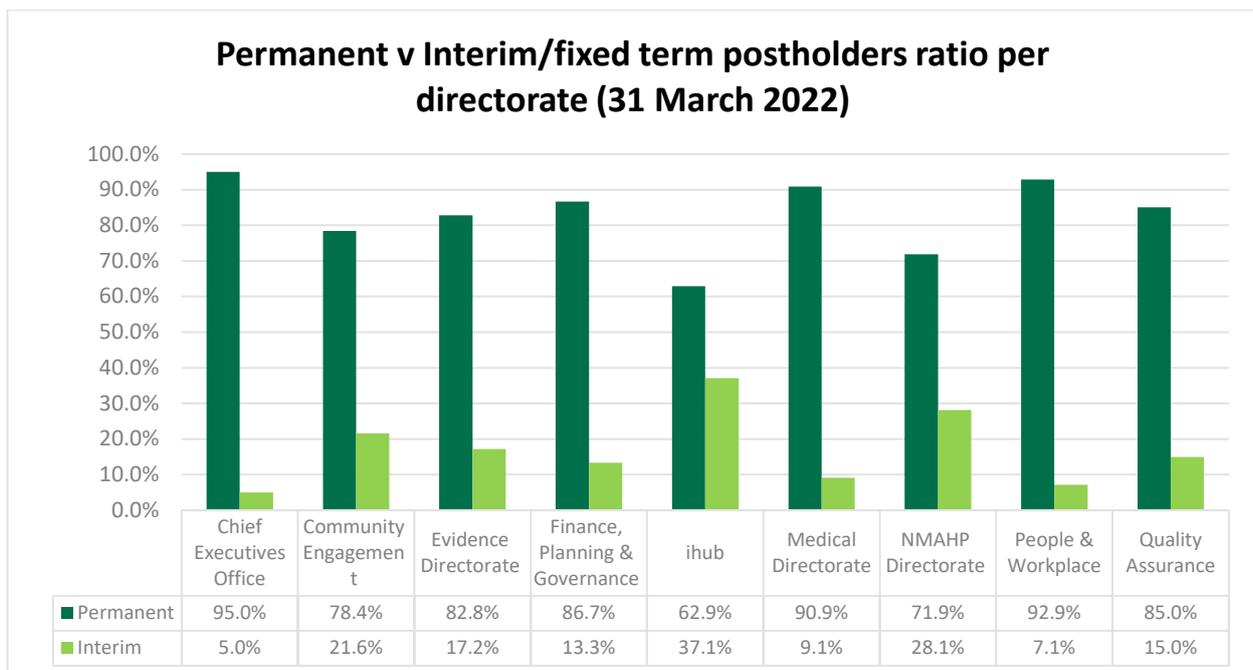
The following chart details the workforce by directorate in 2021-22.



At directorate level, the key net changes are due to the number of new starts, leavers and internal moves, which are shown below:



Between 1 April 2021 and 31 March 2022, the overall workforce increased by 52 staff members, which is 40.3 wte. The organisation has steadily increased its overall headcount and wte, payroll and non-payroll (secondees from other Boards), over the last five years to meet the increasing demand for work. The majority of the directorates have increased their workforce slightly. The ihub increased their overall workforce numbers the most, rising by 32 staff members over the past year. This is due to the delivery of an accelerated programme of recruitment to meet increased demand for services.



The total workforce mix and ratio of permanent to interim post holders, fixed term contracts and secondments across the organisation has remained broadly consistent throughout the

year. At directorate level, the ihub had the highest ratio of posts filled on an interim basis at 37.1% compared to an organisational average of around 22.7%.

Many of the new work commissions we receive from Scottish Government are based on fixed funding allocations. We recruit on a fixed term or secondment basis to support these programmes of work.

The mix of contracts within our workforce is broken down in the following chart. It shows that 77% of our workforce are on permanent contracts while the remaining workforce is made up of secondments or fixed term contracts due to limited funding allocation for specific programmes of work.

Total workforce mix by contract type:

- Permanent: 77%
- Other 13%:
 - Secondees into HIS 7%
 - On internal secondment 6%
- Fixed term: 10%

1.2 Workforce turnover 2021-22

Turnover by directorate	starters	leavers	turnover rate
Chief Executive's Office	4	2	5.4%
Community Engagement	3	9	16.8%
Evidence Directorate	19	6	5.0%
Finance, Planning & Governance	2	0	0.0%
ihub	53	21	13.9%
Medical Directorate	5	3	16.2%
NMAHP Directorate	9	5	18.5%
People & Workplace	1	3	20.0%
Quality Assurance	10	4	3.8%
Total	106	53	9.7%

Between 1 April 2021 and 31 March 2022, 106 people joined our workforce and 53 left, representing an organisational turnover ratio of 9.7% (9.1% for the previous financial year). The highest turnover rate was for staff who were on a fixed term contract, which saw a turnover ratio of 21.2%. Temporary allocation of funding for programmes of work that we asked to deliver will continue to create supply challenges and additional pressures on the existing workforce. It also creates an increased reliance on temporary staffing arrangement such as fixed term contracts and secondment arrangements. This presents us with challenges in recruiting candidates to non-permanent roles and can make our workforce vulnerable to potential high levels of turnover.

While turnover rates have risen over the past two years, the rate has remained lower compared to pre-pandemic, with 12.8% in 2019-20 and 10.9% in 2018-19.

1.3 Recruitment activity 2021/22

Between 1 April 2021 and 31 March 2022, there were 190 vacant roles across the organisation. Of these, 129 were filled, with 55 being filled by internal recruitment or by other NHS staff from outside HIS.

Due to the resource spending review and the impact on workforce expectations, recruitment activity is being rigorously scrutinised to ensure only roles in priority areas are recruited for. Over the next three years, we anticipate more redesign of roles to achieve standardisation where possible. This will maximise our current resources and skillsets across the organisation as well as making the best use of technology and ways of working.

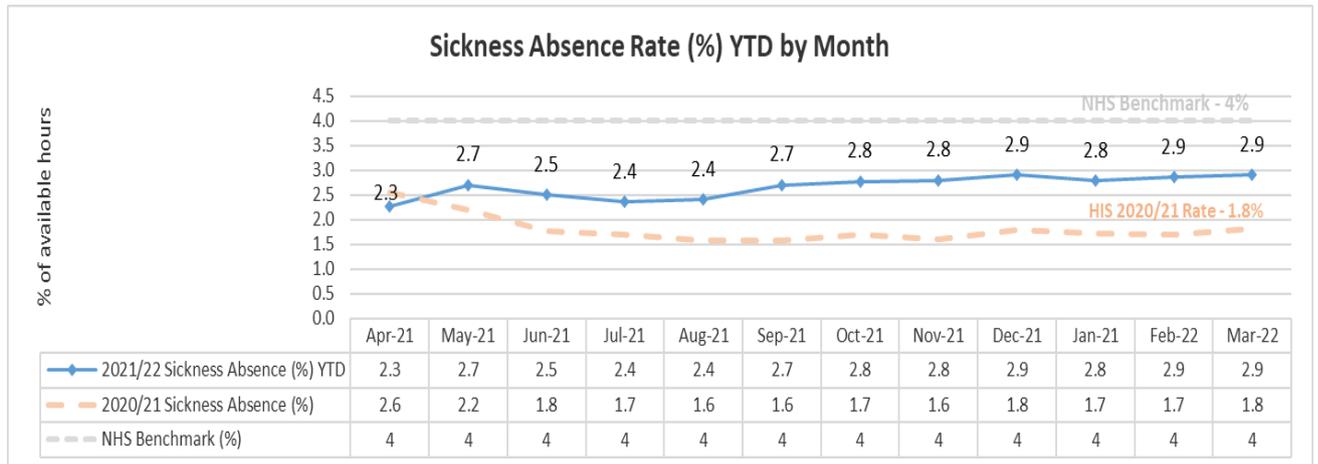
1.4 Recruitment timelines

The recruitment data reported below captures posts advertised from 1 April 2021 to 31 March 2022.

The average time to hire someone during 2021-22 remained broadly comparable to the previous year, with the average time for roles to reach offer stage being 44.2 days and 72.5 days to confirm a start date. We continue to present and monitor the recruitment timelines on a monthly basis through regular HR reporting.

