Meeting of the Board of Healthcare Improvement Scotland
Date: 25 September 2019
Time: 12.30–15.30
Venue: Boardroom, Gyle Square, Edinburgh

Present
Carole Wilkinson, Chair
Jackie Brock, Non-executive Director
Suzanne Dawson, Non-executive Director
Paul Edie, Non-executive Director
John Glennie OBE, Non-executive Director
Gill Graham, Non-executive Director
Rhona Hotchkiss, Non-executive Director
Christine Lester, Non-executive Director (by telephone)
Robbie Pearson, Chief Executive
Kathleen Preston, Non-executive Director
Duncan Service, Non-executive Director

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

Apologies
Dr Zoë M Dunhill MBE, Non-executive Director

Board Support
Pauline Symaniak, Governance Manager

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

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

#### 1.1 Chair’s welcome and apologies

The Chair opened the meeting of the Board by extending a warm welcome to all in attendance, particularly to Sandra McDougall, Lynda Nicholson and Safia Qureshi, attending their first Board meeting.

Apologies were noted as above.

#### 1.2 Register of Interests

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

The Board approved the register. Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring. They were also reminded to declare any interests that may arise during the course of the meeting.

John Glennie OBE declared an interest as a Non-executive Director of NHS24.

#### 1.3 Minutes and Action Points of the Board meeting on 20 March 2019

The minutes of the public meeting held on 26 June 2019 were accepted as an accurate record.

The action point register was reviewed and accepted. All actions were noted as complete and there were no matters arising.

#### 1.4 Chair’s Report

The Board received a report from the Chair updating them on recent developments. The Chair highlighted the following points:

a) She had held a telephone conversation with the Cabinet Secretary about the organisation’s role in adverse events. A letter had subsequently been received to which a reply would be prepared and a meeting, including the Chief Executive, arranged in November. Adverse events would be more fully discussed under agenda item 3.1.

b) The Chair opened the Q visit on 19 September 2019 in Edinburgh. This was a very successful event, bringing together improvement leaders from across the UK. Excellent feedback had been received about the event.

The Board noted the report.

#### 1.5 Executive Report

The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.

The Chief Executive highlighted the following points:

a) An Internal Improvement Oversight Board had been formed to review the efficiency and delivery of the organisation’s work.

b) Revised leadership arrangements had been put in place within the Quality Assurance Directorate. Sandra McDougall had been
appointed as Interim Director of Quality Assurance and recruitment would commence for an Interim Chief Inspector.

c) Reputational risks had arisen around recent decisions on new medicines. The Scottish Medicines Consortium (SMC) had issued advice to not recommend two medicines for cystic fibrosis which the Cabinet Secretary subsequently announced would be available through a 5 year agreement with the company.

d) HIS was working with the Health Foundation in a successful programme to support the Q Community in Scotland and extend quality networks.

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

e) A lot of work was already underway for the three internal improvement programme workstreams and meetings of the Oversight Board were being arranged. It was intended to be operational in four to six weeks time.

f) A Non-executive director had been assigned to each internal improvement workstream. Their role was to be a mentor to the group, share their expertise and challenge the thinking.

g) There was budget set aside for attendance at the IHI international forum and decision making around attendance to ensure there was a clear benefit to the organisation. To improve transparency around international travel, requests were now reviewed by the Chair and a paper would be provided regularly to the Audit and Risk Committee summarising the requests.

h) Following the decision about access to the cystic fibrosis medicines, discussions were taking place with Scottish Government Sponsor and would be raised at the meeting with the Cabinet Secretary. The Director of Evidence was meantime providing reassurance to SMC colleagues. The recent blog from the Chair of the SMC would be circulated.

i) Work was being delivered to better articulate to stakeholders the range of improvement work that HIS offers and a user friendly guide would shortly be published. Alongside this, interconnections between areas of work in the Improvement Directorate were being strengthened.

j) The new suite of business intelligence measures was designed to support improvements in the quality of care and was an excellent piece of work delivered by the Data Measurement and Business Intelligence Team. The measures were incorporated into the Sharing Intelligence for Health and Care reports and shared with each Board. An update would be provided to the Quality and Performance Committee.

k) The Responding to Concerns process had been updated and the formal process set out that ensures a cross-organisational response to issues. The process, especially with the appointment of new Whistleblowing Champions to NHS Boards, could appear complex to the public or staff. The team were working on a route map to improve clarity. Anonymised examples would be circulated and a regular update provided to the Quality and Performance Committee.

