

Public Board Meeting

Wed 27 March 2024, 10:30 - 13:10

Virtual Meeting, MS Teams

Agenda

10:30 - 11:10 **1. OPENING BUSINESS**

40 min

1.1. Welcome and apologies

10.30 *Chair*

Verbal

1.2. Register of interests

Chair

Paper

 Item 1.2 Register of Interests.pdf (2 pages)

1.3. Minutes of the Board meeting on 6 December 2023

10.35 *Chair*

Paper

 Item 1.3 Draft Public Board Minutes.pdf (4 pages)

1.4. Action points from the Board meeting on 6 December 2023

Chair

Paper

 Item 1.4 Action Register.pdf (2 pages)

1.5. Chair's Report

10.40 *Chair*

Paper

 Item 1.5 Chairs Report.pdf (4 pages)

1.6. Executive Report

10.50 *Chief Executive*

Paper

 Item 1.6 Executive Report.pdf (14 pages)

11:10 - 12:00 **2. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE**

50 min

2.1. Integrated Planning including:

11.10

2.1.1. Quality Assurance and Regulation Plan 2024/25

Paper Director of Quality Assurance and Regulation

 Item 2.1.1 Quality Assurance Plan.pdf (4 pages)

 Item 2.1.1 Appendix 1.pdf (10 pages)

2.1.2. Interim Workforce Plan

Paper Director of Workforce

 Item 2.1.2 Interim Workforce Plan.pdf (4 pages)

2.1.3. Business case: Mental Health Programme

Paper Director of Community Engagement and System Redesign/ Director of Quality Assurance and Regulation

 Item 2.1.3 Mental Health Business Case.pdf (4 pages)

 Item 2.1.3 Appendix 1.pdf (16 pages)

2.1.4. Business case: Maternity and Neonatal Programmes

Paper Deputy Chief Executive-Director of Nursing and System Improvement

 Item 2.1.4 Maternity Business Case.pdf (16 pages)

2.2. Organisational Performance including:

11.40

2.2.1. Quarter 3 Performance Report

Paper Director of Quality Assurance and Regulation

 Item 2.2.1 Q3 Performance Report.pdf (5 pages)

2.2.2. Finance Report

Paper Head of Finance and Procurement

 Item 2.2.2 Financial Performance.pdf (3 pages)

 Item 2.2.2 Appendix 1.pdf (11 pages)

2.2.3. Workforce Report

Paper Director of Workforce

 Item 2.2.3 Workforce Report.pdf (4 pages)

12:00 - 12:45

45 min

3. ASSESSING RISK

3.1. Risk Management: strategic risks

12.00 *Risk Manager*

Paper

 Item 3.1 Risk Management.pdf (4 pages)

 Item 3.1 Appendix 1.pdf (3 pages)

12.10 - 12.45 Lunch Break

12:45 - 13:05

20 min

4. GOVERNANCE

4.1. Governance Committee Chairs: key points from the meeting on 21 February 2024

Paper *Chair*

 Item 4.1 Governance Chairs Key Points.pdf (1 pages)

4.2. Audit and Risk Committee: key points from the meeting on 7 March 2024; approved minutes from the meeting on 29 November 2023

Paper *Committee Chair*

 Item 4.2 ARC Key Points.pdf (2 pages)

4.3. Executive Remuneration Committee: key points from the meeting on 6 March 2024

Paper *Committee Chair*

 Item 4.3 ERC Key Points.pdf (1 pages)

4.4. Quality and Performance Committee: key points from the meeting on 7 February 2024; approved minutes from the meeting on 8 November 2023

Paper *Committee Chair*

 Item 4.4 QPC Key Points.pdf (2 pages)

4.5. Scottish Health Council: key points from the meeting on 29 February 2024; approved minutes from the meeting on 30 November 2023

Paper *Scottish Health Council Chair*

 Item 4.5 SHC Key Points.pdf (1 pages)

4.6. Staff Governance Committee: key points from the meeting on 28 February 2024; approved minutes from the meeting on 1 November 2023

Paper *Committee Chair*

 Item 4.6 SGC Key Points.pdf (2 pages)

4.7. Succession Planning Committee: key points from the meeting on 17 January 2024; approved minutes from the meeting on 10 October 2023

Paper *Chair*

 Item 4.7 SPC Key Points.pdf (1 pages)

13:05 - 13:10 **5. ANY OTHER BUSINESS**
5 min

13:10 - 13:10 **6. DATE OF NEXT MEETING**
0 min

Next meeting scheduled for 26 June 2024 but date to be confirmed.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Register of Interests
Agenda item:	1.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Pauline Symaniak, Governance Manager
Purpose of paper:	Decision

1. Situation

The [Register of Interests](#) for Board Members and senior staff members within HIS requires appropriate scrutiny and is presented to each Board meeting for that purpose.

2. Background

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests are made and that these are held on a central Register of Interests which is published on the website. This Register must also show all interests declared by Non-Executive Directors during the period of their appointment.

The Code of Conduct requires Non-Executive Directors to review their entries in the Register of Interests and confirm compliance with the Code. They have a responsibility to notify any change to their entry within one month of it occurring. Please notify changes through the Board Admin email address HIS.BoardAdmin@nhs.scot.

3. Assessment

The current Register of Interests on the website was considered by the Board at its meeting on 6 December 2023. Since that date the only change notified is the

one below and this change will be reflected in the version published on the website once considered by the Board at its meeting on 27 March 2024:

- Rob Tinlin – Interim Chief Executive, Southend-on-Sea City Council ended 4 February 2024.

Assessment considerations

Quality/ Care	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.
Resource Implications	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
Risk Management	There are no risks in respect of the Register recorded on the risk database. The Register is scrutinised at Board meetings and is presented within the Annual Report and Accounts. In addition, at the start of Board and Committee meetings, the Chair will remind members to declare any interests relevant to the discussions. These steps reduce the risk that the Register will be inaccurate or not fulfil its purpose.
Clinical and Care Governance (CCG)	There are no specific CCG implications.
Equality and Diversity, including health inequalities	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
Communication, involvement, engagement and consultation	The Register was last considered by the Board at its meeting on 6 December 2023. The Register is available on the website and is updated quarterly once it has been considered at the Board meeting.

4 Recommendation

The Board is asked to scrutinise the Register of Interests and the change reported, and approve it for publication on the website.

MINUTES – Draft
**Public Meeting of the Board of Healthcare Improvement Scotland at
 10:00, 6 December 2023 at Delta House, Glasgow & MS Teams**

Present	In Attendance
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council	Lynsey Cleland, Director of Quality Assurance and Regulation
Keith Charters, Non-executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement
Gill Graham, Non-executive Director	Ben Hall, Head of Communications
Nicola Hanssen, Non-executive Director	Laura McIver, Chief Pharmacist, Medicines & Pharmacy Team
Judith Kilbee, Non-executive Director	Angela Moodie, Director of Finance, Planning and Governance
Nikki Maran, Non-executive Director	Clare Morrison, Director of Community Engagement and Redesign
Evelyn McPhail, Non-executive Director	Lynda Nicholson, Head of Corporate Development
Michelle Rogers, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
Board Support	Apologies
Pauline Symaniak, Governance Manager	Abhishek Agarwal, Non-executive Director
	Doug Moodie, Chair of the Care Inspectorate
	Simon Watson, Medical Director/Director of Safety

1.	OPENING BUSINESS
1.1	Chair's welcome and apologies
	The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. She welcomed Nikki Maran who was attending her first Board meeting since her appointment commenced on 2 October 2023. Apologies were noted as above.
1.2	Register of Interests
	The Chair referred to the Register of Interests provided and the summary of changes. She asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the register must be notified within one month of them occurring. Any interests should be declared that may arise during the course of the meeting. Decision: The Board approved the register for publication on the website.
1.3	Minutes of the Public Board meeting held on 27 September 2023
	The minutes of the meeting held on 27 September 2023 were accepted as an accurate record. There were no matters arising. Decision: The Board approved the minutes.
1.4	Action points from the Public Board meeting on 27 September 2023
	It was noted that all actions were complete except the one in relation to the sharing of the issue register from the Executive Remuneration Committee (ERC). The Chair of ERC advised that the

	<p>Committee met the day before and will do more development work on the issues register before sharing it with the Board.</p> <p>Decision: The Board gained assurance from the action updates.</p> <p>Action: Retain above action on action register pending completion.</p>
1.5	Chair's Report
	<p>The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following:</p> <ul style="list-style-type: none"> a) Aspiring Chairs programme – HIS has supported a participant on cohort 1 and will volunteer to do so for cohort 2. b) Community Engagement and System Redesign staff event – the Chair attended what was a very positive event with highly engaged staff. c) Annual Review – a positive review was held and thanks were extended to those staff who organised and supported the event. <p>Decision: The Board noted the report.</p>
1.6	Executive Report
	<p>The Chief Executive highlighted the following:</p> <ul style="list-style-type: none"> a) Scottish Intercollegiate Guideline Network is celebrating 30 years and Scottish Antimicrobial Prescribing Group is celebrating 15 years. The National Cancer Medicines Advisory Group received excellent media coverage. All are an excellent demonstration of our impact. b) The Medical Director/Director of Safety has been appointed Vice Chair of the Chief Medical Officer's Senior Medical Advisory Forum. c) The 12th Citizens Panel report has been published and the work was recognised at the Annual Review by the National Clinical Director. d) Mandatory training has made positive progress. <p>The questions from the Board and the additional information provided covered the following:</p> <ul style="list-style-type: none"> a) The Health and Care (Staffing) (Scotland) Act will be enacted in April 2024. HIS' role covers development of staffing tools, monitoring and workforce aspects within inspections. An update on the Healthcare Staffing Programme will be arranged for the Board. b) The balance between HIS Directors' internal roles versus their external roles to ensure delivery of HIS objectives will be covered within 2024-25 objectives. c) The challenge of resources not matching demand of programmes and the impact of the 24/25 budget announcement. Robust prioritisation will be required. d) HIS would like to extend its role in maternity services to ensure there a quality management system in place and discussions are ongoing with Scottish Government about resources for this. e) HIS' expertise in trauma informed practice is shared informally with other Boards. f) Information will be provided offline about co-design and the evidence base for the Scottish Patient Safety Programme paediatric and perinatal programmes. <p>Decision: The Board gained assurance on the developments reported subject to the additional information requested.</p> <p>Actions: Provide an update to the Board on the Healthcare Staffing Programme at a Board seminar in early 2024; Provide briefing for Board Members on SPSP paediatric and perinatal programmes.</p>
2.	HOLDING TO ACCOUNT – including FINANCE AND RESOURCE
2.1	Organisational Performance Report
2.1.1	Quarter 2 Performance Report
	<p>The Board received the performance report from the Director of Finance, Planning and Governance. The Deputy Chief Executive/Director of Nursing and System Improvement provided the performance headlines:</p> <ul style="list-style-type: none"> a) 13 out of 22 Key Performance Indicators (KPIs) were on or ahead of target, which is a fall from Q1. Of the 9 KPIs currently below target, 6 are expected to recover by year end, resulting in a forecast of achieving 19 out of 22 KPIs.

	<p>b) In relation to the work programme, 63 projects were active at the end of Q2; 52 projects were on target, 11 (17%) were running behind / 'repositioned'. No projects were reported as late and 1 project was completed.</p> <p>The questions from the Board covered how value for money assessments are chosen and the reasons for declining new commissions. It was advised that a methodology is being developed for selecting value for money assessments and will be provided to the Quality and Performance Committee. The main reason for declining new commissions is that they would be more appropriate for a different organisation to deliver.</p> <p>Decision: The Board gained assurance from the performance report.</p>
2.1.2	Financial Performance Report
	<p>The Director of Finance, Planning and Governance provided the financial performance report as at 31 October 2023 and provided the financial performance headlines:</p> <p>a) There is an underspend of £0.9m largely driven by lower pay costs. The high-level outturn for the year is expected to be an underspend of £0.7m.</p> <p>b) This underspend is outwith the tolerance level of 1% and therefore a decision will be made in December about returning funds to Scottish Government.</p> <p>The discussion covered the possibility of using the underspend to invest in areas where we would like to extend our reach such as maternity services. It was noted that this is not possible as the underspend will be non-recurring.</p> <p>Decision: The Board gained assurance of the financial performance and supported consideration of the return of funds to Scottish Government.</p>
2.1.3	Workforce Report
	<p>The Director of Workforce provided a report and highlighted the main workforce data headlines:</p> <p>a) Headcount at the end of October 2023 was 581 comprised of 542 directly employed staff and 39 secondees.</p> <p>b) The turnover rate is 8% and the sickness absence rate has increased to 3.4% which is still below the NHS Scotland target. The most common reason for absence is anxiety/stress/depression.</p> <p>The Board expressed concern at the increase in the sickness absence level, noting possible influencing factors of hybrid working, covid and long covid, and the impact of winter months. The Director of Workforce advised that work was underway to examine the new flexible work location policy and that eRostering has functionality to provide real time reporting. The Staff Governance Committee (SGC) receives more detailed information and a summary of their discussions will be provided in future Board reports in the same way as the finance report and the performance report.</p> <p>Decision: The Board gained assurance from the workforce data presented but noted the need to monitor sickness absence.</p> <p>Action: Summary of SGC discussions to be included in future Board reports.</p>
2.2	Property Update
	<p>The Director of Finance, Planning and Governance provided a verbal update on considerations of future use of office space in Gyle Square and Delta House, taking into account hybrid working and lease end or break dates. She advised that work is ongoing in relation to accommodation for community engagement staff.</p> <p>Decision: The Board noted the update.</p>
3.	ASSESSING RISK
3.1	Risk Management: strategic risks
	<p>The Director of Finance, Planning and Governance provided the strategic register. The Risk Manager joined the meeting. He advised that:</p> <p>a) The focus of the paper is on out of appetite risks and although the service change risk is marked as being significantly out of appetite, it is expected it will have now reduced.</p>

	<p>b) A strategic risk on organisational change is under development.</p> <p>In the discussion it was noted that a strategic risk in relation to property may materialise in the future and that it was now timely to hold a Board workshop to review the entirety of the strategic register.</p> <p>Decision: The Board gained assurance of the management of the strategic risks.</p> <p>Action: Board workshop to review the strategic risk register to be arranged.</p>
4.	GOVERNANCE
4.1	Code of Corporate Governance – Update to Standing Financial Instructions (SFIs)
	<p>The Director of Finance, Planning and Governance provided proposed changes to the SFIs which the Audit and Risk Committee had endorsed at its meeting in November.</p> <p>Decision: The Board approved the new SFIs.</p> <p>Action: New Code of Corporate Governance to be published.</p>
4.2	Governance Committee Annual Reports 2022-23 Action Plan Update
	<p>The Director of Workforce provided a paper setting out progress against the actions identified in the Committee annual reports for 2022-23.</p> <p>Decision: The Board gained assurance of progress of actions.</p> <p>Action: Updates in future to be mapped to the strategic priorities.</p>
4.3-4.8	Committee Key Points and Minutes
	<p>Committee Chairs provided key points from the quarter 3 committee meetings where available and approved minutes from the quarter 2 meetings as follows:</p> <ul style="list-style-type: none"> • Governance Committee Chairs: key points from the meeting on 17 October 2023 • Audit and Risk Committee: key points from the meeting on 29 November 2023; approved minutes from the meeting on 6 September 2023 • Quality and Performance Committee: key points from the meeting on 8 November 2023; approved minutes from the meeting on 23 August 2023 • Scottish Health Council: meeting held on 30 November 2023; approved minutes from the meeting on 24 August 2023 • Staff Governance Committee: key points from the meeting on 1 November 2023; approved minutes from the meeting on 9 August 2023 • Succession Planning Committee: key points from the meeting on 10 October 2023; approved minutes from the meeting on 15 March 2023 <p>Decision: The Board noted the key points and minutes.</p>
5.	ANY OTHER BUSINESS
5.1	There were no items of any other business.

Approved by: Carole Wilkinson, Chair
Date:

Next meeting: 27 March 2024, 10:30

DRAFT ACTION POINT REGISTER

Meeting: Healthcare Improvement Scotland Public Board Meeting
Date: 6 December 2023

Minute ref	Heading	Action point	Timeline	Lead officer	Status
1.6	Executive Report	Provide an update to the Board on the Healthcare Staffing Programme at a Board seminar in early 2024.	31 March 2024	Deputy Chief Executive-Director of Nursing and System Improvement	Complete – covered at the Board seminar on 5 February 2024.
		Provide briefing for relevant Board Member on Scottish Patient Safety Programme paediatric and perinatal programmes.	Immediate	Medical Director – Director of Safety	Complete – the relevant Board Member has been briefed on the questions raised.
2.1.3	Workforce Report	Summary of discussions of the Workforce Report by the Staff Governance Committee to be included in future Board reports.	27 March 2024	Director of Workforce	Complete – included in March Workforce Report to the Board.
3.1	Risk Management: strategic risks	Board workshop to review the strategic risk register to be arranged.	30 June 2024	Director of Finance, Planning & Governance/Risk Manager/ Governance Manager	In progress – added to Board's business planning schedule for August 2024.

4.1	Code of Corporate Governance – Update to Standing Financial Instructions (SFIs)	New Code of Corporate Governance to be published.	Immediate	Governance Manager	Complete – published on new corporate website.
4.2	Governance Committee Annual Reports 2022-23 Action Plan Update	Actions from annual reports to be mapped to the strategic priorities.	26 June 2024	Lead Directors/ Governance Manager	Ongoing – will be reflected in annual reports paper to June Board meeting.
27 September 2023					
3.1	Risk Management: strategic risks	Executive Remuneration Committee issues register to be shared with the Board once it has been refreshed.	6 December 2023	Director of Workforce	Closed - in response to a recommendation from the Internal Audit report on the function of the Executive Remuneration Committee, the Committee's issues will be transferred to the organisational risk registers and will be visible to the Board in this way.

CHAIR'S REPORT TO THE BOARD – MARCH 2024**PURPOSE OF REPORT AND RECOMMENDATION**

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key strategic and governance issues. The HIS Board is asked to:

- receive and note the content of the report.
- approve the Blueprint for Good Governance development plan at appendix 1 for submission to Scottish Government.

NHS SCOTLAND BOARD CHAIRS**Board Chairs Meetings**

Since my report to the December 2023 Board meeting, the Chairs have met as a group each month since. In January we examined finance and sustainability and in February we heard from Caroline Lamb, Chief Executive of NHS Scotland & Director General Health and Social Care. The February meeting also featured an update on community engagement in relation to healthcare planning from Suzanne Dawson, Chair of the Scottish Health Council, and Clare Morrison, HIS Director of Community Engagement and System Redesign.

The Chairs also met each month with the Cabinet Secretary for NHS Recovery, Health and Social Care. Our agendas covered deep dives on workforce and on finance and sustainability. NHS recovery and performance continues to be a standing item. Our February meeting gave us an opportunity to hear from the new Cabinet Secretary and we also discussed opportunities and challenges.

I also continue to engage with the Chairs through regular, informal meetings with the National Board Chairs and separate meetings with Regional Chairs.

Succession Planning for NHS Board Chairs

The second cohort of the Aspiring Chairs programme will commence in April 2024 and I'm delighted that HIS has again been assigned a participant. We also have one of our Non-executive Directors, Evelyn McPhail, taking part. The programme aims to support applicants to move from Non-executive Director positions into Board Chair positions. Along with our Governance Manager, we have held an early meeting with our host participant and started to create a programme of activities and mentoring to meet their development goals. I also continue to act as Chair of the Advisory Panel.

STAKEHOLDER ENGAGEMENT

Internal Engagement

I was delighted to be able to join in person and provide opening remarks for several directorate development sessions in March for Quality Assurance & Regulation, Evidence & Digital, and Finance, Planning, Governance & Communications.

The Chief Executive and I continue to share key developments about the organisation and its governance at the monthly all staff huddles. We also spoke at a special huddle on 15 January to discuss preparing for 2024. We continue to hold informal meetings with groups of staff who are new to the organisation and we presented at the latest corporate induction session on 25 January.

External Engagement

The Chief Executive and I met with Jenni Minto MSP, Minister for Public Health and Women's Health on 18 January 2024 at the Scottish Parliament. The purpose of the meeting was to share further information about our work and our priorities referencing our focus on safety, supporting the system to improve and community engagement. In the context of the financial position, we discussed the need for HIS to consider where we maximise our impact and our role in encouraging engagement with communities by NHS Boards considering service changes. We also discussed the regulation of independent healthcare and the need for external assurance of maternal healthcare.

GOVERNANCE

Blueprint for Good Governance Self-assessment

The self-assessment is a national exercise being undertaken in every NHS Board. The HIS Board and Executive Team completed the self-assessment survey then held a facilitated session on 6 December 2023 to use the key themes from the survey to agree a development plan. The Board reviewed the detail of the plan at its Board seminar on 24 January 2024 and are now asked to approve the plan at appendix 1 for submission to Scottish Government by 1 April 2024. The Board may also wish to discuss a future reporting schedule for the plan to enable them to gain assurance of progress with actions.

Cyber Resilience

I and several Non-executive Directors attended cyber resilience workshops in February for public sector board members. These complemented a cyber security discussion at our February Board seminar. Those of us who attended the workshops held a follow-up meeting to reflect on the key implications for HIS and how we might strengthen our governance of cyber resilience.

Non-executive Directors

I held my annual appraisal with Caroline Lamb on 8 March 2024 and the end of year reviews for our Non-executive Board members are currently being scheduled. The reviews will include a refresh of their skills matrix which will support board recruitment

later in the year when a vacancy is created by the resignation of Gill Graham from 30 June 2024. This will also provide an opportunity to consider Committee membership.

Alongside the skills matrix, a programme of mandatory training has been finalised and shared with Non-executives for completion.

Board Development and Other Activity

The Board development plan for 2024 will continue as a series of masterclasses. Some of these will support actions in the Blueprint for Good Governance development plan while others will provide development time on key areas of challenge for the organisation in the year ahead.

Alongside our own development activity, several of our Non-executive Directors are engaged in programmes with the NHS Education for Scotland board development team.

- Four Non-executives are involved with the mentoring programme, both as trained mentors and as mentees.
- The Chair, Vice Chair and one Non-executive are engaged in action learning sets.
- Our involvement with the Aspiring Chairs programme is detailed earlier in the report.

Board seminars were held in January and February 2024 and covered integrated planning, the Blueprint for Good Governance development plan, a masterclass about measurement, the Healthcare Staffing Programme and cyber security. A risk deep dive was held on sustainability in December 2023.

Carole Wilkinson

Chair, Healthcare Improvement Scotland

Appendix 1 Blueprint for Good Governance Development Plan

Priority Area	Blueprint Function	High Level Action	Interdependency	Lead	Timeline	Status	Intended Good Governance Outcome
The Board make-up reflects the diversity of the communities it serves	Enabler - Diversity, Skills and Experience	Implement the actions in the Succession Plan which is in development with the oversight of the Succession Planning Committee. Refresh the Non-executive skills matrix.	Scottish Government Public Appointments Team	Succession Planning Committee	31/03/2025		More diverse Board
Measure the Board's performance by benchmarking results against those of similar organisations	The Delivery Approach - The Assurance Framework	Identify a small number of performance indicators of other public sector organisations which could be benchmarked in HIS and with potential for linking to our Key Performance Indicators.	Performance data from other public sector organisations	Scope for Evidence/ Health Service Researchers support being explored	31/03/2025		Assurance information that supports holding to account
Encourage and facilitate innovation, drive change and transform service delivery to support a culture of continuous improvement	Function - Setting the Direction	Better define what we mean by innovation in HIS; in particular consider in the context of constrained financial context and risk appetite. Identify mechanisms to share and celebrate innovations that have been delivered. Develop a board masterclass in health and social care innovation, including promoting and learning from how HIS is innovating to deliver the strategy.	One Team	Executive Team/Senior Leadership Group	31/12/2024		Board supported to set direction and influence organisational culture
Implement a collaborative approach to governance so that all parties who have an influence in the delivery of healthcare outcomes (e.g., integration authorities, local government, third sector, academia) recognise, understand and respect the needs of each other and work together to integrate or align their arrangements for the governance of the delivery of healthcare services and products within the healthcare environment	Delivery Approach - The Integrated Governance System	Explore the role of the HIS Chair within the NHS Board Chairs Group and the National Board Chairs' meetings. Use Care Inspectorate joint board meeting in April 2024 as initial opportunity to reflect on joint working with the aim of better outcomes.	HIS delivery partners Scottish Government / national board initiatives around shared planning/delivery, collaborative commissioning	HIS Chair	Quarter 1 2024/25		Governance arrangements aligned with key external stakeholders.

EXECUTIVE REPORT TO THE BOARD – MARCH 2024**PURPOSE OF THE REPORT**

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland (HIS) Board with information on key developments, including achievements, challenges, and external engagement. In line with HIS' [Strategy 2023-28](#) and specifically the 'One Team' approach, the structure of the report has been reviewed. Moving away from a Directorate specific approach, the content of the report is as follows:

1. REPORT FROM CHIEF EXECUTIVE.....	1
2. ACHIEVEMENTS.....	3
3. CHALLENGES & ISSUES.....	10
4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT.....	

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In addition to keeping the Board up to date with organisational developments, the content is intended to provide information on our stakeholder engagement and how we are working with delivery partners – key aspects of our strategic approach.

RECOMMENDATION

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

1. REPORT FROM CHIEF EXECUTIVE**New HIS Sponsorship**

There has been a change in HIS's sponsorship arrangements by the Scottish Government (SG). Sponsorship will stay within the Directorate of the Chief Operating Officer, but move from the Quality and Improvement Division to the Health Sponsorship Division. The Quality and Improvement Division will continue to lead on key policy areas that involve HIS including safety and public involvement.

Professor Jason Leitch CBE

Professor Jason Leitch intimated his intention earlier this month to step down as National Clinical Director. The Chair and I have jointly written to Jason to express our appreciation for his support to HIS over many years, and his commitment to building a safer NHS.

Joint Chair Delivering Drugs Mission – An Executive Leadership Learning Forum – 15/12/2023

I alongside the Public Health Scotland Chief Executive chaired this Executive Leadership Forum.

We came together alongside executive leaders working in drugs policy in Scotland to share and accelerate improvements in support of delivery of the Drugs Mission. In this session we shared actionable insights relating to the successes and challenges of work to reduce drug harms; and what we already know about system leadership to practically support delivery of the drugs mission. We also provided a space to explore together, as senior leaders, what further action is required at a system level to enable joined up care for vulnerable and stigmatised individuals.

In terms of next steps, we are reviewing feedback and recognise the pressures and challenges faced by leadership teams. We are working hard to ensure that future sessions will be focused on the priorities you identified as well as bringing together the right people in the most cost-effective way.

Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR)

The [Recommendation Report](#) of the IRISR was published in September 2023, setting out 38 high level strategic recommendations for change. The Review built upon earlier reviews identifying the need for change across the social care and wider support landscape and considered what inspection, scrutiny and regulation should be carried out, and how, with a person centred approach. The Minister for Social Care, Mental Wellbeing and Sport has now accepted all the recommendations of the Review, highlighting two as a priority: recommendation 15, a review of the care service types and definitions; and recommendation 33, a review of the Health and Social Care Standards. We will be working with scrutiny partners and SG to consider the specific implications for HIS, particularly in relation to resources given the current financial climate, while recognising the scope for collaboration and maximising impact. Further information will be shared with the Board when available.

Long Service Recognition Awards

These awards which were developed in Partnership aim to celebrate staff who have worked for HIS, or within the wider NHS and social care sectors before joining HIS, for a significant length of time. Many of our staff worked in other health and care organisations, before joining HIS, including HIS predecessor organisations. In many cases, it's this experience that made them the ideal candidates to join us. They may also then go on to return to another part of NHS Scotland or the social care sector, and this would make sure they do not miss out by undertaking part of their career at HIS. The commitment to working in health and social care has always been a vital contribution to the work of HIS and our aim is to acknowledge the person's whole contribution in our long service recognition awards. Staff receiving a long service award will be invited to attend a presentation as part a HIS Board meeting where they will receive their award.

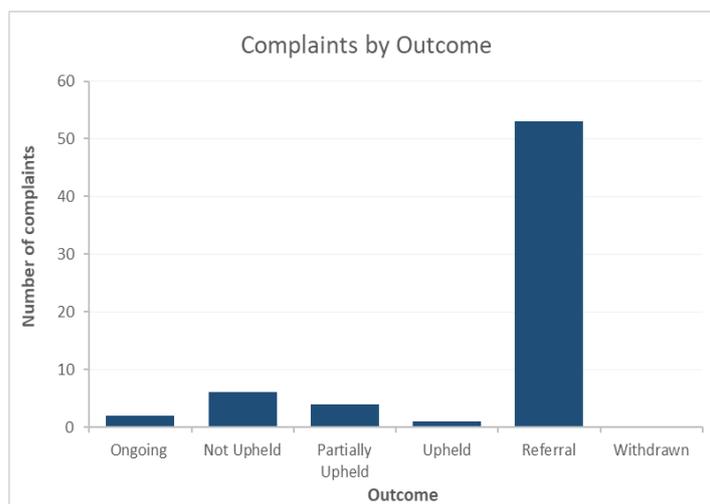
Complaints Handling, Financial Year 2023/4

Nursing Systems Improvement Team continue to review the HIS Complaints Handling Toolkit and processes. The corporate risk of complaints not being managed timeously, within standard timelines set by Scottish Public Service Ombudsman (SPSO) has been reviewed in line with continuous improvement changes and it is considered highly likely that this risk will significantly reduce with publication and embedding of updated processes by June 2024. For reporting and learning purposes, updated complaints management and complaints learning logs are being developed collaboratively with Data Measuring & Business Intelligence colleagues. The production of the learning log will assist with our aims to both continuously

improve our management of complaints and ensure that learning gained from complaint investigation can be easily captured, reviewed for themes, and be shared internally, and externally as appropriate for improvement purposes.

To date 69 contacts have been made with the Complaints Handling Team, resulting in 54 contacts being managed out with the complaints management process and 15 complaints having a HIS investigating officer appointed and handled under SPSO stages One – escalated Two as per Table 1 below. The outcomes of these complaints are demonstrated in the graph.

<i>Table 1: Complaints by Handling Type</i>	
Handling Type	Number
Internal referral	15
External referral	38
Stage One	6
Stage Two	6
Escalated Stage Two	3
Non-complaint	2
Repeat complaint	0
Total	69



The one complaint upheld in November 2023 relates to the provision of information in a timeous manner by the Death Certification Review Service. The four partially upheld complaints relate to:

- 2 complaints - Independent Healthcare Team handling of complaint regarding independent healthcare provider
- 1 complaint - Responding to Concerns processes and procedures
- 1 complaint - Independent Healthcare Registration Fees

2. ACHIEVEMENTS

A Safer NHS

Publication of the Neonatal Mortality Review Report

The Minister for Public Health, Women’s Health and Sport commissioned HIS to take forward a review in relation to an increase in neonatal mortality in Scotland in 2021/22 which breached Public Health Scotland (PHS) statistical control limits. To ensure appropriate expertise to carry out the review, Dr Helen Mactier, retired Consultant Neonatologist and Honorary Senior Research Fellow, was appointed as an independent review Chair, and an Expert Review Group was established. The review findings and recommendations were published in February 2024 in a report entitled [Neonatal Mortality Review: Understanding factors which may have contributed to the national increase in neonatal mortality in Scotland during 2021/22](#) together with a Data Analysis Supporting Document.