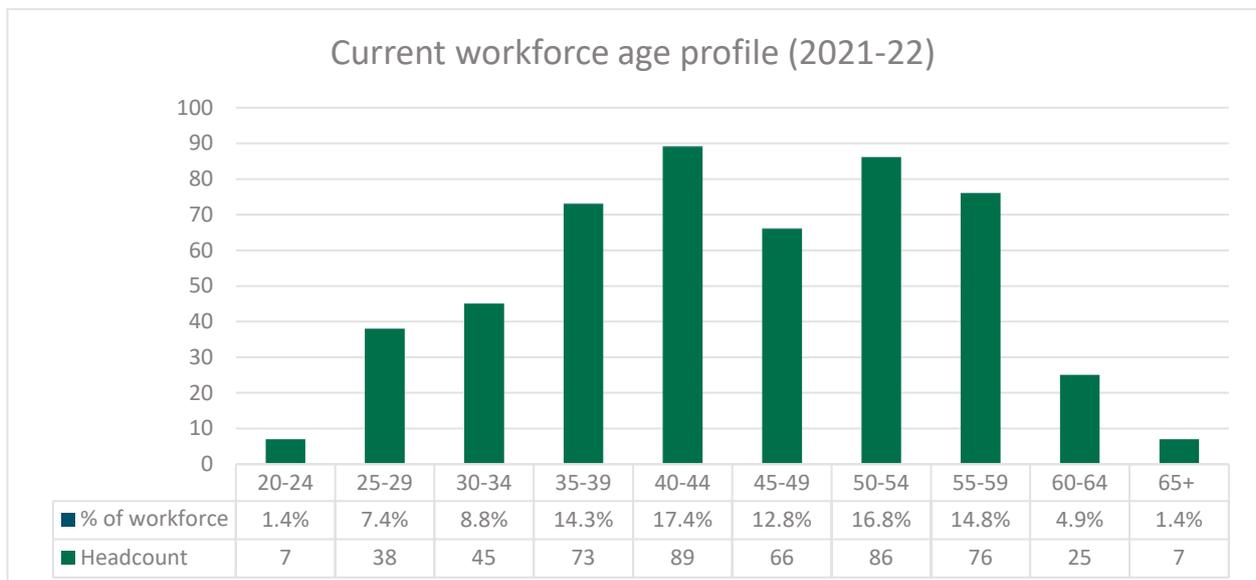
1.5 Sickness absence rate

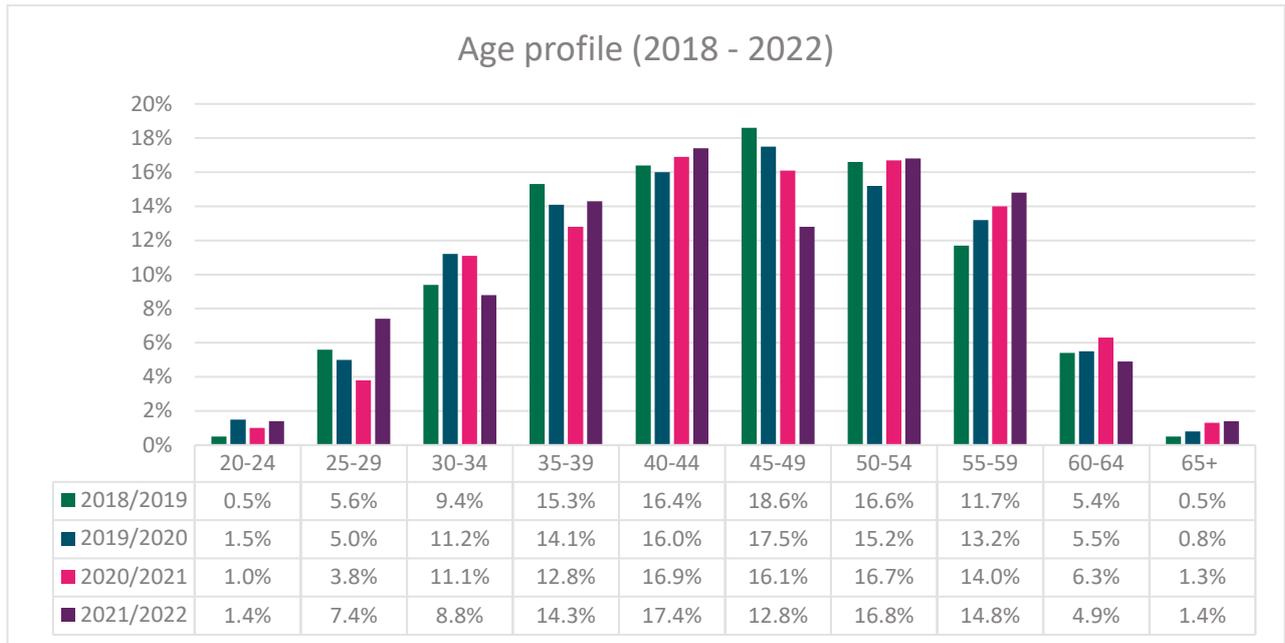
Between 1 April 2021 to 31 March 2022 a total of 29,093 hours (3,879 days) were lost due to sickness absence. This represents 2.9% of the total available workforce with 65% attributed to long-term conditions. The breakdown of sickness absence rates for the full year is detailed below.



Sickness absence rates continue to be below the NHS threshold of 4%. While absence rates have increased since the previous year, the overall sickness absence rate is broadly similar to the years before the COVID-19 pandemic. We monitor sickness absence rates on a monthly basis. Support is provided to staff and managers by our HR team, with additional support from occupational health when needed.

1.6 Age profile





The age demographic over the last four years has been broadly similar and indicates that the majority of our workforce are in the 35 to 59 age range. The proportion of our workforce aged over 60 years old has increased in the last four years, as people are remaining in the workplace longer. In particular individuals remaining in work beyond age 65 has increased by 0.9% of our overall workforce in the last four years.

We have seen an increase in the number of young people in our workforce over the last four years. In the 20-24 age range we have seen an increase of 0.9% of the workforce, and in the 25-29 age range we have seen an increase of 1.8%. The majority of staff within these age ranges are employed in Agenda for Change bands 4 to 6. Initiatives such as developing career pathways for staff, creating roles with transferable skills for cross-divisional work as well as the employability work streams referred to in section 5.3 of this plan support retention of staff as well as attracting and supporting new talent into the organisation.

3. Health and wellbeing

“We will continue to provide a range of wellbeing support for our workers; we must care for them as they have cared for others”

[National Workforce Strategy for Health and Social Care in Scotland](#)

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

We have a history of being forward looking in our support to staff. For example, we were an 'early implementer' of a menopause policy which has been further developed following a recent review and relaunch.

We maintain a positive focus on health and wellbeing by continuing to offer support through:

- Regular messages offering support and encouragement to people to look after their wellbeing, via the Chief Executive's weekly message, all staff huddles, all staff MS Teams channel and staff intranet communications
- Embedding a focus on wellbeing in the Performance, Development and Wellbeing Review (PDWR) process to include a specific discussion on wellbeing
- Developing a dedicated health and wellbeing page on our intranet so staff have easy access to a range of resources and can connect with each other
- Promoting resources and opportunities from the National Wellbeing Hub for health and social care staff as well as workforce specialist services
- Recognition of Healthcare Improvement Scotland's 'Engaged' status as part of the 'Carers Positive Award' in July 2021, with continuing work to progress to further award levels
- Health promotion activities, including staff-led opportunities and activities, such as weekly meditation sessions, yoga sessions, wellbeing support groups and webinars and participating in Paths For All, an eight week walking challenge
- A network of confidential contacts for staff, with information available on the staff intranet
- Continuing to offer support via the NHS Occupational Health Service or the comprehensive Employee Assistance Programme run via AXA Health. This contract is due for renewal, this is being undertaken in partnership with a focus on support being available to complement our current wellbeing focus for staff, including menopause and other recognised long term health conditions relevant to our staff demographics;
- Engaging with staff in a variety of ways as part of our Ways of Working programme to understand what matters in relation to supporting health and wellbeing
- Reviewing and relaunching our menopause policy, with two menopause awareness sessions being held in spring 2022 with around 110 staff attending. As part of the ongoing support for menopause and menstrual health within the workplace, Menopause Café sessions have been running since the end of August to allow staff to discuss issues and support each other. The policy review group are currently looking into the feasibility of implementing a menstrual health workplace policy
- Completion of Display Screen Equipment Assessments (DSE) for all staff with an annual review cycle running in May each year
- Access to a Cycle to Work Scheme and a range of other staff benefits
- Continuing to offer staff vaccination programmes via the NHS Occupational Health Service.

Supporting staff wellbeing continues to be an organisational priority. This can be seen in both our 2021 and 2022 iMatter survey results, where 85% of staff said they feel the organisation cares about their health and wellbeing.

3.1 Equality and diversity

We recognise the importance of a diverse and inclusive workplace and aim to celebrate diversity, promote equality and embed inclusion in all of our activities. We are keen to support and learn from our diverse workforce and improve the experiences of our people from the day they decide to apply to join our organisation.

Our latest [Equality Mainstreaming Report](#) covers the last four years of our work. It describes the work we have done to embed equality into our work programmes as well as setting out the equality focused priorities we aim to achieve by April 2025.

Our recent focus has been on supporting, celebrating and learning from our diverse staff, while increasing awareness about different communities. Staff equality networks have been established, so people from minority ethnic backgrounds, those with LGBT+ identities and those who identify as disabled or neuro-divergent have a distinct voice in the organisation and are able to actively shape a range of important activities.

We also support NHSScotland's Pride Badge Initiative. Over 100 members of staff, including the whole Executive Team, signed the Pride Pledge and committed to being aware of the issues experienced by the LGBT+ community, being a safe person to talk to and someone who will listen, using inclusive language and respect identity.

As part of our efforts to create a safe and inclusive workplace for all, we have developed an organisational policy to support transgender and non-binary colleagues. With the expertise of our Equality and Diversity Working Group, we created an Inclusive Language Guide to support staff. The guide details current best practice language in relation to protected characteristic groups, as well as socio-economic deprivation, homelessness and substance dependence and is already supporting colleagues to be confident and consistent in their use of appropriate, respectful and person-centred language within our publications.

We are also participating in the NHSScotland pilot of the Equally Safe at Work Accreditation Programme. We are committed to progressing gender equality in our workforce and across NHSScotland where ever and whenever we can.

In line with The Equality Act 2010, our recruitment processes are designed to ensure that all applicants are treated fairly and without favour. We work closely with the [Glasgow Centre for Inclusive Living](#) and have successfully recruited graduates from there.

3.2 Staff experience

Staff experience and engagement underpins a healthy organisational culture, from recruitment onwards, as part of the employee life cycle. There is continued support of staff experience through effective partnership working, measuring the experiences of staff with local and national tools, such as iMatter, which supports and empower teams to improve their experiences at work.

3.2.1 iMatter

Our staff survey, iMatter is an important opportunity for us to share how we feel about working for Healthcare Improvement Scotland. It provides the opportunity to share thoughts about our experiences at work, how we are being managed and provides a vital tool to improve the working lives of our workforce.

In both 2021 and 2022 we achieved a response rate of 91% to iMatter the highest ever response rate we have received. 85% of respondents felt that the organisation cares about their health and wellbeing. In 2022 we also achieved our highest ever employee engagement index score, 82, which reflects the experience of our staff during challenging times. Our response and employee engagement index rates over the last few years are summarised below:

	Response rate	Employee engagement index score
2019	90%	78
2020	iMatter paused	
2021	91%	81
2022	91%	82

At the time of writing this workforce plan, our 2022 survey results have just been reported. We will now undertake a full analysis of the results and continue to emphasise the importance of action planning as an opportunity for everyone to be fully involved. We will share the analysis of our iMatter results with key staff governance groups to inform current and future work streams and priorities.

3.2.2 Personal Development and Wellbeing Review (PDWR)

Our Personal Development and Wellbeing Review (PDWR) is designed to help individuals be successful in their role while supporting their personal wellbeing.

The PDWR provides the opportunity for individuals and their manager to reflect and discuss performance and learning, and how this has been impacted by or impacts upon the individual's wellbeing. It also helps individuals make plans to achieve personal, corporate and wellbeing objectives, identify any new learning required to achieve agreed objectives and think about future career ambitions and what support will be needed to attain them.

Effective appraisal is crucial to supporting and managing individual, team and organisational performance, ensuring everyone, irrespective of role, is able to bring their best to their work.

At the end of July 2022, the PDWR completion rate was 80% and health and wellbeing had a significant impact on staff performance. This represents a slight increase in completion rates since July 2021, 75.8%. We continue to highlight the importance of the PDWR process to individuals, managers and teams and support is available from our Organisational Development and Learning team.

