Extraordinary Meeting of the Board of Healthcare Improvement Scotland
Date: 27 May 2020
Time: 14.00-14.55
Venue: Microsoft Teams Videoconference

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
Christine Lester, Non-executive Director
Robbie Pearson, Chief Executive
Kathleen Preston, Non-executive Director
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, 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
Sandra McDougall, Interim Director of Quality Assurance
Lynda Nicholson, Interim Head of Communications
Safia Qureshi, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services
Simon Watson, Medical Director

Apologies
None

Board Support
Pauline Symaniak, Governance Manager
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 joining.

1.2 Minutes of the Extraordinary Board Meeting on 29 April 2020

The minutes of the Extraordinary Board meeting on 29 April 2020 were approved as an accurate record.

1.3 Action Point Register from the Extraordinary Meeting on 29 April 2020

The Board received the action point register and were assured that all actions were complete.

2. COVID-19 HIS RESPONSE

2.1 Latest Operational Update on HIS Response to COVID-19

The Director of Evidence provided a paper setting out the latest position with the organisation’s response to COVID-19 and highlighted the following:

a) Two teams had been created to support the response, one taking forward the practical steps and the other addressing staffing matters. The two teams continue to meet regularly, as does the Executive Team.

b) The response has changed to meet requirements as they have evolved.

c) Preparations have been made for the easing of lockdown along with plans for building adjustments, for example to enable social distancing. These are complete but on hold at the moment.

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

d) Regarding Community Engagement staff who are based in local offices, Service Level Agreements are in place with each Board and each staff member will be considered on a case by case basis. This will take into account the needs of HIS staff and also what use the local Board has for the space, particularly if this is for clinical practices.

e) The return of staff to Delta House and Gyle Square will not be rushed and working from home will remain the default position for some time. The re-opening of these buildings needs to be considered alongside longer term aspirations for a more agile way of working and more flexible use of office space.

f) The organisation’s Health and Safety Advisor is fully engaged in the home working arrangements and will be fully engaged in future plans to return to the offices.

g) The recent staff survey about working arrangements provides insights from staff and this will be taken into account into any plans going forward.

The Board considered the latest update on the organisation’s response to COVID-19 and were assured by the actions in place to contribute to the national response and ensure the wellbeing of staff.
### 2.2 Operational Planning Beyond COVID-19

The Chief Executive referred to the paper circulated which set out various scenarios for reactivating the Operation Plan as well as an updated, draft Mobilisation Plan. The Chief Executive highlighted the following points:

- a) The Mobilisation Plan in its draft format was not part of the public papers, pending approval by Scottish Government.
- b) The paper should be read in the context of the different phases set out to ease the national lockdown which is in place as a response to COVID-19.
- c) The first part of the paper sets out proposals under the assumption of a “moderate” scenario for the pandemic.
- d) The second part of the paper considers what work HIS will reactivate through to August 2020 to help the health and social care system respond to COVID-19.
- e) The paper sets out initial considerations for deciding which areas of the work programme will be reactivated.

In response to questions from the Board about the organisation’s work in care homes, the following information was provided by the Executive Team:

- a) HIS is unlikely to ever use its powers set out in the Coronavirus (Scotland) (No.2) Bill to take over the running of a care home. The inclusion of HIS in the Bill was queried and the advice was that all Boards were included in the Bill.
- b) There has been a change in the job description for Nurse Directors to give them accountability for the healthcare provided in care homes and therefore consideration needs to be given to HIS’ role in this.
- c) Support is also being provided by HIS through the Excellence in Care programme.
- d) HIS has provided a number of staff to work with the Care Inspectorate on inspections. Those staff now have a caseload and have been asked to assist with on-site inspections. The work is covered by a Memorandum of Understanding between the two organisations and each person has roles and responsibilities for their deployment.

The Board asked a range of other questions and the Executive Team provided the additional information set out below:

- e) The current situation provides an opportunity to reconsider the work programme and the Executive Team are committed to doing this. They will deploy their skills in a more co-ordinated manner and reinvigorate the geographical approach to the organisation’s offering.
- f) Scenario modelling is being done with regard to workforce requirements. This takes into account the support being provided to the Care Inspectorate, the future requirements of the Quality Assurance Directorate and the announcement by the Cabinet Secretary that some hospital inspections will restart.
- g) Guidance is being prepared for Independent Healthcare providers who will wish to restart their business as the phases of lockdown easing progress.
- h) The organisation is also working with Her Majesty’s Inspectorate of Prisons to provide a healthcare focus to prison liaison visits. The methodology has been truncated to ensure staff are on site for as short a time as possible.
The Chair of the Care Inspectorate provided an update on how they had adapted working methodologies at the current time. He extended his thanks to the HIS staff who had supported the Care Inspectorate.

The Board considered the scenario planning and were supportive of the principles set out. The Board scrutinised the update to the Mobilisation Plan and were content to approve it.

### 3. ASSESSING RISK

#### 3.1 Strategic Risk Management for COVID-19

The Director of Finance and Corporate Services provided the current strategic risk register and provided the following information in response to a question that was raised in advance of the meeting about risk 123, cyber security:

- **a)** Cyber security is overseen by the Audit and Risk Committee. An update is scheduled for the Committee on the organisation’s IT systems and will be provided to its June meeting.
- **b)** Any organisation is more vulnerable to a cyber attack during a pandemic and HIS is alert to this. It has passed successfully a recent audit of IT security and has up to date firewalls and remote patching.
- **c)** The move to Office365 is currently being planned with a project team in place.
- **d)** The Customer Management System is a vulnerable area because it is out of date but Office365 will also provide a solution for this. The organisation is working with NSS to agree the provision of this service.
- **e)** The risk is rated at a realistic level given the firewalls in place.

The discussion then focussed on the following risks on the strategic risk register:

- **f)** Risk 977, COVID-19. The Board noted that this risk reflected two different issues as result of the pandemic – the impact on the work programme and the impact on staff wellbeing. The Executive Team advised that the Staff Governance Committee that morning received a range of information to provide them with assurance on the initiatives to support staff within the organisation and those who had been redeployed elsewhere. It was agreed that the risk will be separated into these two different parts.
- **g)** Risk 634, Workforce Strategy. The Board noted that the risk did not reflect the current position. The Executive Team advised that the Staff Governance Committee also noted this and the risk will now be refreshed.

The Board considered the strategic risk register and, subject to the comments above, were assured that the risks were appropriate and mitigations were effective.

#### 4. AOB

The following points were highlighted:

- **a)** The report from the Quality of Care Short Life Governance Group will be provided to the Board for its next meeting in June. It was considered by the Quality and Performance Committee at its
meeting on 13 May 2020.

b) The Community Engagement Directorate are involved with supporting Volunteer Week, commencing 1 June 2020.

In response to a question from the Board, the Executive Team advised that HIS is providing practical support to Joint Integration Boards through bespoke support with commissioning which has continued throughout the COVID-19 pandemic. As part of the reactivation of work, consideration will be given to the organisation’s strategic planning role and work will be delivered to look at reducing the risks of infection in future pandemics.

5. **DATE OF NEXT MEETING**

5.1 The next meeting would be held on 24 June 2020.

Name of person presiding: Carole Wilkinson

Signature of person presiding: 

Date: 24 June 2020