The report sets out various factors which appear to have contributed to the increase, rather than one single identifiable cause. The review also found variation in the quality and detail of local perinatal mortality reviews and Significant Adverse Event Reviews. There are four recommendations in the report including the need for greater collaboration across NHS boards and national organisations in responding to early signals in the data and in ensuring that local reviews of neonatal deaths are carried out consistently, in a timely manner and are of appropriate quality. The final recommendation is for HIS to engage with SG, NHS boards and other relevant organisations to consider the review findings, agree actions necessary to implement the recommendations, together with any further actions necessary to improve the quality and safety of maternity and neonatal services, including sharing learning with relevant organisations across the UK.

National Hub

HIS, in collaboration with the Care Inspectorate, established a National Hub for Reviewing and Learning from the Deaths of Children and Young People (National Hub). Focusing on using evidence to deliver change, the National Hub aims to help reduce preventable deaths and harm to children and young people by:

- Ensuring that the death of every child in Scotland is subject to a review.
- Improving the experiences of, and engagement with, families and carers.
- Channeling learning from reviews across Scotland that could direct action to help reduce preventable deaths.

The first data overview report has been published, <https://www.healthcareimprovementscotland.scot/publications/national-hub-for-reviewing-and-learning-from-the-deaths-of-children-and-young-people-data-overview-report-march-2024/> which summarises national child death data for Scotland from 1 April 2022 to 31 March 2023, supplemented by an overview of learning from child death reviews carried out by NHS boards and local authorities/Health and Social Care Partnerships (HSCPs) from the start of National Hub data collection on 1 October 2021 to 31 March 2023. The report concludes with a summary of key learning points and recommendations for NHS boards, HSCPs, local authorities and also details the future work of the Hub.

Scottish Patient Safety Programme Mental Health has begun its new phase of work with SG colleagues and three Health boards, to test a self-assessment tool in mental health adult secondary care. This tool will help boards gauge their performance against the national Core Mental Health Standards and identify areas for improvement. Scottish Patient Safety Programme mental health staff will then provide quality improvement support in the context of the HIS Quality Management System (QMS) approach. Once tested and implemented, this tool will be rolled out to support the standards work nationally, increasing the understanding of safety and quality of mental health services, its assurance, and opportunities for improvement.

The HIS Healthcare Staffing Programme (HSP) has launched the Generic Real Time Staffing resource on the TURAS platform to aid real time staffing decision making and risk management in line with the requirements of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#). In addition to this they have also developed and published the enhanced level resources to support the Knowledge and Skills Framework that aligns to the legislation.

Quality Assurance Framework / Excellence in Care (EiC): A Once for Scotland approach for NHS Board peer led Quality of Care (QoC) Reviews and Care Assurance Visits has been developed and is ready for testing in collaboration with Scottish Acute Nurse Leaders, Heads of Midwifery, EiC Clinical Lead and Board Professional Leads. This guidance aligns with HIS's Quality Assurance Framework and the EiC Framework and creates a definition and standardised guidance for both QoC Reviews and Care Assurance Visits.

An evaluation of the EiC Programme has been completed and has been taken to the EiC Programme Board for ratification. The evaluation findings show that the EiC framework is being well used throughout boards and is being utilised to support local assurance and improvement projects. With respondents noting in particular the momentum of the programme over the last 12 months.

In January-February 2024, the Data, Measurement & Business Intelligence Team carried out the first round of a Delphi consensus study, to inform the development of HIS' core set of indicators. These indicators are designed to be used within HIS, for the purpose of learning and enquiring about the safety and quality of care. There was also a session on the core set of indicators at the Board seminar in January.

Safe use of Medicines The Area Drug and Therapeutics Committee Collaborative (ADTCC) programme held a third Sodium Valproate Learning System national network meeting on 14/2. The system supports acceleration of knowledge into action across NHS Scotland, in relation to the implementation of the Medicines and Healthcare Products Regulatory Agency Sodium Valproate Pregnancy Prevention Programme and the sharing of good practice. The most recent ADTCC Forum addressed a range of issues including Wegovy (obesity medicine) consensus building, regulation of private healthcare and the North of Scotland regional approach to HEPMA (hospital electronic prescribing and medicine administration) implementation.

Safe Management of Controlled Drugs The Controlled Drugs Team is required to facilitate a self-declaration and self-assessment audit for all Controlled Drugs Accountable Officers in Scotland, this is inclusive of NHS Boards and Independent Hospices & Hospitals. An audit was issued in January 2024, the first request made in this context for 10 years. There has been a good response, with 38 assessments returned. The controlled drugs team are analysing responses to the audit and will collate themes for improvement. The plan would be for audits to be issued on an annual basis; however, this is capacity dependent.

More Effective and Appropriate Care

Hospital at Home: Improvement support has led to continual growth in older people/acute adult Hospital at Home services; resulting in 1,700 people accessing Hospital at Home as an alternative to time in hospital in January 2024. This is the equivalent of 495 beds at 80% occupancy, which is larger than general hospitals the size of University Hospital Wishaw in NHS Lanarkshire (455 beds). It directly contributes towards easing pressures on unscheduled care in hospitals. We are projecting a 51% growth in patients managed by hospital by the end of Q4, more than the 50% aim that was set at the start of the year.

Focus on Frailty: All six Focus on Frailty teams submitted progress and data reports in March 2024. Feedback indicates that integrated teams have placed a lot of value in taking time to understand their system and create the conditions for improvement. The frailty learning system membership is now at 1,253. November's webinar on early identification and assessment of frailty was attended by 447 people where 87% of respondents found the practice example extremely or very useful.

Focus on Dementia: The Dementia Scottish Intercollegiate Guidelines Network (SIGN) guidelines were published on 16 November 2023. A podcast was developed including a message from Safia Qureshi to all staff on her personal experience. A webinar took place to share the key recommendations from the guideline on 7 December 2023 with 351 delegates in attendance.

We are continuing to provide quality improvement, strategic planning, data and evaluation support to three post-diagnostic support (PDS) sites, Dundee, Edinburgh and Lanarkshire, to improve dementia PDS and care co-ordination. An evaluation of this work will take place in June 2024.

There are now 1700 members participating in our learning system, comprising of practitioners, managers and commissioners across hospital and community settings. We share learning from the programme with this network to enable timely spread of learning. Feedback from participants has been extremely positive in supporting shared learning.

NHS recovery and supporting a sustainable system

The Primary Care Improvement Portfolio (PCIP): Have onboarded four demonstrator sites to the new Primary Care Phased Investment Programme which will test full implementation of two key aspects of the General Medical Services Contract: pharmacotherapy and community treatment and care (CTAC) services.

Despite significant government investment over the last five years, there is variation in the availability and delivery of these services. Both elements of the contract are designed to provide safe, effective patient care, whilst reducing the growing demands on GPs. The PCIP team are supporting demonstrator sites to fully develop their individual plans which will be submitted to SG by the end of March 2024. The programme has also launched a national collaborative offer to GP practices across Scotland. Participating teams will be supported to focus on improving access, pharmacotherapy, CTAC services or a combination of these. As of 29 February 2024, 77 teams have applied to join the collaborative.

The Scottish Health Technologies Group is part of the UK wide Innovative Devices Access Pathway (IDAP), which is designed to accelerate the development of innovative medical devices that meet an unmet clinical need in the NHS and support their integration into the UK market. As part of the successful launch of the IDAP pilot – which runs to March 2025 – eight technologies have been selected to receive non-financial support towards the development of the product. Full details of the IDAP pilot can be found [here](#).

SIGN Guideline 169 Perinatal mental health conditions was published in December. The guideline covers screening and treatment for women or birthing parents who are at risk of, or experiencing, a mental health condition during pregnancy or within the year following childbirth. The guideline was produced using methodology to adopt and adapt recommendations from other high quality guidelines. This method was used to make the best use of available resources. A guideline and an app were produced to allow easy access to the recommendations. A patient version of the app is also being developed.

Cancer Care

National Cancer Medicines Advisory Group (NCMAG) Developed and issued the first horizon scanning report in NHS Scotland for off-label and off-patent cancer medicines to support territorial Boards, and a survey of the territorial boards confirmed the programme's impact in strengthening governance, supporting process efficiency and equity of access to cancer medicines across health boards.

Systemic Anti-Cancer Therapy Governance & Improvement Programme: Publication of the '[NHS Scotland Systemic Anti-Cancer Therapy \(SACT\) Services Review report](#)' marks completion of CEL30 SACT Governance framework 2019-23 audit cycle and provides SG with

assurance of continued oversight of the safety and effectiveness of SACT Services across NHS Scotland. Recommendations are under review and follow-up.

Supporting The Voices And Rights Of People And Communities

The Scottish Health Council has approved an approach for the assurance of engagement for service changes which do not meet the threshold for major service change. We are now developing a package of materials that will support the health and care system in making changes at pace with meaningful engagement at the heart of change.

Greater Glasgow & Clyde (GGC) GP Out of Hours service change We have now completed assurance of the GGC GP out of house service change and provided feedback to GGC for consideration at their NHS Board meeting on 30 April 2024. The activity GGC has undertaken meets the requirements of *Planning with People*.

Human Rights Approach to Inspecting Healthcare Provision within Police Custody Centres The commencement of a rolling programme of inspection of healthcare provision within police custody centres by His Majesty's Inspectorate of Constabulary in Scotland and HIS identified that there was a lack of local and national training available to healthcare staff in Human Rights Protocols. [Having relevant and current training in human rights](#) is important to ensure that healthcare staff have a clear understanding of their obligation to treat all prisoners with respect and to prohibit torture and other forms of ill-treatment. We raised this issue with the UK Head of the National Prevention Mechanism and the National Police Care Network and subsequently the network arranged and facilitated three online training webinars, which were delivered in November/December 2023 to healthcare professionals working within a custody setting (police custody, prison, or detention centre). A total of 108 individuals attended. Formal evaluation of the webinars was extremely positive with 96% of attendees said they would recommend the webinars to others.

We have also recently published a framework to support our inspections of healthcare provision within police custody centres. Jessica Davidson MBE, Chair of the group that helped develop the framework, explains why police custody healthcare matters and what the inspections can help to achieve in a [blog](#) published on 19 February.

The Unpaid Carers Improvement Programme has been working to support the identification, involvement, and support of carers across Scotland's health and social care services. The team hosted an event "Involving Carers in Hospital Discharge - understanding your journey to improvement" on 6 March 2024. 11 health boards and 23 HSCPs were represented. Teams from local areas worked together to identify and agree where they would start with their improvement journey. Several participants told us *"We would not have got to this point and come together and made this plan if you had not brought us together"*. This event supported improvements to the safety of care by helping to ensure safe discharge and avoiding readmission. We also published the **'Involving Carers in Hospital Discharge Change Package'** to support local teams to deliver improvement activity to improve carer experience and efficiency of the discharge system and ensure NHS Boards meet requirements under the Carers (Scotland) Act. Sharing this tool will help support local areas with improving the way carers are identified, involved, and supported.

Citizens' Panel 13 survey completed on the topics of NHS Scotland Climate Emergency & Sustainability Strategy and people's preferred methods of accessing care. The report is due to publish in Q1.

What Matters To You national networking event took place on 17 January 2024. 70 individuals from across Scotland participated. The purpose was to provide an opportunity for health and social care professionals to collaborate and share insights on best practice in

providing good person centred care. The first Jane Davies Award for Person Centred Practice was also presented. The winner was Penny McManus (Assistant Practitioner, Chronic obstructive pulmonary disease team, NHS Tayside).

The coalition of national organisations involved in the Care Experience Improvement Model (CEIM) Leader's programme (NHS Education for Scotland, Scottish Social Services Council, Care Inspectorate and HIS) approved a spread plan to start two new cohorts of CEIM Leaders from across health and social care during 2024. So far, this programme has supported 14 teams to apply the methodology which places the voices and rights of people and communities at the heart of improvements to the safety and quality of care.

Organising Ourselves To Deliver

Final drafts of our **3 year plan and Annual Delivery Plan** were submitted to SG on 11 March. We are now working with SG on formal agreement on the programmes on work in the plan and details behind the savings targets. In addition, the Communications team have developed a package of internal communications setting out priorities for the year ahead.

As part of the **National Board Collaborative** work, HIS is leading on a workstream to identify areas for greater collaboration and potential duplication in the area of improvement support. To date workshops have taken place with NHS Education for Scotland, the Centre for Sustainable Delivery and PHS and early areas for further consideration identified. Other workstreams include sustainability, workforce and corporate services.

The organisational change process in Community Engagement is nearly complete. The plan is for the new structure to be implemented from 1 April and remaining vacancies will be submitted to the Vacancy Review Group for recruitment.

Organisational Change Rapid Review A review of the formal organisational change in Quality Assurance Directorate and Community Engagement and System Redesign directorates during financial year 23/24 has now concluded and a number of short and medium term recommendations are being taken forward to improve relationships, process and governance for future change.

Staff Governance Associate A recently established role is providing additional capacity in taking work forward that supports both the Director of Workforce and the Employee Director. This includes work on the Corporate Objectives, Accommodation matters and also supporting work on culture.

Management Development Thirteen internally facilitated sessions on coaching conversation skills were offered to managers preparing to have conversations with staff about fixed term contracts and redeployment options. These 45-minute sessions provided a safe and confidential space for managers to come together and build their confidence on coaching style questions, active listening and managing emotional reactions. Feedback from delegates indicated that was that the sessions were a useful opportunity to access peer support and a willingness to participate in further peer networks. This will be looked at as part of the HIS Campus development.

The new Corporate Website was successfully launched on 16 February, with priority and statutory content in place on day one. The team continue to work through bringing additional content onto the new site, alongside training for some team members on content design with Content Design London.

Our media team continued their work on the SIGN dementia guideline, with further stories on implementation with the BBC and media training provided for key representatives in the story.

Other media work included the Neonatal Review (BBC, STV, The Times, The Herald), Scottish Antimicrobial Prescribing Group safety in the use of old antibiotics and Scottish Medicines Consortium monthly new medicines decisions.

Office Accommodation Discussions continue with the landlords and lead tenants for our offices at Delta House and Gyle Square over the medium term. As an interim measure, there is an opportunity to relocate within Gyle Square, which is being considered, and the 6th floor at Delta House, which was previously mothballed, has been repurposed and reopened as meeting space.

Once for Scotland There was successful implementation of the latest tranche of Once for Scotland policies. The second suite of NHS Scotland workforce policies went live on 1 November 2023. This consisted of 11 Work life Balance Policies and several awareness sessions took place over November and December for staff. These sessions, which were delivered in partnership, were well received, and were well attended (approx. 290 attendees over the sessions).

e-Rostering implementation has been completed in line with project plan requirements. We have completed the initial deployment arrangements within the required timetable as part of the national implementation arrangements. There has been significant support from Information Governance colleagues to ensure that the required data protection impact assessment process for the supporting system was completed in time. Further work is now underway to ensure the practical and operational requirements for the organisation are captured in a set of guidance for e-Rostering within HIS and this will be completed on a partnership basis.

The **Cleaning contract** for Delta House was re-tendered and awarded to Perfect Clean.

The Employee Assistance Programme was renewed for another year, with Spectrum.Life now being actively promoted on a monthly basis via Communications team round-ups. c200 staff have created an account which gives access to counselling services, advice across a range of topics, including healthy living and wellbeing.

Portable Appliance Testing is on schedule to be complete by end of March 2024, when over 500 addresses will have been visited across the length and breadth of Scotland, including to some island communities.

Interim Learning and Development Model The new HIS Interim Learning and Development Model has been finalised and approved by the organisation. The new model articulates a test of change in relation to how we approach learning and development at HIS (including governance and funding arrangements). The test of change will run over the course of 2024, with learning and recommendations informing a refreshed Learning and Development Policy, for release in 2025.

HIS Campus Progress continues with the development of HIS Campus which will be formally launched on 22 April.

The first meeting of the HIS Campus Subject Matter Experts Group took place on 5 March to support the development of a range of contemporary, meaningful and innovative campaigns, opportunities, and resources which will inform the HIS Campus programme of learning, and the development of a digital platform.

Data and Innovation In order to build technical skills to help us explore how digital solutions can help improve quality, capacity and agility in our work, we are engaging with universities via DataLab and Interface in Scotland. We are initially planning a short Masters student project

to explore applications of Artificial Intelligence to support our research work – in line with similar work delivered by the National Institute for Health and Care Excellence in England, but will scope out additional opportunities in data and process automation.

3. CHALLENGES AND ISSUES

Although the **Integrated Plan for 24/25** has been submitted, engagement continues with SG sponsors and policy leads to ensure consistency of messaging and to manage expectations. We have already been contacted by policy teams regarding potential new commissions for 24/25. We are conveying the message that we need to maintain financial balance in line with our draft budget and that for any new work to be undertaken, we would expect SG to support discussions around funding and deprioritising other areas of work.

There are significant concerns that the current financial pressures across health and care will result in a high volume of **service change** and a need for decisions to be made quickly. This may impact on boards' and HSCPs' ability to undertake engagement at the standard set in *Planning with People* which is a concern for HIS's statutory duty to support, ensure and monitor engagement on service change.

National Cancer Medicines Advisory Group (NCMAG) Various issues are causing uncertainty about the place of NCMAG advice in some territorial boards. The national Directors of Pharmacy group have not had a representative at NCMAG meetings since September 2023, citing this as a reason. We are working with SG and others to resolve these issues.

Workforce

A rapid review was conducted in relation to the formal organisational change which took place across the Quality Assurance and the Community Engagement directorates. Individual interviews and workshops had taken place with input from both directorates and a report was published in January 2024 with the findings. It has been agreed that a short life working group will be formed to identify the actions required to implement the recommendations of the report and ensured that these are delivered with regular reports to the Partnership Forum.

Work has continued to review our approach to our staffing model including changes in the way that we manage fixed term posts across the organisation. All staff who have been in fixed term contracts and have more than two years' continuous service have been issued with a letter to confirm that they have permanent contractual status with HIS. Work is continuing with directorates in relation to whether those staff will be retained within the current programme of work or whether, due to funding arrangements they may need to be assigned to a suitable alternative role within HIS in line with their skills, experience and current job description. This work has been carried out and agreed in partnership and further work and discussion is ongoing to agree what the One Team approach will look like that will enable a more comprehensive scope to ensure more collaborative and flexible ways of working across HIS.

Reduction in working week On 1 March 2024, the Cabinet Secretary for NHS Recovery, Health and Social Care confirmed a series of measures, designed to modernise the NHS Scotland Agenda for Change (AfC) system and ensure that we are a leader in family friendly

and flexible working practices, with implementation from 1 April 2024. These measures include rolling out a consistent approach across NHSS to Protected Learning Time, a national process for undertaking reviews of Band 5 nursing roles and the first 30-minute reduction in the working week for all AfC staff to a 37-hour week from 1 April 2024. NHS Boards are awaiting further guidance in relation to the implementation and planned next steps for each of these which also includes a national group of system experts working towards the necessary system developments for implementing a 37-hour working week.

Primary Care Improvement Portfolio (PCIP) To date, PCIP have been unable to recruit to 16 positions to support the delivery of the PCIP due to the organisational situation regarding fixed term contract staff. Overall, the portfolio is operating at approximately two-thirds of planned staff capacity.

Focus on Dementia and Focus on Frailty Reductions in funding to HIS have resulted in being unable to extend our clinical and professional lead roles. The programmes will rely on existing Geriatrician support until the new clinical model for HIS is established and arrangements can be made around professional social work leadership for the organisation.

Staffing changes and vacant posts linked to organisational change, combined with sickness absence, have impacted resource and capacity across the Quality Assurance and Regulation Directorate, particularly within our review work programmes. There are also several competing demands on resources within the Independent Healthcare Team. Adjustments have been made to work plans where possible, available staffing resource has been flexed across work programmes and we have sought to prioritise key deliverables, particularly the Neonatal Mortality Review report and National Hub data report. However, assurance programmes will continue to be stretched until the current staffing issues are addressed and we are continuing to review and adjust scrutiny plans accordingly.

There are delivery risks to the Mental Health and Drug & Alcohol commitments in the Annual Delivery Plan with limited numbers of staff confirmed to deliver the Mental Health Protocol (previously announced by ministerial launch) and limited ability to embed and spread reform work evidence in Early Intervention in Psychosis (EIP) and the Personality Disorder Improvement Programme.

4. EXTERNAL DEVELOPMENTS INCLUDING STAKEHOLDER ENGAGEMENT

Scottish Government

Mental Health and Substance Use The Minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP and the Minister for Drugs and Alcohol Policy, Christina McKelvie MSP provided pre-recorded input to the formal launch of the Mental Health and Substance Use Protocol Programme on 18 March 2024. They endorsed the support to be provided by HIS to enable local areas to develop protocols setting out how mental health and substance use services will work together. They also thanked key stakeholders within HSCPs, NHS boards and the third sector for their efforts to date and demonstrating the continued importance of this agenda to SG.

The Director of Evidence has been asked to join the NHS Inform Review project board. The group is looking at the impact of the service and develop the service to become the digital

front door to Health and Social Care in Scotland. Good opportunity to strengthen links to our work.

UK wide

Excellence in Care By the time of the HIS Board Meeting, the Excellence in Care team will have held a stakeholder event raising the profile of the Leading Excellence in Care Education and Development Framework, with approximately 200 delegates coming together to showcase and celebrate the work of Nursing Midwifery & Allied Health Professional Leaders as the key influencers in providing assurance of high quality, safe and effective care.

Hospital at Home HIS staff leading the Hospital at Home programme presented at UK Hospital at Home Society conference in March. This showcased the progress made in Scotland to spread older people/acute adult Hospital at Home service. It highlighted the value a national improvement body containing evidence, data and quality improvement support had on driving change at a national level, something missing from other nations in the UK.

Regulation and Quality Improvement Authority (RQIA) Round Table The RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. The Director of Quality Assurance and Regulation attended an RQIA Roundtable event in Belfast on 9 November 2023-Speak Up: Regulation in an 'Open' Health and Social Care System'. The event brought together senior leaders from across the health and social care landscape including professional regulators, commissioners of services, professional bodies, service providers and systems regulation from across the UK and Ireland to discuss the importance of speaking up to protect patient safety and improve service quality.

Contributed to research being carried out by Northumbria University, titled 'Capabilities for Complexity: Research on the Human Learning Systems approach.' Our contribution will highlight how HIS has developed the capabilities needed to manage complexity and to build our understanding of a Scottish approach to change, which enables voices of people and communities to be at the heart of improvements to safety and quality of care.

Members of the Standards & Indicators team travelled to Orkney and Western Isles to meet with stakeholders to capture feedback on standards relating to ageing and frailty, gender identity, sexual assault and rape and Bairns' Hoose. Sessions were held with staff from NHS, care sector, 3rd sector and people with living/lived experience.

Scottish Medicines Consortium's (SMC) programme of increased engagement with stakeholders continues. The SMC Chief Pharmaceutical Adviser and SMC Chair have begun a series of roadshows to update health board Area Drug and Therapeutics Committees (ADTCs) on the work of the Committee, providing an opportunity to strengthen relationships. SMC continues to work at full capacity and make progress in reducing the number of deferred submissions with approximately 9 each month since October. As of the end of February 2024, SMC is scheduling assessments up until May 2024.

Safe and effective use of controlled drugs There has been ongoing work with SG, the Controlled Drugs Accountable Officer (CDAO) Executive, the CDAO working Group, Care Quality Commission Home Office and Department of Health and Social Care to review and update the regulations and guidance issued since 2005 relating to the safe and effective use of controlled drugs. Working with these stakeholders the HIS Controlled Drugs team will clarify and strengthen the regulations and guidance to reinforce HIS statutory functions and regulatory role.

NHSScotland

The Associate Director for Improvement and Safety was asked to participate within NHS GGC International Advisory Group to support the development of their new quality approach and strategy. Through this work NHS GGC highlighted the need to consider the conditions that will underpin the implementation of their new strategy and sought to work with HIS in relation to the development and testing of the organisational level evaluation that aligns to Quality Management.

HIS Associate Director for Improvement and Safety and the QMS Portfolio have been working with colleagues in NHS GGC to develop and refine a new self-evaluation matrix/tool and test the tool to inform and support the implementation of NHS GGC Quality Strategy.

NHS GGC stakeholder engagement highlights increasing interest and enthusiasm relating to QMS. Testing a QMS self-evaluation matrix across the NHS GGC integrated system will support invaluable learning about content, application, and subsequent action planning. This will support plans to encourage and enable wider use of the tool across the whole system.

Seeking stakeholder views and feedback

Gathering views on palliative care services from 5 groups (remote/rural/islands, young people, older people, carers, users of specialist services) 42 people interviewed.

13th survey of the Citizens' Panel completed in February 2024. Respondents gave feedback on NHS Scotland Climate Emergency & Sustainability Strategy and people's preferred methods of accessing health and care services. Response rate was 57% (589 responses).

Attended two of the Barlinnie Prison recovery cafe sessions to discuss pathways to recovery after liberation and identify issues. 20 attendees including lived and living experience and workforce.

Engaged with people to inform three Gathering Views projects on Palliative Care (due to report in May 2024), Implanted Medical Devices (due to report in April 2024) and the National Care Service Charter of Rights and Responsibilities (due to report in April 2024).

Engaged with 32 individuals including both those with lived and living experience and those who deliver care within drug and alcohol services across Glasgow, Dundee and Argyll & Bute to sense-check their views and help us co-design the Medication Assisted Treatment improvement programme.

Webinars

Human Learning Systems project workshop with the Senior Nursing Team in Children's Hospices Across Scotland.

South Lanarkshire Self-assessment event to develop baseline of understanding of pathway to rehab. 40 attendees across health, social care, and those with lived experience

Focus on Frailty and Focus on Dementia: The next Frailty and Dementia Advisory Group huddle is scheduled for the 9 April 2024. The quarterly PDS leads network meeting takes place on 13 March 2024, with a spotlight on dementia and housing, and an in-person workshop with the three PDS Improvement sites takes place on 19 March 2024. Focus on Frailty site visits are underway during March and April 2024.

Focus on Frailty Learning Session three will take place on 8 May 2024 with participating teams.

SMC has held a further two workshops for patient groups and public involvement representatives over Q3 and Q4, to increase awareness of and understanding around key SMC processes. Topics have included how decisions made by the SMC affect access to medicines and 'what happens when the SMC says no to a medicine' and cross-directorate presentations to increase awareness of the wider work of the Evidence directorate. During 2023 there have been a total of 78 patient group submissions and over 200 patient groups actively engaged with one of the highest levels of involvement in recent years.

Delivered workshops to Strategic Planning teams within NHS Lothian, Dumfries & Galloway HSCP, and Clackmannan and Stirling HSCP as part of prototyping our Strategic Planning National Skills Framework. Feedback from stakeholders has been positive in

how it is supporting and building capacity and capability for long-term planning. NHS Lothian's Director of Strategic Planning fed back their full team found it helpful, and it is a "splendid piece of work that we can all use and support."

Workshops

Engaging with LGBT+ Communities – speakers from HIS and Equality Network shared good practice and discussed the importance of an intersectional approach to engagement with marginalised communities. 14 February 2024, 129 attendees

Medically Assisted Treatment Learning System - Webinar 6: System Response to Drug Trends: Insights and Reflections
23 January 2024 94 attendees/ 70 views online

Mental Health - EIP
Webinar - What will EIP look like in 10 years?
31 January 2024 111 attendees

National Short Breaks Event - Co-planned event with NHS Education for Scotland (NES) and Shared Care Scotland, opportunity for discussion and networking to help influence and inspire the provision of short breaks for unpaid carers. 29 February 2024

Mental Health - Clinical Network Learning Event: Pharmacy's Role in Supporting Co-occurring Conditions
28 February 2024

The HIS Healthcare Staffing Programme: Hosted a webinar in February detailing board requirements for real time staffing with 500 participants attending the session. Hosted a hub event 12 March 2024 to discuss the Boards' readiness for implementation of the Act with 120 delegates. Hosted training sessions with NES Technology Services over first two weeks in March to provide educational support for the launch of the Generic Real Time Staffing Resource.

The Standards team held a very well attended workshop on 28 February on the proposed national healthcare standards which include elements of clinical care and governance, involving people, patient safety and learning.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	HIS Quality Assurance and Regulation Plan
Agenda item:	2.1.1
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Quality Assurance and Regulation
Purpose of paper:	Awareness

1. Situation

The purpose of this paper is to provide the Board with an overview of the Quality Assurance and Regulation Plan for 2024-25. This plan details the planned inspection, regulation and review activity that the Quality Assurance and Regulation Directorate (QAD) will deliver in 2024-25.

2. Background

Healthcare Improvement Scotland (HIS) provides independent scrutiny and assurance of the quality and safety of healthcare in Scotland. We do this through the inspection of NHS hospitals and services; the regulation of independent healthcare; and focused reviews of healthcare services. We have developed a Quality Assurance System that sets out the core guiding principles, standard operating processes and quality assurance framework which underpin all our work. Our assurance functions aim to support providers to improve the quality of care for the people of Scotland and we work with a range of statutory bodies including the Care Inspectorate, His Majesty's Inspectorate of Prisons for Scotland and NHS Education for Scotland.

Each year QAD develops a Quality Assurance and Regulation Plan which is a subset of the HIS strategy and operational plan. The Quality Assurance and Regulation Plan describes the range of inspection, regulation and reviews we will be undertaking, including those led by HIS and those where we work in partnership with other scrutiny bodies. The plan is published on the HIS website and updated quarterly, or whenever changes to the plan are required (for example, if we undertake a new commission).

In addition to our established quality assurance and regulation programmes, QAD frequently receives Ministerial commissions to undertake targeted scrutiny and assurance activity in response to new or emerging concerns. These commissions are usually high-profile requests, often made at short notice, which require the directorate to rapidly redeploy resource and reprioritise existing work programmes.

Following the conclusion of an organisational change process within QAD, a programme of work is ongoing to implement the new directorate structure and ways of working. These changes are designed to ensure HIS continues to deliver robust and effective quality assurance that reflects the changing health and social care landscape and fully aligns to the organisation's corporate aims and objectives. The changes will support us to be more flexible, adaptable and impactful in how we prioritise our work and also take account of the challenging financial context in which we are operating in.

3. **Assessment**

HIS' inspection, regulation and review activities are key components of our strategic priorities in relation to the safety and quality of care. Demands on all assurance programmes have increased in response to increased pressures in the system and our annual delivery plan for 2024-2025 details our intention to further invest in assurance resource in response to these system pressures and the associated quality challenges.

QAD is currently carrying several vacant Inspector and Reviewer posts following the directorate's organisational change process. The priority for investment in assurance resources will be recruitment to these posts to ensure HIS continues to meet existing statutory inspection functions in assuring safety and quality of healthcare across hospital, justice and integrated care settings, as well as stabilise resource for established review programmes (including Adverse Events and Responding to Concerns).

Appendix 1 sets out our planned quality assurance and regulation activity for 2024-25. Deliverables across all established inspection, regulation and review programmes have been adjusted to reflect current available resource and capacity. This plan will be continually reviewed throughout the year and could be subject to change in light of other assurance imperatives that may emerge during the year. For example, any new Ministerial requests for *ad-hoc* reviews cannot be delivered within current resource and new assurance imperatives will require us to consider what existing programmes of work need to be reduced or reprioritised.

As with previous years, it is anticipated we will need to continue to finely balance the important role that all our quality assurance and regulation programmes play in assuring safe systems of care, with the ongoing challenges facing the health and social care system. We will need to be prepared to adapt what and how we assure in response to changing risk profiles and service pressures to continue to provide proportionate, risk-based assurance for patients and the public.

