Public Meeting of the Board of Healthcare Improvement Scotland
Date: 9 December 2020
Time: 10.30 – 13.30
Venue: MS Teams Videoconference

Present
Carole Wilkinson, Chair
Jackie Brock, Non-executive Director
Keith Charters, 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
Evelyn McPhail, Non-executive Director
Robbie Pearson, Chief Executive
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Director of Workforce
Lynsey Cleland, Director of Community Engagement
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ruth Glassborow, Director of Improvement
Lynda Nicholson, Head of Communications
Sandra McDougall, Interim Director of Quality Assurance
Safia Qureshi, Director of Evidence
Maggie Waterston, Director of Finance, Planning and Governance
Simon Watson, Medical Director

Apologies
None

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 public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery. A particular welcome was extended to Keith Charters and Evelyn McPhail, attending their first public Board meeting since their appointments in October.

The Chair asked the meeting to note that Kathleen Preston has resigned from the Board since the previous meeting and the Board send to her their best wishes as well as their gratitude for the significant contribution she made during her time on the Board.

There were no apologies.

1.2 Register of Interests

The Chair asked the Board to note that changes for the Register must be provided to the Corporate Governance Office within one month of them occurring and that any interests should be declared that may arise during the course of the meeting.

Dr Zoë M Dunhill MBE advised that a further interest should be added – she is undertaking a case review involving NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde.

1.3 Minutes of the public Board meeting held on 23 September 2020

The minutes of the meeting held on 23 September 2020 were accepted as an accurate record with the following amendments:

- Page 9 - the wording around job roles and job descriptions would be made more clear.
- Page 3 – the number of organisations that the ihub collaborates with to be changed to “117 at the previous count”.
- Page 7 – remove accounts commission from point (f)

1.4 Action points from the public Board meeting on 23 September 2020

The action point register was reviewed and accepted. 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 HIS annual review was held on 5 October 2020 and the very positive nature of it was reflected in the letter subsequently received from the Minister.

b) A number of changes have been made to Committee memberships that the Board is asked to endorse. It’s noted that Rhona Hotchkiss has also taken over as Chair of the Executive Remuneration Committee.

c) The report asks the Board to assure itself that the governance arrangements in place are appropriate at this time following a letter from Scottish Government asking Chairs to review this.

In response to a question from the Board about the high level of demand on the Chair, the Chair advised that work is progressing to include Non-executives more widely in stakeholder engagement.
There were several questions from the Board about the Annual Review letter which the Chief Executive answered as follows:

d) There are actions with a deadline of November 2020 but work is already underway with these workstreams.

e) Regarding the safety strategy, a paper is being provided to Scottish Government on next steps, and partnership working in the COVID-19 context continues. Scottish Government and the Chief Nursing Officer are kept appraised of progress.

f) Regarding mental health improvement and access, the Director of Improvement wrote to Scottish Government colleagues the previous week to outline what HIS has delivered so far.

g) Developing the safety essentials has a deadline of the end of January and although this may seem challenging, significant progress has already been made with drafts already developed. Testing with a broad range of providers, including the social care sector, commenced at start of December and currently on track to launch more widely by March 21.

The Board noted the report and endorsed the changes to Committee membership.

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:

a) The Health and Social Care Everyone Matters Pulse Survey report for HIS has been received and sets out a very positive picture for the organisation. He wishes to extend his thanks to the leadership team for their ongoing focus on staff wellbeing.

b) HIS is contributing to the Independent Review of Adult Social Care led by Derek Feeley and a very positive discussion was held with him on our contribution to improvement.

c) A virtual celebration event was held to mark the International Year of the Nurse and Midwife. This enabled us to share our progress and recognise how our influence has developed nationally. The Chief Nursing Officer attended and extended her gratitude for the work HIS has delivered.

d) The Scottish Antimicrobial Prescribing Group are delivering ground-breaking work in the COVID-19 environment that is making a significant contribution to the pandemic response.

In response to a request from the Board to share more information about the Review of Adult Social Care, the Chief Executive provided the following information which is suitable for the public domain:

 e) The report is expected to be finalised at the end of January. The desire is to make it a short report with a maximum of 50 pages and each recommendation will be accompanied by a statement of how it will be achieved.

e) Some of the themes are changing the language of social care so that it is viewed as an enabler; creating a national market oversight function; and addressing fragmented aspects of the system of care.
g) Derek Feeley referred to the Quality Management System and recognised that investment is needed to bring about change. It was agreed that the Board would consider the final report once available.