1. Key Workforce Drivers

The ambitions of a more integrated health and social care system, together with reducing levels of inequalities, are key drivers of our work. Understanding the evidence and involving people and communities who access and use services are central to our work.

Our planning process recognises how our work has been guided by responding to the changing needs of the health and care system, including how we remobilise and recover from the COVID-19 pandemic. We had to be agile, flexible and responsive, recognising the ever-changing and unpredictable state of the pandemic and its impact on frontline services and patients. Over the last year we have remained committed to ensuring a close alignment of our priorities to the [National Recovery Plan](#) and the commitments in the [Programme for Government](#), as well as developing health and care programmes. We also continued to provide assurance to the NHS and the wider public about the safety of services, undertaking core activities in relation to our statutory duties to enable us to respond to concerns.

We will continue to build on our learning to adjust to rapidly changing circumstances in health and social care. We will also accelerate the roll out of initiatives to ensure that our contribution remains relevant and timely in supporting the health and social care system to recover and improve.

Directorate workforce driver details are included in Appendices 1 and 2.

4.1 Strategic priorities and ambitions: 2023–2028

Organisational strategy

Work has begun to develop our [2023–2028 strategy](#), supported by a programme of internal and external stakeholder engagement. This will build on our vision, purpose and ambitions for the future of our organisation.

Our strategic priorities aim to ensure people living in Scotland experience the best quality health and care services. Our strategy will grow on our success in embedding sustainable improvements in the quality of health and social care.

As Scotland recovers from the pandemic, we will be bold in our actions to improve health outcomes and tackle deep-rooted inequalities. Our actions will remain firmly rooted in the ambitions of Scotland's Healthcare Quality Strategy: to deliver safe, effective and person-centred care. It is more important than ever that we work to ensure care continues to be safe, effective and delivers improved outcomes.

We know there are major challenges facing the health and care system in the years ahead. In redefining our strategy, we have the opportunity to reflect where our organisation fits in the context of these challenges and work with stakeholders to understand the future.

Annual Delivery Plan

Our Annual Delivery Plan for 2022-2023 focuses on our organisational priorities as a national NHS board. We are committed to closely aligning our priorities to those of territorial NHS boards, the [Scottish Government's Resource Spending Review](#) and their developing care and well-being portfolio.

The Annual Delivery Plan is subject to adjustment of delivery priorities and approaches. The immediate priorities are to maintain the focus on the safety of quality of care in the system. This will include all of our statutory inspection and regulatory functions and monitoring the quality of care nationally as part of the Sharing Intelligence in Health and Care Group. This focus will continue through delivery of a range of programmes including:

- [Scottish Patient Safety Programme](#)
- [Essentials of Safe Care](#)
- the implementation of the [Health and Social Care Staffing \(Scotland\) Act](#), supported by our [Healthcare Staffing Programme](#)

We will work closely with NHS boards so people have their health and care needs met in the right place, at the right time, with an emphasis on early intervention and prevention. We will work with boards to design new models of care and drive primary and community care improvement in collaboration with people and communities.

We are also looking at how our improvement activities can be applied in social care and supporting how the NHS and care homes can work together.

Over the past 10 years, our organisation has grown in confidence, scale and reach. We are learning how to blend our skills and expertise to sustain longer-term improvements. All of our work will continue be underpinned by the Quality Management System.

We know there are major challenges facing the health and care system. Future delivery areas and services provided by Healthcare Improvement Scotland are influenced by a range of drivers, both internal and external which must be taken into account and will influence and affect our workforce over the short, medium and longer term.

4.2 External drivers

4.2.1 National Workforce Strategy for Health and Social Care in Scotland

The National Workforce Strategy for Health and Social Care in Scotland sets out a framework to create a sustainable, skilled workforce with attractive career choices where all are

respected and valued for the work they do. The health and social care workforce is central to implementing the Scottish Government's vision of enabling people to live more years in good health, and reducing the inequalities in healthy life expectancy.

We need appropriately skilled health and social care staff to deliver a whole system approach to improving health and wellbeing outcomes. The Scottish Government's vision, values and outcomes for this are:

- Create the conditions through which our workforce, and by extension our Health and Social Care services, can successfully recover from the pandemic
- Grow the Health and Social Care workforce sustainably, in line with Scotland's population demographics, and the demands on our Health and Social Care services
- Transform the ways in which our workforce is trained, equipped and organized to deliver Health and Social Care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

A supportive and inclusive workplace culture is central to growing and transforming our workforce. This is fundamental to providing services that adapt to deliver continually improving, high quality, compassionate care. The national workforce strategy's focus on sustaining workforce growth, continuous improvement and service transformation will support the commitments in the NHS Recovery Plan 2021-2026.

4.2.2 NHS Recovery Plan 2021-2026

We are committed to closely alignment of our priorities to the Scottish Government's NHS Recovery Plan 2021-2026. We will play an active and visible part in integrated unscheduled care, integrated planned care, place and wellbeing and preventative and proactive care programmes which have been established by Scottish Government.

4.2.3 National Care Service

Following a period of consultation, the Scottish Government introduced the [National Care Service Bill](#) to parliament on 20 June 2022. The legislation sets out the principles for the [National Care Service](#) with objectives of the bill being to 'improve the quality and consistency of social services in Scotland' and provide powers for the establishment of National Care Boards to deliver social care, social work and community health.

The bill confirms a continued emphasis on improvement and an embedded human rights approach to care support. This work will influence our role, scope and responsibilities of and will affect future planning as the detail of the bill becomes clearer.

4.2.4 Resource Spending Review

The [Resource Spending Review](#) was published by the Scottish Government on 31 May 2022. It announced measures to reset pay and workforce expectations. The review also aims to return the size of the public sector to pre-COVID-19 levels, while supporting expansion in key areas of service delivery. The review will last until 2026-2027 and states that the continued growth of the public sector workforce away from frontline services is not sustainable.

To achieve this, we are assessing our recruitment expectations for the remainder of the year. This work, which is overseen by the Vacancy Review Group, is being revised to reflect a wider role in examining the workforce profile and resourcing arrangements in place for Healthcare Improvement Scotland. We need to prioritise our work to deliver high quality outcomes and adjust workforce expectations accordingly. This means focusing on areas that deliver the greatest benefits, including how we apply skills and resources across the directorates in line with current budget requirements.

The Finance and People and Workforce teams are working closely on monthly reports to review and assess the cost of sickness absence, vacancies, recruitment activity and turnover. Workforce and financial planning reporting processes will align over the next three years.

4.3 Internal drivers

As we refresh our strategy and medium term planning, we are also undertaking a review of existing key delivery areas to reflect the current demands on health and social care organisations. The following key delivery areas have been developed and are proposed for implementation as a priority following discussion with the Executive Team:

- Safety
- Mental health
- Primary and community care
- Urgent/unscheduled care
- Children and young people
- Cancer
- Women's health

Key performance indicators (KPIs) are a set of quantifiable measures used to gauge the overall performance of an organisation. They help determine strategic, financial and operational achievements over time. They form part of an effective assurance framework and create an analytical basis for decision making and focus attention on what matters most. We are looking to develop and introduce a set of operational metrics under the following headings:

- Safe, timely, high quality care
- Evidence and intelligence underpin the design, delivery and assurance of care
- Culture of continuous learning and quality
- Voices of people and communities are at the heart of redesign

- Staff experience
- Value for money

The range of KPIs will be developed over time and will to reflect organisational priorities and drivers.

4.3.1 Remobilisation plan

The [fourth Healthcare Improvement Scotland remobilisation plan](#) reflects the need for us to remain agile in our delivery and our ability to react to challenges as they evolve within health and social care services. The plan ensures we are supporting delivery of care in the most effective ways by stepping up or down elements of delivery in response to service needs.

Our priorities for 2021-2022 were:

- Supporting the service at a national level during COVID-19
- Focusing on safety and ensuring the quality of care
- Promoting person-centred care
- Engaging with people and communities

As services recovered, a number of projects that were paused or reduced prior to 2020-2021 were restarted in 2021. These projects remain under review and can be stepped up or down as required, as is shown in our Annual Operating Plan 2022-2023.

4.3.2 'One Team' approach

One Team is our organisational programme to ensure that our structures, processes and cultures allow us to work collaboratively. It aims to maximise our impact on the quality of health and care services.

Recognising the current financial and systems pressures on both Healthcare Improvement Scotland and NHSScotland, our board and executive team have begun to look at four specific areas of focus:

- The simplification, consolidation and repurposing of our resources as we are currently over-stretched in relation to future funding
- An explicit, visible and practical alignment of organisational activities to national priorities – if it doesn't fit, we will stop doing it.
- Capability to deliver tailored support in systems under pressure, and apply learning from that support
- Ability to provide national leadership in the fundamental redesign of the health and social care system to balance workforce, quality, finance and delivery across all of our functions.

Underpinning this is our '**One Team**' approach which will enable us to:

- Reinforce our national leadership role: able to evolve and flex to deliver maximum value to the wider health and care system
- Be organised to deliver with a clear operating model which enables us to work in an efficient, effective and value-added way
- Clear lines of responsibility and investment for the delivery of external and internal activity
- Be flexible, agile and high performing with the right skills and expertise to support changing organisational and national priorities.

Working under the direction of the One Team Programme Board, will be four distinct work streams.

- Working environment
 - Accommodation
 - New ways of working
- Efficiency
 - Income generation
 - Back to budget
- Workforce
 - Standardisation of roles
 - Leadership structures
 - Effective management practices
 - Project management
 - Administration
- Redesign to maximise impact
 - Directorate redesign programmes
 - Process improvement
 - One Scotland

Central to this work will be a focus on organisational development and cultural change to support how we can embed this work.

The main priorities for this work are:

- Developing leaders
- Enabling people
- Corporate core
- Communications

Our purpose is to drive the highest quality of health and care for all.

Our vision is that:

- People who use health and care services are safe from harm
- People can access the right health and care services at the right time
- People receive the highest quality care that is person-centred, efficient and which continuously improves.

4.3.3 Ways of working

The reopening of our buildings in April 2022 has allowed us to start to test our understanding of flexible working arrangements, with the use of the office environment for collaborative working and networking between individuals and teams, and for individual or quiet working as needed.

We started a 'test of change' from April 2022 to September 2022, to us to explore and understand the implications for individuals, teams and the wider organisation when adopting a more flexible working model. Hybrid working allows our workforce to undertake their role at home or in the workplace, or at another work location.