We will continue to take an intelligence led and risk-based approach to all our work and target our resources effectively. We will also continue to co-ordinate our activities and work with partner agencies to avoid a disproportionate scrutiny burden or duplication of activity.

Some of our planned work is subject to confirmation of funding and ongoing discussion with Scottish Government and other partner agencies. Where this is the case it has been highlighted in the plan.

Assessment considerations

<p>Quality/ Care</p>	<p>All our quality assurance and regulation programmes are focused on improving the safety and quality of care for people in Scotland and the attached plan details how we intend to deliver our statutory functions and assurance priorities during 2024-25 in the context of HIS's overall priorities.</p>
<p>Resource Implications</p>	<p>The Quality Assurance and Regulation Plan is underpinned by a robust financial plan to enable us to deliver our work. The planned activity for 2024-25 will be delivered within core budget and agreed allocations and takes into account the organisation's required savings targets. The directorate is carrying several Inspector and Reviewer vacancies which impacts our capacity and programme plans have been adapted to reflect current available resource. Any additional external assurance asks during the financial year will require appropriate additional resources, or review and revision of existing plans.</p> <p>Delivering the Quality Assurance and Regulation Plan is achieved through planning and flexing our staffing to respond to our assurance priorities. Capacity planning enables us to identify staffing requirements for each programme, taking account of the skills, experience and knowledge required to deliver our work programmes.</p>
<p>Risk Management</p>	<p>Each programme identifies and manages any operational risks to programme delivery. Where a new commission is received, the risk and impact of undertaking the commission is assessed, and mitigations put in place where required.</p> <p>Strategic risk 1160 details the risk if inspections or other assurance activity fails to identify significant risks to the safety and quality of care and strategic risk 1159 details the financial, clinical, policy and operational risks that could impact the organisation's ability to effectively regulate independent healthcare services.</p> <p>All risks continue to be monitored and managed through established governance arrangements.</p>
<p>Clinical and Care Governance (CCG)</p>	<p>All quality assurance and regulation programmes use the HIS Clinical and Care Governance Framework to consider specific CCG factors for individual programmes of work and ensure assurance interventions support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland.</p>
<p>Equality and Diversity, including health inequalities</p>	<p>Each programme undertakes the required Equality Impact Assessments, and considers any programme specific requirements in relation to the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.</p>
<p>Communication, involvement, engagement and consultation</p>	<p>Communication and engagement with a range of stakeholders including Scottish Government, other scrutiny bodies, service providers and service users takes place at both a strategic and operational level across our range of scrutiny and assurance programmes.</p>

	<p>Where QAD works with partner organisations to deliver our work we take account of this when developing the Quality Assurance and Regulations Plan.</p> <p>The plan will be published on our website and shared with relevant stakeholders.</p>
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4 Recommendation

The Board is asked to note Healthcare Improvement Scotland's planned activity for 2024-25 detailed in Appendix 1.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, HIS Quality Assurance and Regulation Plan 2024-25

Healthcare Improvement Scotland Quality Assurance and Regulation Plan 2024-2025

Our quality assurance and regulation activity is split into three categories: inspection, regulation, and review (including ad hoc investigations or reviews). We undertake these activities in a planned and proactive manner to provide public assurance on safety and quality of care and highlight areas of good practice and opportunities for learning to support ongoing improvements across the whole of Scotland.

Our plans for each programme from April 2024 to March 2025 are outlined below. This plan is continually reviewed and may be subject to change in response to emergent external scrutiny priorities and changing resource considerations.

An indication of the planned number of inspections and other key assurance activities are detailed below where available, however the number of planned inspections may change during the year. There are several reasons for this, including the complexity of inspections, follow-up activity that may be required in response to inspection findings, and new requests for external quality assurance in response to emergent concerns which may require the rapid redeployment of resource and reprioritisation of existing work programmes.

Inspection

NHS Inspections

Our NHS Inspections currently focus on three areas - hospital inspections, mental health inspections and the inspection of healthcare within justice.

Over the coming year we will continue our safe delivery of care methodology for inspections of NHS hospitals. We will also continue to work in collaboration with partner agencies to inspect healthcare services within prisons and police custody.

Discussions are ongoing with Scottish Government regarding the future funding and scope of our inspections of mental health in-patients units as part of an organisation wide package of assurance, standards implementation and service reform support for mental health services. The current programme of Infection Prevention and Control inspections of mental health patient units will be paused from 1 April 2024 until the future funding and scope of mental health assurance work is agreed.

During 2024-25 we also plan to develop a new programme of inspection of perinatal (maternity and neonatal) NHS services as part of a programme of assurance, standards development, and improvement support.

All our NHS Inspections will take account of and respond to the pressures being experienced across NHS Scotland that may impact on the safe delivery of care, reporting this impact on patient care through inspection reports.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Hospital inspections	To provide assurance of the safe delivery of care in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	Our single and multi-site inspections will continue to be risk-based and proportionate. It is intended a minimum of 12 hospital inspections will be carried out within NHS board areas between April 2024 and March 2025. Inspections reports and associated improvement action plans will be published on our website. Locations of inspections are not available as these are unannounced.
Mental health adult in-patient unit inspections	To contribute to the safety and wellbeing of patients and service users within mental health services through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	Inspection activity in 2024-2025 will be subject to confirmation from Scottish Government on the future funding and scope of this inspection programme.
Inspection of acute perinatal services	To provide assurance of the safe delivery of perinatal services in NHS hospitals through targeted inspection activity that is reflective of and responsive to the evolving context of service delivery.	Healthcare Improvement Scotland	The inspection programme will be developed during 2024-25 by adapting and extending the existing safe delivery of care inspection methodology for NHS Hospitals.
Joint inspection of prisoner healthcare	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) to provide expertise to the inspection of healthcare in prisons in Scotland.	His Majesty's Inspectorate of Prisons for Scotland (lead agency) and Healthcare Improvement Scotland	Four inspections planned during 2024-2025, together with several follow up inspections.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Joint inspection of police custody centres	Healthcare Improvement Scotland works with His Majesty's Inspectorate of Constabulary for Scotland (HMICS) to provide expertise to the inspection of healthcare in police custody centres in Scotland.	His Majesty's Inspectorate of Constabulary in Scotland (lead agency) and Healthcare Improvement Scotland	Subject to confirmation of funding, it is intended that HIS will carry out three inspections with HMICS in 2024-2025.

Multi-agency Inspections

Our multi-agency inspection programmes focus on three areas - joint inspection of adult support and protection, joint inspection of adult services and joint inspection of services for children and young people.

Phase 2 of the adult support and protection programme has been designed with a clear improvement focus. It comprises four complementary workstreams including: inspection activity; the development of a quality improvement framework which will be available for use by the sector to support multi-agency self-evaluation; progress review activity with partnerships found to have significant areas for improvement during phase 1 and focused work related to early intervention and trauma informed practice.

The joint strategic inspections of services for adults, and for children and young people, will continue with the same respective methodologies as during 2023-2024. In 2024-2025 joint inspections of adult services will focus on adults living with mental illness and their unpaid carers.

Programmes will be kept under regular review for any impacts of the reduced financial envelope and any new commissions on our ability to deliver planned work with the resources available to HIS and our partner agencies.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Joint inspection of adult support and protection (phase 2)	This work seeks assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements and supports adult protection partnerships to improve.	Care Inspectorate (lead agency), Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland	Completion of two joint inspections in quarter 1 of 2024-2025 (this completes the six planned inspections of partnerships last inspected in 2017). Methodology finalisation (by spring 2025) and commencement of the

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
			programme of progress reviews and the early intervention and prevention focused work late summer 2025 (work will continue into 2025-2026).
Joint inspection of adult services (integration and outcomes)	Healthcare Improvement Scotland has a statutory responsibility to undertake joint inspections of services for adults with the Care Inspectorate.	Healthcare Improvement Scotland and Care Inspectorate	The intention is to complete up to three joint inspections of health and social care partnerships during 2024-2025. These joint inspections will focus on the effectiveness of Partnership working in creating seamless services that deliver good health and wellbeing outcomes for people and their unpaid carers, through the lens of different service user groups.
Joint inspection of services for children and young people	The inspection programme takes account of the experiences and outcomes of children and young people in need of care and protection by looking at the services provided for them by community planning partnerships in each of Scotland's 32 local authorities.	Care Inspectorate (lead agency), Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland.	The intention is to complete a minimum of three routine joint inspections of community planning partnership areas during 2024-2025 plus one thematic inspection focusing on the experiences of young people leaving care in Scotland.

Regulation

Our regulation programmes focus on delivery of all elements of our regulatory responsibilities for both independent healthcare (IHC) and Ionising Radiation (Medical Exposure) Regulations (IRMER). This includes proactive inspections, responding to notifications of incidents and enforcement activity for both programmes of work, and registration of IHC services and investigations of complaints about these registered services.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
Ionising Radiation (Medical Exposure) Regulations (IRMER)	Through inspections and the notifications process, the aim of this work is to provide public assurance of the safe use of ionising radiation for medical exposure.	Healthcare Improvement Scotland	An inspection plan is in place to carry out at least 10 inspections. Routine inspections are announced. In addition, we will respond to all notifications (approximately 130 per year) and take forward recommendations from the Integrated Regulatory Review Service mission.
	<p>Healthcare Improvement Scotland is the regulator of registered independent healthcare (IHC) services in Scotland.</p> <p>Our regulatory functions include:</p> <ul style="list-style-type: none"> • registering IHC services • proactive inspections of registered services • investigating complaints about registered IHC services • responding to notifications from IHC registered services • taking enforcement action of registered IHC services where necessary, and • continuing with development work 	Healthcare Improvement Scotland	<p>The planned number of inspections id IHC services for 2024/25 is 158.</p> <p>The number of planned inspections may change throughout the year for a range of reasons including:</p> <ul style="list-style-type: none"> • high priority reactive activity that requires resource to be diverted from planned inspections • cancelled registration of a service • follow-up inspections in response to initial inspection findings.

Programme	Programme Aim	Scrutiny body/ bodies involved	Inspection activity
	to support the regulation of independent healthcare.		

Review (including ad hoc investigations or reviews)

Our bespoke review programmes contribute to three key themes:

Working collaboratively to review and respond to concerns about the quality and safety of services

- Responding to concerns
- Sharing Health and Care Intelligence Network
- Responsive reviews

Reviewing and improving national screening programmes and cancer services

- External quality assurance of cancer quality performance indicators
- External quality assurance of national screening programmes

Reviewing and learning from adverse events, children and young people's deaths, and death certification

- Management of adverse events
- National hub for reviewing and learning from the deaths of children and young people
- Death Certification Review Service.

Our programmes to review and improve national screening programmes and cancer services are currently being redesigned with work underway to shape the future delivery of these programmes.

In addition, responsive reviews may be commissioned by Scottish Government or instigated by Healthcare Improvement Scotland in response to an identified need. There are currently no responsive reviews underway or planned for 2024-25.

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Working collaboratively to review and respond to concerns about the quality and safety of services.			
Responding to concerns	Healthcare Improvement Scotland has a duty to respond to patient safety/quality of care concerns raised about NHS services by NHS Scotland employees or referred to us by another organisation. All concerns made to us are subject to a level of assessment and investigation.	Healthcare Improvement Scotland	Ongoing process of assessment and investigation of concerns raised. Work is also being undertaken to review the programme to support further improvements to the assessment process, our approach to accessing expertise/ support and our operational governance processes.
Sharing Health and Care Intelligence Network	The Sharing Health and Care Intelligence Network (SHCIN) is a mechanism that enables seven national organisations with a scrutiny, improvement, or training role at system/service level in Scotland, and nine professional regulators, to share, consider, and respond to intelligence and emerging issues that may indicate risks about health and social care systems across Scotland.	Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health Scotland, and Scottish Public Services Ombudsman.	<p>The SHCIN focusses on prioritisation of emerging issues in the health and care system which supports a more agile and responsive approach, taking early action on new risks as individual network members or as a collaborative across the SHCIN.</p> <p>The group will meet on a quarterly basis during 2024-25, with the option to convene a review panel meeting should an emerging concern arise out with scheduled meetings.</p>

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
Reviewing and improving national screening programmes and cancer services			
External quality assurance of cancer quality performance indicators	Undertake external quality assurance of the national cancer quality performance indicators (QPIs), provide proportionate scrutiny of performance and support service improvement.	Healthcare Improvement Scotland	<p>The programme is currently under a re-design phase which will shape the future approach to external quality assurance of cancer services.</p> <p>Proposals for redesign are expected to be completed in quarter 1 of 2024/25 and, subject to agreement of key stakeholders, will shape the work programme for the remainder of 2024/25.</p>
Review of national screening programmes	Work with the National Screening Oversight function, and other relevant stakeholders, to develop an approach to External Quality Assurance (EQA) of screening programmes using thematic approach and begin a test of the methodology and approach.	Healthcare Improvement Scotland	<p>The programme is currently under a re-design phase which will shape the future approach to external assurance of national screening programmes. Proposals for redesign are expected to be completed in quarter 1 of 2024/25 and, subject to agreement of key stakeholders, will shape the work programme for the remainder of 204/25.</p>
Reviewing and learning from adverse events, children and young people's deaths, and death certification			
Management of adverse events	Support a consistent national approach to identification, review, reporting and learning from adverse events based	Healthcare Improvement Scotland	National Standardisation programme for adverse events reporting continues.

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
	upon national and international good practice.		<p>Revision of the Adverse Events Framework in collaboration with the Adverse Events Network group will continue in 2024 and this work is due to be completed by December 2024.</p> <p>Further development of the Adverse Events on-line community of practice along with the development of learning systems including learning summary re-design is ongoing with all NHS boards having their own area of the main hub site to share learning and other adverse events areas of interest.</p>
National Hub for reviewing and learning from child deaths (and Sudden Unexpected Death in Infancy)	Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People and aim to ensure the death of every child and young person is reviewed to an agreed minimum standard.	Healthcare Improvement Scotland and Care Inspectorate	<p>The National Hub processes data on the deaths of children and young people, from National Records Scotland, on a weekly basis. We engage with all 14 territorial NHS board areas.</p> <p>Through our online portal we receive, and quality assure core review data sets from NHS boards and local authorities.</p> <p>The work of the National Hub in 2024/25 will be shaped by the</p>

Programme	Programme Aim	Scrutiny body/ bodies involved	Key activity
			findings and recommendations in its first Data Overview Report, published in March 2024.
Death certification review service	<p>The Death Certification Review Service (DCRS) provides independent scrutiny of deaths in Scotland not reported to the Procurator Fiscal with the aim of improving:</p> <ul style="list-style-type: none"> • the quality and accuracy of Medical Certificates of Cause of Death (MCCDs), • public health information about causes of death in Scotland, • clinical governance issues identified during the death certification review process. <p>The service is also responsible for authorising repatriation to Scotland of persons who have died abroad.</p>	Healthcare Improvement Scotland	<p>Review of approximately 12% of Medical Certificates of Cause of Death (MCCD).</p> <p>Provide advice around death certification via the DCRS enquiry line.</p> <p>Review all applications for repatriation to Scotland and where appropriate approve disposal.</p>

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Interim Workforce Plan
Agenda item:	2.1.2
Responsible Executive/Non-Executive:	Sybil Canavan, Director of Workforce
Report Author:	Sybil Canavan, Director of Workforce
Purpose of paper:	Discussion

1. Situation

This report is to advise Board members of the work underway across HIS that will inform the revised 'Interim' Workforce plan for the organisation.

2. Background

At the recent development session for the Committee, there was an opportunity to discuss the content of the next version of the Workforce Plan, recognising the current financial and operational environment for HIS.

The new plan will be shorter and focus on a smaller number of tangible actions from both a Directorate and organisational perspective. There will also be a focus on 'One Team' in action and understand how it aligns with the aspirations for the culture of HIS.

3. Assessment

As Board members will be aware, a detailed update to the whole workforce within HIS has been issued confirming the financial challenges ahead, namely.

- **Achieving our savings:** balancing our income and expenditure.
- **Re-prioritising our baseline funding:** moving some of our funds to invest in new priorities such as strengthening external assurance, improving maternal health care, and supporting local systems.
- **Considering additional allocations:** choosing where we limit expenditure in the current absence of guaranteed funding from Scottish Government

There has also been confirmation of the changes to the work programme ahead and confirmation of the need to look at opportunities to apply efficiency savings, stop or pause work from 1 April 2024.

To proceed			To Pause
Continue as is	Cost savings applied	Funded from HIS baseline in absence of alternative funding source	May be reconsidered in-year based on allocations and other priorities
Adult Support & Protection	Drugs & Alcohol Programmes*	Volunteering Systems	Excellence in Care
Police Custody	Mental Health Reform Programme inc. inspections*	Barnahus Standards	Infection Prevention Control inspections of inpatient mental health units*
Hospital at Home	Primary Care Improvement Programme	Gender Identity Standards	Unpaid Carers
Right Decision Service	Health & Care Staffing Act - <i>additional to baseline funding</i>	Sudden Unexpected Deaths in Infancy	Palliative Care Guidelines
National Cancer Medicines Advisory Group (NCMAG)	Scottish Medicines Consortium (SMC) - <i>additional to baseline funding</i>	Caesarean Section	SHTG - Health Technologies Assessments
		Citizens' Panel	Systematic Anti-Cancer Therapy Improvement
		What Matters To You	National Review Panel
			Continuous Quality Improvement Allocations

* Existing programmes will be consolidated and repurposed

Programmes highlighted in red will be paused and hibernated at the end of Q1 if confirmation of funding for the remainder of the year has not been received from Scottish Government

In addition to the above, there is a significant savings target of £2.5m in order to deliver a financially balanced budget for 24/25. To achieve this target, it is likely further work may be paused and therefore further reductions in the workforce may be required.

Confirmation of the need to reduce our whole-time equivalents has been shared, along with reassurance that this will happen based on natural staff turnover and vacancy management and will be done on a consistent basis across the organisation. Final detail in terms of actual workforce numbers will be forthcoming once the full financial picture for HIS has been confirmed in the first quarter of 2024/25.

At the same time, further work is being taken forward in terms of the One Team 'HIS Employee,' most immediately with the cohort of staff moving from Fixed Term to permanent employment with us on 1 April 2024.

Directorates have also been working to develop business cases for consideration both within the Executive Team and the Board, as necessary, reflecting on the work to be delivered and the shape of the workforce required for this activity.

Consideration is also being given to further Directorate workforce and service change that lies ahead and how this can be delivered on a Partnership basis in line with both policy and Staff Governance Standard requirements, based on the learning activity from the recent Organisational Change Review work.

To further assist with the narrative and detail required for the full plan, Directors have received a standardised list of questions, included in **Appendix 1** to assist with the construction of the final document, describing the work ahead.

In discussion with the Staff Governance Committee, it is anticipated that the draft plan will be available for their consideration in the June meeting and will subsequently come forward to the Board for final approval.

Assessment considerations

Quality/ Care	The detail provided assists in best use of resources, ensuring Healthcare Improvement Scotland's workforce is aligned to our service demand and impact on the quality of care (and services) provided.
Resource Implications	The Workforce plan will provide detail on staffing within the organisation and how they are deployed.
Clinical and Care Governance (CCG)	The Workforce Plan will include detail regarding our clinical and care staffing requirements, to ensure appropriate support is in place for clinical and care governance activity.
Risk Management	The workforce risk and mitigation activity are described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	The report is intended to inform how the workforce is developing in relation to current and anticipated workforce and financial planning across HIS. An impact assessment will be completed on the final document when it is available.
Communication, involvement, engagement, and consultation	Ongoing – Staff Governance Committee, Partnership Forum, and Executive Team.

4 Recommendation

Board members are asked to.

- a) Review and discuss the detail provided for the future Workforce Plan.
- b) Consider any further information that needs to be included and presented going forward.
- c) Note the planned approach and timeline for consideration of the draft plan by June 2024.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 – Workforce Planning Template

Appendix 1

WORKFORCE PLANNING TEMPLATE (2024 – 2025)

In order to ensure a full and comprehensive workforce plan we are looking for the information below to support our 12 – 18-month workforce plan.

<p>1. Based on the organisational aim to focus our strengths and resources in alignment to our strategy and priorities, please provide detail on your current service demands This should reflect your revised financial and savings plans for 2024/25.</p>
<ul style="list-style-type: none">- What service(s) are you potentially pausing – if so for how long and what will that workforce be asked to do?- What are you potentially stopping? What is the impact on the workforce?- Do you have any other potential workforce changes or plans likely in the next 12 – 18 months?
<p>2. What are the drivers behind the projected service demand and workforce implications? <i>Please detail the workforce implications, taking into consideration the approach to enable the continuation of a flexible, adaptable, and more transparent model of staffing.</i></p>
<p>3. What actions are necessary to support service growth and transformation in line with any establishment gap between projected service demand and current staffing profile? <i>Please include details of any service redesign, role redesign, skills gaps that we need to support the future service.</i> <i>If there are any new pieces of work being adopted, please assess whether these can be absorbed into your current workforce model, including across the wider HIS workforce.</i> <i>If possible, please detail this over the short term (next 12 months) and medium term (12-36 months).</i></p>
<p>4. What risk might there be in meeting your projected staffing requirements?</p>
<p>5. Thinking about the HIS Strategy, and the direction of travel for your Directorate and the organisation, please outline and prioritise the skills you believe we need to develop to support the delivery of our ambitions.</p>
<p>6. As part of the planning process, can you describe the Partnership and staff engagement process that will be undertaken for this work?</p>

For information, a reminder of the link to the National Workforce Strategy: [Health and social care: national workforce strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-workforce-strategy/pages/1-introduction.aspx)

Healthcare Improvement Scotland

Meeting:	Board - Public
Meeting date:	27 March 2024
Title:	Mental Health Programme
Agenda item:	2.1.3
Responsible Executive/Non-Executive:	Clare Morrison, Director: Community Engagement and System Change / Lynsey Cleland, Director: Quality Assurance and Regulation
Report Author:	Diana Hekerem, Associate Director: Transformational Change / Donna Maclean, Chief Inspector
Purpose of paper:	Decision/ Discussion

1. Situation

The purpose of this paper is to provide the HIS Board with an overview of the consolidated HIS Mental Health Programme, and how it contributes to Healthcare Improvement Scotland's (HIS) priorities, including those to improve the quality of care and reduce harm for the most vulnerable people.

The HIS Board is asked to review the Mental Health Programme Business Case, and to prioritise continued commitment to supporting the health and social care system to redesign and improve mental health services.

2. Background

The health and social care system is facing a period of unprecedented challenge. There is a need to balance growing demands on the system against limited resources.

HIS has a duty to keep the health and social care system safe and protect people and services from harm, focusing on those most at risk. For 2024-25 HIS has identified a key priority to support delivery of the major national priorities in relation to mental health.

People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes.

The purpose of this work is to support delivery of [the Scottish Government's Mental Health and Wellbeing Strategy](#) and the [Mental Health and Wellbeing: Workforce Action Plan 2023-2025](#).

Following discussion with Scottish Government in late 2023/early 2024, it has been agreed to rethink and consolidate mental health work programmes and funding into a single coherent HIS-wide offer; focused on Mental Health Standards, Reform, Assurance, and Standards and Reform.

3. Assessment

The Mental Health programme will support HIS’s strategic priority delivery area of mental health through three programmes of work:

- **Mental Health Improvement (Standards)** – the aim of this work is to provide improvement support to enable Boards to achieve new mental health standards published by Scottish Government (in adult secondary care services - across mental health inpatient and community mental health teams).
- **Mental Health Assurance** – the aim of this work is to contribute to the safety and wellbeing of patients and service users within NHS adult mental health inpatient services through the provision of independent assurance of these services. This work will consider the safety and quality of care and the focus will be on identifying areas which can be improved as well as sharing and promoting good practice that others can learn from.
- **Mental Health Reform** – the aim of this work is to reform mental health services for people who experience the poorest care. This will mean moving away from a condition specific approach to a focus on improving access to safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/inpatient care. It will take learning from previous mental health programmes and inspections as a foundation to build upon.

The new Mental Health programme will be delivered cross-organisationally, led by Community Engagement and System Change (CESR) and Quality Assurance and Regulation (QAD). It will also include partnership work with other directorates specifically the Evidence Directorate in terms of standards, and with other teams in HIS including the Transformation and Change in Drugs and Alcohol Portfolio.

Assessment considerations

Quality/ Care	People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. This work will seek to increase quality and reduce harm for these people. See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
Resource Implications	The financial resources required for this programme for 2024-25 are as follows:				
	Programme	Pay	Non-pay	Total	Source
	Standards	552,295	13,400	565,695	Core funding
	Assurance	453,792	26,208	480,000	Additional allocation

	Reform	434,350	39,266	473,616	Additional allocation
	TOTAL	1,440,437	78,874	1,519,311	
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
	This programme will be delivered by the following human resources: Standards: 8.1 whole time equivalent (WTE) Assurance: 7.0 WTE Reform: 7.0 WTE TOTAL: 22.1 WTE				
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
Clinical and Care Governance (CCG)	The work will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place to support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland.				
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
Risk Management	Key risks have been identified in relation to: <ul style="list-style-type: none"> • Timescales for delivery • Funding • Government strategic priorities • Health and social care system capacity • Approach to working with vulnerable population groups • Recruitment and retention of workforce 				
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
Equality and Diversity, including health inequalities	People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. This work will seek to increase quality and reduce harm for these people.				
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				
Communication, involvement, engagement, and consultation	Engagement has been undertaken with the Mental Health Directorate within the Scottish Government.				
	See Business Case for the Mental Health Programme at Appendix 1 for more detail.				

4 Recommendation

It is recommended that the HIS Board reviews the Mental Health Programme Business Case to enable prioritisation and continued commitment to supporting the health and social care system to redesign and improve mental health services.

5 Appendices and links to additional information

Appendix 1: Business Case for the Mental Health Programme.

Mental Health

Scottish Government Lead: Gavin Gray, Deputy Director for Improving Mental Health Services

HIS Lead Director: Clare Morrison, Director: Community Engagement and System Change / Lynsey Cleland, Director: Quality Assurance and Regulation

Proposal prepared by: Diana Hekerem, Associate Director: Transformational Change / Donna Maclean, Chief Inspector

Date SBAR submitted: N/a

Date business case submitted: 19 March 2024

1. Background

The health and social care system is facing a period of unprecedented challenge. There is a need to balance growing demands on the system against limited resources. As a result, it is recognised that there is likely to be a high level of service change across the health and social care system in response to these challenges.

In addition, there has been a sustained deterioration in performance against key aspects of delivery including elective care, urgent and unscheduled care, and provision of social care, alongside a deterioration in the quality and safety of care as evidenced by Healthcare Improvement Scotland's (HIS) scrutiny work.

HIS has a duty to improve the quality of health and care and is seeking to align and target our assurance, evidence, improvement, and engagement functions to meet the greatest challenges facing the safety and quality of care.

Mental health is one of the major public health challenges in Scotland, with around 1 in 3 people estimated to be affected by mental illness in any one year. People with mental health issues are some of the most vulnerable and are at significant risk of harm, often experiencing poorer health outcomes. For example, people with long-term mental health problems die on average 18-20 years earlier than their peers and they experience a higher level of co-morbidities over their lifetime, which impacts on both health and social health care. It is vital to recognise that some of the most vulnerable people are not seen in the acute system.

The purpose of this work is to support delivery of [the Scottish Government's Mental Health and Wellbeing Strategy](#) and the [Mental Health and Wellbeing: Workforce Action Plan 2023-2025](#) which set out a vision of "a Scotland, free from stigma and inequality, where every person fulfils their right to achieve the best mental health and wellbeing possible". The strategy aims to improve lives of some of the most vulnerable and at-risk people, aligning with HIS's strategic priorities for 2024-25.

Scottish Patient Safety Programme (SPSP) Mental Health and Mental Health Access were funded from HIS's baseline funding. In 2022-23, the Mental Health Access programme was closed, and some resources transferred to other mental health programmes to continue to support improving access and the remaining resource was used to achieve savings targets.

Funding for additional HIS mental health work has historically been agreed with relevant Scottish Government departments and delivered via additional allocations negotiated yearly. Previous additional allocations were developed to address specific problem areas in the system, including:

- Early intervention in Psychosis (EIP)
- Personality Disorder Improvement Programme (PDIP)
- Mental Health and Substance Use (MHSU)
- Coming Home Implementation

Additional allocation funding has been received previously to deliver a programme of infection prevention control (IPC) inspections of adult mental health in-patient as part of a range of actions to support and improve NHS adult mental health services in Scotland in the context of the Covid-19 pandemic and beyond. Although the initial focus of this work has been on IPC, it was intended that this would act as a lead into wider considerations of safety and quality of mental health services in the context of the [Strang Report](#), including staffing resources, the care environment, clinical and care governance arrangements and leadership.

Following discussion with Scottish Government in late 2023/early 2024, it has been agreed to rethink and consolidate mental health work programmes and funding into a single coherent HIS-wide offer focused on Mental Health Standards, Assurance, and Reform. This work will be led jointly by two directorates: Community Engagement & System Redesign (CESR) and Quality Assurance and Regulation Directorate (QAD).

2. What are we aiming to achieve and how will we deliver it? How will we know we have been successful in achieving this?

2.1. Overall aim and key objectives

The new Mental Health Programme will be delivered cross-organisationally, led by CESR and QAD, taking a Quality Management System (QMS) approach. It will also include partnership work with other directorates specifically the Evidence Directorate in terms of standards, and with other teams in HIS including the Transformation and Change in Drugs and Alcohol Portfolio. The programme will focus on the following priority areas:

- **Mental Health Improvement (Standards)** – the aim of this work is to provide improvement support to enable Boards to achieve new mental health standards published by Scottish Government (in adult secondary care services - across mental health in-patient and community mental health teams).
- **Mental Health Assurance** – the aim of this work is to contribute to the safety and wellbeing of patients and service users within NHS adult mental health in-patient services through the provision of independent assurance of these services. This work will consider the safety and quality of care and the focus will be on identifying areas which can be improved as well as sharing and promoting good practice that others can learn from.
- **Mental Health Reform** – the aim of this work is to reform mental health services for people who experience the poorest care. This will mean moving away from a condition specific approach to a focus on improving access to safer, higher quality, more equitable care that builds capacity and reduces demand on unscheduled/in-patient care. It will take learning from previous mental health programmes and inspections as a foundation to build upon.

2.2. Deliverables and approach

Mental Health Improvement (Standards)

This work will use SPSP methodology, the Essentials of Safe Care and a QMS approach to develop a new SPSP Mental Health programme. It will start by using self-assessment against existing standards to identify where improvement is needed:

Design (Feb 2024 - Mar 2024)

- Develop and refine of a self-assessment tool to support NHS boards identify their performance against Core Mental Health Standards and help them identify areas for improvement. This will also include Psychological Therapies. These standards are already published by Scottish Government (not produced by HIS).

Test (Apr 2024 – May 2024)

- Test the self-assessment tool and work with several sites to discover the most effective ways to support areas as they understand gaps in their provision in relation to the standards and identify areas for improvement. If any potential improvements to the standards themselves are identified through this work, these will be flagged to Scottish Government.

Deliver (May 2024 – Apr 2026)

- Develop a national improvement programme (SPSP Mental Health) to support NHS boards with improvement against the Core Mental Health Standards. The programme will focus on key areas around patient safety, quality of care, access, and inequality, adopting the SPSP methodology to ensure delivery of quality outcomes for people. The SPSP Mental Health programme can further evolve if other intelligence is gathered which indicate safety risks where there are opportunities for national improvement (for example from significant adverse event reviews).