The Board noted the report.
2. **SETTING THE DIRECTION**

2.1 **Interim Operating Position for the Scottish Health Council:**

**supporting public involvement in service change in Health and Social Care Partnerships**

The Board received a paper from the Director of Community Engagement. The following points were highlighted:

a) The paper set out a proposed interim operating position regarding the Scottish Health Council (SHC) role in service change for Health and Social Care Partnerships (HSCP).

b) The role had originally been set out in legislation and detailed in guidance commonly known as CEL4. However, this guidance had been provided prior to health and social care integration and therefore did not reflect the current operating environment.

c) While clarification was being sought, an interim operating position was developed in 2017. The SHC Committee had asked that this position was reviewed and provided to the HIS Board.

d) Following publication of the Ministerial Strategic Group report on integration, Scottish Government and COSLA (Convention of Scottish Local Authorities) convened a joint group to consider revised statutory guidance with a view to having that by April 2020.

e) There had been no requirement to date to give advice in relation to major service change in a HSCP.

The Board approved the recommendations.

2.2 **Operational Planning Process 2020-21**

The Director of Finance and Corporate Services provided a paper setting out proposals and timelines for the process to develop the following year’s operational plan by March 2020. She highlighted the following points:

a) The process last year had been led by the Senior Leadership Group who undertook an after action review. The results of this would inform the planning work this year.

b) The plan would be detailed with Key Performance Indicators to support the performance report to the Board and would set our principles for cross-organisational working.

c) Priorities remain those as set by Scottish Government.

d) It would be important through the plan to demonstrate the value of the organisation’s work.

e) The appendix to the paper provided timelines which would involve presenting the developing plan to the Executive Team, the Staff Governance Committee, the Quality and Performance Committee, and the Board at its seminar in February 2020 before the Board received it for approval in March 2020.

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

a) Adverse events work spanned the organisation’s priorities but would primarily sit within quality of care.

b) The wording of the interim position for the SHC’s role in service change for HSCPs was appropriate. In the context of the organisation’s work, the word “care” was used quite broadly. Once the plan was ready to become a public document, the wording would be reviewed.
c) The Board strategy event would also provide useful insights for the development of the operational plan.

The Board noted and approved the proposals.

### 3. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

#### 3.1 Organisational Performance Report including Finance, Workforce and Operational Risk Report

The Board received a new format of performance report from the Director of Finance and Corporate Services who highlighted the following points:

- **a)** The development of the new performance report was in response to the Boards NHS Scotland Blueprint for Good Governance self-assessment.
- **b)** A function leads event in May, attended by two Non-executive Directors, had provided input to the development of the report. Thanks were extended to John Glennie and Jackie Brock for their input. The Quality and Performance Committee had received the draft at their last meeting and were supportive of the format.
- **c)** The overview section provided key issues and the horizon scanning section set out possible new commissions from Scottish Government.
- **d)** Further development of the report would incorporate Key Performance Indicators KPIs.
- **e)** The appendices setting out the financial performance, the latest workforce data and the very high operational risks.

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

- **f)** The report would also allow staff to see progress against delivery.
- **g)** Making best use of resources was one of the organisation’s priorities and was threaded throughout the operational plan.

The Senior Medical Reviewer (SMR) joined the meeting at this point in respect of the publication of the Death Certification Review Service (DCRS) Annual Report. He highlighted the following:

- **h)** There had been a sustained reduction in the level of Medical Certificates of Cause of Death that were “not in order”.
- **i)** Targets for delivering level 1 and level 2 reviews had been exceeded.
- **j)** An interested persons review had highlighted a problem with the legislation governing DCRS and the SMR would take forward work to request a review of the legislation.

