Public Meeting of the Board of Healthcare Improvement Scotland
Date: 8 December 2021
Time: 10.30 – 14.10
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
John Glennie OBE, Non-executive Director
Gill Graham, Non-executive Director
Nicola Hanssen, 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
Ruth Glassborow, Director of Improvement
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ben Hall, Head of Communications
Roberta James, SIGN (Scottish Intercollegiate Guidelines Network) Programme Lead (Deputy for Director of Evidence)
Ruth Jays, Interim Director of Community Engagement
Angela Moodie, Director of Finance, Planning and Governance
Simon Watson, Medical Director

Apologies
Paul Edie, Non-executive Director
Safia Qureshi, Director of Evidence

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 public meeting of the Board by extending a warm welcome to all in attendance, including those in the public gallery.

The Chair welcomed Ben Hall, attending his first Board meeting since his appointment as Head of Communications. The Chair also welcomed Roberta James as deputy for the Director of Evidence.

The Chair wished to record publicly her congratulations to Laura McIver, Chief Pharmacist, on her appointment as a Fellow of the Royal Pharmaceutical Society (RPS) for Distinction in the Profession of Pharmacy. The Chair asked the meeting to note that it is one of the highest accolades that can be paid and it recognises the significant contribution she has made in her pharmacy career.

Apologies were noted as above.

### 1.2 Register of Interests

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

The register was approved for publication on the website.

### 1.3 Minutes of the Public Board meeting held on 29 September 2021

The minutes of the meeting held on 29 September 2021 were accepted as an accurate record.

### 1.4 Action points from the Public Board meeting on 29 September 2021

The action point register was reviewed. An amendment was provided to action 1.6 about the submission of the app approval process to the Audit and Risk Committee. The action register will be revised.

There were no matters arising.

### 1.5 Chair’s Report

The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement.

The Chair drew the Board’s attention to the Annual Review which was held on 2 December 2021. It was a very positive review attended by Maree Todd, Minister for Public Health, Women’s Health and Sport. The Minister was very interested in the work of the organisation and discussions covered our contribution to the pandemic response, health and wellbeing of our staff, the National Care Service, community engagement and the work of our Evidence Directorate.

The Chair of the Scottish Health Council added the following points:

a) The Minister was very supportive of our work in community and public engagement. She was particularly interested in the benefits of Citizens Panels especially in relation to policy development and
in the lessons learned from NHS Lanarkshire’s engagement for the Monklands replacement programme.

b) The hope is that next year it will be possible for the Annual Reviews for all Boards to be held in public as this was currently not possible due to the pandemic.

c) She attends the weekly Cabinet Secretary meetings and the regional Chairs’ meetings where possible and these provide an opportunity to reinforce the message about the importance of public engagement.

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

d) The meeting with the Chief Executive of NHS Golden Jubilee covered the importance of both organisations working closely together and clarifying their individual roles in respect of the work of the Centre for Sustainable Delivery. Mapping work is progressing and a further meeting will soon be held to discuss it. This will aid clarity of roles and joint working.

e) The Annual Reviews were held in public before the onset of the pandemic enabling stakeholders and members of the public to attend.

The Chair of the Scottish Health Council extended her thanks to Dave Bertin, member of the Scottish Health Council Committee, for sharing his insights at the staff huddles in November.

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) HIS submitted a response to the National Care Service consultation and will respond to further developments as appropriate.

b) There are a range of sustained additional pressures in the Quality Assurance Directorate including reviews in relation to cervical screening, the Queen Elizabeth University Hospital and an Adult Support and Protection matter in Angus Health and Social Care Partnership.

c) The update to the national guideline on managing the long term effects of Covid-19 was published in November and is an excellent demonstration of the strength of the organisation’s role in the UK.

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

d) Regarding the detail of the commission for the review at the Queen Elizabeth University Hospital, there are a number of different reviews in place at this time but HIS has been asked to gain assurance in relation to current infection prevention and control procedures. This includes considerations related to aspergillus but is also wider than this. The work is being scoped and any additional expertise required is under consideration.
e) The process to understand the cost of development and delivery of the Quality Improvement Capacity & Capability internal training includes benefits mapping and will not impede in any way delivery of the programme.

f) The HIS review at the Queen Elizabeth University Hospital is a request from Scottish Government and is a separate process from the inquiry.

g) Regarding the complaint that was escalated to the Scottish Public Services Ombudsman (SPSO), the complaints toolkit gives people the option to take their complaint to HIS first and then to the SPSO if they remain unhappy. The original complaint was upheld and there was a very detailed investigation and action plan. As HIS doesn't get sight of the complaint to the SPSO, it is not possible to know what the concern is. However, we are confident that the complaint was fully investigated and appropriate action taken.

h) Regarding the resource required to respond to complaints in relation to the regulation of independent healthcare, this is part of the true cost of regulation and is being built into financial modelling. Additional administration support has been secured to support the work to deal with the increasing complaints. Many of the increasing complaints arise from independent healthcare providers but we are also treating some types of enquiry as complaints that we wouldn't have dealt with in this way previously.

i) Regarding any themes arising from complaints, it is difficult to ascertain this because not a lot of complaints are upheld and a significant number are from independent healthcare providers who are unhappy with the outcome of an inspection.