In addition, this programme will:

Maintain (Mar 2024 – Apr 2026)

- Maintain previous SPSP Mental Health work around coercion (seclusion and restraint) and developing a framework for care and treatment in continuous intervention in mental health in-patient settings. This will include continue use of previous measures to show improvement. This will include reductions in violence and aggression incidents, reduction of days on continuous interventions, reduced, number of monthly restraint incidents.

This work will also be aligned with another programme in HIS which is developing a gold standard protocol to define how mental health and substance use services work together to improve outcomes for people with co-occurring mental health and substance use issues. This work is being separately funded by the Scottish Government's Drugs Policy Team (see separate Drugs and Alcohol Programme paper).

Mental Health Assurance

In discussion with Scottish Government mental health colleagues, it was agreed that the scope of mental health inspections should be expanded to incorporate the wider considerations and recommendation of the Strang report (2020) which identified six key themes:

- Patient access to mental health services
- Patient sense of safety
- Quality of care
- Organisational learning
- Leadership

- Governance

Additional priority areas for future mental health assurance activity are:

- Workforce, in line with the Health and Care (Staffing) (Scotland) Act.
- Mental healthcare environment, (this will include anti-ligature requirements).
- Communication/patient rights involvement in care.
- Physical wellbeing.

The HIS Safe Delivery of Care inspections of NHS acute hospitals is well embedded across NHS Scotland with feedback from stakeholders and evidence from inspections serving to underline the importance of proportionate and targeted assurance of the safety and quality of care.

In addition, our IPC inspections of mental health services have been well received with good engagement across all board areas. Feedback from key stakeholders and boards has indicated a willingness to progress to a more detailed and comprehensive inspections of NHS adult mental health in-patient services, in line with the well-established 'Safe Delivery of Care' inspection methodology for of NHS acute services.

To enable this shift, the existing Safe Delivery of Care inspection methodology has been extended, and a range of thematic tools developed to support our proposed new inspection focus and approach. This work has been completed and is ready to be implemented. Our approach will be reviewed regularly to ensure we continue to deliver robust and proportionate intelligence led public assurance that is reflective of and responsive to current system pressures.

Our revised methodology incorporates the HIS Quality Assurance System and framework and will consider a wide range of standards such as the Health and Social Care Standards (2017) and the new Secondary Mental Health Standards and indicators. Applying the HIS Quality Assurance System and framework as part of a QMS approach to scrutiny and assurance across of adult mental health services will deliver consistent and high impact intelligence led inspections focused on safety, quality, and improvement. This will enable detailed in-depth assessments of areas impacting the safety and quality of in-patient mental health services against relevant standards and guidance, including the new mental health standards, and the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act 2019.

A broader approach to the existing Safe Delivery of Care methodology that incorporates the inspection of hospital, mental health and maternity services within a health board area would give a much more holistic assessment of the safety and quality of NHS services within a board, particularly when considered alongside findings from justice and integrated care service inspections. This approach is intended to reduce the burden on NHS boards and support efficient and effective deployment of inspection resource from HIS. It will also allow the NHS board to work collaboratively with HIS Inspectors across areas being inspected for best application of improvement on core standards.

We will continue to work closely with key scrutiny partners such as the Mental Welfare Commission and the Care Inspectorate to form greater collaboration across our common areas and understand how we might work together in a more integrated way, to target our existing resources towards a continuous, potentially more cost-effective model to ensure enhanced opportunities to support services to improve, thereby achieving high quality outcomes for individuals. The findings from these inspections and our other areas of work with a mental health focus, such as justice and integrated care service inspections, will be used to inform ongoing improvement support across the wider system.

The inspection footprint will remain at 13 weeks (this includes pre-inspection activity, the onsite inspection itself, report publication and follow-up activity) and it is proposed 10-12 unannounced inspections of mental health units will be undertaken per year.

Strategic Alignment

One of the key drivers from the HIS 2023-2028 Strategy is in connecting scrutiny with improvement support. Our scrutiny work is able to identify serious concerns relating to the safety of patients and staff and where necessary we will call upon all of Scotland's NHS boards to review their systems and procedures and do this publicly.

In addition, our new approach will provide a vehicle of assurance for the vision and aims of the national mental health strategies and drivers for improvement including:

- Scottish Government Mental Health Strategy 2017-2027
- Scottish Government Mental Health Transitional Plan
- Suicide Prevention Strategy 2022-2032
- Standards for Adult Secondary Mental Health Services (Nov 2022)
- Mental Health Built Environments Quality Indicators
- Mental Health and Wellbeing Strategy 2023

Mental Health Reform

Programme set-up (Apr 2024 – Jun 2024)

- Realign programme delivery team.
- Establish programme management and governance arrangements.
- Recruit pilot sites.

Understand (Apr 2024 – Jul 2024)

- Consolidate the learning to date from EIP and PDIP to identify areas of good practice and understand potential application of previously developed resources (e.g. EIP implementation guide) to other areas of complex mental health support.
- Identify and understand gaps in quality of data collection and analysis.
- Identify gaps in training and support available to clinical staff (e.g. in relation to skills in psychological therapies, holistic assessment, or trauma-informed approaches).

Deliver (May 2024 – Mar 2025)

- Provide multi-disciplinary improvement and coaching support to eight sites in the system (including a prison/criminal justice setting) to support tests of change in relation to redesign of pathways of care for people with complex, long-term mental health support needs, this will include:
 - Testing the learning from EIP phase 2 in relation to how the workforce might be flexibly utilised to respond to workforce capacity challenges (e.g. lack of psychiatry resource in the system).
- Once learning has been identified from pilot sites, it is essential to move quickly to spreading learning nationally beyond the pilot sites. A key element of spread is an effective learning system and this will be developed from the start of this programme (see below).
- Work with partners in the system to develop more robust data and measurement collection systems and provide coaching support to the system to better utilise data to make improvements to mental health services.
- Work collaboratively with national learning partners such as NHS Education for Scotland and higher education institutions to create opportunities for learning and teaching to build capacity and capability in the system.
- Develop a national multistrand learning system to provide a forum for peer support, and sharing learning, experience, and good practice in relation to system-wide issues.
- Establish a Peer Support Network that will bring together professionals from Health and Social Care Partnerships, clinicians, commissioners, providers, housing organisations, local authorities, family members, third sector organisations and other relevant stakeholders from across Scotland to learn

and share best practice, and to get support with planning services for individuals with particularly complex care needs.

Learning System

As part of the improvement offer from HIS, there will be the formation of a single integrated learning system for the Mental Health Standards, Assurance and Reform programme. This will be responsive and reflective to the needs, wants and issues within mental health services.

The learning system will aim to improve quality and safety of care by accelerating innovation, supporting local systems to use data for improvement, and supporting involvement of those with lived and living experience. This will enable safe, effective, and person-centred care to be delivered.

It will provide a forum for national dialogue, sharing learning, experience, and good practice in relation to system-wide issues. This can provide support for critical issues and help create change that happens in real time within services and systems.

The learning system will include virtual events to build capacity, capability, and knowledge for practitioners in the system; practical resources developed by HIS; blogs; and case studies. All webinars, workshops, and events will be delivered in formats taking account of system pressures.

The distinct Mental Health Reform learning system outline above will be a key component of this overarching learning system for Mental Health Standards, Assurance and Reform.

People with Lived and Living Experience

All of the mental health work is underpinned by wide and diverse engagement that places the voices of people and communities at the heart of improvements to the safety and quality of care.

This work will aim to continue the level of successful, meaningful engagement with people with lived and living experience that has been core to all current mental health programmes, including:

- Working with third sector partners to gain access to specific insights through larger networks of people with lived and living experience.
- Facilitating involvement that is trauma-informed, legal, ethical, and inclusive.

HIS will continue to facilitate networks of internal and external mental health leads so that insights, intelligence, and knowledge are shared, and services are effectively co-ordinated and aligned.

2.3. Anticipated outcomes

In line with the HIS logic model framework, the table below presents an overview of the anticipated short-, medium- and long-term outcomes that this programme will deliver. An initial priority in the set-up phase of this work, once resources are allocated, will be the development of a full logic model, driver diagram and measurement plan which will include operational definitions for each of these outcomes.

The outcomes below are those previously agreed from the Mental Health Standards implementation, EIP and Personality Disorder business cases approved by Scottish Government and HIS. Quantifiable outcomes aligned to the new programme of work will be added: the work to create these quantifiable outcomes is in progress between the Scottish Government teams. This will clearly align the priority areas of the Scottish Mental Health Strategy, the standards implementation plan and HIS priorities and strategy, and include the impact aims to improve the quality of care and the measures which ensure HIS is delivering a high quality improvement programme.

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
WHAT THE PEOPLE WE WORK WITH GAIN FROM THE PROGRAMME	WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
<p>Organisations delivering services gain:</p> <ul style="list-style-type: none"> • Access to resources to identify areas for improvement. • Access to specialist skills to support improvement of mental health services areas. • Improved data and skills to make improvements to mental health services. • Access to learning opportunities to build capacity and capability. • Access to good practice, practical resources, and peer support (via the national learning system) to support improvement. • Learning from inspection reports and through NHS board inspection improvement action plans. <p>People with lived experience, gain:</p> <ul style="list-style-type: none"> • The opportunity to participate in the co-design of mental health service improvements. <p>Scottish Government gains:</p> <ul style="list-style-type: none"> • Access to learning and insights to inform policy development. • Public assurance on safety and quality of mental health services. 	<p>Organisations delivering services:</p> <ul style="list-style-type: none"> • Actively use the knowledge, skills and resources gained (via the national learning system) to develop better mental health services. • Actively collaborate with each other to address challenges that they have in common. <p>Scottish Government:</p> <ul style="list-style-type: none"> • Actively uses the learning from this programme to inform policy development. 	<p>People with mental health support needs can access timely, consistent, and high quality mental health services, resulting in better outcomes.</p> <p>Improved patient safety and care.</p> <p>People with mental health support needs experience a person-centred service based on need when supported by mental health services.</p> <p>There is equitable delivery of mental health services.</p> <p>People with mental health support needs are valued, their voices heard, and their experiences contribute to ongoing improvements in services.</p> <p>Reduced system pressures through reduced demand for other services (including acute mental health services) as a result of preventing further escalation in acuity.</p>

2.4. Scope and exclusions

The focus of this programme will be in relation to Mental Health Standards, Assurance, and Reform.

The programme will not directly address the wider pre-determinants of mental ill health; however, the learning from this work may usefully inform future public health policy.

3. Costs and resources

3.1. Financial resource requirements

Indicative budget and staff resource requirement below:

Mental Health Standards (core funded – SPSP Mental Health programme funding, this is recurring)

Post	WTE	Band	Annual cost £ 2024-25 per WTE (including on-costs at 2023-24 scale)
Portfolio Lead: Mental Health	0.9	8b	80,439
Senior Improvement Advisor	1.0	8a	81,614
Senior Improvement Advisor	1.0	8a	81,614
Improvement Advisor	1.0	7	71,198
Programme Manager	1.0	7	63,414
Senior Project Officer	1.0	6	60,841
Project Officer	1.0	5	42,252
Administration Officer	1.0	4	39,180
National Clinical Lead	0.2	9	31,742
TOTAL	8.1		552,295

Non Pay	2024-25 cost £
Travel & Subsistence	5,400
Exhibitions And Conferences	4,000
Hire Of Rooms For Meetings	4,000
TOTAL	13,400

TOTAL COSTS	2024-25 cost £
Pay	552,295
Non-pay	13,400
	565,695

Mental Health Assurance (additional allocation – requested to be baselined)

Post	WTE	Band	Annual cost £ 2024-25 per WTE (including on-costs at 2023-24 scale)
Head of Inspections	0.5	8b	44,683
Senior Inspector	1.0	8a	81,607
Inspector	4.0	7	256,513
Programme Manager	0.5	7	31,000
Project Officer	1.0	5	39,989
TOTAL	7.0		453,792

Non Pay	2024-25 cost £
Non Pays (e.g. IT, software, training, travel & subsistence, hardware)	26,208
TOTAL	26,208

TOTAL COSTS	2024-25 cost £
Pay	453,792
Non-pay	26,208
	480,000

Mental Health Reform (additional allocation – requested to be baselined)

Post	WTE	Band	Annual cost £ 2024-25 per WTE (including on-costs at 2023-24 scale)
Senior Improvement Advisor	1.0	8a	81,614
Improvement Advisor	1.0	7	71,198
Strategic Planning Advisor	1.0	7	71,198
Senior Project Officer	1.0	6	60,841
Knowledge and Information Skills Specialist	1.0	6	60,841
Project Officer	1.0	5	49,478
Administration Officer	1.0	4	39,180
TOTAL	7.0		434,350

Non Pay	2024-25 cost £
Other Contracts	1,600
Travel & Subsistence	8,460
Other Travel And Subsistence	3,200
Professional Fees - Other	18,156
Hire Of Rooms For Meetings	7,850
TOTAL	39,266

TOTAL COSTS	2024-25 cost £
Pay	434,350
Non-pay	39,266
	473,616

ASSUMPTIONS

1. Pay costs are costed based on the 2023-24 agenda for change pay scale.

3.2. Human resource requirements

Mental Health Standards (core funded)

Multi-disciplinary redesign and improvement input will be provided by the Transformation and Change in Mental Health Portfolio (strategic leadership, quality improvement, clinical leadership, and programme/project management).

In addition, specialist input in relation to standards will be provided by the Evidence Directorate.

This programme will be resourced by existing staff on permanent contracts with extensions required for clinical leadership until transferred following conclusion of the new HIS medical model and cover for an extended career break once baseline budgets confirmed.

Mental Health Assurance (additional allocation – requested to be baselined)

The Mental Health Assurance work will be led by QAD (strategic leadership, clinical leadership, inspection, and programme/project management). The current programme funding is to 31 March 2023. To continue to effectively deliver the programme of assurance of NHS adult mental health services described above would require funding to be baselined as inspection programmes require the ability to recruit permanent inspection staff with the required skills, knowledge, and expertise and all current programme staff have permanent contracts.

In addition to the resource detailed above input is likely to be required from:

- Evidence Directorate – data, measurement, and business intelligence.
- Medicines and Safety Directorate – ad hoc clinical leadership support/specialist clinical input.

If the future funding and scope of mental health assurance work is not confirmed by Scottish Government it is propose that the existing mental health inspection resource be deployed to support other pressing statutory assurance priorities.

Mental Health Reform (additional allocation – requested to be baselined)

Multi-disciplinary redesign and improvement input will be provided by the Transformation and Change in Mental Health Portfolio (strategic leadership, quality improvement, knowledge mobilisation, clinical leadership, and programme/project management), and the Transformation and Change in Systems (strategic planning). In addition, input may be required from:

- Evidence Directorate – data, measurement, and business intelligence.
- Community Engagement and System Redesign Directorate – involvement of people with lived and living experience.

This programme will be resourced by staff on a mixture of contract types and work is ongoing with HR to confirm these staff against the workplan once baseline and then again when funding received from Scottish Government before end June 2024. If funding is not received there would be seven staff who would need to be redeployed after June 2024.

The reduction in resources due to the consolidation of programmes results in:

- End of external secondment for three Clinical Leads.
- Four staff members on fixed term contracts less than two years being added to the redeployment register.
- One internal secondee and one staff member with a fixed term contract over 2 years being displaced, with vacancies held in core budget in CESR and Evidence & Evaluation for Improvement to accommodate these if required.

3.3. IT, digital, cybersecurity, information security and information governance requirements

There are requirements for the following:

- **IT/home working:** IT kit will be required for new starts.
- **Information Governance:** A Data Protection Information Agreement (DPIA) may be required, setting out how information shared by people who work in services and people with lived and living experience will be used.

4. Governance and project management

4.1. Governance structures/arrangements

The following governance arrangements will be in place:

- The work will be managed through existing HIS governance arrangements, with oversight and scrutiny being provided by the Quality and Performance Committee.
- With mental health being a key delivery area for HIS, the work will be part of the HIS-wide mental health huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.
- There will be quarterly HIS-wide governance meetings with Scottish Government (including policy leads).

- A quarterly progress report will be submitted to the Scottish Government on all aspects of delivery.
- All inspection reports undertaken will be published following internal quality assurance processes.
- Analysis of common themes and areas of good practice identified from inspection findings will be shared with Scottish Government and NHS boards to inform policy development and support ongoing improvements in care.
- The SPSP Expert Reference Group will be maintained for the Mental Health Standards programme.
- An Advisory Group will be established for the Mental Health Reform programme.

4.2. Clinical and care governance

The work will use the HIS Clinical and Care Governance Framework to ensure that that clinical and care governance arrangements are in place so that all aspects of the Mental Health Programme support the delivery of safe, effective, and person-centred health and social care services to improve outcomes for the people of Scotland. The following considerations in line with the principles of the HIS Clinical and Care Governance Framework have been made:

PRINCIPLE	GOVERNANCE ARRANGEMENT
We have a supported, involved and engaged workforce	<ul style="list-style-type: none"> • Planning will involve and engage relevant stakeholders and staff across HIS to ensure we make best use of our collective knowledge and skills. • This will include relevant clinical and professional expertise and links with other external sources of knowledge and expertise. • We will share learning and knowledge through the HIS Mental Health Network huddles.
There are clear lines of leadership and accountability	<ul style="list-style-type: none"> • There will be resources to support access to clinical and professional advice and input. • This will include any relevant clinical and care input to support the development and delivery of specific outputs. • A robust governance structure and programme management processes will be established.
We involve the people and communities who use services in all our programmes of work	<ul style="list-style-type: none"> • This mental health work will be underpinned by wide and diverse engagement that places the voices of people and communities at the heart of improvements to the safety and quality of care. • This work will work with third sector partners to gain access to specific insights through larger networks of people with lived and living experience. • An involvement plan will be developed to ensure that our work is trauma-informed, and any user research is conducted in a way that is trauma-informed, legal, ethical, and inclusive.
There is transparent and informed decision making	<ul style="list-style-type: none"> • This work will draw on local views and knowledge to inform our work. • A robust governance structure and reporting process will be established.

<p>All clinical and care risks are identified, managed, and acted upon</p>	<ul style="list-style-type: none"> • This work will draw on relevant clinical leadership and expertise to ensure clinical and care risks and areas for improvement are identified, managed, and acted upon. • A robust governance structure and risk management, monitoring and escalation process will be established.
<p>We will uphold and demonstrate professional ethics, values, and standards</p>	<ul style="list-style-type: none"> • This work will draw on relevant clinical leadership and expertise to ensure professional ethics and values are upheld. • Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is trauma-informed, legal, ethical, and inclusive.
<p>We will continually share knowledge and learning with all out stakeholders</p>	<ul style="list-style-type: none"> • This work will establish a single integrated learning system to share learning, experience, and good practice in relation to system-wide issues.

4.3. Interdependencies and cross-organisational implications

This work will be designed to be delivered on a cross-organisational basis to ensure effective alignment and management of interfaces. This programme has the following key internal interfaces:

INTERFACE	MANAGEMENT ARRANGEMENTS
<p>HIS-wide work in mental health</p>	<ul style="list-style-type: none"> • HIS-wide mental health huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made.
<p>Transformation and Change in Drugs and Alcohol</p> <ul style="list-style-type: none"> • Medication Assisted Treatment Standards Implementation Support • Pathways to Recovery: Improving Residential Rehabilitation Pathways • Mental Health and Substance Use Protocol programme 	<ul style="list-style-type: none"> • HIS-wide substance use huddle to ensure coordination with relevant internal teams/stakeholders and to ensure relevant connections are made. • Regular one to one between Portfolio Leads.
<p>Quality Assurance and Regulation Directorate</p> <ul style="list-style-type: none"> • Mental Health Scrutiny and Assurance 	<ul style="list-style-type: none"> • Regular one to ones with Chief Inspector or Head of NHS Inspections across all mental health work will be established.
<p>Evidence Directorate</p> <ul style="list-style-type: none"> • Standards Development • Data, Measurement and Business Intelligence 	<ul style="list-style-type: none"> • Potential for regular mental health focused huddle with Evidence or can be covered in regular Associate Director one to ones.
<p>Community Engagement and System Redesign Directorate</p> <ul style="list-style-type: none"> • Involvement of People 	<ul style="list-style-type: none"> • Regular one to ones with Head of Improvement of Engagement across all mental health work will be established. • This work will require involvement of people with lived and living experience. This work will

INTERFACE	MANAGEMENT ARRANGEMENTS
	be undertaken with relevant input and support from the Community Engagement and System Redesign Directorate.

4.4. Stakeholder engagement

This work will include learning from engaging and involving people with lived and living experience. An involvement plan that ensures the voice of lived and living experience is a key perspective will be developed.

We will work closely with our Engagement colleagues and other stakeholders to share practice and ensure we can build on existing networks, knowledge, and skills for engagement.

We will work with third sector partners to gain access to specific insights through larger networks of people with lived and living experience.

We will adopt a relationship management approach to ensure that stakeholders are partnered with, involved, consulted, or informed as appropriate.

A stakeholder engagement and communication plan outlining how we will work with key stakeholders will be prepared as part of the core programme governance arrangements.

4.5. Equality impact assessments and ethical considerations

This work will contribute to the reduction of inequalities for those with mental health support needs in several ways, including:

- Creating the conditions by which people with mental health support needs can access timely and responsive support across Scotland.
- Engaging with people who have protected characteristics.
- Focusing on those with mental health support needs, who face additional inequalities in terms of health outcomes compared to the general population. It is known that these people have poorer physical health, lower mortality age, and face stigma and discrimination which contributes to poorer overall wellbeing.
- Engaging with, and involving, lived experience organisations, which will enable a whole system perspective that includes the voices of service users, families, and carers.

In addition, this work will embed equality and ethics in the following ways, helping HIS to deliver its current equality outcomes:

- This work aims to address the harms that inequalities cause by ensuring that all people who need mental health services have access to consistent and high quality care.
- This work will be underpinned by the PANEL principles to ensure a human-rights based approach.
- We will ensure that the views of people with lived and living experience are at the heart of this work.
- Our involvement of people with lived/living experience will be underpinned by an involvement plan.
- An Equality Impact Assessment (EQIA) will be completed and regularly reviewed to ensure that we are addressing actions and learning from new and emerging evidence.
- A DPIA will be completed to ensure our data processing is legal and ethical (including types of processing that may result in a risk to the rights and freedoms of individuals).
- Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is trauma-informed, legal, ethical, and inclusive.
- All staff members will undertake, at a minimum, level one training around trauma-informed practice.
- The work will be conducted in line with the principles set out in the HIS Clinical and Care Governance Framework, including ensuring:
 - We involve the people and communities who use services in the programme.

- There is transparent and informed decision making.
- We uphold and demonstrate professional ethics, values, and standards.

4.6. Sustainability

The current situation, where people with mental health support needs are unable to easily access consistent and high quality care, is not sustainable. The focus of this work contributes to a sustainable health and social care system, with better care within mental health services for the benefit of all people with lived and living experience. HIS will support sustainability through:

- Supporting the implementation of mental health standards for accessible, consistent, and high quality care within the system.
- Provision of implementation support and support to embed and sustain improvements.
- Establishing a programme of inspections against relevant standards to support ongoing accessible, consistent, and high quality care within the system through identification of areas impacting the safety and quality of in-patient mental health services.
- Establishing a single integrated learning system to provide peer support for critical system-wide issues.

4.7. Project management arrangement

The following programme management arrangements will be put in place across the Standards and Reform programmes:

- Delivery team with a clearly defined structure, roles, and responsibilities.
- The following will be developed once the core team is established:
 - **Programme initiation documents (PID)** – detailed PIDs to support planning.
 - **Programme plans** – detailed plans setting out the key workstreams, programme stages, milestones, and timescales.
 - **Risks and issues log** – a risk and issue log setting out mitigations and responses.
 - **Logic model, driver diagram and measurement plan** – a detailed logic model, driver diagram and measurement plan, which sets out the theory of change and the quantitative and qualitative evidence that will be collected.
 - **Involvement plan** – an involvement plan setting out how we will involve people with experience of using services.
 - **Stakeholder engagement and communication plan** – a detailed stakeholder engagement and communication plan outlining how we will work with key stakeholders.
 - **Exit plan** – a plan for handing over the outputs and activities to the local system/other partners to ensure sustainability of outcomes.

The Assurance programme will be aligned to the established Safe Delivery of Care inspection processes.

5. Risks and mitigations

The following risks and mitigations have been identified:

KEY RISKS	MITIGATIONS
<p>Timescales for delivery – for areas of work funded by additional allocation there is a risk that the delivery of required outputs and outcomes is not achievable within timescales (considering set-up and initiation times, etc.)</p>	<ul style="list-style-type: none"> ● Issue of formal award letter as soon as possible by Scottish Government to maximize delivery time. ● Ongoing engagement with Scottish Government re: delivery progress and potential for funding to be baselined or funding extensions into subsequent years.

	<ul style="list-style-type: none"> • A robust plan in place to clearly identify activities and milestones that can be delivered within timescales.
<p>Funding – there is a risk that funding is not received/baselined or that pay uplifts are not funded resulting in inability to deliver inspections and improvement work.</p> <p>Should funding not be received there is an additional risk in respect of staff employed on permanent contracts with no associated funding.</p>	<ul style="list-style-type: none"> • HIS has adopted a phased approach to delivery depending on receipt of funding. A review will be taken at the end of quarter 1 to ascertain whether work will be continued or paused. • Staff on permanent contracts with no substantive role will be allocated to work vis HIS reallocation/redeployment processes.
<p>Strategic priority – the timeline of this work is such that it will cover a Scottish Government election. There is a risk that mental health will no longer be a strategic priority if there is a new government in place.</p>	<ul style="list-style-type: none"> • The redesign of this HIS mental health work into a cohesive offer which moves away from a condition specific approach. • Obtain reassurance from Scottish Government that there is buy-in and commitment to this work across all political parties. This work will support delivery of Scottish Government and COSLA Mental Health and Wellbeing Strategy which is a strategic priority for the Scottish Government. • A clear exit strategy, including: <ul style="list-style-type: none"> ○ Understanding of what could be delivered by the core HIS team if additional allocation funding were to cease. ○ Understanding of what will be delivered by key milestones. • Understanding of how scope could be managed (for example reduced) if additional allocation funding were to cease.
<p>System capacity – there is a risk that there is insufficient capacity in the system to meaningfully engage in activities to improve the quality and safety of mental health services (including inspections) resulting in an impact on achievement of desired outcomes.</p>	<ul style="list-style-type: none"> • Utilise our insights and connections across the system to support identification of local areas to work with on priority areas, including presenting at the Mental Health Leads Group which includes representation from all NHS boards and areas. • Work with relevant professional groups to encourage engagement from the local system, and to gain insights as to local areas to work with on priority areas. • Co-design of engagement sessions to ensure timings take account of competing priorities. • Close communication with key stakeholders to adapt plans as required.
<p>Approach – there is a risk, when working with vulnerable population groups, that engagement may cause harm to wellbeing.</p>	<ul style="list-style-type: none"> • Our involvement of people with lived and living experience will be underpinned by an involvement plan. • Engagement with people with lived experience will be undertaken by a third sector organisations as appropriate.

	<ul style="list-style-type: none"> • Retention of national clinical lead(s) to ensure clinical and care risks are identified, managed, and acted upon and professional ethics and values are upheld. • Any user research will be conducted in line with HIS' thinking and guidance in relation to conducting user research in a way that is ethical and inclusive. • All staff members will undertake, at a minimum, level one training around trauma-informed practice.
<p>Recruitment and retention of workforce – there is a risk that recruitment and retention of staff will take longer than anticipated leading to delays in delivery and potential impact on outcomes.</p>	<ul style="list-style-type: none"> • HIS process put in place to make staff with over two years' service permanent and to allocate them to work. • HIS process put in place to redeploy staff where current contracts have come to an end. • Confirmation of funding from Scottish Government as soon as possible. • Ongoing engagement with Scottish Government re: delivery progress and potential for funding to be baselined or funding extensions into subsequent years.

A robust process for the identification, assessment, management, and escalation of risks will be put in place in line with the HIS Risk Management Strategy. This will include development of a risk register and regular review and monitoring of risks to ensure appropriate mitigation and action.

Appendices

To include any further specific details of the proposals.

Please ensure you submit your signed checklist along with this document.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Business Case: Maternity & Neonatal (Perinatal) Quality Management System
Agenda item:	2.1.4
Responsible Executive/Non-Executive:	Ann Gow, Executive Nurse Director, Deputy Chief Executive
Report Author(s):	Angela Cunningham, Donna Maclean, Fiona Wardell, Joanne Matthews, Maureen Scott, Mhairi Hastings, Michael Canavan
Purpose of paper:	Decision

1. Situation

HIS has articulated within its strategy to be at the heart of national efforts to understand and shape the health and care, and with partners, embed quality management across the provision of health and care (HIS, Our Strategy, 2023).

There are currently no systematic mechanisms in place for women, birthing people and families or those delivering care to understand the quality or safety of Perinatal care provision across NHS Scotland. Our recent published Review of Neonatal Death Rates (February 2024) into the increasing rate of neonatal mortality in 2022/23 informs that *“to prevent as many baby deaths as possible, a review of both maternity and neonatal care is an essential part of midwifery, obstetric and neonatal practice”*.

On 20 February 2024, HIS Executive Team (ET) agreed in principle an outline project case to develop and implement a Perinatal (Maternity and Neonatal) Quality Management System (QMS) to HIS’ organisation plan for 2024/25.

Reflecting the priorities and ambition described within the strategy the business case outlines the case for change, model and method of delivery and supporting infrastructures, investment and realignment of resources required to achieve the aim of delivering a consistent and coordinated approach to managing the quality and safety of Perinatal Services.

2. Background

2.1 National Framework

As described in *The Best Start – A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland* (Scottish Government, 2017) the framework for maternity and neonatal (perinatal) services in Scotland is established at national level. However, in the absence of clear standards of provision, services have developed over time within each NHS Board, leading to variation in provision and outcomes.

2.2 Current Intelligence

In recent years numerous reports have been published regarding the provision, safety and quality of Maternity and Neonatal Services within NHS England and Wales, for example, Ockenden (March 2022), MBRACCE (November 2022) (UK & NI wide report) and Reading the Signals (October 2022). Consistent themes have emerged from these where opportunities for improvement identified and can be mapped to the Scottish Patient Safety Programme's (SPSP) [Essentials of safe care](#). Further work and review is currently being undertaken in England and Wales, which may give rise to improvement programmes across those UK Countries, however to date, there have been no outputs shared.

2.3 How is HIS currently supporting improvements in this area?

HIS currently provides a range of support that spans the perinatal pathway including SPSP Perinatal national improvement programme, National Hub for Reviewing and Learning from Deaths of Children and Young People, Adverse Events programme and the Maternity Voices Partnership. As stated previously, in our recently published Review of Neonatal Death Rates (February 2024) we informed that *“to prevent as many baby deaths as possible, a review of both maternity and neonatal care is an essential part of midwifery, obstetric and neonatal practice”*.

Further, the review specifies a specific recommendation for HIS to engage with Scottish Government, NHS Boards and key stakeholders to consider the reviews findings, including its recommendations and agree the actions required to implement these, together with any further actions necessary to improve the quality and safety of maternity and neonatal services. This recommendation will be addressed through the delivery of the proposed Perinatal QMS.

Whilst there is much good work being delivered to support the perinatal community from within HIS, to achieve the systematic approach as described within our strategy there are two core elements of the QMS that require development to enable HIS to maximise impact from this approach. These are the development of core Perinatal Standards and a programme of assurance of the safety and quality of care through intelligence led proportionate inspections.