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

h) The Centre for Sustainable Delivery has been set up under the management of the Golden Jubilee National Hospital and will undertake aspects of the performance management role that sits within the performance department in Scottish Government at present. As there are performance management and improvement elements, the governance line is to Scottish Government for performance as well as the Golden Jubilee National Hospital Board for the improvement contribution. The development of an effective relationship between the Centre and HIS will be critical.

i) The HIS finance team won the Best Small Board Finance Team Award given by VAT Liaison. It covers the public sector across Scotland.

j) Regarding the budget, plans are being created based on a 1% uplift but the uplift will not be confirmed until January 2021. Confirmation of the Additional Allocation is firm for this year but there is uncertainty for next year, though some of those allocations are now in the baseline budget.

k) Regarding New Medicines Horizon Scanning, the prioritisation has not created a backlog because some changes were made to the process that allowed us to catch up significantly.

The Board considered the report and were content with the additional information provided. They also noted the outcome in relation to securing the new lease for Delta House and thanked the Director of Finance, Planning and Governance for her hard work in this regard.

It was agreed that an awareness session would be arranged for the Board to bring them up to date on our work in the housing sector.

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<th>2.</th>
<th>SETTING THE DIRECTION</th>
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<td>2.1</td>
<td>COVID-19 Latest Operational Update</td>
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<td>The Director of Evidence, who is the Executive Lead for the COVID-19 response, provided a paper setting out the latest developments and highlighted the following:</td>
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<td>a) The Emergency Response Team continue to meet regularly and their focus is on supporting staff.</td>
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<td>b) There have been three cases of COVID-19 amongst staff, none of which were serious, and one case of long COVID-19.</td>
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<td>c) Planning is underway for understanding how the vaccination programme will affect staff and access to offices.</td>
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<td>In response to questions from the Board, the following points were provided:</td>
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<td>d) There are a small number of staff working in Gyle Square as well as Meridian Court and they are following the appropriate safety precautions.</td>
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Director of Improvement/ Governance Manager
e) Regarding the flu vaccination programme for HIS staff, this is delivered through NSS and has been promoted to staff. At the last count, 140 staff had received the flu vaccination which is a significant increase on previous years. There are a range of geographical locations of clinics but it is recognised that a small number of staff may not be able to access these. In such cases, a local resolution is sought but this will be kept under review.

f) As to whether or not the work associated with COVID-19 becomes business as usual, the Emergency Response Team consider this regularly. However, the situation is fluid and new considerations arise that need the cross-organisational input of the Team.

g) The logistics of the COVID-19 vaccination process will take into account Scottish Government guidance in relation to priority groups.

The Board considered the latest position and, subject to the comments above, were assured by the actions in place to continue to work within the context of the pandemic and to ensure staff wellbeing.

### 2.2 Operational Planning 2021-24

The Board received a paper from the Director of Finance, Planning and Governance setting out the principles and timelines for this year’s operational planning process. The item was accompanied by a presentation which covered the following:

a) The Executive Team will hold a planning session on 22 December 2020 to consider prioritisation of work. The draft plan will then be discussed at the Board seminar on 19 January 2021 prior to the various elements being considered by the Committees at their quarter 4 meetings. The integrated plan and budget will then be provided to the Board meeting on 24 March 2021 for approval. It requires Ministerial sign-off by 31 March 2021.

b) The plan will focus on the seven key delivery areas and will retain the gains achieved through the response to COVID-19 such as organisational agility.

c) The plan will be based around the Quality Management System and will reflect the organisation’s new ways of working such as internal improvement, staff wellbeing, delivering large scale change and digital innovations.

d) Workforce considerations are central to the plan and in future we will have to consider how we better manage our permanent staff resource and vacancies.

e) There are several financial assumptions made at this point – an uplift of 1%, a pay inflation of 3%, a non-pay inflation of 2% and a corporate overhead recovery rate of 9% for additional allocations.

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

f) The letter from the National Clinical Director indicates that funding will be provided to National Boards for non-recurring spend related to the COVID-19 response. For example, HIS suspended fees for Independent Healthcare and the Scottish Government funded the shortfall.

g) As part of the planning session, the Executive Team will be looking across the work programme to identify priorities or work that might be paused or delivered differently. This will be reflected
in the draft plan provided to the Board seminar on 19 January 2021.

h) To ensure the organisation delivers work that is relevant to its stakeholders, we will examine the plans of territorial Boards and ensure the HIS plan aligns with these. The Directors of Planning will also undertake a peer review of plans.

i) Regarding identifying efficiencies, the Internal Improvement Oversight Board will have an impact here. The need to find efficiencies sits alongside the need to deliver maximum impact for stakeholders. We will focus our work to do a smaller number of activities that will bring a greater impact nationally.

