Meeting of the Board of Healthcare Improvement Scotland
Date: 4 December 2019
Time: 13.00–15.30
Venue: Room 6.4/6.5, Delta House, Glasgow

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

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

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

Board Support
Pauline Symaniak, Governance Manager

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

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

Apologies were noted as above.

## 1.2 Register of Interests

The Board received the current register of interests from the Chair.

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.

The Board approved the register.

## 1.3, 1.4 Minutes and Action Points of the Board meeting on 25 September 2019

The minutes of the public meeting held on 25 September 2019 were accepted as an accurate record with one amendment to the wording about Scottish Medicines Consortium risks.

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

## 1.5 Chair's Report

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

a) The Annual Review had been held on 21 November 2019 and thanks were extended to colleagues who organised and supported the event as well as Board members who had attended pre-meetings. An after action review would be held to inform future iterations of the event.

b) The Delta House Making a Difference awards had been held before the Board meeting and the Gyle Square awards would be held the following day. The awards recognised staff who had supported the organisational values and behaviours.

c) The meeting for the Chair and Chief Executive with the Cabinet Secretary had been postponed.

The Board noted the report.

## 1.6 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 announcement would be made in the next few days about the appointment to the Medical Director post.
b) The work of the Sharing Intelligence for Health and Care Group was increasing in importance as a tool to assist the assurance of the quality of care in Scotland. Feedback letters to NHS Boards were now published online to ensure openness and transparency.

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

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

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

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

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

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

The Board noted the report.

2. SETTING THE DIRECTION

2.1 Refreshing the Future Strategic Direction for Healthcare Improvement Scotland

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

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

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

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

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

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

2.2 Operational Planning Process 2020-21 Update

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The presentation covered the following areas:

- **a)** The shared leadership arrangement was working well in practice and responsibility for the work programmes had been divided between the two.
- **b)** The work of the Directorate was challenging as it had high public and political interest and new areas of work to deliver whilst operating in a complex environment.
- **c)** There was a need to celebrate more the achievements of the directorate, for example, the positive impact on quality of care brought about by the inspections programme.
- **d)** Developing areas of work were the increasing demands for responsive reviews which don’t always fit with the organisation’s direction of travel; adverse events; the extension of the regulation of independent healthcare; the development of the new National Hub for Reviewing and Learning from the Deaths of Children and Young People; and more focussed, intelligence-led work.
- **e)** The Short Life Working Group had been established to review the Quality of Care approach and would make recommendations on the approach going forward, reporting to the Quality and Performance Committee.

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

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

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

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

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

**Organisational Performance Report**

The key points highlighted were:

- **a)** Detail had been provided on the latest progress with several key areas of work – Quality of Care approach, adverse events, hospital inspections, the regulation of independent healthcare and Access QI.
- **b)** The Audit and Risk Committee had received further detail on the regulation of independent healthcare while the Quality and Performance had received detail on the Access QI programme.
- **c)** The horizon scanning section provided information on possible new commissions of work.

**Financial Report**

The key points highlighted were:

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

Workforce Report
The key points highlighted were:

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

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

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

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

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

4. ASSESSING RISK

4.1 Risk Management: strategic risks

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

The following points were highlighted by the Chief Executive:

a) The movements in risks were detailed in the paper.
b) Risks related to Adverse Events were likely to remain on the risk register for the foreseeable future.

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

- c) Regarding risk 929, Quality Assurance Directorate, the risk rating had been reduced because the shared leadership arrangements were effective although senior posts, such as the Chief Inspector, were still required to be filled.
- d) Risk 899, Quality of Care Reviews, had been reduced to a rating of high because the nature of the risk had changed with a move away from a rolling programme of reviews to more targeted, intelligence-led reviews. The risk was still appropriate but the controls and mitigations would be reviewed.
- e) The Executive Team would review risks related to delivering the Cabinet Secretary priorities.

The Board reviewed the strategic risk register and, subject to the comments above, gained assurance that risks were being effectively treated, tolerated or eliminated.

5. **GOVERNANCE**

### 5.1 Code of Corporate Governance

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

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

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

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

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

### 5.2 Governance Committee Annual Reports Action Plan Update

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

The Board reviewed the updates to actions and asked that the action plans are provided to each Committee for review at their next meeting.
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<tr>
<th>5.3</th>
<th>Audit and Risk Committee</th>
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<tr>
<td>The Board noted the approved minutes from the meeting on 4 September 2019.</td>
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<tr>
<td>The Committee Chair highlighted the following points:</td>
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<tr>
<td>a) The Committee had held a development session the previous week at which it was recognised that there was a new membership and a lack of continuity due to a resignation and an absence. Steps would be taken to co-opt onto the Committee somebody with relevant expertise.</td>
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<td>b) The Committee noted that they were well sighted on information governance matters but not so on IT governance. The Director of Finance and Corporate Services would be invited to provide an update.</td>
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<td>[The Chair of the Committee declared an interest as a Non-executive Director of NHS24]</td>
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<td>In light of the declaration above, the Vice Chair advised the following:</td>
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<td>c) The Committee had received a paper on the National Boards collaboration work to achieve the combined savings target of £15m.</td>
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<td>d) The Committee were concerned that not all Boards had provided their share of the savings target and that this would impact HIS’ share of the target as well as the future savings to be achieved. The matter would be pursued with Scottish Government.</td>
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<th>5.4</th>
<th>Quality and Performance Committee</th>
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<td>The Board noted the key points report from the meeting on 6 November 2019 and the approved minutes from the meeting on 15 August 2019.</td>
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<td>The Committee Chair highlighted the following points:</td>
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<td>a) Good progress was being made with the review of the Quality of Care approach.</td>
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<td>b) The Committee had received an informative presentation from the Chair of the Scottish Health Technologies Group about the convergence of medicines and non-medicines technologies.</td>
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<th>5.5</th>
<th>Scottish Health Council Committee</th>
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<td>The Board noted the key points report from the meeting on 26 September 2019 and the approved minutes from the meeting on 27 June 2019.</td>
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<td>The Chair of the SHC highlighted the following points:</td>
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<td>a) The Committee had noted significant progress with the change implementation plan.</td>
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<td>b) The Committee had received two helpful reports on volunteering in the NHS in Scotland and diversity in involving people.</td>
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<th>5.6</th>
<th>Staff Governance Committee</th>
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<td>The Board noted the key points from the meeting on 16 October 2019 and the approved minutes from the meeting on 29 August 2019.</td>
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<td>The Chair of the Committee highlighted the following:</td>
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<td>a) The Culture survey had closed and responses were being collated. This should be available for the Board shortly.</td>
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<td>b) Good progress was being made on public protection work and training, driven by the Public Protection and Children's Health Services Lead.</td>
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6. **ANY OTHER BUSINESS**

There were no items of any other business.

7. **DATE OF NEXT MEETING**

7.1 The next meeting would be held on 25 March 2020 in Gyle Square, Edinburgh.

Name of person presiding: Carole Wilkinson

Signature of person presiding: 

Date: 25/3/20