Over the last year HIS has been in discussion with Scottish Government Children and Families division alongside Scottish Executive Nurse Directors (SEND) and the Directors of Midwifery to explore the benefits of quality management approach for Perinatal

services including the requirement of investment for standards development and a programme of scrutiny and assurance. Further to this, the output from a session led by Scottish Government with Clinical Directors of Obstetrics and Directors of Midwifery, was a request for updated standards.

3.0 Assessment

3.1 Business case development

The business case has been developed rapidly:

Stage One – approval in principle by the ET on 20 February 2024 using an expanded detailed version of the New Commissions SBAR (situation-background-assessment-recommendations).

Stage Two - this full business being presented to ET and Board simultaneously, with inclusion of how each of the seven principles of clinical care and governance will be addressed along with short-, medium- and longer-term outcomes that will form the basis of the QMS approach and associated measurement strategy to enable effective analysis of impact.

3.2 Vision

Our working vision statement, aligned with the purpose and aims of this work is that:

Perinatal services in Scotland are able to systematically manage and improve the quality and safety of care delivery.

The drivers of this vision are that:

- Those accessing services, alongside those delivering care have clarity about what constitutes safe, effective, person-centred care through publication of evidence-based standards.
- Services are informed by the voices of people and communities and based on evidence about what works.
- People who experience services know what to expect and are supported to uphold their rights.
- Those delivering care are empowered to continuously innovate, learn and improve.
- Assurance of the quality and safety of care is provided through a programme of intelligence led proportionate inspections.

3.3 What are we aiming to achieve and how will we deliver it?

The vision would be achieved through the below stated aims, providing a proactive, intentional, co-ordinated way of working that draws on the respective activity and intelligence across our organisation to target our resources where they will have most impact in Scotland.

- Healthcare System: Increase quality and safety of Perinatal (Maternity and Neonatal) service and experience in Scotland through the development of new standards and a programme of assurance delivering intelligence led proportionate Safe Delivery of Care inspections, resulting targeting improvement support to NHS Boards.

- HIS Strategy: Design, test, Implement and embed QMS approach to organisational way of working.

3.4 Proposed deliverables

Arising from these drivers and aims, the core deliverables for this commission are as follows:

- Development of Healthcare Improvement Scotland's vision for Perinatal Services
- Development of evidence-based standards for Maternity/ Perinatal Services
- Expansion of the current Safe Delivery of Care assurance model to include Perinatal services aligned to the HIS Quality Assurance System (QAS) and Framework
- Development of the QMS Learning system supporting the collation of data, insights and intelligence from a range of existing and developed activities Quality Assurance, Improvement Programmes, Adverse Events, Clinical and Professional Leadership and Evidence
- National improvement support that can adapt and respond in line with emerging improvement priorities.
- Decreasing risk, decreasing harms, and improving the confidence of people who experience services.

Outcomes for service users and their families will be improved across the domains of reduced stillbirth and neonatal deaths, reduced risk of preterm births, increased focus on inequalities and increased recognition of deteriorating women/birthing person. Families will benefit from a healthy mother and baby returning to their home environment and contributing to a healthier Scotland. Women/birthing people and the wider public will have confidence in Perinatal services in Scotland based on evidence.

The Standards and Indicators team are developing core clinical and care governance standards, inclusive of adverse events, whistle blowing, governance, culture alongside tackling health inequalities, shared and supported decision making and education. Currently these are planned for publication in Summer 2025 in line with their work programme. All future standards, including any developed Maternity/ Perinatal Standards will be referenced to these core standards.

The current funded establishment in the standards team have capacity to undertake four projects at any one time. Review of recent standards development has informed that each take between 12 and 15 months to complete, depending upon complexity. There are four phases for standards development: scoping, development, consultation, and finalisation. Preparatory work is significant, before development phase can commence. Preparatory work includes the following points, with this requirement being included in the milestones for this business case:

- Nominations and appointment of co-chairs
- Nominations and selection of Development Group members
- Stakeholder mapping
- Scope
- Impact assessments
- Evidence search
- Project planning
- Governance and reporting

Currently the work plan for the standards team is full¹. Therefore, to reduce the risks from stopping, pausing, and delaying current standards programme we are seeking additional funding to develop Perinatal Standards in addition to this current programme.

3.6 Assurance

The HIS Safe Delivery of Care inspections of NHS acute hospitals is well embedded across NHS Scotland and serves to underline the importance of proportionate and targeted assurance of the safety and quality of care. It is designed to provide robust and proportionate public assurance that is reflective of and responsive to current system pressures and is focused on helping services identify and reduce risks within the current operating environment, whilst minimising the impact of inspection on staff delivering frontline care.

Applying the HIS QAS and framework as part of a quality management approach to scrutiny and assurance across Perinatal services will not be a simple inclusion of these services in a hospital based environment and will require a step based approach. Perinatal services span community and hospital based services with a large percentage of care being undertaken in a community environment (Best Start). Using the HIS QAS and framework in the hospital based environment will deliver consistent and high impact intelligence led inspections focused on safety, quality, and improvement. Inspection activities are focused on the safe delivery of the fundamentals of care, including communication, leadership and culture, clinical and care governance, infection prevention and control guidance, and safe staffing. Improvements identified in these areas will impact across to elements of care delivered by multidisciplinary teams and Midwives based in community setting.

To initially address the current absence of scrutiny and assurance of maternity provision it is recommended that the existing NHS acute hospital Safe Delivery of Care inspection programme is extended to include NHS hospital Maternity services over Year 1 – 2 of this work. By extending our focus and adapting our methodology to include Perinatal services we will support boards to understand what is working well or where improvement is required and where HIS may help services learn and improve both at local and national level through our Quality Management Approach. Initially providing women/birthing people and families with an assessment of the quality of care provided by their local Maternity and Neonatal hospital based Services and an independent view of any required improvements.

¹ For information, the current standards team workplan includes Screening – Pregnancy Screening Trisomy and Ultrasound (completion Dec 2024), cervical (completion March 2025). Core clinical and care governance (completion Summer 2025 and required to inform Perinatal Standards); Ageing and Frailty publication late Autumn 2024; Oral Health publication summer 2025. It is also noted that Scottish Government perinatal colleagues have been advised that pausing existing work to undertake Maternity/ Perinatal standards would need careful consideration and agreement across HIS.

The Safe Delivery of Care Inspections of NHS Hospital maternity services will incorporate existing Health and Social Care Standards (2017) Infection Prevention and Control Standard (2022) and our Quality Assurance Framework (2022) and any other standards that become relevant during the inspection. It will also consider the delivery of care in accordance with the Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019).

Over Year 2-3 of this work there would be an intent to review the scope and reach of phase one to include a broader focus across the wider provision of maternity and neonatal services, however this would require additional resource over and above the figure set out below. In year 3, once Maternity/ Perinatal Standards have been created and embedded they will be incorporated into the Safe Delivery of Care assurance model and inspection process.

We will undertake 10-12 unannounced inspections of Perinatal services per year as part of a wider Acute hospital inspection programme. For each inspection, there are up to three inspectors' depending on the size and acuity of the unit, with a senior inspector providing leadership and oversight of the inspection process.

The inspection footprint will be 13 weeks, time spent on site, 1-3 days. This includes pre-inspection activity, the onsite inspection itself, report publication and follow-up activity, e.g. action plans, progress meetings. The final inspection report and improvement action plan will be published on the HIS website.

Expanding the existing NHS acute hospital Safe Delivery of Care inspection programme to include NHS hospital maternity services will reduce the burden on NHS boards and support efficient and effective deployment of inspection resource from HIS. This approach will also allow the NHS Board to work collaboratively with HIS inspectors across areas being inspected for best application of improvement on core standards. This end to end process description and detail has informed our workforce requirements as detailed in resource section of paper below.

3.7 Improvement

The SPSP is a national quality improvement programme that aims to improve the safety and reliability of healthcare and reduce harm.

SPSP has three core components:

- SPSP Essentials of Safe Care (EoSC): A practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care.
- SPSP Programmes of Work
- SPSP Learning System

SPSP Perinatal: The programme has been developed with a focus on the following key areas:

- Reducing stillbirth.
- Understanding and addressing the variation in caesarean section rate.

- Improving the recognition, response and review of the deteriorating woman/birthing person.
- Reducing neonatal mortality and morbidity.

13 NHS boards have joined the SPSP Perinatal Collaborative, running from November 2023–March 2025. The collaborative will follow a Breakthrough Series model, through a combination of learning sessions, local improvement activity and data collection all supported with improvement coaching from the SPSP team. Iterative evaluation including quantitative and qualitative data to monitor progress against aims, demonstrate impact and generate learning.

The progress and learning gained through the ongoing delivery of the collaborative will be fed into the HIS QMS Perinatal learning system. New priorities for improvement identified through the HIS QMS process will be inform revisions of SPSP Perinatal content as appropriate.

3.8 Alignment with HIS strategic priorities

Our strategy is to secure lasting, positive, and sustainable improvements across the whole health and care system. As such, HIS has committed to quality management as a way of working across HIS which ensures a collective, cohesive, and collaborative approach to achieving its purpose and vision and to work with partners to embed quality management across health and care. The QMS Framework developed and tested with stakeholders describes the core components required to support a systematic approach. Further information can be found [here](#).

This will be achieved through effective co-ordination and alignment of existing HIS activity and development of new investment/activity to affect improvement change (Quality and Safety).

3.9 Quality Management System (QMS)

HIS has committed to quality management as both a method in which the organisation will operate within and support health and care across Scotland to embed. The QMS Framework developed and tested with stakeholders describes the core components required to support a systematic approach. Further information can be found [here](#).

A Perinatal QMS would provide a way of working within HIS that that ensures a collective, cohesive, and collaborative approach to improve the quality and safety of Perinatal services, through co-ordination of existing and new elements of HIS activity required to affect improvement change (Quality and Safety).

Whilst the long-term vision and aim is for a QMS to affect and impact across hospital and community based Perinatal services, this requires a phased approach, commencing in in-patient, hospital based services. This QMS approach as described within the HIS Strategy, aligns with HIS organisational 'One Team' ambition for more collaborative structures, processes, and culture - maximising the expertise from across a range of professions and disciplines and as such eliminating the constraints and limitations of silo'd working.

Diagram 1 below, sets out the different aspects of the framework and how HIS could respond within each of these to develop a dynamic and continuous approach to: developing a truly systemic understanding of the quality and safety of care; intelligence driving the identification of the quality concerns or best practice that can enable HIS to adapt and respond in a timely way by leveraging the resources across HIS and beyond, and, generating new knowledge, learning and accelerating the spread of good evidence-based practice through a Perinatal learning system at the heart of the approach.

An effective HIS perinatal learning system will enable HIS staff working across a range of programmes to contribute, collate and triangulate a range of intelligence and data to understand how well services are doing (maintaining quality), identify priorities for Improvement and design appropriate system support (quality planning) and then inform and test ideas to make care better (quality improvement). This is a cyclical process with data and information informing the future development and planning of services.

This would be a proactive, intentional, and consistent approach which draws on the significant experience, knowledge, and skills from across our organisation to target our resources where they will have most impact across Perinatal Services in Scotland.

The approach would assist in the generation of new knowledge and through more disciplined and explicit efforts of working collaboratively and collectively align our approach to ensure stronger and healthier relationships across teams and programmes both internally in HIS and across healthcare systems. At the same time ensuring that early warning signs are acknowledged and acted upon quickly and widely, whilst taking cognisance of the needs, risks to and prevention of harm for those who use and deliver services. Ultimately supporting, enabling, assessing, and assuring the quality and safety of Perinatal services in Scotland.

To support the development of the learning system which will be central to this approach the following resource from Medicine and Safety Directorate, QMS Team will be reprioritised in year 1 (2024/25):

- 0.2 whole time equivalent (WTE) Portfolio Lead £18,1884
- 0.2 WTE Senior Improvement Advisor £14,870
- 0.2 WTE Programme Manager £12,683

Embedding quality management within our organisation will ensure that our partners experience a consistent QMS approach in all our interactions. To do that will require HIS to create the organisational conditions through a concerted internal focus in the following areas, and these elements would require to be addressed in order to achieve the milestone as laid out in Diagram 2.

1. Creating a shared vision and purpose
2. Investing in Leadership and Culture (Relationships, attitudes, behaviours, and learning systems)
3. Continuous planning for Quality (Prioritisation, co-design, and co-production)

4. Building capacity and capability for Quality Management
5. Embedding Quality into management systems (Quality Assurance, Quality Control and learning systems)

Diagram 1. A Perinatal QMS Approach

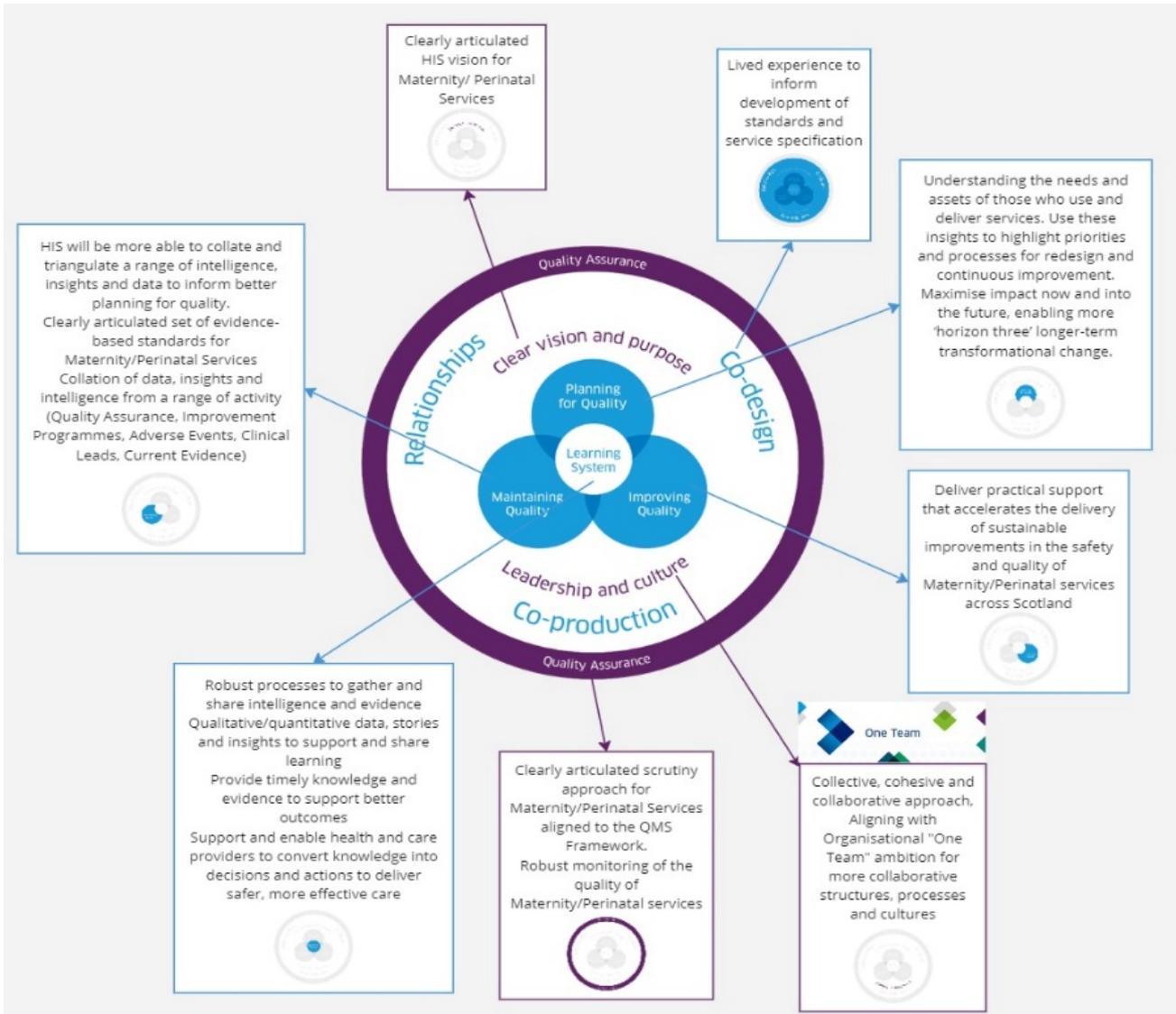
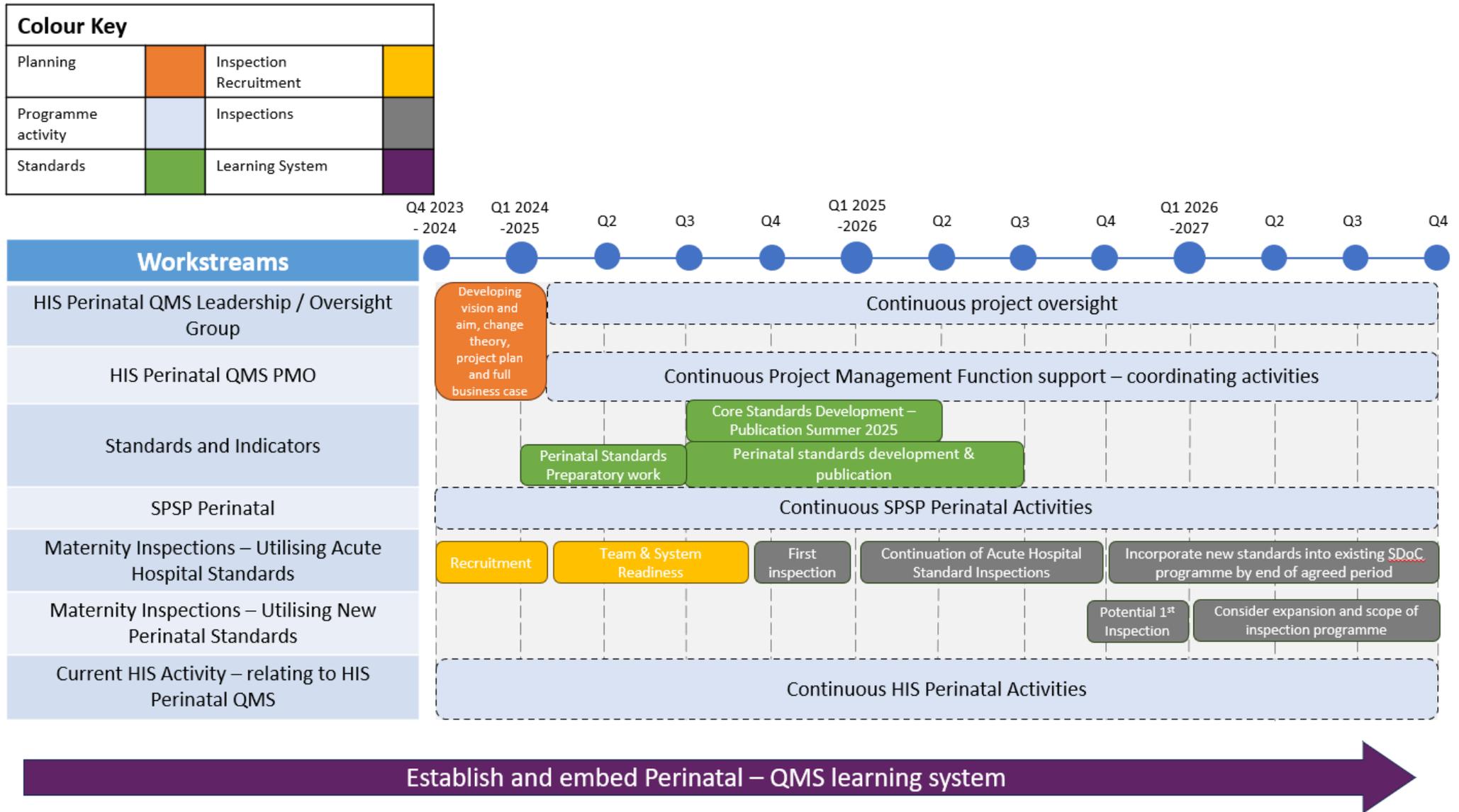


Diagram 2. HIS Perinatal QMS Development Milestones



3.10 Risk management

The following risks and mitigations have been identified:

KEY RISKS	MITIGATIONS
<p>Timescales for delivery</p> <p>There being an expectation that standards development specifically related to maternity and neonatal (perinatal) services across the NHS would be achieved within 15 months.</p> <p>The reality of inspection would be a phased approach, commencing in hospital based maternity and neonatal Services and utilising and adapted Safe Delivery of Care Acute Hospital methodology. Implementation of focused Perinatal Inspection could only be designed and implemented once Maternity Standards are agreed.</p>	<ul style="list-style-type: none"> • Recruitment in first round for Standards team and Inspection Team commences with immediate effect: Q1 2024/5 with team in place ready to commence Development Phase October 2024. • Retain existing skill and knowledge without requirement to re-recruit.
<p>Resource</p> <p>1a Dependency upon prioritising and utilising HIS Continuous Quality Improvement Allocations (CQIA) baselined monies for this work.</p> <p>1b Risk that HIS unable to meet other priority timelines for improvement, assurance and regulatory work or meet savings targets through prioritising baseline funding to this work</p> <p>2. Midwifery leadership is the only element of SPSP funding from Scottish Government (SG) not baselined, remains on allocation from SG at 0.4WTE. Should this not be received there will be insufficient capacity of Professional Leadership across QMS.</p> <p>3. Medical Model provides for Obstetric & Neonatal oversight of QMS, risk that there is insufficient capacity to provide professional and clinical oversight.</p> <p>4 It is not viable to reallocate/ transfer HIS workforce from other programmes to this without careful consideration of required specific skills, knowledge and experience, for example, Improvement teams do not have the skill set to support standards development or inspection activity.</p>	<ol style="list-style-type: none"> 1 Fund Initially whilst funding discussions continue with SG. 1 Further scoping of current activity with efficient and effective co-ordination of current activities and resources. 2 Monitor SG allocations and baselining of budgets. 3 Monitor and assess capacity of Obstetric & Neonatal medical input over year 1 and 2 in line with evaluation of medical model. 4 Management through QMS approach of scope creep Where possible Project Management Office workforce will be realigned. Realistic programming of standards development and delivery according to expert workforce availability.
<p>Reputational risk</p> <p>Without this work being undertaken the corporate risk identified on HIS Risk Register remains, ultimately with the potential for harm to the people of Scotland.</p>	<ul style="list-style-type: none"> • Commencement of this programme of work.
<p>Patient Safety</p> <p>Causing additional risk of harm to service users through pausing, stopping, or reducing current improvement activity which is supporting maintenance of current risk/ safety level across the system.</p>	<ul style="list-style-type: none"> • Continuation of SPSP Perinatal, Acute Hospital Inspections, Healthcare Staffing Programme work as part of QMS approach.

3.11 Resource Implications

The business case asks for allocation from HIS baseline, whilst continuing to pursue allocation from Scottish Government to fund this work. An indicative budget and staff resource requirement to fulfil the new work associate with this approach across Standards and Assurance with additional Professional Leadership and oversight is within the table below. Any future revision of Standards would be intelligence led and evidence based.

New Workforce Required for Business Case							
Directorate	Programme	Role Title	AfC Banding	WTE (attributed to Perinatal Work only)	Headcount	Monthly Cost	Annual Cost
Quality Assurance Directorate	Maternity Inspections	Senior Midwife	8a	1.0	1.0	9,252	83,272
	Maternity Inspections	Inspector	7	3.0	3.0	18,162	163,456
	Maternity Inspections	Programme Manager	7	1.0	1.0	6,054	54,485
	Maternity Inspections	Project Officer	5	1.0	1.0	3,594	32,342
				5.0	6.0	37,062	333,555
Evidence	Standards Team	Programme Manager	7	0.5	1.0	2,696	13,481
		Project Officer	5	0.5	1.0	1,797	8,984
		Admin Officer	4	0.4	1.0	1,222	6,110
				1.4	3.0	5,715	28,575
Nursing, System Improvement	NMAHP: Midwifery Professional Leadership, increase by 0.1 WTE	Midwifery lead	8D	0.1	1.0	1,070	6,418
				0.1	1.0	1,070	6,418
New Workforce Pays Required				6.5	10.0	43,846	368,548

Where there is current HIS workforce members awaiting redeployment, these individuals will be prioritised for matching into posts according to right skills and knowledge – particularly across Project Management Office roles, as described in the table above. There are existing team members in the Standards team with skills and knowledge suitable and assessment of ability to retain this knowledge to progress new standards or continue with existing standard timetable requires agreement (noting above that some of staff are fixed term contract). This may potentially improve current headcount position for 2024/5 budget and onward.

It will be necessary to recruit 1 Senior Midwife and 3 Inspectors with current National Midwifery Council registration and evidence of contemporaneous current practice to the Quality Assurance Directorate Inspection team.

The current Midwifery Lead aligned to the HIS Executive Nurse Director and Nursing, Midwifery, Allied Health Professionals (NMAHP) team within Nursing & System Improvement is retiring, recruitment to this post is essential to provide oversight to this and existing programmes of work. They will provide professional and clinical oversight and leadership across all elements of this work. The current post holder is cross charged to the NMAHP team from SPSP at 0.05 WTE, an increase of 0.1 WTE is deemed essential to provide clinical and Professional Leadership capacity to the safety critical midwifery workforce working in and across the programme and for non-midwifery colleagues to access appropriate and relevant professional advice and support in this QMS approach.

3.12 Phased Approach Financial Implications

The previous milestone diagram (Diagram 2) provides a high-level description of the phased approach required to draw together existing and new elements of this programme over a 3-year period commencing April 2024 through to a business-as-usual state being in place by the end of financial year 2026/7.

Year 1 costs £393,547

Year 2 onwards recurring cost £554,406

Notably, the majority of the funding required to implement this QMS approach and maintain recurrently are associated with workforce. In year 2 a non pays element (£3,250) is required to ensure appropriate payment to the established standards development group members for travel and subsistence, room hire etc. This cost, along with pay costs to increase capacity in the standards team are non-recurring. Non pays costs associated with scrutiny and assurance relate to IT requirements (Software & Hardware) training, travel and subsistence. This is £25,000.00 per annum, with year 1 having less travel and subsistence, however IT hardware and software costs for set up are in year 1.

Non Pays					
Directorate	Description	Year 1	Year 2	Year 3	Recurring
Evidence Directorate	Standards Development Costs associated with travel and Subsistence etc	0	3,250.00	0	0
Quality Assurance Directorate	Information Software, Hardware, Travel and Subsistence	25,000.00	25,000.00	25,000.00	25,000.00
		25,000.00	28,250.00	25,000.00	25,000.00

Collectively, Pays and Non-Pays are broken down by year as follows:

Year 1: 2024/5

		2024/5											
		Year 1											
		April	May	June	July	August	September	October	November	December	January	February	March
Directorate	Description	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Evidence	PAYS							5,715	5,715		5,715	5,715	5,715
	NON PAYS												
Directorate Totals								-	5,715	5,715	5,715	5,715	5,715
QAD	PAYS				37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062
	Non Pays				13,000			6,000			6,000		
Directorate Totals					50,062			43,062	37,062	37,062	43,062	37,062	37,062
NSI	PAYS							1,070	1,070	1,070	1,070	1,070	1,070
Directorate Totals								1,070	1,070	1,070	1,070	1,070	1,070
Monthly Overall		0	0	0	50,062	37,062	37,062	44,131	43,846	43,846	49,846	43,846	43,846
		Annual Costs											
		393,548											

Year 2 recurring : 2025 onwards

		2025/6											
		Year 2											
		April	May	June	July	August	September	October	November	December	January	February	March
Directorate	Description	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Evidence	PAYS	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715
	NON PAYS	3,250											
Directorate Totals		8,965	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715	5,715
QAD	PAYS	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062
	Non Pays	25,000											
Directorate Totals		62,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062
NSI	PAYS	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070
Directorate Totals		1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070
Monthly Overall		72,096	43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846
Annual Costs												554,406	

Discussions on funding are ongoing with SG, however, given the risk to people using services, as well as the reputational risks to HIS, we recommended funding from HIS baseline initially, reallocating CQIA monies (advised to be circa £900k) internally.

SG directorates remain motivated to contribute to the improvement of perinatal service quality and care experience and outcomes, allocations of funding may be provided to HIS over Years 1 and 2, this may reduce the requirement on HIS baseline funding.

It is the understanding of the group preparing this paper that this is affordable, however it is also accepted that further work to assure efficient redeployment of existing workforce and their activity within this QMS approach is required with any financial savings to be declared as work progresses. It is understood that once, or if baselined 3% baseline reduction savings will be required.

3.13 Equality and diversity, including health inequalities,

Maternity and neonatal services contribute towards national health outcomes and have an important role to play in reducing maternal and neonatal health inequalities. National reports such as MBRRACE continue to identify widening inequalities and increased mortality and morbidity for black and ethnic minority women and birthing people. The Perinatal Quality Management System (PQMS) is committed to ensuring parents and babies can access the highest attainable standard of healthcare and to meeting the needs of the Public Sector Equality Duty (PSED). To do this the PQMS will scope a range of healthcare inequalities that impact quality of care and health outcomes for some patient groups and take steps to avoid further discrimination or disparity and to address issues within its scope. An equality impact screening has been completed, with potential issues identified in relation to patients from minority ethnic groups and disadvantaged socio-economic circumstances; as well as for disabled parents and parents from LGBT+ communities.

Current advice is that a full Equality Impact Assessment should be progressed at the point of PQMS initiation. The assessment should track and inform the work as a 'live'

component of its overall governance. It has additionally been identified that the work has specific relevance for children up the age of 18 and potential differential impacts for island communities. A Children’s Rights and Wellbeing Impact Assessment and an Island Communities Impact Assessment will also be undertaken. To bolster robustness of approach, a proposal has been made via the Scottish Health Council to focus one of Healthcare Improvement Scotland’s equality outcomes for 2025-29 around the protected characteristic of pregnancy and maternity. This would provide another complementary route for the PQMS to demonstrably meet PSED requirements.

3.14 Communication, involvement, engagement, and consultation

Engagement has been undertaken with Internal and External Stakeholders:

- Senior Leadership Group (SLG), the new commission SBAR was developed from agreement with SLG and ET as a priority area for HIS.
- ET, new commission SBAR went to meeting on 20 February 2024
- Engagement with other Directorates has been undertaken as appropriate for the development of the business case.
- External engagement with SG, SEND and Directors of Midwifery all expressing and articulating motivation and need for this approach and work programme.

3.15 How will we know we have been successful in achieving this?

Anticipated outcomes

In line with the HIS logic model framework, the table below presents an overview of the anticipated short, medium and long-term outcomes that this work will deliver, in line with HIS Clinical and Care Governance Framework principles. An initial priority in the setup phase of this work, once resources are allocated, will be the development of a full logic model, driver diagram and measurement plan which will include operational definitions for each of these outcomes.

