MINUTES – Approved

Meeting of the Board of Healthcare Improvement Scotland
Date: 26 September 2018
Time: 12.30–4pm
Venue: Boardroom, Gyle Square, Edinburgh

Present
Dr Hamish Wilson CBE, Interim Chairman
Robbie Pearson, Chief Executive
Dr Bryan Anderson
Jackie Brock
Paul Edie
John Glennie OBE
Duncan Service
Susan Walsh OBE
Pam Whittle CBE

In Attendance
Alastair Delaney, Director of Quality Assurance
Ruth Glassborow, Director of Improvement
Ann Gow, Director of Nursing, Midwifery and Allied Health Practitioner
Sandra McDougall, Acting Director, Scottish Health Council
Laura Mclver, Chief Pharmacist
Richard Norris, Honorary Fellow, University of Edinburgh
Dr Brian Robson, Medical Director
Dr Sara Twaddle, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services

Apologies
George Black CBE
Kathleen Preston
Dr Zoë M Dunhill MBE

Committee Support
Pamela Campbell (Executive Assistant)

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.

<table>
<thead>
<tr>
<th>1.</th>
<th>OPENING BUSINESS</th>
<th>ACTION</th>
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<tr>
<td>1.1</td>
<td>Chair’s welcome and apologies</td>
<td>The Chairman opened the meeting of the Board by extending a warm welcome to all in attendance. He noted that Brian Robson and John Glennie would be arriving following</td>
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other commitments.

Apologies were noted.

### 1.2 Minutes and Action Points of the meeting on the 27 June 2018

The minutes of the public meeting held on the 27 June 2018 were accepted as an accurate record subject to the following amendments:

- Page 3, 1.4F should read: … as agreed with Scottish Government, relevant resources will be transferred to HIS from Scottish Government.

The action point register was reviewed and accepted. All actions are in progress.

The Director of Finance and Corporate Services updated the Board on action 2.1 Workforce Development Plan – no tender applications were received. One firm did get in touch after the closing date who had misunderstood the brief. A meeting is being arranged and the Board will be updated as required.

Action 3.4 is being taking forward by the Chief Executive.

### 1.3 Chairman's Report

The Board received a report from the Chairman updating them on recent developments. The following key points were highlighted at the meeting by the Chairman:

- A correction was noted in section 3a, David Kinnburgh should be David Garbutt.
  
- The August meeting with the Cabinet Secretary was unfortunately cancelled due to other priorities. She was in attendance at the NHS Boards Chair’s meeting and highlighted her priorities for health and social care in Scotland – the reduction of waiting times, the scaling up and spreading of good practice at pace across health and social care integration, improvement of responsiveness to mental health illness and improving governance of NHS Boards following the Health and Sport Committee report. The Chairman would like the current planning process to be based on addressing these 4 priorities.

- The Chairman reflected that the Scottish Government’s Quarterly Strategic meeting went well. A presentation on the Quality of Care Approach was well received.

- HIS’ annual review is being held on 15 November 2018, location to be confirmed. The review will be non-ministerial. Board members are asked to hold the date – details will follow about venue and how members can contribute.

### 1.4 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:
The Impact Blog Campaign continues to share the good work going on in the organisation. This is a significant piece of work and he noted thanks to the Comms team.

The Senior Leadership Group have been brought together to help ensure that the Executive Team can remain focussed on the strategic issues. The first commission for the group is the development of a planning process for the Operational Plan 2019-2020. He noted his thanks to the Director of Evidence for sponsoring and supporting the group on this.

The Guidelines International Network (GIN) conference took place in Manchester this month. The conference was co-hosted by SIGN and NICE. It was a great demonstration of the work of SIGN in the international forum.

He noted congratulations to the Director of the Improvement who has had a chapter published in a new book ‘Hope Behind the Headlines, Shifting the Culture in Health and Social Care’.

The Guidelines International Network (GIN) conference took place in Manchester this month. The conference was co-hosted by SIGN and NICE. It was a great demonstration of the work of SIGN in the international forum.

The Directors highlighted the following from the report:

The Director of NHAMP noted that Andrew Moore has been appointed as Head of Excellence in Care, which will release the Head of Nursing to concentrate on the internal governance for the revalidation of nurses and making wider connections throughout the system.
l) The Acting Director of SHC highlighted, in her role as Executive Lead of Equality, the Margaret McAlees award. Margaret was a member of the Quality Assurance Directorate and an advocate of equality and diversity. Colleagues wanted a way to remember her and created the award that will recognise work that has supported equality and diversity within HIS. Nominations are being gathered at the moment. This process has also further developed the partnership with the Scottish healthcare branch of Unison.

m) The Medical Director informed Board members that he had just returned from a meeting of the National Review Panel that considered an appeal on behalf of a patient. This was a test of the new process and went well. A decision has been made and will be communicated shortly. He noted the positive outcome from a challenging process.

n) The Director of Finance and Corporate Services highlighted the challenges within her directorate in supporting a growing organisation and in particular around workforce planning.

o) The Director of Quality Assurance informed Board members that 300 registrations from independent healthcare clinics have now been received. The team have set a new target of 350 registrations. This is a great achievement for the team.

p) The Director of Improvement encouraged Board Members and the Executive Team to read the two books referred to in the executive report. They provide useful and unique insight into improvement methodology and understanding how it can help front line staff to improve services.

q) The Director of Evidence wanted to again thank the SIGN team for co-hosting the successful GIN conference. It was positive that SIGN are still recognised as an industry leader.