The Interim Director of Quality Assurance provided an update on adverse events work:

- **k)** The “Adverse Events Management: NHS Boards Self-evaluation Report” had been published and had provided useful intelligence for discussions with each Board. The report set out progress and where there were concerns related to variation with category 1 events leading to a significant review.
- **l)** There was a challenging timeline of December 2019 to provide progress to the Cabinet Secretary but there had already been cross-organisational working in place, including the formation of a sub group to make progress and respond. There was also joint working with NHS Education Scotland around staff training and
engagement with clinical communities to ensure the work is improvement focussed.

It was noted that the Chair would respond in the interim to the Cabinet Secretary setting out proposed next steps.

The Interim Director of Quality Assurance then provided an update on the Quality of Care approach:

m) A sub-group had been formed to examine the way forward. Their initial scoping meeting was being arranged to be held before the next Quality and Performance Committee on 6 November 2019.

n) Balance was required between sufficient pace in the work of the sub-group and ensuring all the learning, including that from the most recent Golden Jubilee Foundation review, was used to best effect. In addition, there was other work in progress to address the recommendations from the Simon McKenzie report, as well as the formation of the sub-group.

It was agreed that in future, the key points report from Committees could include information that provides assurance to the Board on the areas the Committees were discussing. This would be covered at the next Governance Committee Chairs’ meeting.

The Director of Finance and Corporate Services then highlighted some key points from the financial performance information:

o) The Audit and Risk Committee had reviewed financial performance in this new format report at its meeting on 4 September 2019.

p) Overall the financial position was within budget and approximately £6.2m of additional funding was awaited related to short term commissions/ additional allocations.

q) The internal savings target was £1.2m which would be achieved through strategic initiatives and staff turnover. There was also an assumed carry forward of £0.4m surplus, this contrasted with an actual carry forward of £0.257m. This surplus shortfall had increased the target to £1.4m.

r) A mid-year financial review was underway.

In response to questions from the Board about the financial performance and the workforce data presented, the following additional information as provided:

s) Non-pay underspends within directorates would be improved by better phasing of budgets. There had been slippage in pay budgets due to vacancies.

t) The Finance and Corporate Services Directorate showed the biggest decrease in staffing for the period but the pay analysis showed an overspend. This was due to secondments.

u) The exit interview process was being refreshed and this would provide in future any common themes around turnover of staff.

v) Regarding the Quality Assurance Directorate, work was underway to reshape the structure and delivery of the work. A full update would be provided to the Board for its December meeting.

The Board noted the performance against the operational plan and, subject to the comments above, were content with progress reported. They were content to continue to test the performance Report and to
receive it in its current form until March 2020 when it would be reviewed.

### 4. INFLUENCING CULTURE

#### 4.1 iMatter Update

The Associate Director of Workforce presented a paper which summarised the iMatter survey results for the organisation and highlighted the following:

- **a)** There had been a 90% response rate which was up 4% from the 2018 survey. The Employee Engagement Index had gone down by 2% relative to the 2018 survey.
- **b)** A number of areas had shown reduced scores and the focus to address these was on the team action plans.
- **c)** Small teams had been encouraged to take part this year although that had increased the number of “no reports”. These teams would still create an action plan.
- **d)** The number of team action plans completed by the deadline was less than last year but there would be a continuing process to ensure all plans were completed.

The Associate Director of Workforce then presented each of the recommendations from the evaluation of the iMatter process by Strathclyde University.

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

- **e)** An annual report would be produced nationally later in the year which would allow comparisons across NHS Boards.
- **f)** The actions plans were not monitored as it was the responsibility of teams to take them forward. However, the recent culture survey and discussions with Partnership Forum would highlight if there were issues.
- **g)** The evaluation and its recommendations would be reviewed by the Scottish Workforce and Staff Governance Committee.

The Board noted the update.