Principles Of Clinical Care Governance 7 Principles	SHORT-TERM OUTCOMES WHAT THE PEOPLE WE WORK WITH GAIN FROM THE HIS PERINATAL QMS	MEDIUM-TERM OUTCOMES WHAT THE PEOPLE WE WORK WITH DO DIFFERENTLY AS A RESULT	LONG-TERM OUTCOMES THE DIFFERENCE THIS MAKES TO USERS AND THE SYSTEM
1. We have a supported, involved and engaged workforce	Organisations delivering services gain:	Organisations delivering services:	People accessing Perinatal services are able to access better quality care, resulting in better outcomes:
2. There are clear lines of leadership and accountability	Access to evidence-based standards and through NHS Boards inspection improvement action plan.	Actively use the results from self-assessments and external assurance	Improved safety and care.
3. We involve the people and communities who use services in all our programmes of work	Learning from Inspection reports.	i.e. improvement action plans to ensure that services have good processes in place to support the Safe Delivery of Care and the	Improved compliance with evidence-based standards.
4. There is transparent and informed decision making	Self-assessment tools and guidance, based on good practice, to ensure that services have good processes in place		Improvements in maternal and neonatal outcomes.

	to support delivery of the standards/ specification.	standards /specification.	
5. All clinical and care risks are identified, managed and acted upon	Access (via the national learning system) to specialist planning for quality, quality improvement, strategic planning and user involvement skills to support improvement.		Effective Learning System across NHS Scotland Maternity Services - timely alerts, spread of evidence-based good practice, learning communities, learning technology (including data platforms, tools and systems).
6. We will uphold and demonstrate professional ethics, values and standards	Access to practical resources (via the national learning system) which support the implementation and sustainability of improvements.	Actively use the knowledge, skills and resources gained (via the national learning system) to develop better Perinatal services.	
7. We will continually share knowledge and learning with all our stakeholders	Access to good practice (via the national learning system) to support improvement.		

4.0 Recommendation

The Board is asked to:

- Discuss the business case and approve this new commission.

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Performance Report, Quarter 3 23/24
Agenda item:	2.2.1
Responsible Executive:	Angela Moodie, Director of Finance Planning & Governance
Report Author:	Jane Illingworth, Head of Planning & Governance
Purpose of paper:	Assurance

1. Introduction

This report provides the Board with a high level progress summary against Healthcare Improvement Scotland's (HIS) [Strategic Plan 2023-28](#), Annual Delivery Plan 2023-24 and Key Performance Indicators covering the quarter 3 (Q3) period, October-December 2023.

2. Strategic Overview

In the third quarter of the first year of our new strategy, progress continues to be positive, with the majority of work in all four priority areas on track (Appendix 1). There are some gaps and areas of work yet to commence which is expected in this early stage of the five-year plan. The high level overview against delivery of our strategy for Q3 included anticipated milestones by the end of 23/24.

3. Performance Measures

3.1. Key Performance Indicators (KPIs)

In Q3, 14 out of 22 KPIs were on or ahead of target, which is a slight improvement from Q2. Of the 8 KPIs currently below target, whilst some improvement is anticipated most are unlikely to recover by year end. The KPIs behind target were:

Independent Healthcare Inspections – expected to be approx 30 (15%) behind target due to staff training and higher cancelled registrations.

Scottish Medicines Consortium (SMC) – due to the large and continued volume of new medicines for assessment, some improvement expected in Q4.

Learning Events Delivered – seasonal system wide pressures led to a decrease in events.

Published Improvement Resources - changes to accessibility guidance and revised criteria impacting pace of sharing publications.

Equality Assessments – vacancies within the team limiting current capacity.

Recurring Savings - £0.2m lower due to the sub-let of Delta House starting later than expected but is fully offset by £0.2m of additional non-recurring savings.

OneTeam staff feedback – to recover the position we have shifted the emphasis to OneTeam working rather than OneTeam as a programme to establish a baseline understanding of how well embedded OneTeam working is.

3.2. Work Programme Status Report

62 programmes were active at the end of Q3 which is a net movement of **-1** since Q2. **46** (74%) programmes were on target, **16** (26%) reported with RAG status amber (moderate impact on delivery) representing a slightly less favourable position from the last quarter. No programmes reported with a RAG status red (significant impact on delivery).

As with the first half of the year, the overall position at the end of Q3 was favourable however slippage was anticipated over the remaining months due to service pressures and financial challenges, and we are seeing the impact of that with five more programmes reporting with moderate impact on delivery.

3.3. Value for Money

In Q3 we reviewed two areas, Access QI and Management of Controlled Drugs in accordance with the 4Es approach to assessing base value and linking each to the NHSScotland [Value Based Health and Care Action Plan](#).

As found with previous assessments, we do not have the processes or capacity to follow through and measure impact and improvement outcomes on some of our programmes of work. This is now being looked at across the organisation to ensure we gather impact and outcome information effectively and consistently whilst being mindful investment might be required to achieve that level of data as this is key for value for money analyses.

4. Key Achievements and Challenges

Some of the key highlights during the quarter include the success of the **Scottish Patient Safety Programme's** work to combat hospital associated infections, transfer of **Right Decision Service** from Digital Health and Care Innovation Centre to HIS and Scottish Intercollegiate Guidelines Network guidelines on **Dementia** and **Perinatal Mental Health**.

3 unannounced **safe delivery of care inspections** were undertaken in Q3 (Aberdeen Royal Infirmary, Dr Gray's Hospital, and Golden Jubilee Hospital). 4 further inspection reports published including University Hospital Crosshouse (NHS Ayrshire and Arran), Victoria Hospital (NHS Fife), and follow-up report to the initial inspection at The Royal Infirmary of Edinburgh which took place in February 2023 (NHS Lothian).

A number of programmes remain at risk of not being delivered as a result of financial instability and uncertainty in relation to additional allocations. This position has heightened given the budget announcement in December 2023, especially for programmes of work funded by additional allocations. In addition, prolonged vacancies have also resulted in high staff turnover risking failure to deliver against our work programme. Programmes with the largest impact include Scottish Medicines Consortium, Area Drugs & Therapeutic Committee Collaboration, Healthcare Staffing Programme and review programmes within the Quality Assurance and Regulation Directorate, including Responding to Concerns, Sharing Intelligence, Screening and Cancer services, the National Hub, Adverse Events and the Neonatal Mortality Review.

4.1. Annual Delivery Plan (ADP) 23/24 Q2 Update

HIS' [Annual Delivery Plan 23/24](#) was approved by Scottish Government and published in September. An update for Q3 was not required, instead updates for both Q3 and Q4 will be submitted in May. The chart (Appendix 1) shows progress against the current priority areas. Most areas are broadly on track, with the exception of Cancer and Digital.

4.2. Very High and High Operational Risks

At Q3, there were **23** 'high' and **2** 'very high' operational risks which is a net movement of **+5** from quarter Q2 due to the upgrading of existing risk or new high risks added to the risk register (see Appendix 1). The 2 very high risks reported relate to.

- Information and Communication Technology shortage of Microsoft 365 licences.
- Healthcare Staffing Programme inability to comply with legislative duties on enactment of Health and Care Staffing Act in April if funding is not baselined.

5. Forward Look

5.1. New Commissions

During Q3, **3** new commissions previously under consideration were approved. There are **6** new commissions now being considered at the end of Q3 and will be considered as part of integrated planning process for 24/25. Across the quarter, 1 new commission was declined, this was to be an early adopter and test board for the proposed Agenda for Change reduced working week and additional study leave. After consideration, this request was subsequently declined.

6. Quality and Performance Committee (QPC) Q3

At the QPC meeting on 7 February, the following points were discussed in relation to the Q3 performance report:

- The Committee approved the report and praised its continued development including the strategic approach to reporting performance and noted the current work to develop impact and outcomes measures going forward.
- The new high risk in relation to Complaints and Feedback was noted, in particular the 300% increase in the number of complaints received, investigated and concluded. The actual number of complaints received is small, so any percentage increase tends to be disproportionate.

7. Assessment Considerations

Quality / Care	The performance report is a key part of corporate governance, which in turn ensures the best outcomes in services we deliver.
Resource Implications	Workforce constraints are highlighted in various programmes of work where applicable.
Clinical and Care Governance	The performance report is a key part of corporate governance which in turn ensures appropriate clinical and care governance requirements and considerations.
Risk Management	The performance report is compiled with reference to programme risks and key risks on the organisational risk register.
Equality and Diversity	There are no equality and diversity issues as a result of this paper.
Communication, Involvement, Engagement and Consultation	The detailed Q3 performance report was considered and endorsed by the Executive Team, then approved by QPC on 7 February 2024.

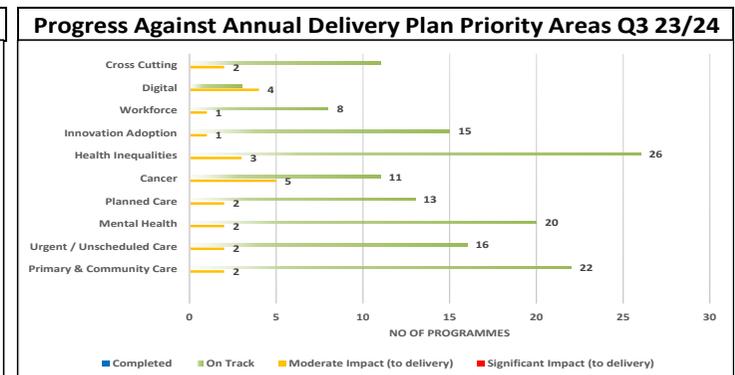
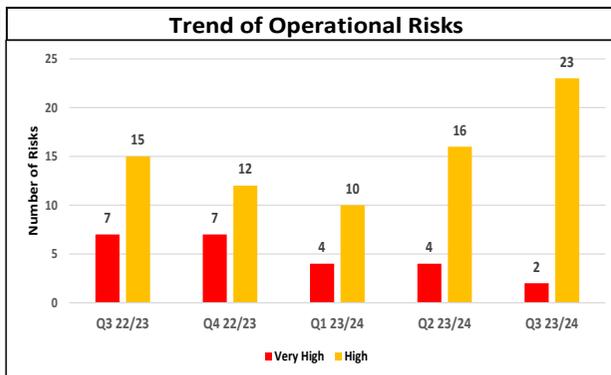
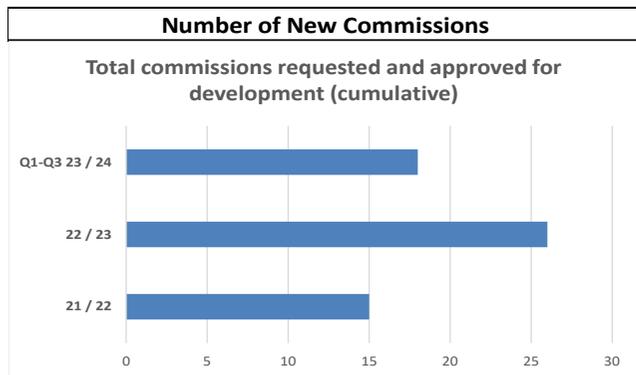
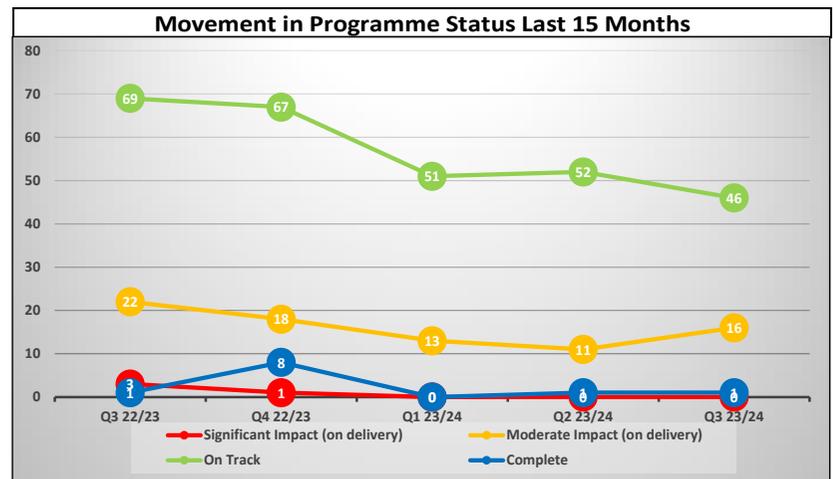
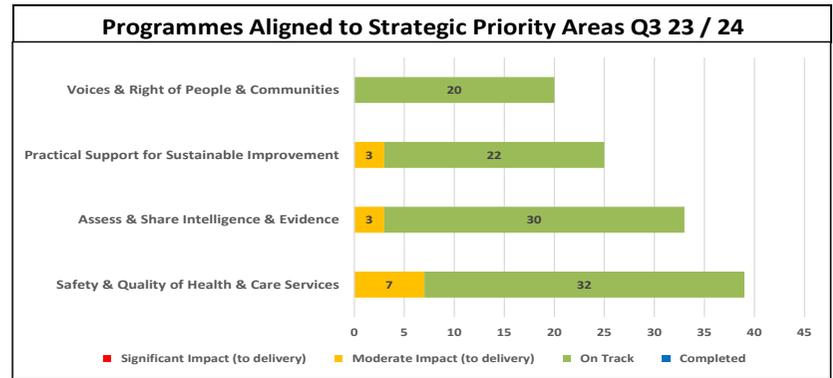
8. Recommendation

The Board is asked to gain assurance from this performance report about progress against the delivery of HIS' Strategy 2023-26, Annual Delivery Plan 2023-24 and Key Performance Indicators covering the Q3 period.

APPENDIX 1

Q3 2023 - 24 PERFORMANCE DASHBOARD

Operational KPIs						
Strategic Area	KPI	2023-24	2023 - 24			Q3 Overall Position
		Target	Q1	Q2	Q3	
Safety & Quality of Health & Care Services	Inspections (no. carried out)	50	14	13	14	41
	IHC Inspections (no. carried out)	190	48	30	38	116
	Death Certification Review Service (DCRS) (% of Medical Certificate of Cause of Death randomly selected)	12%	12%	12%	12%	12%
	Healthcare Staffing Programme (no. of new tools)	6	0	1	4	5
Assess & Share Intelligence & Evidence	SIGN (guidelines published)	7	2	1	3	6
	Scottish Medicines Consortium (SMC) (time from submission to issuing advice)	60%	18%	14%	14%	15%
	Research & Information Service (RIS) (no. of literature searches / appraisals / projects supported)	320	100	63	89	252
	Scottish Health Technologies Group (SHTG) (reviews)	12	1	3	5	9
	Standards & Indicators (S&I) (no. developed & published)	15	7	8	2	17
Practical Support for Sustainable Improvement	Improvement support programmes with Logic Model	90%	84%	92%	96%	91%
	Learning events delivered (no. of)	120	30	29	25	84
	Published improvement resources (no. of)	82	14	9	13	36
Voices & Right of People & Communities	Service change (no. of health & care services monitored & / or advised on)	50	57	60	61	59
	Engagement (no. of policy areas influenced by people's views)	10	3	2	3	8
	Equality assessment (initial screening completed)	100%	51%	55%	63%	56%
Organising Ourselves to Deliver						
Staff Experience	iMatter (employee engagement index score)	82	80			80
	Sickness absence (national target rate 4% or less)	4.0%	2.9%	3.3%	3.4%	3.4%
Value for Money	Mandatory training	95%	23%	66%	92%	92%
	Recurring savings (£k)	1,606	333	394	322	1,049
Communications	Communications (no. of media releases)	40	17	15	18	50
Digital	ICT Service Desk (calls resolved within agreed Service Level Agreement compliance thresholds)	80%	82%	80%	84%	82%
OneTeam	Staff feel well / very well informed (% of respondents)	65%	38%	38%	27%	27%



Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Financial Performance Report
Agenda item:	2.2.2
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning & Governance
Report Author:	Karlin Rodgers, Head of Finance & Procurement
Purpose of the paper:	Decision

1. Situation

This report provides the Board with the financial position at 29 February 2024. The Financial Performance Report (FPR) for 31 January 2024 was considered at the Audit and Risk Committee on 7 March 2024.

2. Background

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

3. Assessment

Financial Performance Report

The FPR for 29 February 2024 is available in **Appendix 1**.

At 28 February 2024, total expenditure was £39.1m against a budget of £39.2m, driving a £0.1m underspend. Income was £40.8m against a budget of £39.1m, an increase of £1.7m, resulting in a net underspend of £1.8m at P11. The majority of the underspend was driven by lower pay costs, with whole time equivalents (WTE) 2 lower than budget (0.5%) for the year to date.

The high-level outturn for the year is expected to be an underspend of £2.0m (4.5%). This is after spend on further areas for investment identified in addition to the budget on E-rostering, One Team, Cyber Security and a £0.4m commitment to Scottish Government (SG) as a 5% non-recurring contribution to a balanced position nationally.

Savings delivered to date were £1.7m, with an expectation of achieving £2m by year end, however, £0.2m is expected to be non-recurring savings. Recurring savings have been seen in pay, redesign work and income generation from the sub-let of Delta House and are expected to continue into next year.

This forecasted underspend is out with tolerance and as such we have communicated to SG a return of c.£2.0m on a non-recurring basis from additional allocations. This will take the total returned to SG to £2.4m for the year.

Sales Ledger Write Off Request

During a review of our outstanding debt in relation to Independent Healthcare services, we have identified one customer who has gone into administration and as such the debt is no longer recoverable. In line with our Standing Financial Instructions we are seeking approval to write this debt off from the Board. The total debt value is £8.4k.

Update from Audit & Risk Committee (ARC)

At the ARC meeting on 7 March 2024, the following points were discussed:

- The underspend position was considered, alongside the return of c£2.0m on a non-recurring basis to SG. ARC discussed whether the return of funds this year has impacted SG's decision to reduce our baseline funding in 2024/25. Although a clear distinction has been made between national and territorial boards it was recognised that it was unlikely and that the reduction is a result of £30m savings target assigned to national boards reflective of the financial challenges across the NHS.
- ARC discussed Independent Healthcare aged debt and specifically the request to write off an unrecoverable balance. Given the current limitations in legislation we are unable to deregister a service for non-payment, however, this change will be part of further legislative changes expected in 2024/25. In addition, changes to our approach on chasing bad debt should see a reduction in write offs. ARC welcomed these changes to legislation.

Assessment considerations

Quality/ Care	The recruitment delays and uncertainty in the funding may impact on the initiatives we can deliver with the aim of improving quality of care in Scotland.
Resource Implications	There are no financial implications beyond the information detailed in the paper.
	We have lower resource than budgeted at present so our plans to ensure we remain in budget is likely to impact/ increase resource levels.
Clinical and Care Governance (CCG)	The report has a limited direct impact on CCG but the activity driving the underspend position may result in an impact on delivery of our Annual Delivery Plan.
Risk Management	The appropriate risks are included in the strategic and operational risk registers where relevant.
Equality and Diversity, including health inequalities	No impact on equality and diversity.
Communication, involvement, engagement and consultation	The Finance Team has prepared this report and a detailed version of the 31 January 2024 FPR was considered by ARC on 7 March 2024.

4. Recommendation

The Board are asked to consider the Financial Performance Report for awareness and approve the write off request of £8.4k. Noting the underspend position and non-recurring return of c.£2.0m to SG.

5. Appendix

Appendix 1: Financial Performance Report 29 February 2024.

Financial Performance

29 February 2024

Report owner: Karlin Rodgers, Head of Finance & Procurement
Report author: David Johnston, Finance Manager

Year to Date - Performance Summary – P11

At 29 February 2024, total income was £40.8m and total expenditure was £39.1m, driving a £1.7m underspend at P11. A full breakdown of the YTD position is available in **Appendix 1**.

The high-level outturn for the year is expected to be an underspend of £2.0m and this has been communicated to SG. This is entirely on additional allocations on a non-recurring basis due to delays and uncertainty on funding in 23/24. A full breakdown of the forecast position is available in **Appendix 2**.

	Annual Forecast (£m)	YTD Actual (£m)	YTD Budget (£m)	YTD Variance (£m)
Income	£45.2	£40.8	£39.1	£1.7
Pay	£36.3	£33.0	£32.9	(£0.1)
Non Pay	£6.9	£6.1	£6.3	£0.2
Under/(over) spend	£2.0	£1.7	(£0.1)	£1.8

	Forecasted WTE	YTD Actual WTE	YTD Budget WTE	YTD Variance WTE
Baseline WTE	407	409	434	25
Allocation WTE	105	105	82	(23)
Grant WTE	4	4	3	(1)
IHC WTE	21	21	22	1
Total	537	539	541	2

Total Whole Time Equivalents (WTEs) at the end of February were 539 which is an increase of +5 from P10. A full breakdown of the YTD WTE position is available in **Appendix 1**.

As at the end of February there were 6 roles in various stages of the recruitment pipeline. The February 2024 average days to hire was 70 (consistent with 70 days in January).

Year to date there have been 60 leavers (10.2% turnover rate YTD, 11.7% turnover rate forecast) and 79 new starts, representing a net increase of 19 to overall workforce headcount since 1st April 2023.

Performance by Funding Source

Year to Date – P11

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants & Other Income (£m)	Total (£m)
Income	£31.6	£7.6	£1.3	£0.3	£40.8
Pay	£26.9	£4.5	£1.4	£0.2	£33.0
Non Pay	£4.7	£1.1	£0.2	£0.1	£6.1
Under/(over) spend	£0.0	£2.0	(£0.3)	£0.0	£1.7

- The Additional Allocation funding received for Independent Healthcare of £0.2m to date is included in the Independent Healthcare column.
- The Corporate services recharge between Baseline and Additional Allocations YTD was £0.4m.

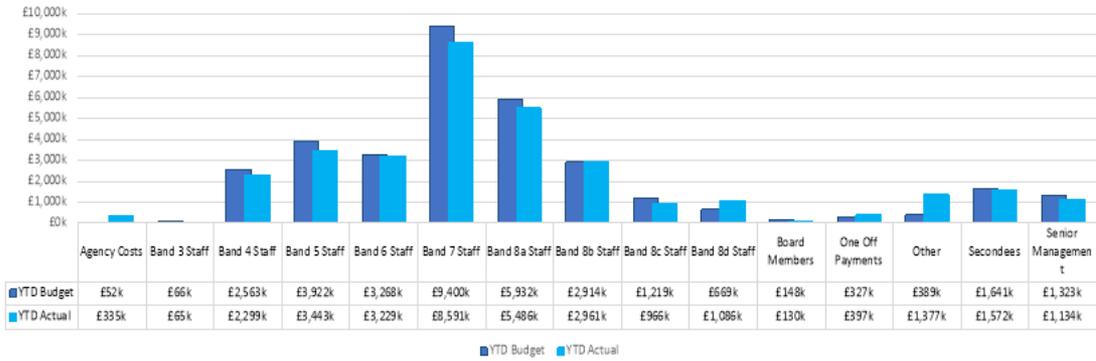
Full Year Forecast

	Baseline (£m)	Additional Allocations (£m)	Independent Healthcare (£m)	Grants & Other Income (£m)	Total (£m)
Income	£34.7	£8.5	£1.7	£0.3	£45.2
Pay	£29.4	£5.1	£1.5	£0.3	£36.3
Non Pay	£5.3	£1.4	£0.2	£0.0	£6.9
Under/(over) spend	£0.0	£2.0	£0.0	£0.0	£2.0

- The Additional Allocation funding received for Independent Healthcare of £0.3m is included in the Independent Healthcare column.
- The Corporate services recharge between baseline and allocations is £0.2m.
- A full breakdown of the forecast position is available in **Appendix 2**.

Year to Date – Cost Analysis

YTD Pay Analysis



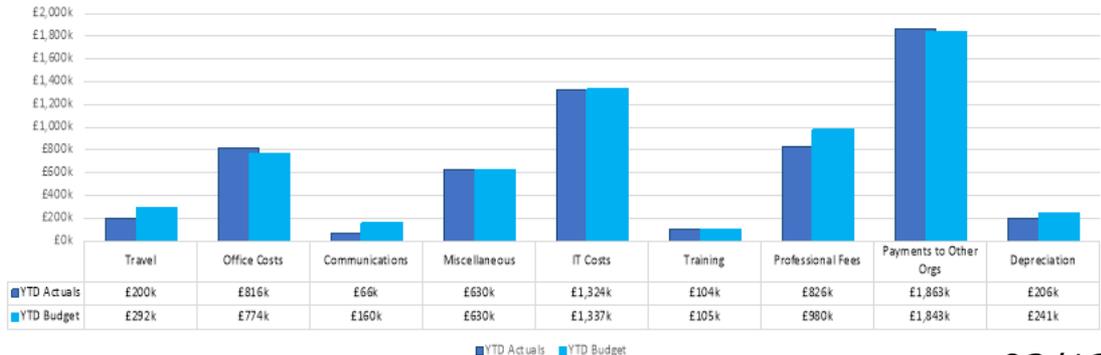
PAY

- Total 23/24 pays budget of £36.0m
- YTD actual pay costs are £33.0m against a budget of £32.9m.
- Full year forecast on pays is £36.3m, which is £0.3m over budget due to additional recruitment related to post budget allocations, Cyber Security and investment in One Team offset by savings from vacancies during the year.

NON PAY

- Total 23/24 non pay budget £7.7m
- YTD non pay costs are £6.1m, which is £0.2m lower than budget.
- Full year forecast on non pays is £6.9m, which is £0.8m lower than budget due to lower spend and savings made in year offset by additional eRostering spend.

YTD Non Pay Analysis



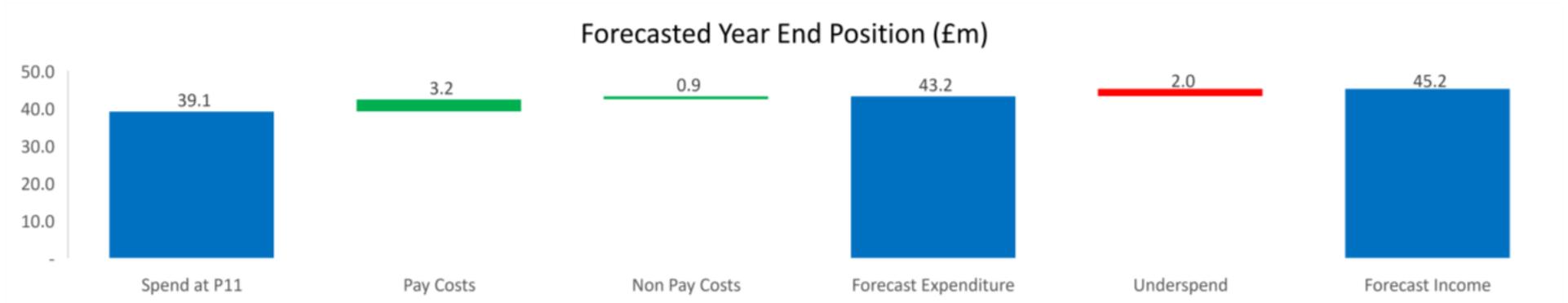
Forecast Year End Position

We are forecasting a £2.0m underspend this year (4%), which is out-with the 1% tolerance. A full breakdown is available in **Appendix 2**.

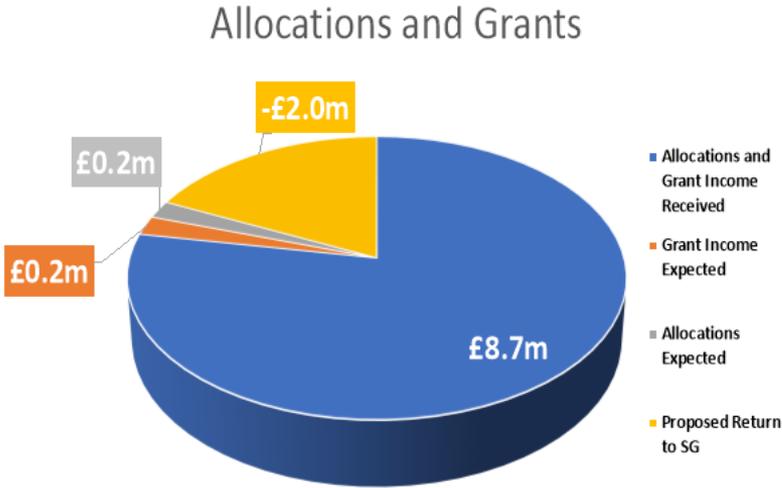
The key assumptions in this forecast position are:

- Overall WTEs are unlikely to return to budget position and is expected to remain flat until 31 March 2024, driving an underlying £1m underspend on Pay.
- Areas for investment underspent – see **Appendix 3**.
- One Team investment is underspent – see **Appendix 3**.

A commitment has been made to Scottish Government to return funds c.£2m in support of the financial challenge. This is reflected within Additional Allocations income.



Allocations and Grants



- Total grants and allocations funding expected for 23/24 is £7.1m. This takes into account the c£2.0m we have committed to return to SG in P9.
- We are forecasting full year expenditure of £7.1m driven by recruitment slippage and delays across a number of allocations.
- To date we have received £8.6m (94%) of funding. The **only allocation outstanding relates to Additional Depreciation for Delta House (£0.2m)** which comes at year end.
- It has been assumed that **no further new allocation funding** will be sought in 23/24, this includes for Coming Home, Primary Care Demonstrator Sites and Scottish Health Technologies Group.
- YTD spend on allocations and grants is £6.3m, with £0.8m expected in the last two months of the year.
- A full breakdown of allocations can be found in **Appendix 4**.

Savings Targets

Savings Target

The budget included £1.6m of recurring savings to be delivered in 23/24. A further £0.4m was added following an ask from SG on a non-recurring basis. Therefore, the total savings target for 23/24 is £2.0m.

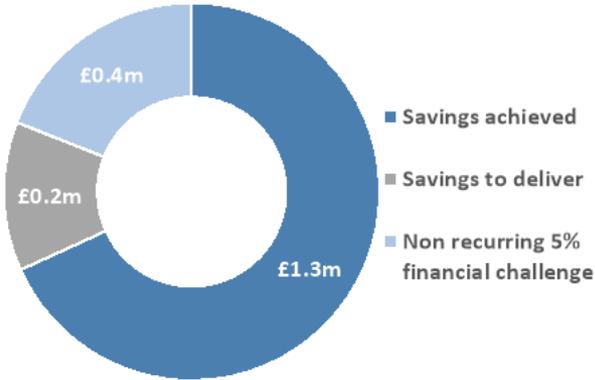
Progress Against Targets

We have achieved £1.7m of savings to date, which is 81% of our recurring savings target & 100% of our non-recurring savings target.

We are slightly behind on our recurring target due to the Delta House lease with NSS starting later than expected and redesign and process mapping efficiencies not delivering. We are therefore forecasting (£0.2m) less recurring savings in year.

Although we are ahead on our non-recurring savings by £0.2m mainly due to pay savings from vacancies.