Consideration was given to the ongoing challenges with recruitment across the organisation and whether there is a wider sector problem as similar challenges are being faced in the Care Inspectorate. There are vacancies across the organisation but particularly in ihub. The shortage of supply is due to a number of factors which includes low unemployment within the economy.

The ihub recently filled four roles with internal candidates which is positive, as it links with the organisations plan for improving career pathways and nurturing talent from within, but it means that there are still four roles to fill.

The Board noted the content of the report.

2. STRATEGIC DIRECTION

2.1 Health and Sport Committee Governance Report

The Board received the Scottish Government summary response and HIS action plan regarding the Health and Sport Committee Governance Report from the Chief Executive who highlighted the following points:

a) The Cabinet Secretary is supportive of HIS and the work that it does.
b) The Chief Executive thanked Jane Illingworth for her input in this extensive piece of work and liaising with Scottish Government colleagues.

c) It is expected that the actions will contribute towards restoring confidence with the public and encourage transparency across the NHS in Scotland.

d) The action plan captures key actions allocated to each Director under four broad themes: an operating framework between HIS and Scottish Government; a process around escalating concerns; a 90 day process around benchmarking adverse events policies and procedures; and the future role of SHC.

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

e) When stating that HIS should become more proactive in surveillance of adverse events, this refers to using the softer intelligence to identify “systems in distress” such as concerns regarding leadership.

f) The Director of Quality Assurance and Director of NMAHP are working on an emerging concerns protocol to ensure the organisation is transparent when reporting to Scottish Government/Health & Sport Committee. It was explained that concerns highlighted would require a degree of investigation to gather intelligence before deciding on next steps, which would include conversations with the NHS board/service in question. This might lead to a more detailed investigation once facts have been gathered.

The Board noted the contents of the paper and agreed the action plan and will be updated on progress of the actions.

2.2 Programme for Government – Summary of implications for HIS

The Board received the Programme for Government paper from the Chief Executive that highlighted key issues that are relevant to HIS, drawing from the areas that are important to the Cabinet Secretary: Mental Health; Suicide Prevention; and Value Management and Transformational Redesign.

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

a) Belinda Robertson has been recruited to the Head of Improvement Support for Mental Health and is seen as a supportive voice by the taskforce and Denise Coia as Chair of the taskforce. Belinda will present her work at a future Board meeting.

b) HIS must recognise the importance of this work and agree where the organisation can meaningfully make a difference.

c) An update on Value Management is planned for further discussion at the Board Seminar in October.

The Safe Staffing Bill is a significant piece of legislation that is not covered in the report. The Director of NMAHP updated the Board on progress. The Bill places a duty to ensure appropriate staffing on NHS boards and care service providers. Although HIS are not as yet on the face of the Bill, we have been asked to develop and monitor the use of national agreed nursing and midwifery workforce planning tools.
The Bill was originally focussed on nursing and midwifery within NHS however, it is being considered for trial in care homes. This was supported at the NHS Board Chairs meeting – there are concerns about what happens if the tools highlight a deficiency in staffing numbers and then something goes wrong. It does raise a number of questions about where funding for extra staff would come from if the tools suggest that smaller care providers need a designated number of nurses, for example.

A further opportunity to discuss the legislation in more detail is planned for the October Board seminar.

The Board noted the paper.

### 2.3 Scottish Health Council Review – implementation plan

The Board received a summary paper on progress of implementing the changes to SHC. The Chief Executive explained that work is now underway on the organisational change process. The short life governance review looked at the current and future state which has been previously discussed with the Board.

The Acting Director of SHC highlighted the following:

1. A 90 day consultation process was launched 6 September and was presented at staff events to enable collective discussion about the changes for the directorate. Individual meetings with staff are now underway.
2. Director of Community Engagement recruitment process begins next week.
3. Appreciation was noted for the Partnership Forum representatives who have been incredibly helpful throughout this process.
4. An important work strand is to think about communication more broadly when going through the renaming and rebranding exercise and how this is communicated externally to stakeholders. Ken Miller has been helpful in this planning.

The following points were raised in discussion:

1. The Board agreed the paper was very clear about the process and why the changes were required.
2. Any significant restructuring is always difficult for staff. Most staff who are facing changes are simply changes in their job description. Any posts that have been discontinued are going through the redeployments process.