All working arrangements must balance the needs of the individual and their role with the needs of the organisation and consider:

- service delivery and service capacity,
- staff experience, and
- patient or service user experience.

As we have moved through the 'test of change', a clearer definition of working style preferences has been established. The 'test of change' allowed all teams and directorates to experience flexible working and evaluate what aspects helped them to work together better and more efficiently. We were also able to support individual flexible working preferences where possible. This period has been a learning opportunity for the whole organisation to gain experience of flexible working.

During the test of change our workforce shared their experiences through:

- Tuesdays @ Two drop-in sessions - these sessions were an opportunity to engage with each other and the ways of working team, share any learning or ask a question.
- Ways of working vision survey - a fortnightly survey to understanding the benefits and challenges of our new ways of working for staff.
- 'Tell us more' feedback forms - 'Tell us more' boxes and feedback forms were available in our offices. For staff working in more remote locations, there was the option to submit online.

We are committed to sharing insights from across the organisation on a regular basis through the experiences fed back to us. These insights help us to understand how staff are feeling, which will help inform decisions.

Throughout the 'test of change' we continued to make the best use of flexible working policies that support work life balance and the health and wellbeing of our workforce. We also promoted the need for managers to have regular discussions with team members and put in place reasonable adjustments to working practices to ensure the health and wellbeing of our workforce remains a priority.

Workforce drivers

Our workforce combines a core of permanently funded employees supplemented by fixed term staff. Fixed term staff are required so we can respond to new work commissions which are funded on an additional allocation basis.

As a relatively small organisation with a range of very specialist roles, this requires close management of our fixed term contract arrangements on an annual basis. As part of this we must ensure engagement with our staff partners and individual employees is timely and relevant to individual circumstances.

As a national board with a diverse range of specialist services, we also employ a range of specialist roles that may not be found in other boards in NHSScotland. In recognition of this we continue to strive to be seen as the employer of choice within the public sector. In turn, this also requires close and careful management and planning in terms of turnover and retention.

Implementation and testing of the revised new commissions process will ensure continued oversight and close working between our workforce and finance directorates and colleagues across the organization. This will ensure the appropriate staffing and financial arrangements are in place to fit with future required staffing capacity.

The individual service and directorate information is included in:

Appendix 1 – Directorate detail

Appendix 2 – Directorate and service workforce drivers

5. Future workforce profile and influencing factors

5.1 Transformational change

As we move from recovery into growth and transform our services, we continue to focus on creating organisational stability within an evolving landscape. We continue to support our workforce and ensure staff are actively shaping the process and outcomes of change.

As we support services in health and social care Scotland, a number of new resources and programmes are being developed. These will support directorates and their staff through this transformation. As services recover and remobilise, Healthcare Improvement Scotland is continuing to flex resources in order to deliver a wide range of existing functions as well as requests for new commissions. We will need to review and, where necessary, revise existing work programmes and workforce numbers in order to balance the range of competing priorities as well as focus on a range of remaining workforce challenges. These include a shortage of available workers for some roles resulting in higher than normal level of vacancies.

As previously mentioned, the 'One Team' is key to both the immediate and medium term transformational change approach for the organisation.

The key areas of impact will emerge from the two central workstreams, workforce and redesign to maximise.

Workforce - assess options for change:

- Job roles
- Skillsets
- Support workforce during One Team programme

Redesign to maximise – our optimum operating model

- Agile, resilient and efficient
- Iterative steps
- Improving processes and structure

Delivery of this work will run between 2022 and 2024.

Areas of redesign and transformation that have been identified in addition to the work of 'One Team' are:

Ihub directorate:

- Project support infrastructures
- Potential improvement trainee role(s)
- Multidisciplinary change team working

Community Engagement Directorate:

- Interim structure arrangements

Medical Directorate:

- Strategic Medical Lead arrangements

Quality Assurance Directorate

- Service / organisational review and transformation

Evidence Directorate

- ICT Infrastructure

People and Workplace Directorate:

- Completion of organisational review

Some of this work will be completed in 2022-2023 and other items will continue into 2023-2024.

5.2 Financial assumptions

This information is subject to change while the organisation awaits final confirmation of our funding position. Additional allocation for staffing is not included at this time and will be provided as part of ongoing updates to the Board, Staff Governance Committee and Partnership Forum for discussion.

Work has been undertaken on financial modelling to support the three year workforce plan

with a view that staffing levels will not increase above budgeted levels.

Key financial assumptions regarding WTE for next year include:

	2022/23	2023/24
Agenda for Change pay award *	5%	5%
Funding uplift**	5%	0%
Staff turnover rate (financial impact)***	2.5%	2.5%

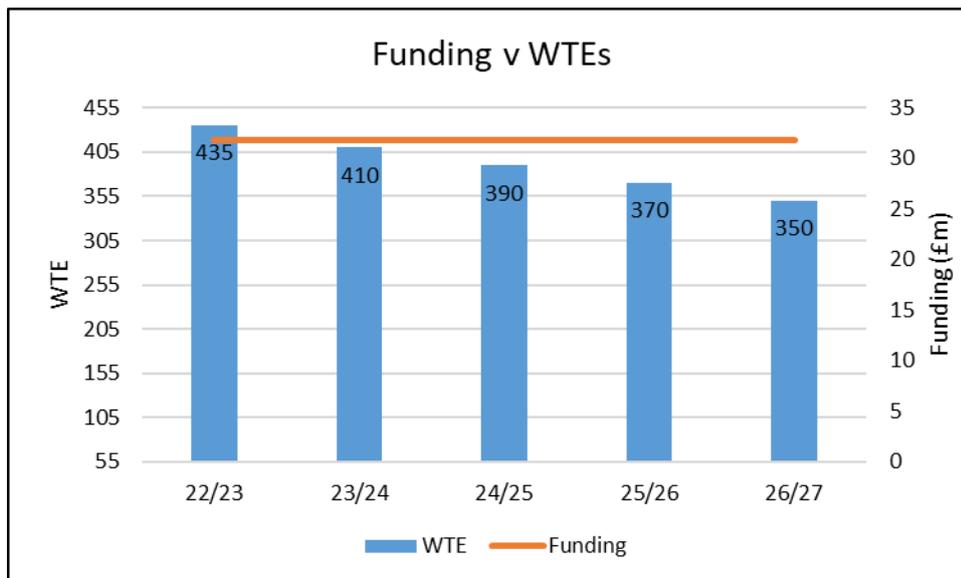
*Note 1: 5% pay award in 2022-2023 is still subject to negotiation. The final settlement position will be flowed through the budget when known. On the assumption that this is fully funded the targets and 2023/24 budget will be adjusted by an equal amount.

**Note2: The three-year plan funding assumption in 2023-2-024 has a potential uplift 2% but is recorded as a 0% uplift[VE(HIS1) for the purposes of the current plan[SC2]

***Note3: Staff turnover of 10% equates to a financial impact of 2.5% due to average replacement time of three months

The 2023-2024 budget also removes the additional 1.25% Employer’s National Insurance charge reflecting the removal of the Health and Social Care Levy. It should be noted that we have received informal notification from the Scottish Government that they will fund up to a 7% pay award in 2022-2023 on a recurring basis, however a risk exists should pay negotiations go above 7% as this may not be funded.

The graph below shows at a high level the WTE levels required so we can remain within the pay bill freeze. This is based on staff being awarded a 5% wage uplift in 2023-24.



While 2022-2023 pay award is assumed to be funded, no funding uplift is assumed for 2023-2024. Based on flat funding, a reduction of circa.25 wte, which is 6% of our total staff is required to be affordable on a recurring basis from 1 April 2023. Based on a decrease in additional allocation funding of £5million in 2023-2-24, a reduction of 25% in additional allocation staffing is required from our 2022/23 position (c. 24 WTE).

Indicatively, the number of wte, including those assigned to additional allocations, would need to decrease from 556 to 500 to be affordable in 2023/24.

It is estimated our total number of wte would reach pre-pandemic levels around 2026-2027.

Pay awards in future years higher than 5% would require further wte reductions and at this time uncertainty remains on how much of future pay awards the Scottish Government will fund.

Scrutiny over the level of the workforce, including succession plans will be monitored through the Workforce Strategy Group, the Workforce Profile and the Resourcing Group.

5.3 Organisational development and learning

We have undertaken a learning needs analysis to identify the range of learning needs across our organization.

5.3.1 Organisational development strategy

We have begun work on an organisational development strategy. It recognises the role and value of organisational development as a strategic function which works with all staff to prepare us for the future.

Five themes are proposed:

- **Employer Brand**

Research has been commissioned to support our ambition ‘to be the best public service organisation to work for’. The research will help us define the employer brand we want to create, so we have the right people in the right place, at the right time, and are focusing our efforts on the right things. It is likely that the outcome of this research will uncover areas which need further exploration, such as establishing the organisational position on succession planning, employability programmes and employer accreditations etc.

- **Culture and leadership**

[Our strategy](#) bring a focus to how our organisational culture and leadership needs to evolve to support the improvements we are aiming to make in the health and care system. This theme aims to focus on culture in a way which includes and goes beyond our NHS values, and connects to the new strategy. Culture and leadership will be progressed as a priority in collaboration with our Internal Improvement Oversight Board (IIOB) and Corporate Development colleagues.

- **Learning**

Our strategy confirms ‘we prioritise the learning and development of our staff, recognising that the skills and experience gained with us can be deployed in a wide range of health and care settings’. Since 2021, we have been moving to a new model of corporate learning and development which has three key features:

- available corporate budget benefits maximum numbers of people across the organisation
- investment is aligned with business need
- better user experience with all learning and development opportunities promoted and accessed via a single channel.

The new model is called the HIS Campus, more information on progress is provided at 5.2.2.

- **Corporate core**

Due to the scale of change, and the need to work as efficiently and effectively as possible, corporate services need to engage in collective planning, so available resources and investment can be focused around the delivery of agreed priorities.

- **Teaching organisation**

This theme focuses on the opportunity to develop an external version of HIS Campus which supports people working in the wider NHS. Staff will be able to spend time working in Healthcare Improvement Scotland participating in practical and experiential learning. This idea connects to the HIS brand and will strengthen our national leadership role and create a point of differentiation and added value.

5.3.2 Corporate learning and development and the HIS Campus

The learning needs analysis conducted in summer 2021 used information from the PDWR process. This enabled us to identify learning needs at scale and shape the development of a planned and costed programme of learning opportunities.