Savings Target (£m)



	Non-recurring (£)	Recurring (£)
Savings Target	363,000	1,602,279

Achieved		
Process Mapping		46,932
Income Generation		108,184
Redesign		195,986
Pay Savings		796,317
Other		154,030
5% Additional Savings	363,000	-
Total Achieved	363,000	1,301,448

In Progress		
Process Mapping	30,162	4,267
Income Generation	78,009	24,807
Redesign	73,377	17,817
Pay Savings		72,392
Other		-
Total in Progress	181,548	119,283
(Under)/Over Savings	181,548	(181,548)

Initiative at risk

Initiative on track and/or ahead

Appendix 1 – YTD Financial Position

HIS - View All	Actual (£000s)	Budget (£000s)	Variance (£000s)
Baseline Income	31,422	31,422	0
Allocation Income	7,923	5,532	2,391
IHC Income	1,059	1,193	(134)
Grant Income	232	806	(574)
Other Income	136	189	(53)
Total Income	40,773	39,142	1,630
Pay Costs	32,734	33,799	1,065
Corporate Services Recharge	(0)	(908)	(908)
Agency Costs	335	52	(284)
Total Pay Costs	33,070	32,944	(126)
Travel & Subsistence	200	292	91
Rent, Occupancy & Office Costs	816	774	(42)
Communications	66	160	94
Miscellaneous	630	630	(0)
IT Costs	1,324	1,337	13
Training	104	105	1
Professional Fees And Charges	826	980	154
Payments To Other Organisations	1,863	1,843	(20)
Non Pay Savings Targets	0	0	0
Depreciation	206	241	35
Total Non Pay Costs	6,036	6,361	326
Total Operating Expenses	39,105	39,305	200
Reported Underspend / (Overspend)	1,667	(163)	1,830
Baseline WTE	409.1	433.8	24.7
Additional Allocations WTE	105.1	82.2	(22.9)
Grant WTE	4.4	3.0	(1.4)
IHC WTE	21.3	22.3	1.0
Total WTE	539.8	541.2	1.4

Directorate Expenditure	Actual (£000s)	Budget (£000s)	Variance (£000s)
Medical And Safety	4,581	4,621	40
Community Engagement And System Redesign	6,301	6,707	406
Nursing And Systems Improvement	5,737	6,036	299
One Team	289	277	(12)
Quality Assurance	5,672	6,220	548
Independent Health Care	1,583	1,391	(192)
Chief Executive	455	482	28
IT + Digital	1,643	1,670	27
Evidence	7,916	7,785	(131)
People + Workforce	991	1,009	18
Property	1,209	1,354	145
Areas for Investment	39	365	326
Finance Planning + Governance	1,932	1,872	(60)
Corporate Provision	757	(483)	(1,241)
Total Operating Expenses	39,105	39,305	200
Directorate WTE	Actual	Budget	Variance
Medical And Safety	53.0	52.6	(0.4)
Community Engagement And System Redesign	104.7	117.6	12.8
Nursing And Systems Improvement	97.8	88.5	(9.3)
One Team	7.5	3.7	(3.8)
Quality Assurance	75.2	90.0	14.8
Independent Health Care	21.3	22.3	1.0
Chief Executive	3.7	3.7	0.0
IT + Digital	12.4	12.1	(0.3)
Evidence	117.7	104.1	(13.6)
People + Workforce	16.1	16.6	0.5
Areas for Investment	1.6	1.4	(0.2)
Finance Planning + Governance	28.9	28.8	(0.1)
Total Operating Expenses	539.8	541.2	1.4

Variance by Spend

- **Agency costs** are higher than budget mainly due to recruitment of additional cyber security resources.
- **Professional Fees and Charges** underspend due to reclassification of SLA costs to Pay (£0.2m) and delays in website spend (£0.1m)
- **Corporate provision** is £1.2m above budget due to the CSR (£0.4m) reflecting costs recharged from Allocations to Baseline, non-receipt of purchase orders (£0.1m) and eRoosting costs (£0.2m)

WTE by Directorate

- Majority of underspend variances are due to lower WTE and pay costs.
- **Evidence** is showing higher WTEs due to new additional allocations and grants in the year.
- **Quality Assurance** is showing lower WTEs against budget driven by additional allocations (5.6) and baseline (9.2).

Appendix 2 – Year End Forecast Position

HIS - View All	Forecast (£000s)	Budget (£000s)	Variance (£000s)
Baseline Income	34,527	34,325	202
Allocation Income	8,466	6,600	1,867
IHC Income	1,717	1,586	131
Grant Income	371	878	(506)
Other Income	154	212	(58)
Total Income	45,236	43,600	1,636
Pay Costs	35,724	36,937	1,213
Corporate Services Recharge	250	(990)	(1,240)
Agency Costs	340	57	(283)
Total Pay Costs	36,314	36,004	(310)
Travel & Subsistence	213	318	105
Rent, Occupancy & Office Costs	1,359	1,458	99
Communications	102	167	64
Miscellaneous	486	1,085	599
IT Costs	1,562	1,428	(134)
Training	131	114	(17)
Professional Fees And Charges	1,045	1,154	109
Payments To Other Organisations	1,832	1,788	(45)
Depreciation	226	263	37
Total Non Pay Costs	6,956	7,773	818
Total Operating Expenses	43,269	43,777	508
Reported Underspend / (Overspend)	1,966	(177)	2,143

Baseline WTE	406.7	434.7	28.0
Additional Allocations WTE	105.1	81.8	(23.3)
Grant WTE	4.4	3.0	(1.4)
IHC WTE	21.3	22.3	1.0
Total WTE	537.4	541.8	4.4

Directorate Expenditure	Forecast (£000s)	Budget (£000s)	Variance (£000s)
Medical and Safety	5,002	5,092	90
Community Engagement And System Redesign	6,827	7,602	776
Nursing And Systems Improvement	6,332	7,000	668
One Team	383	302	(81)
Quality Assurance	6,195	6,818	623
Independent Health Care	1,717	1,541	(176)
Chief Executive	493	526	33
IT + Digital	1,837	1,822	(16)
Evidence	8,766	8,571	(195)
People + Workforce	1,085	1,098	13
Property	1,332	1,477	144
Areas for Investment	142	414	272
Finance Planning + Governance	2,097	2,041	(56)
Corporate Services Recharge	0	(990)	(990)
Corporate Provision	1,059	463	(596)
Total Operating Expenditure	43,269	43,777	508

Directorate WTE	Forecast	Budget	Variance
Medical and Safety	52.5	53.1	0.6
Community Engagement And System Redesign	103.7	118.6	14.9
Nursing And Systems Improvement	97.0	87.3	(9.7)
One Team	7.5	3.7	(3.8)
Quality Assurance	76.4	90.0	13.6
Independent Health Care	21.3	22.3	1.0
Chief Executive	3.7	3.7	0.0
IT + Digital	12.4	12.1	(0.3)
Evidence	116.5	104.2	(12.2)
People + Workforce	16.1	16.6	0.5
Areas for Investment	1.6	1.4	(0.2)
Finance Planning + Governance	28.9	28.8	(0.1)
Total	537.4	541.8	4.4

Expenditure by Directorate

- Income is forecasting a 4% increase from budget predominately due to new commissions during the year.
- Pay costs are up £0.3m verses budget due to additional resource in Cyber Security, One Team and Right Decision Service (RDS).
- Misc costs have reduced due to the dementia pathways allocations being removed mid-year. A corresponding reduction in income is also shown in the forecast.
- Prof fees are higher due to new commissions, namely the provision of service providers for PCIP.
- One Team Programme costs represent the additional investment agreed – see Appendix 3.
- Evidence directorate spend has increased due to the additional RDS costs.
- Corporate provision costs are higher than budget due to the Corporate Services Recharge of costs from Allocations to Baseline (£0.4m) and accruals relating to non-receipt of purchase orders £0.1m

Appendix 3 – Areas for Investment

One Team - Additional Investment		YTD	Full Year	
Workstream	Description	Actual £000s	Budget £000s	Forecast £000s
Workforce	eRostering	8	35	10
	Management Structures	-	60	-
	Organisational Development Pool	-	30	-
	Leadership Development	13	20	20
	OD&L support	9	30	14
	HR Management	10	35	15
Redesign	CE & SR Development	-	30	0
	QA D Development	-	30	0
	Directorate Team Building	12	45	29
	All Staff Event	-	30	0
General	Staff Governance Rep	12	70	19
	OTPB Programme Management	8	35	13
Grand Total		72	450	120

One Team

- Additional investment in One Team was approved in P4 at £450k, but this has been revised down to £120k.
- Management Structures (£46k) and Organisational Development Pool (£44k) spend has been removed for 23/24.
- A number of Directorates have held team building events with the remainder expected to take place in March 2024.

Areas for Investment	YTD	Full Year	
	Actual £000s	Budget £000s	Forecast £000s
Website	15	150	75
Secondary Server Solution	-	108	16
Associate Medical Director	26	79	34
Strength Development Inventory 2.0	-	14	-
HR Redesign Work Support	24	62	27
Grand Total	65	414	152

Areas for Investment

- Spend on the areas for investment has been slow.
- Expected full year spend has reduced from £414k to £152k.
- Secondary Server Solution work started in March 2024 which is later than expected.
- Strength Development Inventory was scheduled to begin in November 2023 but work has not yet started, expected to start in April 2024 so outwith this Financial Year.

Appendix 4 – Additional Allocations

Additional Allocations		
Description	Income (£)	Expenditure (£)
Initial Baseline Allocation	33,604,000	33,463,000
Pay Award 2023-24	900,000	900,000
Baseline Allocation Total	34,504,000	34,363,000
Excellence in Care	308,700	284,894
Health and Care Staffing Act	850,000	708,166
Maternity Lead Post & C-Section Work	54,504	55,243
Citizens Panel	21,121	24,160
Joint Inspection of Police Custody Suites	173,817	176,590
National Review Panel	63,797	59,600
Management of Scottish Palliative Care Guidelines	159,892	108,133
Scottish Medicines Consortium	450,000	322,918
NHS Gender Identity Service	67,260	67,193
ASP Inspection Programme	282,757	69,988
HEI Mental Health	570,765	487,196
Early Intervention in Psychosis Improvement work	408,587	315,021
National Cancer Medicines Advisory Group & Systemic Anti-Cancer Therapy Impro	326,892	348,581
SUDI Review process	62,639	50,397
Support for unpaid carers	255,116	250,486
HIS Rapid Review Implementation Support	151,213	12,089
MCQC Maternity Lead post	46,499	45,495
Volunteer Info System	22,620	12,600
Sexual Assault Response Coordination Services	90,787	26,968
Primary Care Improvement Portfolio	161,652	112,138
Personality Disorder	327,086	100,307
Commitment to SG	363,000	-
One-off Payment	394,000	-
Hospital at Home	290,000	217,721
Regulation of Independent Healthcare	265,200	292,752
SP Mental Health Substance Use & Rapid Review of Substance Abuse	937,522	821,896
Designing / Improving Residential Rehab Pathways	659,990	570,837
MAT / RR / NM Improvement and Implementation	405,940	329,142
Corporate Services Recharge	-	212,000
Medical Staff Pay Uplift	23,000	-
Right Decision Service Allocation	990,221	990,221
Scottish Intercollegiate Guidelines Network (SIGN) Polypharmacy	36,152	30,452
Additional Allocation Total	8,494,129	6,679,184
Allocations Received Per February Allocation Schedule	42,998,129	41,042,184
Additional Depreciation for Delta House	225,000	207,861
Total Additional Allocations to be Received	225,000	207,861
Anticipated Allocation Funding (excl. Prospective) as at 29 February 2024	43,223,129	41,250,045

Grant Income		
Description	Forecasted Income (£)	Forecasted Expenditure (£)
Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)	64,370	64,370
Global Health Partnership	21,890	21,890
Bairns' Hoose	32,298	32,298
Grants Received as at 29 February 2024	118,558	118,558
Accelerated National Innovation Adoption Pathway	168,000	168,000
Bairns' Hoose	32,298	32,298
Right Decision Service	98,470	98,470
Total Grants to be Received	298,768	298,768
Total Grant Income	417,326	417,326

Allocations & Grants by Directorate				
Description	Received	Awaiting Receipt	Total (£)	Forecasted Expenditure (£)
Nursing & System Improvement	1,610,352	-	1,610,352	1,322,919
Medical & Safety	491,692	-	491,692	508,919
Community Engagement & System Redesign	3,201,095	-	3,201,095	2,444,702
Quality Assurance	1,089,978	-	1,089,978	784,170
Independent Healthcare	265,200	-	265,200	292,752
Evidence	1,912,870	298,768	2,211,638	1,963,211
Corporate Provision	54,000	225,000	279,000	4,139
Total Allocations & Grants by Directorate	8,625,187	523,768	9,148,955	9,012,520

Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Workforce Report
Agenda item:	2.2.3
Responsible Executive/Non-Executive:	Sybil Canavan, Director of Workforce
Report Author:	Sybil Canavan, Director of Workforce
Purpose of paper:	Awareness

1. Situation

This report is provided to inform the Board of the current workforce position and pertinent workforce detail within the organisation.

2. Background

The full standard report is provided monthly to Executive Team colleagues. This report provides Board members with several high-level key workforce metrics across the organisation.

3. Assessment

Our current workforce comprises of a headcount of 602 as at the end of **February 2024**. 560 are on our payroll as directly employed staff, a whole time equivalent (WTE) of 528.3 and 42 (headcount) secondees into the organisation, a WTE of 18.5 people.

During the current financial year (23/24) 60 people have left the organisation, and 79 individuals have joined Healthcare Improvement Scotland representing an overall turnover rate of 10.2% to date.

Current absence levels are 3.4%, as compared to 2.4% for the same period last year, which does represent an increase and, as a comparator, are similar to pre Covid-19 rates (3.1%) at this point in the year. Most of the long-term absence continues to be attributed to anxiety, stress or depression. This is within the 4% target for NHS Scotland.

Since April there have been 123 new recruitment campaigns, of which 76 have been filled and the others are at various stages of recruitment as at the end of October.

Staff Governance Committee Considerations

Members of the Staff Governance Committee receive a copy of the full Workforce Report for their consideration. At a recent Committee Development session, it was agreed that, given the completeness and volume of detail within the full report, the document would be

available as part of additional reading for members. On an ongoing basis, information regarding Health and Wellbeing activity is shared with the Committee to advise of work in place to support all staff.

Assessment considerations

Quality/ Care	The detail provided assists in best use of resources, ensuring Healthcare Improvement Scotland's workforce is aligned to our service demand and impact on the quality of care (and services) provided.
Resource Implications	Whilst staffing within the organisation and how they are deployed, has major operational and financial implications, the report is not intended to be a detailed financial reporting tool.
	The attached appendix describes some of the resource position within the organisation including, current staffing, changes/turnover throughout the year and sickness absence which is reflective of staff health and wellbeing.
Clinical and Care Governance (CCG)	This report includes detail on sickness absence information which links to the requirement from the Clinical and Care Governance Framework to have a supported, involved and engaged workforce.
Risk Management	The workforce risk and mitigation activity is described in detail in the Strategic Risk register. The risk is reviewed and updated monthly.
Equality and Diversity, including health inequalities	<p>The report is intended to inform how the workforce is developing in relation to previous periods and track our skill mix across the organisation.</p> <p>An impact assessment has not been completed because this information is from one of a series of regular monthly management information.</p>
Communication, involvement, engagement, and consultation	N/A

4 Recommendation

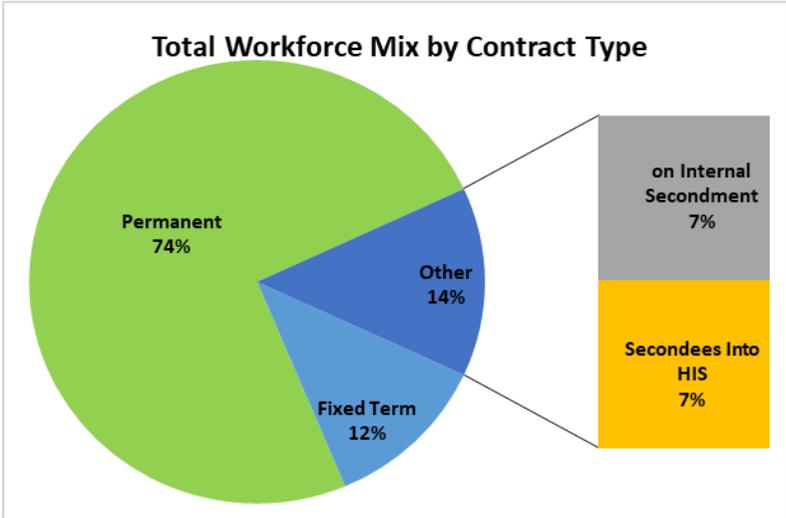
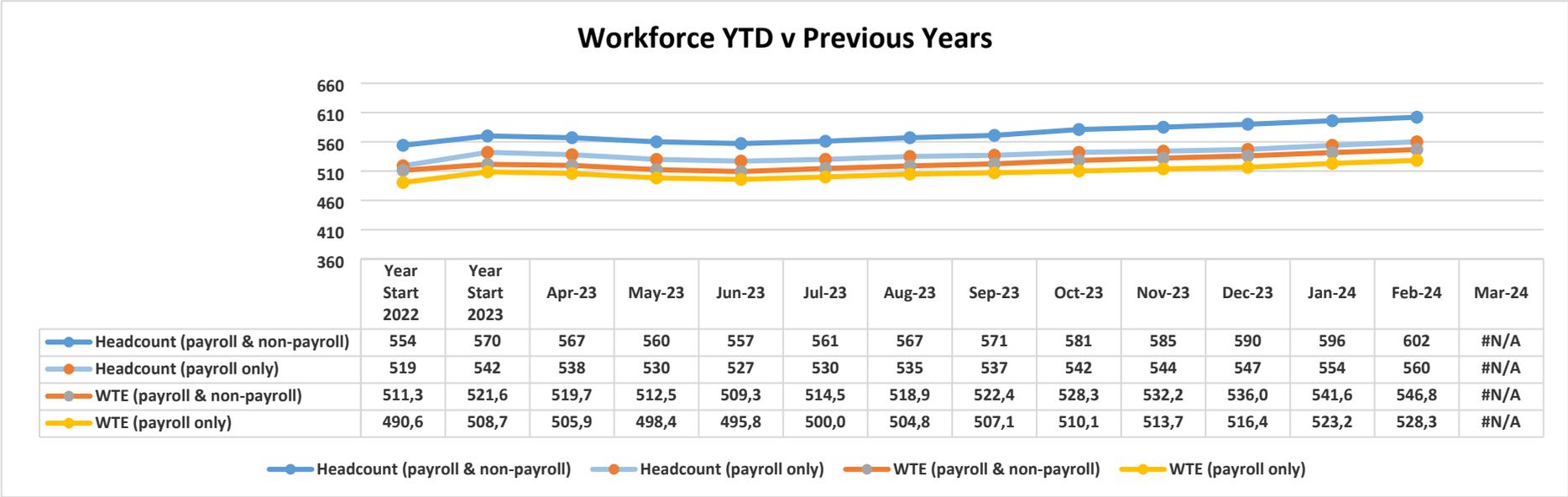
Board members are asked to review the detail of the enclosed appendix and provide further comment or questions, as necessary.

5 Appendices and links to additional information

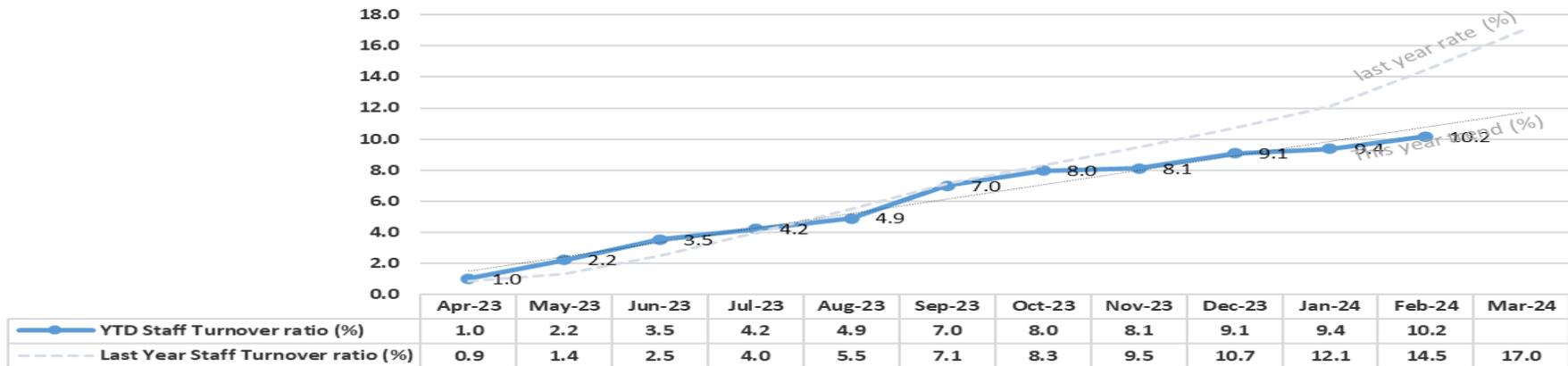
The following appendices are included with this report:

- Appendix No 1 Workforce Metrics

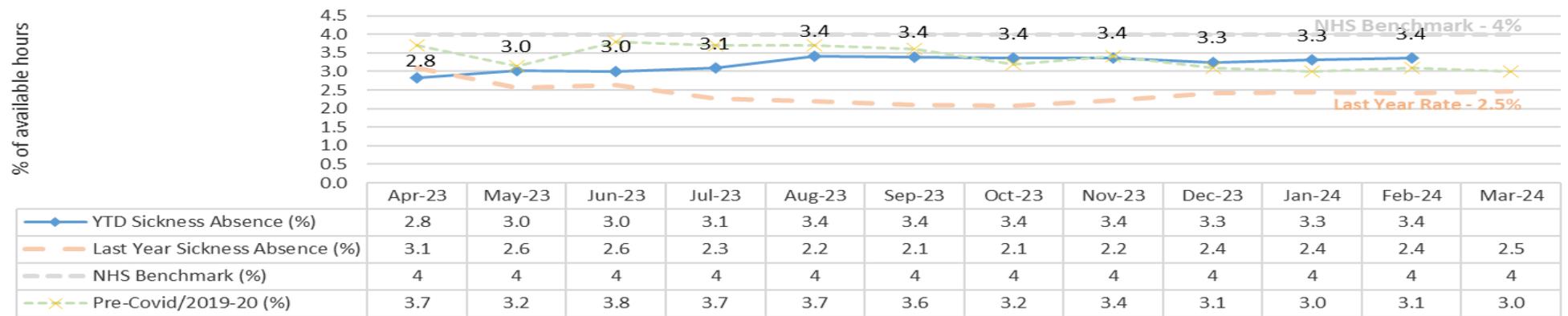
Appendix 1 – Workforce Report



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



Sickness Absence Rate (%) YTD by Month



Healthcare Improvement Scotland

Meeting:	Board Meeting - Public
Meeting date:	27 March 2024
Title:	Risk Management
Agenda item:	3.1
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning and Governance
Report Author:	Paul McCauley, Risk Manager
Purpose of paper:	Discussion

1. Situation

The Board is asked to review all the strategic risks currently held on Compass (Appendix 1) as of 13 March 2024. The Board is asked to afford particular focus to those risks which are currently out of appetite.

2. Background

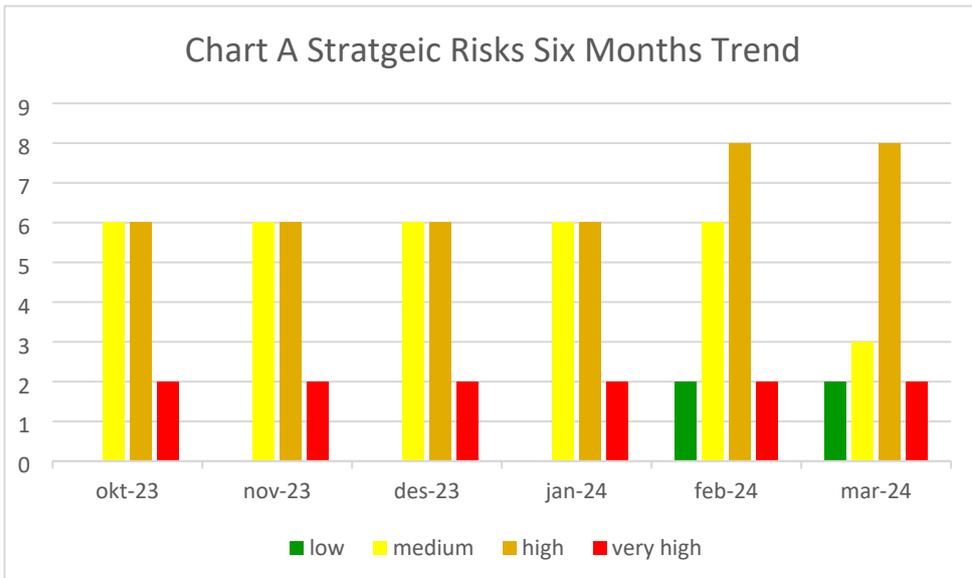
The Board's role for assessing risk is set out in the NHS Scotland Blueprint for Good Governance as follows:

- Agree the organisation's risk appetite.
- Approve risk management strategies and ensure they are communicated to the organisation's staff.
- Identify current and future corporate, clinical, legislative, financial and reputational risks.
- Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.

3. Assessment

Strategic Risks

There are currently 15 strategic risks, one more than the last Board meeting, with the addition of the risk around partnership working. There are two very high, eight high, three medium and two low rated risks. Seven risks are out of appetite and eight are within appetite. The full Strategic Risk Register can be found at Appendix 1.



Out of Appetite Risks

The seven risks out of current appetite are summarised below:

Out of appetite risks	Residual score	Maximum in appetite score
Cybersecurity	16	8
Inspections & assurance activities	12	8
Independent Healthcare	12	8
Service Change	20	12
Workforce skills & availability	15	12
Safety of patient care	15	8
Data Breach	9	8

The respective risk Directors are working on actions which will bring their risks into appetite or further towards appetite and these will be reported to the relevant Governance Committees going forward. Updates are noted below:

Cyber Security: Although the annual Network and Information Systems Regulations compliance score has improved, HIS remain exposed to the wider international cyber threat landscape and this does not go away. With the recent attacks on other public sector bodies in Scotland and a core NHS Scotland supplier and now the attack on NHS Dumfries and Galloway, where it is suspected that hackers could have acquired a "significant quantity" of patient and staff data, the threat remains significant and the risk scoring must remain the same.

Inspections and Assurance Activities: A number of actions have been underway to seek to reduce the likelihood of this risk by the end of this financial year, thus bringing this risk within appetite. A new Directorate structure and ways of working were introduced in December 2023 to enable better flexing of resources across inspection, regulation and review programmes in response to changing risk considerations and scrutiny imperatives.

Clinical care governance arrangements have been reviewed and strengthened and the quality assurance system has been implemented across all assurance programmes to support a robust and consistent scrutiny approach. However, there are resource considerations associated with ongoing budget and work prioritisation discussions meaning that the risk rating cannot be adjusted at this stage. Ongoing actions to bring this risk within appetite include:

- reviewing and adjusting scrutiny and assurance plans to reflect available resource.
- considering options to repurpose existing baseline resources in order to provide additional investment in assurance and scrutiny activity.

Independent Healthcare: Much of the mitigation for this risk lies out with HIS and requires legislative reform which will not be achieved in the short term. We are engaging with the Scottish Government on this, with proposals for enabling us to effectively deliver our statutory duties in this area being drafted. We are also working on ways to engage the diverse range of clinical experts needed in this area.

Service Change: Work to reduce this risk includes: Nearing completion of a new assurance process for engagement on all service change activity which has been tested with one board and with input from 10 statutory health & care bodies. The final draft was approved at the Scottish Health Council meeting at the end of February and is now being discussed with Scottish Government. Discussions continue with Scottish Government on new guidance on engagement required at a local level for service changes decided nationally. Our new structure to provide greater assurance of engagement is nearly complete: three strategic engagement leads to work at a national, regional and board level have been recruited; and an Assurance of Engagement Programme has been developed and is in the final stages of matching staff into roles; the full new structure will begin on 1 April this year.

Workforce Skills: The revision of the workforce plan and the budget and work prioritisation process has delayed plans to bring this risk to within appetite. However, work is under way to populate the detail of the 2024-26 plan, including detail in relation to future workforce and service design based on plans currently under development. The draft plan will be presented to the Staff Governance Committee for discussion in June prior to presentation to the Board in due course. We will then be in a better position to outline when this risk can be brought to within appetite.

Safety of Patient Care: The Safety Network is very engaged in workshops and related activities to reduce this risk. The clear direction of travel is to a more robust safety intelligence capture, analysis and action-focused group. Key outputs would be regular internal safety bulletins and, potentially, publications on safety in the system for a wider external audience. The formal plan to realise this is still in development. As this aspect of the Network's work is still in the conceptual phase, we feel the Board can only take limited assurance in this area at this time.

Data Breach: Directorate governance reviews were scheduled to commence in March 24 but with a substantial increase in statutory information requests this plan has been delayed and is now due to commence in May 24. The status of security controls will be reviewed with assets owners during these review sessions and once the first cycle of reviews is complete and any remedial actions are taken we anticipate bringing the risk back into appetite by July 24.

Assessment considerations

Quality/ Care	The risk register underpins delivery of the organisation’s strategy and effective risk management ensures the best outcomes from our work programmes. Discussion of the risk register and its impact on delivery of the organisation’s plan is a key part of the assurance arrangements of the organisation and in identifying opportunities
Resource Implications	There is no financial impact as a result of this paper. Relevant financial risks are recorded on Compass and presented to the Audit and Risk Committee.
Clinical and Care Governance (CCG)	CCG risks are included in the risk register.
Risk Management	Risks and their mitigations are set out in the report for review by the Board.
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper. An impact assessment has not been completed because this is an internal governance paper.
Communication, involvement, engagement and consultation	The risk register is an internal management tool and therefore no external consultation has been undertaken in preparing this paper. Route to this meeting: Strategic risks have been considered at relevant committees and the Audit and Risk Committee considered all of the strategic risks at its meeting on 7 March 2024.

4 Recommendation

The paper is presented for discussion.

The Board is also asked to review the attached paper to:

- Assure themselves that the risks presented are recorded and mitigated appropriately.
- To identify and agree any new risks that ought to be raised.
- To identify any opportunities that arise from the risk reports presented.