The Board considered the planning information provided and were content with the timelines and direction of travel.

3. ENGAGING STAKEHOLDERS

3.1 Volunteer & Public Partner Roles within HIS

The Board received a paper from the Director of Community Engagement which provided the report from the review of the role of Public Partners within HIS and highlighted the following points:

a) Public Partner is the only defined volunteering role within HIS but it was recognised that there were some limitations to the approach, for example, in capturing lived experience or on clarity of the purpose of the role.

b) The report sets out some recommendations to improve the role as where the role works, it works very well. However, it does need a more tailored work descriptor.

c) The other area of consideration is improving the diversity of the volunteers. One way to do this is to make it easier for volunteers to get involved by creating a range of different opportunities.

The Chair of the Scottish Health Council (SHC) advised that the SHC Committee also discussed that those principles of volunteering learned through the HIS review, might be applied to volunteering across NHS Scotland.

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

d) The views of the Committee Chairs on the volunteering role will be sought as part of further development.

e) The Children and Young People Working Group will examine how to ensure involvement of this age group and it has links to the Youth Parliament.

f) The role descriptor will be designed to ensure it allows flexibility and a feedback loop will be introduced for volunteers to feedback about their experience.

g) There are currently 27 Public Partners. Opportunities are limited by the need to be available within working hours and COVID-19 has also limited involvement of Public Partners in inspections due to the changed focus of inspections and infection control issues.

The Board considered the report and were supportive of the recommendations within it.
4. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

4.1 Organisational Performance Report

The Board received the latest information about organisational performance which included the following reports: Detailed Progress for Q2, Finance, Workforce and the Operational Plan Risks.

The Director of Finance, Governance and Planning highlighted the following points from the progress reported:

a) The Quality and Performance Committee reviewed the report at their meeting and their feedback is included within the paper.

b) The report now provides progress against the seven key delivery areas but there will be a review of the level of detail in the Board’s report, relative to that in the Committee’s report.

c) Automation of the report will be tested after quarter 3.

In response to questions from the Board about the progress reported, the following information was clarified:

d) The Sharing Intelligence for Health and Care Group (SIHCG) is not limiting its priorities to older people and health inequalities – this item related to an aspect of the National Boards’ collaboration instead. SIHCG has adapted its work this year to reflect the context of COVID-19 but is on track to have reviewed all of the NHS Boards.

e) Regarding the NHS Ayrshire and Arran pathfinder on the redesign of unscheduled care, the Evidence Directorate is supporting the trial with an evidence review and evaluation support. The Community Engagement Directorate is providing its expertise in patient and public involvement. This support has been welcomed. Lessons learned will inform the national rollout. The pathway does not include services for children.

f) In relation to the new methodology for rapid clinical guidance, all of the best principles of SIGN guideline development were speeded up to deliver guidance where there is less evidence, more quickly.

The Director of Finance, Planning and Governance then highlighted some key points from the financial performance section of the report:

g) The financial forecast for the end of March 2021 is an underspend of £900k and plans are in place to mitigate against this.

h) Additional Allocations have impacted the underspend because there is an anticipated allocation of £4.9m but only £2.9m has been spent year to date. Any additional allocations not spent will be returned to Scottish Government.

i) Budget holders are being asked to consider what they might invest in now that will bring gains in future years.

j) 1% of the budget, approximately £300k, can be carried forward but we have not yet received the carry forward from last year.

k) A meeting is being held with Scottish Government the following week at which these aspects of the financial position will be raised.

In response to a question from the Board in relation to flexibility around the carry forward, it was advised that there may be some flex possible if a good business case was provided to support it.
The Director of Workforce then took the meeting through the workforce information contained within the report:

l) The position reported is at the end of October and has already been shared with the Staff Governance Committee.
m) Turnover rate is 5.6%, compared to 7.9% at the same time last year.
n) The sickness absence rate is 1.7% which a slight increase relative to the previous report but a decrease compared to the same period last year.
o) The report also sets out the contractual detail of staffing whether they are permanent, fixed term contract or a contractor.

The Board noted the need to remain vigilant around staff wellbeing, not only because of the continued home working through the winter months but also because of the adaptations required to the future new ways of working.