### 5. ASSESSING RISK

#### 5.1 Risk Management Strategy

The Board received a revised Risk Management Strategy from the Director of Finance and Corporate Services who highlighted the following points:

- **a)** The draft strategy had been reviewed at the Board’s seminar session on risk which had also undertaken the Audit Scotland self-assessment for risk management. This identified actions to strengthen risk management within the organisation and in particular: identifying opportunities associated with risks; sharing risks with partners and improving reporting.
- **b)** Appendix 1 set out questions received from the Board following the seminar and provided an answer to each of these.
- **c)** The regulatory/compliance risk category had been removed because this should be implicit throughout the organisation’s work. A new workforce category had been added with the risk appetite set by the Board at its seminar. The risk registers had been renamed to strategic and operational plan to avoid
d) The Internal Auditors would review risk management as part of their 2019-20 audit plan.

The Chair of the Audit and Risk Committee advised that the Committee had reviewed the revised strategy at its meeting on 4 September 2019 and were content to recommend to the Board its adoption.

The Board approved the revised Risk Management Strategy and it was agreed that actions to update the Compass section to reflect the revised strategy would take place.

4.2 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks on the corporate risk register and their management.

The following points were highlighted:

a) The Executive Team had undertaken a detailed review of the corporate risks.

b) The overarching workforce risk on the corporate register would be reviewed as it should likely have a higher rating due to the combined effect of the individual directorate workforce risks.

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

c) Regarding risk 923, related to Cybersecurity, it was a new risk on the report identified during the Executive Team’s review of risks. It was not a new risk area but should probably have been identified as a risk earlier.

d) The risks related to Independent Healthcare (IHC) had been adjusted to reflect the up-to-date position and the improved understanding of the market. The Short Life Working Group examining the IHC delivery model would report shortly. It had been confirmed that HIS would be required to regulate online services, irrespective of where they were based. Discussions of this were ongoing with Central Legal Office. It was agreed that the risks related to IHC would be reviewed.

e) Regarding risk 908, Business Intelligence Strategy, the wording and rating of the risk would be reviewed to reflect other risks related to the quality of healthcare that were rated high.

The Board reviewed the risk registers and gained assurance that risks were being effectively treated, tolerated or eliminated. The identification of opportunities related to the risk on the register would present themselves at the strategy event in October.

6. GOVERNANCE

6.1 Board and Governance Committee Schedule of Meeting Dates 2020-21

The Director of Finance and Corporate Services provided a draft schedule of meeting dates for 2020-21.

The Board approved the schedule.
6.2 Audit and Risk Committee

The Board noted the key points from the meeting on 4 September and the approved minutes from the meeting on 19 June 2019.

The Committee Chair advised that the Committee had welcomed the new format of the financial performance report and that they would soon hold a development session.

6.3 Quality and Performance Committee

The Board noted the key points report from the meeting on 15 August 2019 and the approved minutes from the meeting on 22 May 2019.

The Lead Officer, on behalf of the Committee Chair, noted that a key area of focus for the Committee (the Quality of Care approach) had been discussed earlier in the agenda.

6.4 Scottish Health Council Committee

The Board noted the key points report from the meeting on 27 June 2019 and the approved minutes from the meeting on 23 April 2019.

The Chair of the SHC highlighted the following:

a) Recruitment had commenced to expand the membership of the Committee.

b) The SHC change implementation plan was progressing with recruitment commencing to senior posts and an event being held for all SHC staff on 8 October 2019.

6.5 Staff Governance Committee

The Board noted the key points from the meeting on 29 August 2019 and the approved minutes from the meeting on 14 May 2019.

The Chair of the Committee highlighted the following:

a) The Committee extended its thanks to Bryan Anderson, Non-executive Director, for his contribution to the Committee prior to him leaving the Board on 31 August 2019.

b) Work would be taken forward to consider how to assess psychological safety within HIS.

c) A presentation had been delivered by the Director of Evidence setting out how the Staff Governance Standard was delivered within the Directorate. This would be repeated at future meetings for each Directorate.

d) A demonstration of the new reporting database, Tableau, had been helpful.

7. ANY OTHER BUSINESS

There were no items of any other business.

8. DATE OF NEXT MEETING

8.1 The next meeting would be held on 4 December 2019 in Delta House, Glasgow.