At the start of 2022, we delivered:

- Resilience Awareness Workshops (attended by 103 colleagues)
- Menopause Awareness Sessions (attended by 110 colleagues)
- Managing Successful Programmes (23 delegates)
- Introduction to Project Management (22 delegates)
- Certified Online Learning Practitioner (12 delegates)
- Certificate in designing online learning (12 delegates)

In addition, a further four courses were piloted and positively evaluated: Agile Programme Management, Project Management with MS Project, and Lean Sigma for Managers.

The implications of the financial plans within the organisation, along with the detail of the spending review will affect the planned delivery and approach of the HIS Campus. Further discussions with our executive team will take place on how the corporate approach to learning and development will continue based on available.

5.4 Encouraging employability

5.4.1 Career Ready

[Career Ready](#) is a social mobility charity that wants every young person in Scotland, regardless of background, to progress to a positive post-school destination and prosper in work and life. They work with a range of industry partners to offer young people in S5 and S6, who face barriers in education and employment due to their socio-economic-cultural background.

Working in partnership with employers and their employee volunteers, local authorities and schools, Career Ready provide targeted young talent with a structured, impactful, two-year programme that develops their work skills. Each young individual works with a mentor from the world of work and attends a series of skills masterclasses combined with workplace visits. This culminates in a four-week paid internship with their mentor's organisation, with the aim that the young person leaves school more confident, knowledgeable, and ready to follow their chosen career path.

Career Ready were keen to collaborate with Healthcare Improvement Scotland and we were offered the opportunity to partner with the Career Ready Charity to support the programme which ran until March 2023. Career Ready were keen to collaborate with us and we became partners with them to support their 2021 – 23 programme.

Each student received:

- A mentor to act as a guide, sounding board and critical friend, who helped shape their programme experience in readiness for their future beyond school
- The chance to develop employability skills, social skills and confidence through work
- Increased awareness of jobs and career pathways.

We identified staff volunteers who were keen to act as mentors, internship supervisors and masterclass facilitators. These members of staff mentored three young people during a four week paid internship with us at the end of June 2022. The students gained an insight into our work and we provided them with practical experience in applying for jobs, interview experience and the career opportunities. At the end of the internship they each prepared and delivered a 15 minute presentation on their experience to an audience made up of their mentors, management and staff from Career Ready.

The collaboration between Healthcare Improvement Scotland and Career Ready provides an excellent and exciting opportunity to identify potential talent for the future.

5.4.2 Modern apprenticeships

We have gained experience of the modern apprenticeship scheme to support youth employment and to attract staff into our organisation over the last few years. We will continue to develop modern apprenticeship initiatives and are committed to exploring future opportunities when they become available.

5.4.3 Glasgow Centre for Inclusive Living

The Glasgow Centre for Inclusive Living Graduate programme is a two year traineeship, part-funded by the Scottish Government, where trainees are placed in a role at a level equating to Agenda for Change band 5. The programme offers graduates a traineeship and as an employer we benefit from a trainee from a pool of talented, motivated disabled graduates. We work closely with Glasgow Centre for Inclusive Living to support traineeships and have supported two trainees from 2020.

This programme is an excellent opportunity to identify and develop talent for the future and support trainees to gain valuable skills and experience in their chosen career path.

5.4.4 Graduate Career Advantage Scotland

NHS Education for Scotland have co-ordinated an intake of graduate interns as part of a national initiative with the Scottish Government. [Graduate Career Advantage Scotland](#)

supports post-COVID-19 economic recovery for those who graduated during, or immediately after the pandemic providing an opportunity for them to further their career.

We have supported two young people through the scheme with internships in our Organisational Development and Learning and Finance teams from May-November 2022.

This is an excellent opportunity to support a graduate to further their career into the wider NHS workforce.

5.4.5 NHSScotland Management Training Scheme

Healthcare Improvement Scotland are currently hosting an NHSScotland Management trainee in our Finance team. The scheme is currently under review, but we will continue to support and participate in the development and placement of individuals as part of wider succession planning arrangements.

5.5 Supporting staff physical and psychological wellbeing

We offer range of resources to support the physical, psychological, social and financial wellbeing of our staff and are looking to enhance these further. Part of this will be the reintroduction of the following activities with support from our Health Promotion Group:

- Massage/holistic therapies within our Delta House office
- Online Yoga / movement classes
- Weekly meditation sessions
- Drop in Wellbeing sessions
- Promotion of Cycle to Work day on 4 August along with our Cycle to Work Scheme
- Delta House are looking to re-apply for the Cycle Friendly Award. We are awaiting details to establish if Gyle Square is still registered, as this was undertaken by NSS as our Landlord.
- Ensuring the health and wellbeing pages on the staff intranet are kept up to date with ongoing and future activities for staff to become involved in.

Our staff governance committee receive quarterly updates on our health and wellbeing activities and programmes.

6. Risk analysis

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

The workforce risk on register is that we will not be able to deliver our work due to a skills shortage or lack of capacity. This in turn will result in a failure to meet or deliver our objectives and present a risk to our organisational credibility. In the current financial environment, the organisation faces the challenge of supporting improvement, maintaining the high quality of our work and prioritising resources we need against the public spending review.

The workforce capacity and capability as well as planned recruitment activity are captured in the action plan associated with this workforce plan and will continue to be monitored by the Staff Governance Committee.

7. Review of workforce plan

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

Our three year workforce action plan and associated activity is monitored on a quarterly basis by our Staff Governance Committee. Further scrutiny and review of the action plan will also take place with Partnership Forum.

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

8. Action plan

The following plan details the actions we will take over the next three years to plan, attract, train, employ, and nurture staff to help us to deliver the future workforce.

Area	One Team	Action	Timeline	Expected Outcome	Pillar
Recruitment: youth employment	Workforce work stream	Review and evaluate the Career Ready Programme	From August 2022 – March 2023	<p>Review and evaluation of the programme, including internship, will lead to learning for all partners to enhance future programmes.</p> <p>Securing future placements for young people through the programme will enhance their skills and create a future pipeline for careers within the NHS. It will also increase awareness for young people about jobs and career pathways within the NHS.</p>	<p>Attract</p> <p>Employ</p> <p>Nurture</p>

Area	One Team	Action	Timeline	Expected Outcome	Pillar
				Opportunities created for staff to volunteer to mentor Career Ready students and develop a new skillset.	
	Workforce work stream	Refresh modern apprenticeship opportunities	By March 2023	Increase opportunities to develop the young workforce through employability routes such as modern apprenticeship opportunities. This will increase the number of young and emerging talent in the workforce to support succession planning.	Attract Employ
Recruitment: labour market supply	Workforce work stream	<p>Review of the specialist posts within HIS, looking at alternative methods to attract candidates with the right skillset to roles such as:</p> <ul style="list-style-type: none"> Continue recruitment on a Scotland wide basis rather than focus on the central belt areas for recruitment 	By March 2023	Create a more flexible workforce across Scotland, maximising the opportunities of agile and hybrid working as well as the use of technology to support current working practices. As a national board, we will commit to work more sustainably and offer more	Attract Employ

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		<p>to specialist roles, recognising the benefits of hybrid working.</p> <ul style="list-style-type: none"> • As part of the 'One Team approach' look at standardisation of roles across directorates • Work with the communications team to explore opportunities to reach a wider audience (social media, linked in, podcasts, "a day in the life" blogs, virtual job fairs etc.) 	<p>By March 2024</p> <p>By August 2023</p>	<p>flexibility and choice as an employer in terms of how and where people work.</p> <p>The use of a range of social media platforms to reach wider audiences and positively market not just vacancies but our organisation as a great place to work.</p>	
Recruitment: employability and talent management	<p>Redesign work stream</p> <p>Organisational Development approach</p>	Through the work of the HIS Campus Group and also One Team, continue work to increase awareness of HIS as an employer of choice and develop opportunities to attract and recruit our future workforce.	By March 2024	Establish HIS as the most desirable NHS employer to work for, defining our unique culture and influencing positive employee experience within a diverse and inclusive workforce.	<p>Attract</p> <p>Recruit</p>

Area	One Team	Action	Timeline	Expected Outcome	Pillar
Recruitment: employability	Redesign work stream Workforce work stream	Ensure continued establishment of consistent and effective management practices and leadership structures as part of One Team	By September 2025	Consistent approach to organisational change to enable flexibility and resilience for all staff in the organisation. Security of future leadership capacity and capability through investment in individuals who demonstrate the potential to develop into senior leadership roles.	Attract Nurture
	Redesign work stream	Continued support for clinical undergraduate placements within the organisation – AHP, Nursing and Medical	Ongoing		Attract Nurture
Recruitment: workforce strategy and vacancy review	Redesign work stream Workforce work stream	Review the workforce strategy group (Workforce Profile and Resourcing Group) terms of reference and membership. Ensure that level of scrutiny on vacancy requests is robust and in	By March 2023	Vacancies that are filled are cost effective and fit the best needs of the current service requirements and deliver the greatest benefits and impact for the people of Scotland.	Plan Attract employ

Area	One Team	Action	Timeline	Expected Outcome	Pillar
Workforce Data and Planning		<p>line with department establishments. Review staffing profile by exploring role redesign, standardisation of roles and opportunity for collaboration of roles.</p> <p>Workforce data and planning</p> <p>Continued reconciliation and accuracy</p> <p>Consistency of roles and reduction of duplication across organisation</p> <p>Cross-organisational capacity</p> <p>Implementation and monitoring of new commission arrangements</p>	By March 2024	Improved focus on workforce design and collaboration with other directorates within HIS as well as with other services within the health and social care services.	
Recruitment	Workforce work stream	<p>Review recruitment process to reduce average timelines for new appointments/recruits to HIS.</p> <p>Review timelines for key points in recruitment journey i.e. advert closing to shortlisting, shortlisting</p>	By March 2023	<p>Process mapping of current recruitment procedures and processes to identify areas for improvement.</p> <p>Vacancies are filled in a timely manner to support</p>	Attract Employ Plan

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		to interview taking place. Agree and adopt local timelines for key stages in process.		better retention and the reputation of HIS as an employer of choice.	
Recruitment	Working Environment work stream	Continued close working with Equality Network colleagues to reflect on learning and opportunities in line with equality mainstreaming objectives in relation to future shape of the workforce	By March 2024	Continued retention and reputation as employer of choice	Attract Nurture Employ
Health and wellbeing		<p>Provide a range of information and resources to support mental, physical and financial health and wellbeing, e.g:</p> <ul style="list-style-type: none"> • Regular staff messages, all staff huddles, wellbeing support sessions • Yoga and meditation sessions available for staff • Fitness challenges for staff • Continue with focussed discussions between 	Ongoing	<p>Strengthened approach to supporting staff health and wellbeing in key areas that will make the biggest difference to health and wellbeing as well as aligned to the ambition of becoming a Fair Work Nation.</p> <p>HIS becoming an attractive employer for candidates due to the suite of resources available to support the workforce.</p>	Nurture Attract