The Board noted the content of the report and agreed the paper was very clear about the process and why the changes were required.

### 3. DELIVERING OUR CORPORATE PLAN

#### 3.1 Measuring our Progress: Quality Committee quarterly update

The Board received a report from the Chairman, who also acts as the Quality Committee Chair who highlighted the following points:

1. The last Quality Committee meeting included time to consider how the Committee had been performing. It also considered whether Committees and the Board are seeing the right
information to be assured about delivery. The Committee will consider this further and provide an update at a future Board meeting.

b) The report highlighted the progress of the Mental Health Access Improvement Support work which will be discussed in more detail.
c) The Board requested more information about new commissions being asked of HIS and what affect this is having on other programmes so that they can understand the practical impact.
d) HIS’ priorities are very similar to those of the Cabinet Secretary which assists with aligning our work. The operating framework with Scottish Government might help clarify our role.

The Director of Improvement presented Appendix One of the paper regarding the Mental Health Access Improvement Support Team and highlighted the following:

e) The programme has two focusses: a collaborative to assist teams across the country to learn and improve together (40 teams are engaged); and bespoke support offer which would provide in-depth diagnostic support for NHS boards for improvement.
f) The challenges lie in the bespoke support part and having the resources to properly support the ask.
g) The risk level has been raised as the team will be unable to offer the support required if not fully resourced.
h) The quality of data is also a concern as the data collected locally is not as strong.

The following points were raised in discussion:

i) The three NHS boards that are engaged in the process would be the priorities based on data available.
j) There is an understanding that a main priority for the Cabinet Secretary is mental health. We must have a clear steer as this is covers a broad area.

The Executive Team will consider the above and include as part of the discussion on planning for 2019 and beyond at the Board Seminar and Development Day.

The Board noted the report and thanked the Director of the Improvement for prompting the broader discussion of capacity.

### 3.2 Financial performance report to 31 August 2018

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance as at 31 August 2018. The following points were highlighted:

a) The report indicated that, 5 months into the financial year, we had overspent by £80k. However, once additional allocations from Scottish Government were accounted for, HIS has spent £85k less than budget. It is worth noting that most of the allocations have been received by Scottish Government which is significantly more than this point in previous years.
b) The mid-year review is in progress and the results will be presented to ET mid-October. Part of the review will include the need to predict our position by the end of March 2019 and inform
the budget setting for 2019-2020 Scottish Government have not yet announced the contribution that they will make to Boards to cover the pay increase agreed for Agenda for Change staff.

c) Further discussion is required to better understand the financial implications for HIS of the Value Management programme being delivered jointly with NSS. There has been approval from Scottish Government to proceed but as yet, no financial support.

d) HIS are having to absorb some of the wage inflation costs and it will be more important than ever to understand workforce planning implications. An update paper will be presented to the Audit and Risk Committee in November looking at the next 3 years.

e) HIS have contributed £200k to the National Boards Collaborative savings target of £15m. This has been taken out of August’s allocation.

f) A significant part of the savings achieved to date are from staff turnover and the fact that we have so many unfilled vacancies which are not recurring savings. There needs to be a wider discussion to consider how savings can be achieved on a recurring basis.

The Board noted the financial position.

3.4 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks and their management. This included all of the risks from the Corporate Risk Register and the high/very high risks from the Operational Risk Register. The report presented was the same as that submitted to the Audit and Risk Committee at its meeting on 5 September 2018.

The Board acknowledged the discussions earlier regarding Mental Health access should be a specific risk as very high profile and high on the Cabinet Secretary’s priorities.

The Board were assured that risk management and the controls applied were effective.

4. ADDITIONAL ITEMS OF GOVERNANCE

4.1 Schedule of 2019-2020 meeting dates

The Board received from the Director of Finance and Corporate Services a draft meetings schedule for the Board and Governance Committees for 2019-2020. It was advised that Committee Chairs and Lead Officers had reviewed the dates.

The Board approved the meetings schedule for 2019-2020 and asked that SHC dates were added to the schedule.  

4.2 Scottish Health Council Committee

The Board noted the key points report from the 26 June 2018 and the approved minutes from the 24 April 2018.

4.3 Quality Committee

The Board noted the key points report from the meeting on 22 August 2018 and the approved minutes from the meeting on the 30 May 2018.
### 4.4 Audit and Risk Committee

The Board noted the key points report from the 5 September 2018 and the approved minutes from the 21 June 2018.

### 4.4 Register of Interests

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

The Board approved the register and were asked all Board Members and Executive Team to remember to update the team if anything changes.

### 5. ANY OTHER BUSINESS

There were no items of other business

No other business.

### 6. DATE OF NEXT MEETING

6.1 The next meeting would be held on 5 December 2018 in Delta House, Glasgow.