5 Appendices

The following appendices are included with this report:

- Appendix 1, Strategic Risk Register

Strategic Risk Register February 24

Appendix 1 Strategic Risk Register March 24

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level							Appetite Level In/Out
										Current	feb-24	jan-24	dec-23	nov-23	okt-23	sep-23	
Reputational / Credibility	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1072	Robbie Pearson	There is a risk that the development and implementation of our strategy and the associated operational plan, will be impeded by the unprecedented combination of external factors, including economic, political and environmental pressures and the recovery from the pandemic, resulting in a negative impact on the availability, performance and priorities of HIS.	VH 25	We continue to work closely with all Boards to understand the challenges and system pressures across NHS Scotland. We are adjusting the focus and tempo of our operational activities to deal with the changing circumstances such as surges in infections. The wider changes in HIS will seek to provide a platform for us building a more flexible and cohesive response to the challenges facing the system. The annual delivery plan 2024-25 is being developed in the context of the operational and financial challenges facing the system and progress on it will be reported to the Quality and Performance Committee, Board and Scottish Government (SG). The process for managing new work commissions in HIS has been redesigned to ensure a stronger collective response to the requests from SG. In the meantime the Executive Team and the Board are having to make decisions with regard to priorities in the context of a lack of clarity re additional allocations.	The economic impact and wider pressures are having a serious and growing impact on public finances. This is resulting in a detrimental impact on aspects of health and social care provision, particularly safety of care. We are ensuring our response, in a rapidly changing set of circumstances, is tailored to alleviating such pressures. Our new strategy marks a significant shift in our approach as an organisation, with a stronger focus on systematically managing all the resources in HIS in a more efficient, flexible, integrated and agile way to ensure we are meeting the needs of the health and social care system. The Board is considering how best to flex resources within our baseline to secure out strategy and that requires difficult choices for 2024-25.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Cautious In Appetite
Financial / Value for Money	Finance Strategy	635	Angela Moodie	There is a risk of financial instability due to national funding challenges resulting in changes to the organisational priorities, impact on staffing levels and a potential over/under spend.	VH 20	The financial context and associated uncertainty creates a challenging set of circumstances for 24/25. Financial monitoring continues to be a key control in our ability to deliver financial balance. Work plan prioritisation, within the affordability envelope, has, and will be key to ensure a balanced budget for next year, alongside detailed and achievable savings plans. In addition, current financial controls will be key to ensure all spend is authorised and within approved budgets in 24/25.	HIS is committed to delivering at balance budget in 24/25, but to do this £2.5m (8%) of savings is required. At present this is a target, while detailed plans are being developed. It is likely these plans will impact on our annual work programme for next year. Without savings plans which are achievable and implemented in 24/25, there is a risk we become reliant on non-recurring savings to achieve balance, basically removing HIS from the position of recurring financial balance which was achieved in 23/24.	3	4	H 12	M 9	M 9	M 9	M 9	M 9	M 9	Cautious In Appetite
Reputational / Credibility	ICT Strategy	923	Safia Qureshi	There is a risk that our Information Communications Technology (ICT) systems could be disabled due to a cybersecurity attack resulting in staff being unable to deliver our work and causing reputational damage.	VH 20	Controls that are in place include a suite of processes and applications which protect us across our networks and systems, including; no direct connection to the internet, firewall devices, anti-spyware and anti-virus scanning, devices protected, data backups and security updates. HIS ICT receive notifications and alerts from National Cyber Security Centre and NHS Cybersecurity Centre of Excellence regarding security exploits and vulnerabilities and act accordingly. Staff are trained on Data protection, Information Security, Cyber Security and Freedom of information before being allowed access to HIS computers. Users also sign the HIS Acceptable Use Policy.	In addition to the ongoing cyber incidents at Western Isles local authority and the University of West of Scotland (UoWoS) there have been a further three suspected ransomware attacks: one on a key NHS Scotland supplier and two on third sector organisations that work with NHS Scotland. Therefore, the threat remains significant and the risk scoring must remain the same. Given the current situation in the Ukraine there is a strong possibility that this risk could occur and it has happened recently to both Scottish Environmental Protection Agency (SEPA) and the Irish Health Service and should it occur HIS will experience a sustained loss of business services.	4	4	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	VH 16	Minimalist Out of Appetite
Reputational / Credibility	Information Governance Strategy	759	Safia Qureshi	There is a risk of a significant data breach due to the unintended disclosure of personal data of staff, stakeholders and the public resulting in reduced stakeholder/public confidence, financial penalty and/or sanctions from the Data Protection Regulator (Information Commissioner).	VH 16	Staff training, records retention policy, data protection policy, information security policies, technical security controls; Cyber security certification; data processor contractual arrangements, improved implementation of retention schedule; Staff training and awareness; review of the information asset register for compliance gaps on quarterly basis; review of HIS practices against the Information Commissioner's Office (ICO) accountability framework on annual basis; Implementation of One Trust governance module; adverse event report training;	Implementation of OneTrust will commence fully in April 24. Delays experienced due to demands of the Network and Information System Regulations 2018. Adverse event report training will be scheduled for late Q4 and Q1 now that the revised policy direction for managing security events is in place as of January. The likelihood of this risk transpiring has been increased due to the delays in the implementation of the governance platform that will support analysis, management and reporting of compliance gaps.	3	3	M 9	M 9	M 9	M 6	M 6	M 6	M 6	Minimalist Out of Appetite
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1160	Lynsey Cleland	There is a risk that inspections or other assurance activity carried out by HIS fails to identify significant risks to the safety and quality of care, resulting in potential harm to patients and damage to the reputation of HIS.	VH 20	The risk is mitigated by ensuring staff are appropriately qualified and trained and have sufficient experience to carry out their role. Quality Assurance System and associated Standard Operating Process promotes a consistent and robust approach and a clear escalation policy is in place. Also Memorandum of Understandings are in place with partner agencies, including the Care Inspectorate. Risk assessments inform decisions on frequency and focus of inspections and other assurance activities and focused inspections/reviews are undertaken in response to intelligence on potential significant risks or concerns.	Implementation of the new structure and ways of working that were agreed as part of the Quality Assurance Directorate (QAD) transformational change process is now underway. This will support us to ensure that our systems and processes are fit for purpose to enable us to deliver robust quality assurance programmes. This includes strengthening business planning processes and programme delivery. A range of improvement activity has already taken place, including updated clinical and care governance arrangements. It is anticipated that the change process will bring further benefits, including a reshaped programme management function and the ability to better flex resource and skills across inspection, regulation and review programmes in response to changing risk considerations and scrutiny imperatives. However, a number of Inspector and Reviewer posts essential to ongoing delivery of key functions are vacant and budget constraints present a strategic and reputational risk. Without additional investment the level of activity across all established inspection and review programmes will need to be adjusted and reduced to reflect available resource.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite

Strategic Risk Register February 24

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level							Appetite Level In/Out
										Current	feb-24	jan-24	des-23	nov-23	okt-23	sep-23	
Operational	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1131	Robbie Pearson	There is a risk that HIS is not appropriately involved in the design and development of the National Care Service (NCS) as has previously been requested by Scottish Ministers. There is a risk also of impact on our resources and capacity to support any expansion of our statutory duties as set out in the draft Bill.	VH 16	We are connecting to the SG policy team/sponsor unit / SG to ensure our voice is heard in any specific proposals regarding HIS and early opportunities for broader engagement. We have opened discussion with other national bodies around agreeing an overarching framework for improvement support and key principles about how we work together that would address the issue of a model that "practitioners at all levels can implement as a whole rather than a sum of the parts". We also continue to work with a range of partner organisations in designing the future priorities for improvement support in integrated health and social care services.	A revised Bill, scheduled to be brought before the Scottish Parliament by the end of January 2024, has been delayed. There have been substantial revisions to the proposals regarding the shape of the NCS following the publication of the Verity House agreement between Scottish Government and the Convention of Scottish Local Authorities (COSLA). In essence, local authorities will retain existing powers and functions in any new arrangements. We will continue to explore the implications of the revised proposals with regard to HIS whilst pursuing our current work such as in relation to supporting improvements in social care and community health services. A key issue is the design of the National Care Service Board and its relationship with the rest of the system.	5	2	M 10	M 10	M 10	M 10	M 10	M 10	M 10	Cautious In Appetite
Reputational / Credibility	NHS Scotland Climate Emergency & Sustainability Strategy	1165	Safia Qureshi	There is a risk that HIS will be unable to achieve the Scottish Government and UN sustainability requirements or the NHS Scotland net zero target for 2040. This would be mainly due to a lack of capacity to deliver the work required resulting in reputational damage to HIS and a failure to capitalise on the financial and health & wellbeing opportunities associated with sustainable delivery of our work.	VH 16	National Sustainability Assessment Tool (NSAT) annual assessment Development of an organisational Net-Zero Route map action plan. Active Travel Adaptation Policy. Submission of an annual Sustainability Assessment Report audited by Health Facilities Scotland and Scottish Government. Collaboration with other NHS boards contributing to Climate Change Risk Assessment & Adaptation Plans, including Biodiversity reporting.	HIS are continually looking for opportunities to reduce our carbon footprint and collaborate more with other national health boards. We are attending a sustainability collaborative workshop which will be chaired by the Chief Executive Officer of National Services Scotland (NSS) and the director of NHS Assure on the 27th February to explore joint deliverables. HIS like all other health boards will be submitting its Annual Climate Emergency report to Scottish Government by the 28 February.	3	2	M 6	M 6	M 6	M 6	M 6	M 9	M 9	Cautious In Appetite
Clinical and Care Governance	Regulation of Independent Healthcare (IHC)	1159	Lynsey Cleland	There is a risk that HIS cannot effectively regulate the independent healthcare sector, due to the breath, diversity and volatility of the sector and a limited regulatory framework, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 25	The IHC Team are at full staffing in terms of the current model. Changes to the staffing model and ways of working are planned as part of the ongoing directorate transformational change process, but there will be dedicated leadership and programme support for to ensure key regulatory functions can continue to be delivered as the directorate transitions through the change process. A new approach to accessing the required clinical expertise and updating staff knowledge has been developed in partnership with the medical directorate and the Quality Assurance Directorate Clinical and Care Governance Group and is in the process of being adopted into the Quality Assurance System (QAS). Work continues with the finance team to monitor the financial picture and maintain accurate forecasts. IHC now has dedicated management accountant working on forecasting, budgeting, fee setting and monthly management accounts and agreed annual baseline funding of £260K from SG. Work ongoing with main partners Central Legal Office (CLO) and NSS to improve debt recovery processes. The QAD Clinical Care Governance Group considers and monitors relevant risks and is seeking to ensure appropriate and timely clinical input. Online forum between Care Quality Commission, Regulation and Quality Improvement Authority, Healthcare Inspectorate Wales & HIS in place to discuss UK wide regulatory considerations and share emerging issues in relation to digital healthcare.	As a part of the directorate transformational change, the chief inspector is taking forward a detailed review of ways of working, policies, processes and distribution of workload across QAD's regulatory functions (IHC & Ionising Radiation Medical Exposure Regulations (IRMER) to ensure the effective and sustainable delivery of statutory duties in a way that makes best use of collective skills knowledge and expertise; reflects available resources; and ensures fair and achievable workloads. There is ongoing work and regular engagement with Scottish Government on regulatory reform proposals to close known loop holes. The regulation of independent healthcare services provide by pharmacy professionals and the regulation of independent medical agencies in expected to come into effect in spring/summer of 2024. Other anticipated legislative changes, include the ability to remove services from the register that do pay annual leaves and changes to the current fee caps to enable HIS to continue to collect sufficient fees to cover existing regulatory costs. However, significant legislative reform will take time, particularly where changes to primary legislation are required. In addition, The Chief Executive has written to sponsor colleagues at SG to detail patient safety concerns and set out the need for wider reform of IHC regulation and discussion with SG are ongoing in relation to this.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Minimalist Out of Appetite
Reputational / Credibility	Service Change	1163	Clare Morrison	There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity.	VH 20	The Scottish Health Council and its Service Change Sub-Committee continues to provide governance over the issue (discussed at each meeting). Regular discussions with Scottish Government to monitor the risks. Revised Planning with People and Quality Framework for Engagement to support its implementation published in 2023. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS. Involvement in regional and national planning is helping to highlight the importance of engagement in planning decisions. This is being further enhanced by introduction of new Strategic Engagement Lead role to engage at board and regional level - posts to start on 1 April 2024. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG.	There is growing concern (Jan 2024) that financial pressures are increasing and this will lead to a high volume of service change and impact boards' ability to meaningfully engage around service change. We are reviewing the support we provide for boards to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. We have nearly completed the development of a new assurance process for engagement on all service change activity which has been tested with one board and with input from 10 statutory health & care bodies. We are discussing with Scottish Government new guidance on engagement required at a local service for service changes decided nationally. Through the Community Engagement organisational change, we now have three Strategic Engagement Leads to work at a national, regional and board level, and have partly filled the posts in our Assurance of Engagement programme. The organisational change is due to be completed by March 2024. The risks will be further discussed at the next Scottish Health Council meeting in February 2024.	4	5	VH 20	VH 20	VH 20	VH 16	VH 16	VH 16	VH 16	Cautious Out of Appetite

Strategic Risk Register February 24

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Inherent Risk Level	Controls and Mitigations	Current Update	Impact	Likelihood	Residual Risk Level							Appetite Level In/Out
										Current	feb-24	jan-24	des-23	nov-23	okt-23	sep-23	
Operational	Workforce Strategy	634	Sybil Canavan	There is a risk that we may not have the right skills at the right time, at all levels of the organisation, to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.	VH 16	Management of workforce risks occurs through everyday management activities including business planning, role design, departure practices, organisational design, staff development, knowledge of the external labour market, attraction activities, recruitment activities, 'on-boarding', performance management and organisational culture. Workforce planning arrangements are in place. Activity and progress monitored quarterly via Staff Governance Committee and Partnership Forum. Oversight of recruitment and vacancy arrangements for the organisation are monitored via the Vacancy Review Group, alongside any structural and service requirements.	At the Staff Governance Committee (SGC) Development session in January 2024, it was confirmed that a revised, 'interim' workforce plan will be developed for the organisation for the period of 2024 - 2025. This is to reflect the known need to change service delivery based on the HIS strategy, the evolution of the 'One Team' approach and the need to reshape our workforce as part of this activity. The interim structure of the plan will ensure cross over with the revised approach to learning and education for HIS as well as the development of the Organisational Development Framework. The revised plan is being worked on and will be presented to the SGC in June and then considered by the Board.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Cautious Out of Appetite
Workforce	Workforce Strategy	1266	Sybil Canavan	There is a risk that the current and potential future organisational change activity within Healthcare Improvement Scotland will impact on delivery of our strategic priorities and also on our organisational performance leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS.	VH 16	Organisational Change proposals and processes for the organisation are governed by the 'Organisational Change' policy in place. This is in line with organisational change requirements for NHS Scotland contained in the current circulars and as detailed in the existing Staff Governance Standards for NHS Scotland. The principles of 'One Team' specifically stipulate the need for a consistent and Partnership approach to all organisational change activity. The Partnership Forum and Staff Governance Committee within Healthcare Improvement Scotland ensure appropriate oversight and due diligence in terms of governance and transparency regarding implementation and engagement. Individual and collective communication and partnership working is a requirement of this activity.	The organisational changes for both QAD and Community Engagement and System Redesign (CESR) continue to work through their due process. As previously reported, the QAD redesign is nearing completion and the CESR process is being undertaken in line with the agreed parameters over a slightly longer period of time. The Partnership Forum recently had sight of the completed Organisational Change Review report, which provided a range of findings and learning in relation to both the recent processes but also consideration of future approaches. At this time there is continued oversight of the proposed strategic priorities for the organisation in light of the funding arrangements for 2024/25, and continued focus on the change requirements will be a central area of discussion with Partnership colleagues and all other appropriate forums.	4	3	H 12	H 12	H 12	H 12	H 12	H 12	H 12	Cautious In Appetite
Clinical Care Governance	HIS Strategy 2023-28: Leading Quality Health and Care for Scotland	1922	Simon Watson	In the context of wider significant system pressures, there is a risk that our work is not attuned to these pressures and we fail to fulfil our commitments to support safe care in Scotland resulting in avoidable harm for patients and the public.	VH 20	We have a range of touchpoints with the wider health and care systems. These include representation on key leadership groups within the NHS - Chairs, Chief Execs, Medical & Nurse Directors and other functional lead groups. Safety intelligence is gathered in all these forums. HIS also has access to intelligence about safety through programme-specific forums, links to other national or UK groups and informal professional connections. In addition, HIS continues to play a leading role in the Sharing Intelligence Network of 16 national scrutiny and regulatory organisations. All of this intelligence will have some influence over our work programmes. However we lack a coherent system of capturing this 'fugitive' intelligence, analysing it for key themes and sharing useful outputs within the organisation.	The HIS Safety Network has taken a one team approach to designing a system that will enable robust cross organisational capture, analysis and distributing of key safety intelligence via internal bulletins for HIS. There is a further ambition to produce safety bulletins for an external audience. Work is underway to develop and resource a programme to deliver this system. For the time being, the Safety Network provides a forum for intelligence sharing between directorates. The Quality and Performance Committee (QPC) received an update on the work in February 2024.	5	3	H 15	H 15	H 15	H 15	H 15	H 15	H 15	Minimalist Out of Appetite
Operational	Information Governance Strategy	1258	Robbie Pearson	There is a risk that we fail to provide the required documentation or evidence to the UK and Scottish Covid19 Inquiries due to inadvertent destruction and an inability to locate and retrieve files due to non-compliant, person dependent document naming conventions and folder structures resulting in potential legal action against and reputational damage set in the context of HIS being in receipt of a 'Do Not Destroy' notice (by the Scottish Inquiry).	H 12	Clear guidance that the 'Do Not Destroy' notice means we must retain all pandemic related material from March 2020 to December 2022. This is monitored by the Information Governance steering group. We have established a central repository for all documentation that has been located so far in response to the initial informal requests from the Scottish Inquiry. We have a cross-directorate group in place to help co-ordinate the responses to inquiry requests. We have an emphasis on those programme areas most likely to be impacted by the inquiries' investigations.	The two public inquiries are only getting underway and final conclusions will be some years away, therefore we may be asked for this information at any time from this point forward and for an as yet undefined period into the future. This is about future-proofing the organisation given that personnel and work programmes have been changing, and are likely to continue to change into the future. We have submitted material to the UK Module 3 Inquiry.	2	2	L 4	L 4	L 4	M 6	M 6	M 8	M 8	Minimalist In Appetite
Operational	Workforce Strategy	1323	Sybil Canavan	There is a risk of partnership working arrangements across the organisation being destabilised because of the need to respond to the financial position in 2024/25 and beyond which will require changes to service delivery which could result in a more challenging employee relations environment for Healthcare Improvement Scotland	VH 16	Healthcare Improvement Scotland has a long-established formal agreement regarding working in Partnership with both recognised Trade Union colleagues but also partnership representatives. This process is embedded in terms of the operation of the Partnership Forum (PF) and also the opportunity to respond to service issues and any potential changes on a partnership basis. The Partnership forum is co-chaired by the Employee Director and the Chief Executive of the organisation. Also the One Team Workforce Sub group is also chaired by the Director of Workforce and the Employee Director. There need for clear, consistent and transparent communication regarding any service issues or potential areas of change is actively managed and the recent Organisational Change review process has also provided further learning for HIS to ensure that further change or impact on staff reflects on the learning and utilises the established processes and policy frameworks in place.	HIS is currently actively engaging with the Partnership Forum and staff members regarding service planning and any potential changes which will impact on individual employees. Direct support is being offered by PF representatives, HR staff and also line managers.	3	4	H 12	H 12						Cautious In Appetite
Reputational / Credibility	ICT Strategy	1270	Ben Hall	There is a risk that our website is not available and online presence is removed due to the resilience of the site no longer being guaranteed because of technical issues and outdated technology, resulting in HIS being without a corporate web presence and unable to fulfil its statutory publishing duties.	H 12	A contingency plan has been enacted on our website estate, while the enduring solution is implemented towards bringing the entire web estate onto the WordPress content management system. The corporate website has moved to a new more secure and functional platform in Feb-24 thus significantly reducing the cyber security risk and the risk of failure.	A programme is now underway to move the other HIS websites onto the same platform following successful launch of the new corporate website in Feb-24. The plan is now underway for the remaining 10 websites. The project is being led by the Communications Team and other work is being reviewed and re-prioritised to support this.	3	1	L 3	M 9	M 9	M 9	M 9	M 9	M 9	Minimalist In Appetite

SUBJECT: Governance Committee Chairs' Meeting: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Governance Committee Chairs' meeting on 21 February 2024.

2. Recommendation

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

a) Governance and Working with the Executive Team

The Chief Executive joined the meeting to update Chairs on the new approach to objective setting for Executive Directors, including those that deliver the role of Lead Director for the Board or a Committee. The consistent set of objectives covers national leadership; securing delivery of our strategy; being an exemplar employer; achieving financial targets and improved efficiency; ensuring effective governance of HIS. As well as this, the schedule for the Executive Remuneration Committee has been adjusted so that they agree the objectives before the start of the new operational year. The Chairs welcomed this approach.

b) Board Development Activities

In reviewing upcoming business, an update was provided on proposed Board development activities for the year. The draft plan is to hold an inspections masterclass at the April Board development session and a community engagement/service change masterclass at the May Board seminar. Development activities later in the year will pick up two actions that arose from the Blueprint for Good Governance development plan - an innovation masterclass and a masterclass examining the Staff Governance Standard, working in Partnership and the work of the Executive Remuneration Committee.

c) Cyber Security

We reviewed the Board and Committee business planning schedules and the Chair of the Audit and Risk Committee highlighted the increased focus of that Committee on IT, cyber security and the corporate website. We noted that a number of Board Members had attended recent cyber security workshops and agreed to hold a meeting for those who attended to reflect on the content and implications for the governance of this area of work in HIS.

Carole Wilkinson
HIS Chair/Chair of the Governance Committee Chairs

SUBJECT: Audit and Risk Committee: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Audit and Risk Committee meeting on 7 March 2024. The approved minutes of the Audit and Risk Committee meeting on 29 November 2023 can be found [here](#).

2. Recommendation

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

a) Website

The Committee received a progress update on the website project. The first milestone of moving the corporate website to a new platform, was delivered and the new corporate website is now live, which has reduced the risk of failure for that site. This will continue to be developed with older content from the previous site remaining as an archive, which will diminish over time as content is moved and cleansed. The next steps include the prioritisation of the remaining team-specific websites to incorporate them into the new corporate website platform. National Services Scotland will remain as a key delivery partner to this work. The total cost of the website project has fallen slightly as part of a cost review exercise, achieved mainly by extending the programme of work and repurposing the work of the Communications team. It was agreed a revised Communications Strategy will be brought back to the Committee for consideration. The Committee welcomed the update, the reduction in the platform continuity risk and thanked Ben Hall and his team for the hard work to achieve this.

b) Network and Information Systems Regulations (NISR)

An update on the NISR audit was provided via the business resilience and sustainability update, highlighting the new compliance status of 78%, up from 49% last year and significantly ahead of the 60% target. The NISR auditor called out how our evidence demonstrated the strength and depth of our commitment across the organisation and described HIS as a very strongly performing Board. The Committee congratulated the team on this achievement and were also provided with assurances that the skills are now embedded in the organisation through permanent staffing.

c) Budget

The 24/25 budget and 5 year financial plan was considered. The Committee discussed the heavy reliance on achieving financial balance from the savings targets and asked for more comprehensive savings plans to be brought back to the Committee, aligning with the Annual Delivery Plan and demonstrating a strong One Team ethos. The risks to the plan were also discussed and the rationale for inclusion or exclusion in the budget. The 5 year plan was considered, recognising the reliance on 24/25 savings to be recurring in order to keep the organisation in a position of recurring financial balance over the next five years. The financial uncertainty and seriousness of the financial challenges were noted by the Committee, and it was agreed the plan would be recommended to the Board for approval.

Audit Scotland presented their audit plan for 23/24, which included the proposed 6% fee increase. The Committee did not approve this and instead requested Audit Scotland further consider efficiency savings to bring their fee in line with the budgets of other public sector organisations.

Gill Graham
Committee Chair, Audit and Risk Committee

SUBJECT: Executive Remuneration Committee key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Executive Remuneration Committee meeting on 6 March 2024.

This report will now be provided to the Board for members' regular consideration in line with the recommendations from the recent Audit Report regarding governance arrangements. This decision was taken by the Committee following the outputs from this audit and enables reporting to align with other Board committees and for the Committee to interact with the Board on risk issues.

2. Recommendation

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

a) Executive Remuneration Committee Audit Report

Committee members had the opportunity to discuss the detail of the completed Audit Report regarding the governance arrangements in place for the Executive Remuneration Committee. The Committee accepted the recommendations, noting the assurance levels that were reported and proposed actions to respond to the one medium and three low risk recommendations. It was recognised that the full report would be discussed at the Audit and Risk Committee the following day, 7 March 2023.

b) Risk Management

Members of the Committee received the regular 'Risks and Issues' update that is provided for discussion and consideration at the meeting. The purpose of this document is to report on recognised risks and issues regarding the Executive and Senior Management cohort within Healthcare Improvement Scotland.

The March meeting considered detail regarding Senior Leadership and succession planning matters along with the Organisational Change activity that had been ongoing across two Directorates during the current financial year.

c) Senior Staff Performance Objectives

The Committee were presented with a Draft set of objectives from all Executive Director staff for the 2024/25 reporting period. This is the first year that the Committee has been presented with this information prior to the beginning of the coming financial period. Previous work had been undertaken to compile a standardised set of Directorate-based measures along with a range of individual and organisational requirements for all for the coming year.

Individual Directors have now received this feedback and final versions are being completed for the start of the new financial year.

Rob Tinlin
Committee Chair

SUBJECT: Quality and Performance Committee: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality and Performance Committee meeting on 7 February 2024. The approved minutes of the Quality and Performance Committee meeting on 8 November 2023 can be found [here](#).

2. Recommendation

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

a) Safety

The Committee considered several papers in support of our work in patient safety. We received an update on the HIS Safety Network, a cross-organisational group that supports this key delivery area. The Committee took significant assurance that the Network facilitates external communication of our key contributions to safety in the system and moderate assurance that the Network provides a useful forum for cross-organisational sharing of safety intelligence noting further work is required. Limited assurance was offered on the Network's future plans to further reduce Strategic Risk 1992, as the risk is still in development with assurance provided that this risk will be finalised soon.

The Committee also received a substantive update on the current Scottish Patient Safety Programme (SPSP) workstreams with a focus on the Acute Adult Collaborative. SPSP will be a standing item at Committee meetings over the next year to enable the Committee to receive a detailed update on each of the workstreams. We also received the scheduled updates on Responding to Concerns and Public Protection.

b) Integrated Planning 2024-25

The Committee received proposals in relation to the Annual Delivery Plan. In particular, the paper set out areas of work that will be prioritised, paused or refocused in light of the challenging financial context and sought to give assurance that our strategic objectives will continue to be supported. We noted the focus going forward on maternity services and the implications for work programmes supported by Additional Allocation funding. We also received a draft of the Three Year Plan 2024-27 which we endorsed for submission to Scottish Government.

The Committee subsequently received the Annual Delivery Plan at an extraordinary meeting on 28 February 2024 and approved it for submission to the Board, although we noted concerns around the challenges of meeting the savings target. Final versions of both these plans will be provided to the Board in March for approval.

c) Medical Workforce Model

The Committee welcomed the Associate Medical Director to the meeting to present proposals for a future model for the use of medical practitioners within HIS to mitigate the risk that the organisation is not maximising their impact. The Committee supported proposals to set up a centrally managed team of strategic medical leads supporting cross-organisational quality management work. This will include the introduction of Strategic National Clinical Lead roles and the establishment of a HIS strategic group for multi-disciplinary discussion, peer review, horizon scanning, shared learning and

intelligence. The aim is that this will lead to a mutually beneficial experience for medical practitioners working with HIS.

Evelyn McPhail
Committee Chair, Quality and Performance Committee

SUBJECT: Scottish Health Council: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the from the Scottish Health Council (SHC) meeting on 29 February 2024. The approved minutes of the SHC meeting on 28 November 2023 can be found [here](#).

2. Recommendation

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

a) Service Change concerns and how to take forward:

The SHC discussed the impact of current financial pressures on service provision across health and care. NHS boards and Health & Social Care Partnerships (HSCP) are considering a significant volume of service changes and service cuts to deliver financial balance, combined with a need to make decisions quickly. This is leading to a risk that boards either will not undertake engagement or that engagement undertaken will not meet the standard set out in *Planning with People*. This is a concern for HIS's statutory duty to support, ensure and monitor engagement on service changes. The SHC agreed the following actions for HIS:

1. Review internal processes for assuring engagement on major service change to shorten timelines
2. Consider with Scottish Government whether any other changes to the major service change engagement process are possible
3. Launch a new process for assuring engagement on service change that does not meet the major threshold (see Key Point b below)
4. Work with Scottish Government to finalise guidance on engagement on nationally determined service changes.

SHC also agreed to increase the risk level for the service change risk in the risk register to reflect this growing area of concern.

b) Approval of a new assurance process for engagement on service change:

The SHC approved a new assurance process for engagement on service changes which do not meet the "major" threshold. The process was developed in partnership with six NHS boards and two HSCPs, and live tested with one NHS board. The new process comprises three key components: HIS assuring the board's proposed engagement plan; the board self-assuring the engagement activities undertaken through its own corporate governance structure; and HIS undertaking a proportionate review of the process.

c) Equality Mainstreaming Report:

HIS is required to publish an Equality Mainstreaming Report for 2021-25 in April 2025. SHC discussed the anticipated areas this will cover to support the planning of the report's production. This will include support for the HIS workforce, training, use of equality impact assessments and priorities for protected characteristic groups. The equality outcomes reported will be aligned with the priorities in the HIS strategy.



Suzanne Dawson
Committee Chair

SUBJECT: Staff Governance Committee, February 2024: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee (SGC) meeting on 28 of February 2024. The approved minutes of the SGC meeting on 1 November 2023 can be found [here](#).

2. Recommendation

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

a) Organisational Change Review

The Deputy Chief Executive/Director of Nursing and Systems Improvement provided the Committee with a paper on One Team including the Organisational Change Review. This highlighted several important details from the recent processes involving both the Quality Assurance Directorate and the Community Engagement and System Redesign Directorate, namely-

- The timeline for the processes, which in themselves had been challenging.
- Immediate priorities to enable conclusion of the work.
- The establishment of a Transformational Oversight Board for the organisation and
- The need to consider resourcing of such future activity.

b) Interim Workforce Plan

The Director of Workforce provided the Committee with a paper on the interim workforce plan, explaining that the organisation is not yet at the point of knowing the full detail for a complete interim workforce plan. The content of the paper reflected on the agreed points from the SGC development session. The Director of Workforce confirmed that the future version of the workforce plan, viewable in the coming months, will include the implementation of our strategy, the continued impact and delivery of One Team, workforce modelling requirements, workforce development activity, and leadership and organisational capability, culture, employability, and health and well-being activity.

The Committee were also advised that there is work underway to gain clarity from all Directorates in terms of immediate workforce needs, particularly regarding fixed-term contracts, and align them with financial planning. Further discussions and planning at the directorate level are planned to ensure all necessary details are captured, leading to a more detailed final plan.

c) Learning and Education Approach

The Head of Organisational Development and Learning provided the Committee with a verbal update and slide deck on the Learning and Development (L&D) Model and the Organisational Development Framework, which included confirmation of:

- i) A test of change is planned, with preparatory work leading up to the launch of the HIS Campus learning platform on April 22nd. This launch will coincide with a forward plan of opportunities for staff aligned with the interim L&D model. Preparatory activities include promoting the change to staff, building, and testing the HIS Campus virtual space, and collaborating with subject matter experts to develop the programme.

- ii) The model moves away from a legacy approach and adopts a strategic and structured approach that aligns with HIS priorities.
- iii) Organisational development priorities focus on impactful changes, aligned with our goal to be an exemplar employer, starting with foundational elements before further enhancements.
- iv) The interim L&D model showcases the importance of a flexible workforce with transferable skills and aims to provide clear structure for employee development.

**Duncan Service
Committee Chair**

SUBJECT: Succession Planning Committee: key points

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Succession Planning Committee meeting on 17 January 2024. The approved minutes of the Succession Planning Committee meeting on 10 October 2023 can be found [here](#).

2. Recommendation

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

a) Succession Plan

The draft succession plan continues to develop in the context of feedback from external stakeholders, our internal networks, and the Board Development team at NHS Education for Scotland. The committee reflected on the matter of diversity and began to consider what diversity might mean specifically in the context of the board, something which was also raised through the recent audit on the Blueprint for Good Governance. This is something the committee considers key to the succession plan, and which will underpin the future approach to Board recruitment. The sub-group intends to share the updated draft with the committee in early March, ahead of further stakeholder engagement, and aims to finalise the plan during summer 2024.

b) Aspiring Chairs Programme

The first round of the Scottish Government's Aspiring Chairs Programme has drawn to a close, bringing Ally Boyle's time with us to an end. The committee heard Ally's positive reflections of his experience including what HIS might learn from our first-time hosting. The programme we designed to meet Ally's specific needs based on an early discussion with him about what would be most useful. The key lesson we have learned from the success of taking that approach, is that a bespoke programme, designed for the individual, will work best again in future. We have applied to host an aspiring chair for the next round and await the outcome of Scottish Government's decision in this respect.

c) Skills Matrix

The committee agreed that the skills matrix should be updated during 2024. The last exercise was conducted in 2021, and this will be valuable for informing the development programme into 2024-25 and to help us maximise diversity of thought, experience, and characteristics of the Board.

Carole Wilkinson
Committee Chair