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		<p>managers and staff via PDWR process</p> <ul style="list-style-type: none"> • Promoting resources on the national wellbeing hub including self-help techniques • Active promotion of activities i.e. cycle to work day (4 August) and cycle to work scheme • Ongoing promotion of staff benefits schemes accessible online • Continued support available via Occupational Health Service and Employee Assistance programme. • Complete review and retendering of EAP arrangement • Review implementation arrangements of pastoral care provision for staff 			

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		<ul style="list-style-type: none"> Complete implementation of 'Dying to Work' Charter arrangements 	<p>By March 2024</p> <p>By September 2024</p> <p>By March 2023</p>		
Health and Wellbeing		Provide information and resources to support menstrual health and the menopause	By March 2023	Wide promotion of the current menopause policy and establish a Menopause Café (August 2022), providing the opportunity for staff to support one another.	Nurture

Area	One Team	Action	Timeline	Expected Outcome	Pillar
				Promotion and raised awareness of the Once for Scotland Menopause Policy once launched.	
New ways of working	Working environment work stream	Review and evaluate the test of change programme to further develop our approach to agile and flexible working across HIS.	By December 2022	Assurance around resilience and safety of the workforce and processes in place to address any concerns and reduce any risk on ways of working.	Nurture
Service redesign and transformation	Redesign work stream	Build capability and resilience within directorates through organisational review. Review skill mix across teams and portfolios and opportunities for cross functional working.	Directorate Specific Review progress via PF and SGC meetings.	Redesign and organisational review will enable HIS to meet requests for demand with the necessary capability to build a strong, optimised and resilient infrastructure to deliver operational priorities.	Plan Attract Train Employ

Area	One Team	Action	Timeline	Expected Outcome	Pillar
Funding allocation	Workforce work stream Redesign work stream	<p>Review funding arrangements for the organisation in particular the use of fixed term contracts to support the provision of specific pieces of work.</p> <p>Review the current use of fixed term contracts and explore benefits, opportunities and capacity within permanent roles which can work across the directorates due to transferable skills.</p>	Ongoing / by March 2023	<p>HIS becoming a great place to upskill staff and maximise skills in different programmes across the directorates.</p> <p>Retention of staff who leave HIS due to their fixed term contract coming to an end. Opportunity to offer prospects to potential candidates for roles where there are better opportunities for career advancement and skills development opportunities.</p> <p>Reduced vulnerability of areas with high levels of fixed term posts and funding.</p>	Plan Attract Nurture Train Employ
Skills development		Encourage multi-disciplinary working across the directorates and organisation by supporting the development of transferable	One Team – By September 2025	A more structured approach to supporting staff within the organisation and	Plan Attract

Area	One Team	Action	Timeline	Expected Outcome	Pillar
	Workforce work stream Redesign work stream	skills across organisation and promoting cross directorate working. Explore opportunities for supporting skills development through the One Team approach. Further develop skills framework across the organisation to encourage retention of staff through cross organisational career pathways becoming available. Explore the options to create infrastructure around leadership development, succession planning and talent management.		creating a more resilient workforce. Create more stability within the workforce as well as upskilling the current workforce and fully using current skills and capability within the workforce to enable HIS to respond to demand. Create internal pipeline through upskilling internal staff. Support the NHSScotland Management Training Scheme by supporting placements.	Nurture Train Employ
Equality and Diversity – Equally Safe at Work NHS pilot programme	Workforce work stream Redesign Work Stream	Participation in NHSScotland pilot programme and gain expert advice and guidance to help understand any gender disparities in the workplace as well as develop initiatives and	From July 2023	HIS gaining support to understand how gender inequality and gender-based violence affect women in the workforce and address areas such as leadership, data,	Nurture Attract

Area	One Team	Action	Timeline	Expected Outcome	Pillar
		<p>policies, supported by training to enhance our current resources and support available.</p> <p>This would involve submitting an application as part of the employer accreditation programme NHSScotland pilot.</p>		<p>flexible working, occupational segregation and workplace culture within HIS.</p> <p>Assurance that current initiatives, policy and processes support women in the HIS workforce as best as possible, including in relation to experiences of gender based violence and equity in work opportunities.</p>	

Appendix One – Directorate information

Nursing, Midwifery and Allied Health Professionals (NMAHP) Directorate

Under the Health and Care (Staffing) (Scotland) Act 2019, NHS Scotland boards will be legally required to be appropriately staffed so they can provide safe, high quality care. This aims to improve outcomes for services users and puts patient safety first. The legislation also focuses on the engagement and wellbeing of staff. The act will encourage innovation, creativity and the use of various structures and tools to support workforce planning.

We are supporting NHS boards to improve workload and workforce planning to ensure they have the right people, with the right skills, in the right place at the right time to meet the obligations of the act. Our Healthcare Staffing Programme, based in NMHAP, assists boards in meeting their obligations, through:

- education and training
- staffing level tools and methodology development
- tailored support and guidance

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland. The programme is being relaunched in June 2022 following the COVID-19 pandemic. Their three year strategy informs and supports board engagement and implementation

The relaunch will be complemented by communication and programme delivery plans that target all levels of the health boards. A proposal is also being developed for the development of an education programme aimed at team leaders / senior charge nurses. The contents, requirements and desired learning outcomes of the programme will help boards incorporate the framework into their practice and promote the delivery of assured person-centre, high quality care.

The EiC programme is a collaboration between the Scottish Government, HIS, NHS National Services Scotland, NHS Education Scotland and public partners.

Quality Assurance Directorate

Our QAD directorate delivers inspections, regulation and reviews to provide public assurance on the safety and quality of care, and highlight areas of good practice and opportunities for

learning across the whole of Scotland. Some of this work is known and planned for in advance; others are commissioned by the Scottish Government, often at short notice in response to emergent issues in relation to quality of care.

QAD work in partnership with a range of stakeholders, and carries out a significant amount of joint work with external organisations. The directorate's workplan includes a number of current commissioned reviews, ongoing review programmes and current inspections. The team also regulate independent healthcare services in Scotland.

The directorate is undergoing a programme of transformational change to ensure it remains fit for the future. Strategic approach, resources, structure and ways of working needed to support the ongoing delivery of robust, fair and proportionate assurance in a rapidly changing health and care landscape are all being considered as part of this. The work includes:

- **Strategy:** Developing a long term assurance strategy which meets stakeholders' requirements.
- **Change management:** Identifying a delivery plan to ensure realistic implementation of change within the directorate.
- **Communication:** Establishing regular staff engagement to support culture change and new working practices.
- **Structure:** Identifying appropriate structure and role requirements for QAD to deliver future assurance strategy.
- **Learning & development:** Identifying and address immediate requirements to meet business needs and develop longer term leadership and development programme.
- **Process:** An internal review of policies, procedures and working practices with a view to streamlining and removing bureaucracy.
- **Technology:** Undertaking a digital / technology gap analysis in terms of process efficiency, linking in with wider organisational digital developments.
- **Operations / management / finance:** Implementing a more robust directorate operational planning and budgeting which will allow for more stable staffing structure that is able to be flexible and responsive to changing assurance requirements and external commissions.
- **Stakeholder engagement:** Introducing quarterly newsletters to stakeholders to highlight lessons learned, best practice in action, and offering annual conferences for knowledge sharing.

The directorate also have to plan for potential changes to legislation in relation to independent health care, such as inclusion of private ambulance service and independent medical agencies.

The directorate aims to be in a position to conduct thematic inspections / reviews across all health-related sectors in Scotland, which is proportionate, robust and fair. The outcome of all of its work should be independent assurance of safe delivery of health services in Scotland, which gives confidence to everyone who access the various services.

These factors may require a significant amount of additional resource. The directorate plan to restructure their workforce within the existing financial budget allocation. This will make the

team more robust in relation to the work accepted from the Scottish Government, and help them make current processes and ways of working more efficient.

ihub Directorate

Our ihub directorate supports the health and social care system with recovery and remobilisation. This supports system redesign that improves outcomes and reduces costs. The key priority areas identified by Scottish Government are:

- Primary Care
- Drugs
- Alcohol
- Hospital at Home
- Dementia
- Mental Health
- Adult Social Care
- Safety

The key workforce drivers are:

- Approximately 35% of staff in the directorate are employed on fixed term or secondment arrangements. This is due to the nature of the work which is commissioned from the Scottish Government, based on fixed term allocations which impacts the type of contract we are able to offer. This results in high turnover due to staff moving on to permanent roles or new contracts. A significant amount of management time is therefore spent on recruitment and induction.
- The impact of turnover in senior roles due to individuals who leave for promoted posts. The directorate provides excellent development of staff which means they are attractive candidates for more senior posts elsewhere.
- Balancing the demands of designing and setting up new work alongside continued delivery of more established work. Due to the focus on supporting front line teams to engage in redesign and improvement, the directorate has to continually adapt so it remains focused on the most pressing improvement challenges. This requires a workforce that is able to rapidly adapt.
- Redesign work requires input from a range of different change professionals. The directorate has had to both develop its change methodologies and implement multidisciplinary improvement teams which combine a range of change professionals. As with clinical services, leadership of multidisciplinary teams requires an enhanced set of team management skills.
- A shortage of staff with the skills and experience to undertake more specialist advisor roles, particularly improvement and design.
- The need to rethink roles and skill sets needed to deliver redesign and improvement support in a hybrid context.

These issues have resulted in the following workforce development priorities:

- Reviewing the project/programme management infra-structures across the directorate, assessing what skill sets are needed to provide support to improvement delivered in a hybrid context.
- Testing the development of a new Band 6 role that will be an entry point to the improvement facilitator career pathway.
- Supporting managers to understand how to effectively lead multidisciplinary improvement teams where key specialist input may not sit within the team line management arrangements.
- Reviewing the level of acceptable risk around the balance of fixed and permanent contracts.