In response to a question from the Board about the reasons behind the very low sickness absence, it was advised that it could be due to people not mixing as much as usual or feeling able to work at home when they are unwell, whereas they might not have felt able in the past to travel to the office if unwell. It was acknowledged that there could be some underreporting therefore work will be done to investigate this further.

The Board then considered the only very high operational plan risk presented in the report which related to service change. The Executive Team advised the risk was scored as very high because of the range of changes underway across the Boards.

Having scrutinised the report and subject to the comments above, the Board were content with the progress reported.

5. ASSESSING RISK

5.1 Risk Management: strategic risks

The Board received a report on the current status of risks on the strategic risk register and their management. The Chief Executive drew the Board’s attention to risk 990, COVID-19, and 1037, Making Care Better Strategy 2017-2022, and advised that it was agreed at the Audit and Risk Committee to amalgamate these risks into one new risk due to the similarities.

It was noted that there is a risk related to the retirement of the Director of Finance, Planning and Governance without a handover being possible to a successor. This risk will be raised and will be considered by the Executive Remuneration Committee.

The Board considered the strategic risk register and gained assurance that the risks presented were being effectively treated, tolerated or eliminated.

6. GOVERNANCE

6.1 Code of Corporate Governance Update

The Director of Finance, Planning and Governance provided a revised Code of Corporate Governance, noting that revisions to the Code are
usually considered first by the Audit and Risk Committee but given that the changes are minor, the Code has been provided directly to the Board. The revisions are as follows:

a) The terms of reference for the Scottish Health Council (SHC) Committee have been updated to reflect the directorate’s name change to Community Engagement and terms of reference have been added for the new Succession Planning Committee.

b) A section has been added to set out that remuneration can be paid to co-opted members. This has gone through the appropriate governance with a check with Scottish Government then approval by the Chair and Chief Executive.

c) More clarity has been added about how and when the Board will meet to deal with exceptional circumstances.

In response to a question from the Board about why the SHC Committee name had not changed to Community Engagement, it was confirmed that the Committee name was not changed because it is set out in statute with that name.

The Board approved the revised Code subject to a revision at section 3.1 to state that the new Non-executive Director Whistleblowing Champion cannot be appointed as Vice Chair.

### 6.2 Governance Committee Annual Reports Action Plan Update

The Director of Finance, Planning and Governance provided an update on the actions identified by the Committees within their 2019-20 annual reports.

The Board considered the updates and were content with the progress reported.

### 6.3 Governance Committee Chairs: key points from the meeting on 17 November 2020

The Board noted the key points.

### 6.4 Audit and Risk Committee: key points from the meeting on 19 November 2020 and approved minutes from the meetings on 2 September and 5 October 2020

The Board noted the key points and the Committee Chair asked the meeting to record that the External Audit contract has been extended.

In response to a question from the Board, it was advised that a large increase in the number of Freedom of Information requests was as a result of a very specific matter that entailed numerous follow-up questions where were treated as individual requests.

### 6.5 Quality and Performance Committee: key points from the meeting on 28 October 2020 and approved minutes from the meeting on 19 August 2020

The Board noted the key points.

### 6.6 Scottish Health Council Committee: key points from the meeting on 5 November 2020 and approved minutes from the meeting on 10 September 2020

The Board noted the key points.
6.7 **Staff Governance Committee: key points from the meeting on 25 November 2020 and approved minutes from the meeting on 6 August 2020**

The Board noted the key points.

The Committee Chair advised that the Health and Social Care Everyone Matters Pulse Survey report for HIS was not received in time for it to be considered at the Committee’s meeting in November but it would be an agenda item for the next meeting in March.

6.8 **Succession Planning Committee: first meeting will be held on 8 December 2020**

The HIS Chair advised that this new Committee held its first meeting the day before and highlighted the following points:

   a) A presentation was received from a representative of the Ethical Standards Commissioner about the importance of succession planning and diversity on boards.

   b) The Committee agreed to refresh the Non-executive Directors’ skills evaluation exercise and will ask the Board to consider at the Board planning seminar in January what skills are required on the Board to support delivery of the organisation’s strategy.

The Board noted this update.

7. **ANY OTHER BUSINESS**

There were no items of other business.

8. **DATE OF NEXT MEETING**

8.1 The next meeting will be held on 24 March 2021.

Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.

- Name of person presiding: Carole Wilkinson
- Signature of person presiding:
- Date: