Extraordinary Meeting of the Board of Healthcare Improvement Scotland
Date: 29 April 2020
Time: 11.00–12.30
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
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
Rhona Hotchkiss, Non-executive Director

Board Support
Pauline Symaniak, Governance Manager
<table>
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<tr>
<th>1. OPENING BUSINESS</th>
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<tr>
<td>1.1 Chair’s welcome and apologies</td>
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<td>The Chair opened the meeting of the Board by extending a warm welcome to all joining, in particular to Simon Watson, attending his first Board meeting as Medical Director.</td>
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<tr>
<th>2. GOVERNANCE</th>
<th>Governance Manager</th>
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<tr>
<td>2.1 Proposals for Governance Arrangements during COVID-19</td>
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<td>The Chair provided a paper setting out proposed governance arrangements that would be in place during the COVID-19 pandemic.</td>
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<td>The Chair advised that the Governance Committee Chairs had already discussed options and recommended option 3, minimal changes to the arrangements with Board and Committees meeting to focus on the urgent and important matters, including the HIS response to COVID-19.</td>
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<td>In response to a question from the Board, it was advised that the arrangements would reviewed at the June meeting of the Board.</td>
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<td>The Board approved option 3 for the governance arrangements during the COVID-19 pandemic.</td>
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<th>3. COVID-19 HIS RESPONSE</th>
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<td>3.1 Latest Operational Update on HIS Response to COVID-19</td>
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<td>The Director of Evidence provided a paper on the latest operational response to the COVID-19 pandemic and highlighted the following:</td>
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<td>a) An organisational resilience team has been formed and is meeting twice per week. The Executive Team continue to meet three times per week.</td>
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<td>b) All practical arrangements in relation to not having access to the HIS offices and using remote working were in place. The ICT Team had been critical in making the transition to home working successful.</td>
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<td>c) Microsoft Teams has been launched across the organisation and is being used successfully for formal and informal meetings.</td>
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<td>d) Work is ongoing to ensure staff wellbeing.</td>
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<td>e) Staff communications have been issued daily but the frequency has now been reduced to ensure there is focus on the most important matters.</td>
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<td>f) Work is beginning to examine processes needed when the lockdown restrictions are eased.</td>
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<td>In response to a question from the Board about the wellbeing of the Executive Team given the demand on them at the present time, the Chief Executive advised that they had distributed workloads carefully, were taking breaks and annual leave, and were being vigilant about supporting each other.</td>
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<td>The Board noted the latest position and were assured by the steps in place.</td>
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4. HOLDING TO ACCOUNT – including FINANCE and RESOURCES

4.1 Detailed Mobilisation Plan – April 2020 (including movement from Operational Plan 2020-21) during COVID-19

The Chief Executive provided a report which set out the latest position with the Mobilisation Plan and summarised movements from the Annual Operational Plan where work has been paused, refocussed or where new commissions have arisen as part of the response to the pandemic.

In response to questions from the Board the following points were clarified by the Executive Team:

a) The changes that HIS has initiated in the Mobilisation Plan were largely instigated internally by the Executive Team anticipating pressures. Scottish Government have been kept informed and are supportive of the changes that HIS has made.

b) Regarding the Hospital at Home initiative, the focus has been on supporting the current practitioners to adapt to the situation created by the pandemic through a series of webinars. Work is now being scoped to develop Hospital at Home into new areas.

c) Decisions on home care packages are made by the Integration Joint Boards and there is variance in their approach. The HIS strategic commissioning team have flagged some areas of concern.

d) Regarding the work around Adverse Events, the only part of the process that has been suspended is the requirement to notify HIS of significant adverse events. This situation will be reviewed in June. It has been made clear to Boards that the rest of the framework applies and events should be recorded and followed up by them. It’s a narrow category of events that are notified to HIS.

e) Information Governance work has been reduced but not paused to reflect the reduction in activity on other work programmes.

f) Regarding pharmacy work programmes, HIS pharmacists have been deployed to cover the national medicines inquiry (telephone) service to enable other pharmacists to be released to the frontline. The Board asked for confirmation of the mechanism for sharing best practice in this area.

The Board considered the update on the mobilisation plan and approved the latest position reported.