Medical Directorate

The Medical Directorate ensures everything we do is supported by the best possible clinical leadership and expertise from the medical, pharmacy and associated clinical professions. This ensures that all our work is relevant, correct, impactful, and that we are continuously improving our contribution to the quality of health and care. The responsibilities are summarised below:

1. External leadership, expertise and influence: the Medicines and Pharmacy team's work in this area is well established, extensive and prioritised to ensure impact.
2. HIS-wide leadership, expertise and governance: the Medical Director and Chief Pharmacist have professional responsibility for all our medical and pharmacy staff. This involves providing assurance that professional management arrangements are in place, staff are sufficiently supported, trained and developed in their roles and their impact is maximised.
3. Medical Directorate deliverables (Medicines and Pharmacy programmes, Safety Key Delivery Area): the Medicines and Pharmacy team deliver a number of bespoke programmes of work, commissioned by Scottish Government, to drive improvement in high risk patients, settings and/or medicines. These include patients with cancer, Health and Justice including the Prison population, Controlled Drugs and the Area Drugs and Therapeutics Committee (ADTC) Collaborative, which supports health boards with their medicines governance arrangements. All programmes of work have agreed workplans for 2022-23 detailing key deliverables, outputs and achievements that illustrate the ongoing demands of NHSScotland. The directorate is also responsible for leadership of the Safety Key Delivery Area which is integral to how we operate and deliver our strategy.

Key drivers for the directorate are:

- High demand for urgent medical/technical advice

- Demand for continued external engagement with Directors of Pharmacy, Area Drugs Therapeutic Collaborative and beyond
- Clinical and care governance risks, with many of the mitigations relying on input from the clinical directorates
- Safety key delivery area underpins all of our work and represents an area where we have the greatest potential clinical and care governance risk
- Continued development and delivery of active engagement with the clinical community will lower our risks and result in a greater demand on the directorate
- Continued success of the current work and increased profile of clinical and care governance in HIS through the clinical and care governance development programme will increase demand for advice, support and partnership from the clinical directorates.

In terms of workforce drivers in the directorate, there is a need to have the right clinical leadership, influencing and expertise in the right place at the right time. The development of the 'medical model' in our organisation can ensure this by creating high quality and effective medical leadership and expertise across all our work. The directorate have also identified improvements to the training and development of doctors, and are piloting new initiatives through a bespoke development programme.

The number of programmes within the Medicines and Pharmacy Team has grown, creating additional demand at senior level where there is limited capacity.

The majority of the medical workforce are based outside the Medical Directorate. However there is a strong case to revisit the model through which we currently employ and engage medical expertise across the organisation. The current approach potentially encourages silo working, with most medical practitioners currently employed within tightly defined programmes. There is a strong argument to make more of the broader range of technical, leadership and other skills of the medical profession.

The directorate, and wider organisation, will also play its part in the national professional agenda on education, training and career development framework for pharmacists. This will be essential to ensure that we both recruit and retain pharmacists with the right skills by providing rewarding roles in a highly competitive market.

The directorate workforce continues to rebuild after additional resource was redistributed across the organisation in in 2019. It also requires investment into key posts to support the directorate's core work and responsibilities. Having the right project and administrative support wrapped around the clinical expertise and leadership is key to success and an area requiring growth and development in the directorate.

Evidence Directorate

The Evidence Directorate is a knowledge function that has several shared goals which have implications on the workforce:

- developing outputs that meet the needs of stakeholders
- investing in our teams
- delivering work using methodologies that are fit for purpose
- investment in digital
- adjusting according to impact/learning.

The main driver for the work of the directorate is the provision of “Once for Scotland” advice based on the best available evidence. Advice is sought to support the improvement of national clinical services and reduce variations that impact on patient outcomes. Increasingly, advice has been sought to support the pandemic recovery.

There has been increasing volume of work requests from both internal and external sources. This includes a relatively new offer of bespoke rapid evidence reviews. Further process and method development work is needed in this area is needed to make sure that the directorate is being efficient and responding as best it can to changing NHSScotland demands.

In our second year of working from home, we continue to evolve into an agile and digitally-enabled organisation. The directorate have created a Digital Services Group which has brought together the ICT Team, the Systems Development team and the Digital Transformation Programme as one group to meet the digital needs of the organisation and its stakeholders. There is a drive resulting from the efficiencies from being more digitally enabled across the directorate and wider organisation.

During the COVID-19 pandemic, the Scottish Intercollegiate Guidelines network (SIGN) produced a number of rapid guidelines to support clinicians and people using services. This urgent work was delivered as a priority, and saw our teams trying new ways to produce guidance in a short amount of time. As we move into recovery from the pandemic, it is important to reassess processes and methodology to ensure they are fit for purpose and are meeting the needs of our stakeholders.

The directorate has experienced a significant increase in core business for Scottish Medicines Consortium (SMC) due to the strong global pharmaceutical pipeline. This is expected to continue for the foreseeable future. Submission workload for 2021 was around 30% greater than the average of the previous 3 years. In addition, submissions are more complex and require both novel methodology as well as being more resource intensive to evaluate. From 2022 onwards, SMC will be re-assessing some medicines that have been accepted for interim patient access while additional clinical evidence is acquired (ultra-orphan medicines). Consequently, additional highly specialised staff will be needed to manage the workload which is increasing in both volume and complexity.

We are continuing on a path to become a more sustainable organisation. In January 2021, we were one of five health boards selected by Scottish Government to pilot and help establish the NHSScotland net zero baseline, resulting in the development of our first net zero baseline route map. We have ambitious plans to reduce our carbon footprint by 15% by March 2023, by focussing on energy, transport and waste.

Community Engagement Directorate

The Community Engagement directorate supports the engagement of people and communities in shaping health and care services in Scotland. Its local presence and national reach enables the directorate to work in a variety of ways, gathering evidence and best engagement and equalities practice from across Scotland. It also allows for collaboration with a wide range of individuals, groups and organisations with common interests and objectives.

Directorate staff provide subject matter expertise, advice and support through locally based engagement staff across Scotland. They also provide community based support where there is collaboration with other organisations, particularly within the third sector. The directorate also provides guidance on service changes and has a statutory role to help ensure high quality engagement. It is expected that this will be an increasing area of activity for the directorate as the Scottish health and care system continues to undergo significant re-design. The directorate also provides web-based support across Scotland. Digital resources have been, and continue to be, developed to help both health and care staff and members of the public understand what good community engagement and equalities practice looks like.

The Governance for Engagement process provides a supportive scrutiny environment for HIS directorates to identify and celebrate success while also exploring areas for improvement. This enables the directorate to target its available resources to internal improvement work. In addition, a package of sustainable support has been developed to deliver quality engagement and equalities practice within HIS' defined key delivery areas. The team also provides expert advice and leadership to the network of Volunteering Managers across NHSScotland, as well as hosting a database for the safe recording and reporting of volunteer information. Work is underway on developing a new strategy (2022-2027) for NHSScotland volunteering, taking full account of experiences gained during the pandemic.

The directorate also conducts research and evidence gathering at local, regional and national levels to directly inform health and care policy. This is usually done in conjunction with the Scottish Government, but also can include other stakeholder partners. This has delivered products such as the national Citizens' Panel, Gathering Views exercises and our People's Experience Volunteers and it is expected that there will continue to be increased demand for these products over the next three years as a reliable method of engagement and feedback to directly influence health and care policy.

The current service demands are evolving given the health and care system's operating context of change. It is anticipated that demand for the directorate's services will continue to

increase as NHS boards seek to make significant pandemic related changes. Other service developments have resulted from national or regional policy decisions which are now being implemented, often in the absence of meaningful engagement. Financial pressures are also likely to result in proposed service changes across NHSScotland boards which could lead to increased demand for the directorate's services and support.

The directorate will continue to develop existing positive relationships with NHS boards and integration authorities to provide support and advice on how meaningful engagement with people and communities can have a transformative effect on service redesign plans.

People and Workplace Directorate

Our People and Workforce Directorate provide:

- comprehensive strategic and operational workforce management
- organisational development and learning
- health and safety requirements
- workforce planning
- resourcing and recruitment services
- facilities management.

The directorate operates as a single system service for Healthcare Improvement Scotland, delivering all aspects of professional workforce support. This includes providing governance assurance to the Executive Remuneration Committee, Staff Governance Committee, the Partnership Forum and the Board of Healthcare Improvement Scotland.

The Directorate focuses on using appropriate data for workforce and financial planning purposes, and reporting to the organisation. The need for a more robust and responsive recruitment service has also been very apparent in the last 12 months.

As part of our return to more regular working arrangements the importance of a safe, secure and appropriately equipped working environment has been at the forefront of our health and safety and facilities activity.

Our Organisational Development and Learning colleagues have undertaken significant work in learning needs analysis for the organisation. They have also ensured continual staff engagement and access to learning opportunities and systems. High levels of staff engagement as part of the iMatter survey process are as a result of planning and hard work from the team and a real achievement for the organisation.

Finance, Planning and Governance Directorate

The finance team supports our organisation with:

- annual budgeting
- in year re-forecasting
- finance reporting for internal use and Scottish Government reporting
- financial analysis of new business cases

Their work is driven by the number of new business cases to support requests for additional allocation funding and the importance of delivering recurring savings. Within the current financial setting across NHSScotland, the team support the directorates to meet the demands placed on them and their financial planning processes based on the spending review as well as ongoing transactional work.

Our management accountants have completed training modules on finance business partnering. The aim of this is to develop their roles so they can work more closely and effectively with directorate teams.

Our planning and governance team provides corporate support to the wider organisation, specifically in relation to:

- executive and governance support
- risk
- planning
- performance.

The workload and demands on the team are varied. These and increase in line with demands on the organisation, the roles of the Chair, Chief Executive and Directors, and any developing governance and performance reporting requirements as directed by Scottish Government.

Appendix Two – Directorate workforce driver information

1. NMAHP Directorate

The Healthcare Staffing Programme (HSP) team is redeveloping existing workload tools and preparing a suite of real time staffing resources. These resources will:

- help health and care practitioners to better capture their staffing needs and requirements
- escalate staffing risks
- support decision making

Access to these tools will support boards to meet legislative duties. A set of educational materials targeting four different levels of expertise in this area is being developed by the team, as an additional resource.

The safe and effective staffing learning system developed by the HSP team continues to be accessed by practitioners around the country and a knowledge and skills framework, co-produced with NES, will be ready for launch in 2022/23. Also over this timescale, real time staffing tools been agreed for development and several existing real time staffing tools will be moved to the TURAS platform.

A communications plan has been developed and the team within HIS are in regular contact with the Scottish Government to ensure any key messages are included and communicated as well as highlighting the benefits for patient outcomes, staff wellbeing and the support HSP can provide.

Considering the multi-disciplinary nature of the legislation, the HSP is starting to increase stakeholder engagement amongst the non-nursing and midwifery communities, who are less familiar with the tools, educational materials and programme support.

2. Quality Assurance Directorate (QAD)

Due to the areas of growth identified in 4.3.5, the directorate need to undertake a systematic organisational review to support and meet the demand. The directorate plans to deliver the following to support the future service needs:

Role re-design (short term)

- Streamline the senior leadership structure

- Create consistent line management across the directorate, with clear vision and deliverables
- Ensure equal spans of responsibility and accountability in terms of number of staff in teams, as well as budget responsibility
- Create a clear directorate workforce plan, which highlights development needs, succession planning and effective resource deployment.

Process re-design (short term next 12 months)

- Review work processes in conjunction with IIOB to apply lean thinking and transform working practices
- Ensuring there is appropriate use of digital technology to enhance / assist with workload / activities.

Service re-design (medium term 12 – 36 months)

- Evaluating what QAD does overall, what individual teams deliver and constructively challenge what work is being done, how it is being done and whether it is still required
- Challenge requests for new work
- Develop directorate to be proactively horizon scanning for new areas of development, and to be in position to advise SG what work will be required
- Establish better dialogue with customers (public, patients) to make sure QAD are delivering what they need to;
- Establish better dialogue with service providers (recipients of inspections / reviews) (NHS boards and health and social care providers) to make sure QAD are delivering additional value added activities that are possible for QAD to deliver; and
- Proactively share learning from inspections and reviews to highlight lessons learned, opportunities and showcasing excellent practice.

Skills gap (short term and medium term)

- Core job requirements for administrators / project officers / inspectors / reviewers (i.e. report writing / minute taking / inspection & audit skills / data analysis)
- Programme / project management skills
- Line management training (operational)
- Leadership development programme

2.1 ihub Directorate

The directorate experiences ongoing high level of vacancies. This is because it has a greater number of interim posts than the organisational average, in part due to a number of programmes attracting additional allocation funding which provides challenges around attraction and retention of staff. Interim posts are not as attractive in the marketplace and a number of boards are restricting secondment approvals. This leaves a backfill gap which feeds the cycle. The work of the directorate also requires a number of specialist skill sets for which there is a limited talent pool across the UK, at a time when these posts are in high

demand. These skills include quality improvement, service design and strategic planning. The directorate also regularly responds to new commission requests which inherently come with the resource needed to support delivery.

In order to meet the current challenges and demands the directorate are committed to the following actions to support service growth and transformation:

Short term:

- Explore the development of a range of new/different approaches to recruit staff. This will involve:
 - gathering information and the latest evidence about how to attract talent
 - examining how to effectively assess capabilities and requirements for a role (ensuring that the job descriptions and person specifications are clear in outlining the skills and qualities required for the role)
- Analysis of harder to fill posts to better understand both barriers and enablers by gathering data on what attracted recently appointed staff
- Consider alternative ways to engage people to work with/for us including expanding the use of faculty/associate models
- Undertake a review of the current project/programme management infrastructures to reduce unwarranted variation between programmes and ensure effective skill mixing. As part of this look at potential for the introduction and integration of Band 2 and Band 3 roles and also create a new Band 6 role that is a combined programme manager/QI trainee role
- Review the directorate senior leadership structure to ensure sufficient leadership capacity for the breadth and complexity of planned work.

Medium term:

- Review the approach to clinical and care assurance and clinical/professional engagement across the directorate. This includes consideration of alternative models that are not just reliant on paid clinical leads
- Development of effective approaches to designing and leading multidisciplinary improvement teams.

2.2 Medical Directorate

The directorate have identified a number of future service drivers and developments to support increased demand and service growth.

Next 12 months:

- Expand the Medical Directorate Senior management team by recruiting to and investing in new roles to ensure that the team has the tools and systems to operate effectively. This, along with further training and development of the medical workforce, will require additional investment and create more capacity for the Medical Director for increased external engagement. It will create a more strategic and connected medical workforce at HIS.

- Address the shortfall in project staffing for the directorate work streams. This will include cross organisational scoping and enable the directorate to take a more agile approach to resource and capacity planning across projects.
- Progress the scoping and co-design of a new 'medical model' across HIS which will involve role redesign.
- Pilot a bespoke development programme for doctors working for HIS aligned to the five pillars of workforce planning (Plan, Attract, Train, Employ, Nurture) which is part of the end-to-end cycle.
- Developing intelligence on the clinical workforce. To get the most out of our clinical workforce and provide the best experience possible, we must develop and use intelligence to inform our deployment, engagement and support provided to them. This supports the pillars of workforce planning and will be valuable for attracting and retaining future talent.

12-36 months:

- Transition to new medical model approach across organisation
- Embedding of developments from the first 12 months e.g. senior management team, bespoke development programme
- Responding to organisational clinical and care governance needs
- Addressing the growing demand within the organisation for support as the CCG Development Programme delivers its work to inform and engage staff regarding their CCG responsibilities
- Impacts of increased external engagement such as increased demand for work and partnerships, as well as increased access to various types of support and expertise and better links to support recruitment of the best talent.

In order to achieve the above demand, the following factors will need to be considered:

- Current demand outweighs capacity within the team, which impacts delivery. If we are unable to meet demand, this could result in insufficient clinical leadership, expertise and influence to inform and support HIS's work. This could have consequences not only for the organisation, but for those receiving care in Scotland.
- Internally, if the necessary improvements to CCG are not delivered via the development programme there would be an increase in likelihood of associated risks across programmes of work, and a risk of inconsistency and inefficiency.
- There are reputational and workforce risks attached to being unable to deliver the best experience possible for clinical staff working with HIS (including the pilot of our bespoke development programme). It could affect our ability to attract the best talent to HIS for roles that provide expertise to inform our work, and could negatively impact our reputation in wider professional communities.
- Upskilling the team would support the directorate to be as successful and impactful as possible.

2.3 Evidence Directorate

Building stronger links with academia would help the directorate bridge its skills and capacity gap. It would also allow the organisation to keep its position at the forefront of evidence methodology developments and generate an expert workforce for the future.

The Scottish Health Technologies Group's (SHTG) strategic plan references new areas of work with implications for workforce planning. This includes:

- provision of early health technology assessment (HTA) scientific advice
- assessment of digital technologies and artificial intelligence
- assessment of remote health pathways
- closer input to new regulatory processes.
-

Service demands in these areas have increased pressure on SHTG's work programme. Leadership and support roles will need to be developed to support these new areas of work.

For our Data, Measurement & Business Intelligence team, further developing knowledge, skills and experience of using R – a free (open-source) code based software for processing, analysing and visualising data, is a priority. The team has committed to adopting R as one of its primary analytical tools. This will help them to be more efficient, further improve quality of analyses, and expand their capabilities.

The need for measurement and intelligence related support across our organization now exceeds the capacity of the team. An assessment of the situation is underway so proposals can be made about how to respond to this need, including workforce implications.

The Digital Services Group have an ambitious programme of work ahead for 2022-2023 in the areas of information and communications technology, architecture and cybersecurity as well as building more capacity for business as usual. This includes redevelopment of our corporate website. This investment comes with the agreement to expand the team.

The volume of evidence review work requested from the service outstrips demand. There is also limited time and resource available for process and method development; stronger links with academic groups could improve this situation. There is a need to establish stronger partnership and collaborative working arrangements with other organisations and academic institutions, and where there is mutual benefit formalising these arrangements.

Roles such as project or admin officers also need to be explored to support the ongoing work of the directorate in areas such as guideline development.

The directorate is introducing a new system for managing the evidence that underpins our work. This system EPPI-Reviewer, will standardise processes, introduce automation and prevent duplication. Implementation requires training and adaption of existing ways of working and will take time to roll out.

2.4 Community Engagement Directorate

The Community Engagement directorate is currently operating with an interim structure, managing and leading national teams and regionally-based resources across Scotland. The directorate had a number of vacancies at engagement officer and administrator level during the pandemic. Recruitment to these posts recommenced during 2022/23. Due to the nature and location of some of the roles, there have been delays in recruitment to some of the posts which leaves some regions (e.g. South & East Scotland) low in numbers.

The directorate's interim structure arrangements will continue until March 2023. This recognises the considerable and continuing demands and pressures and the importance of ensuring the directorate has a sustainable and resilient structure in future. We will continue to engage with staff and trade unions about the implications of this proposal and how we ensure leadership and service continuity.

2.5 People and Workplace Directorate

The directorate's immediate priority is completing work around organizational and service change. Of particular importance is the need to ensure that all roles are updated and reflect the full, current requirements for the organisation. This will include the detail of the One Team approach and requirements, whilst ensuring the structure sits within the future budget arrangements for the directorate.

The workload of the directorate is challenging and varied. Capacity is an area for focus to ensure resilience and appropriate skills and experience at all levels of the organisation. This, along with the ability to be flexible, will help us to navigate the changing demands on our organization in future.

2.6 Finance, Planning and Governance Directorate

Over the short to medium term, the finance team will continue to support directorates to balance the challenge of the public spending review whilst maintaining high quality work. The team will work alongside senior managers to prioritise what directorates will be delivering and the financial implications of this, including workforce costs. The finance team will continue to work alongside the People and Workforce directorate to ensure consistency in the creation, management and reporting of the workforce numbers and costs. Over the coming year, the team will focus on using the reporting tools available to enable the smooth and easy creation of relevant financial information with one source to satisfy disparate reporting requirements and reduce reliance on Excel as a management tool.

The finance team plan to expand their knowledge of lean improvement and process mapping to drive forward improvements in financial planning and directive decision support. This should help directorate financial support to be in a better place to deliver its service

standards over the next year as well as embed fast, agile and flexible responses focusing on the right level of detail.

Within the planning and governance team, the main challenge is balancing the workload of regular support to the organisation against demands created by new work and expectations.

The team are exploring more flexible ways of providing greater business continuity during periods of high demand and activity. This includes looking at scope for more cross organisational working and securing additional support from other directorates during periods of high activity. The team provides corporate support to the organisation in relation to executive and governance support, risk planning and performance. The team will continue to provide the central support to the board and executive team to deliver current demands, including the delivery of the future board strategy to ensure the continued emphasis on risk, prioritisation, effective commissioning and clinical and care governance. of the Chair, Chief Executive and Directors, and any developing governance and performance reporting requirements as directed by Scottish Government which can be challenging within an expanding organisation.

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