4.2 Financial Forecasting during COVID-19

The Director of Finance and Corporate Services provided a paper setting out an update to the financial outlook for Healthcare Improvement Scotland for 2020-21 and highlighted the following points:

a) The budget was approved by the Board on 25 March 2020 but the paper provides a reforecast of the approved budget, taking into account the changes to the work of HIS as a result of the COVID-19 pandemic.

b) The forecast includes some assumptions for baseline, additional allocations and independent healthcare.

c) For baseline, fixed costs don’t change and with recruitment paused, it is assumed that there will be less staff at year end than if the position was business as usual. Some non-pay expenditure is paused from April to August. Taking this into account, the surplus generated covers the embedded savings target.

d) Regarding additional allocations, they each have a status against...
them with those marked red still being under negotiation.

e) The fee collection for the regulation of independent healthcare was suspended at the request of Scottish Government and they have advised they will underwrite the loss of income by £448k.

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

f) The £547k deficit for independent healthcare relates to the fees income from April to August. There is weekly reporting to Scottish Government and the loss of income was highlighted early to them.

g) There is a risk that the Scottish Government could seek a further contribution to the National Boards' savings target but there is also a risk of not receiving the additional allocations.

h) If additional allocations are not received in full, the Executive Team will undertake a prioritisation exercise which will include workforce planning as the allocations can only be used for their intended purpose.

The Board scrutinised the financial report and noted the new financial forecast.

5. ASSESSING RISK

5.1 Strategic Risk Management for COVID-19

The Director of Finance and Corporate Services provided the current strategic risk register and advised that risks had been updated taking into account the COVID-19 pandemic.

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

a) Regarding risk 908, Business Intelligence Strategy, there has been a change in the approach to reviewing data but the risk will now be closed.

b) Regarding the risks related to the Quality of Care approach, the nature of the risks has changed as a result of the work of the Short Life Governance Group and there is now a risk on the operational plan risk register related to implementations of the Group’s recommendations. The risk will be moved to the strategic register and the category changed to reputational.

The Board considered the strategic risk register and, subject to the comments above, were assured that the risks were appropriate and mitigations were effective.
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The Chief Executive set out several considerations for how the organisation continues to make a relevant contribution to the response to the pandemic and what learning will need to be captured. He highlighted the following points:

a) The Director of Workforce is leading work to examine how the organisation and its staff adjusts to the different operating environment.

b) The Director of Evidence would take the lead on ensuring a co-ordinated and cross-organisational approach to supporting learning for the health and social care system in relation to COVID-19.

c) The Medical Director and the Director of Finance and Corporate Services are leading work to examine different scenarios for the organisation and its Operational Plan when measures are introduced to move out of lockdown.

d) Any decisions on changes to the Operational Plan will be brought to the Board for approval and Scottish Government will be kept informed.

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

e) The Community Engagement Directorate will have a role to play in capturing what is important to people in the services they receive after the pandemic and in communicating the changes to services to them.

f) The Sharing Intelligence for Health and Care Group has increased the frequency of its meetings to ensure the significant service changes made during the pandemic are safe and person-centred.

The Chair of the Care Inspectorate provided the following update on the impact of COVID-19 within the care sector:

g) 35% of care homes have experienced an outbreak alongside significant staff absences.

h) Rollout of testing will alleviate some problems but there are also issues with access to personal protective equipment.

i) The Care Inspectorate is adjusting its operating model given there is no access to care homes.

j) There is concern about the wellbeing of staff in the care sector who will be dealing with higher than normal levels of mortalities.

There then followed a discussion about the role of HIS in the response to the pandemic within the care sector during which the following points were highlighted:

k) HIS' interface with the Care Inspectorate is through joint strategic inspections of older people’s services.

l) Work is underway to second to the Care Inspectorate a number of HIS inspectors who will receive an allocated caseload and work remotely.

m) Public Health Scotland has a key role in the response to the pandemic and the Chief Executive of HIS has formed a good working relationship with his counterpart there.

n) There is a need to be aware of HIS’ role in the care sector but to also ensure that any opportunities for better collaboration that
arise during the pandemic are followed up.

The Board noted these updates.

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<th>7. DATE OF NEXT MEETING</th>
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<td>7.1 The next meeting would be held on 27 May 2020 by MS Teams videoconference.</td>
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<tr>
<td>Name of person presiding: Carole Wilkinson</td>
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<td>Signature of person presiding: [Signature]</td>
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<td>Date: 27 May 2020</td>
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