j) In relation to developments with the National Care Service, a key stakeholder reference group has been formed. It has representation from the NHS Board Chief Executives and the intention is to have HIS representation on the group as well. Analysis of the consultation is awaited and a bill is expected in June 2022. It will be important to ensure that HIS is involved as development progresses and a meeting with Scottish Government will be held that day to discuss this.

k) It will also be important to ensure that HIS’ role in evidence and data is a key part of the Care and Wellbeing Programmes. We are working closely with the sponsor division in Scottish Government in relation to capacity for improvement activities in NHS Boards and Health and Social Care Partnerships.

l) A joint proposal with the Care Inspectorate has been submitted to Scottish Government for an improvement programme in response to recommendations in the report from the Independent Review of Adult Social Care. The improvement programme needs a connection to the National Care Service but is not dependent on its structure and can therefore start immediately.

m) Regarding the adaptations made to acute hospital inspections in light of pressures in the system, assurance is provided that these will continue to be effective. The approach will involve observation and examination of data but there will continue to be an element of onsite work with frontline staff, although we will be guided on the timings of this by frontline staff to ensure there is no impact on delivery of care. The first inspections using the new model were being delivered that day and there will be refinements to the approach based on lessons learned.
n) With regard to the Healthcare Staffing Act, it is expected that enactment of the Act will still be a further year away. However, many of the nursing workforce tools have been mandated for approximately 10 years and real time staffing tools have been developed during the Covid-19 pandemic. There is also ongoing engagement with the medical profession as the legislation covers all professions. The Healthcare Staffing Programme team are working closely with inspectors and publication of some of the data will begin soon.

o) It was clarified that there is only one key stakeholder reference group for the National Care Service development work although there are sub groups of this. There is significant representation of lived experience and from the Third Sector as well expertise in public involvement.

The Board examined in detail the report from the Executive Team and the additional information provided above, and were content with the information reported.

2. SETTING THE DIRECTION

2.1 COVID-19 Latest Operational Update

The Director of Finance, Planning and Governance who is lead for the Covid-19 response, provided a paper setting out the latest developments in the pandemic response and highlighted the following:

a) Given the new variant of Covid-19, restrictions are changing and the situation will likely remain fluid.

b) The Executive Team have cancelled their face to face Christmas meal and are encouraging staff to undertake risk assessments for any gatherings.

c) The new ways of working launch date of 17 January 2022 is under review and will be discussed at the Partnership Forum the following week.

d) To date, the total number of HIS staff who have experienced a Covid-19 related cumulative absence is 10% of the workforce.

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

2.2 Integrated Planning 2022-23

The Director of Finance, Planning and Governance provided a paper which set out the approach and principles for creating the budget for 2022-23 in tandem with the development of the operational plan. The following points were highlighted:

a) Financial targets will be set at the start of the process and the aim is to identify new areas of spend and activity in the budget.

b) Development of the plans will involve close work with the Internal Improvement Oversight Board.

c) Materiality will be introduced into the budget as it will support flexibility in the budget into the 2023-24 operational year. With this in mind, budget holders will be empowered to spend budgets to deliver programmes but with sufficient financial controls in place.

d) An update is due to the Remobilisation Plan number 4 at the end of January and the sign-off letter from Scottish Government for the plan is included in the paper.
In response to questions from the Board, the following points were clarified:

- **e)** In terms of achieving financial stability, there is a shortfall this year in the budget for the regulation of independent healthcare but an overall underspend for the organisation. Whilst these could offset each other, this would set a precedent and the preference long term is to secure adequate funding for the regulation of independent healthcare from Scottish Government.
- **f)** A three year operational plan will be created in 2022 alongside a five year budget which will support the plan for financial stability.
- **g)** The intention is not to have a centralised, corporate savings target but rather to achieve savings at directorate level.
- **h)** The majority of the planning templates have been received from programme teams so the work is broadly on target and confirmation of the date for submitting the draft plan is awaited from Scottish Government.

The Chair of the Audit and Risk Committee advised that the External Auditors are supportive of five year financial planning.

The Board considered the report presented and were content with the financial forecast set out.

### 2.3 Healthcare Improvement Scotland’s Future Strategy - Update

The Board received a paper from the Chief Executive providing an update on the development of the organisation’s future strategy. The Chief Executive proposed a revision to the timeline for development, consultation and approval of the strategy given that the NHS remained on an emergency footing, the ongoing uncertainty and the spread of Omicron, the new variant of Covid-19.

In response to a question from the Board about how long it is reasonable to delay the strategy, the Chief Executive advised that this could not be too long given the changing landscape in which HIS operates. Therefore the position will be reviewed in March 2022 and the Board will be kept up to date on progress.

The Board considered the update provided and were content with the revised timeline subject to the comment above.

### 2.4 Clinical and Care Governance Integration

*Jane Boyd, Programme Manager, and Laura McIver, Chief Pharmacist, joined the meeting for this item.*

The Medical Director and the Deputy Chief Executive/Director of NMAHP provided a paper to the Board which set out a description of work to fully integrate the Clinical and Care Governance (CCG) Framework into all HIS programmes. The Directors highlighted the following points through a short presentation:

- **a)** The focus on CCG in the system has arisen over recent years in response to significant system failures that have caused harm to patients.
- **b)** Effective CCG within HIS should significantly reduce the risk that we cause harm, give false assurance or poor judgements, lead low impact or irrelevant interventions or provide incorrect or
unhelpful guidance. It will ensure that HIS delivers its core purpose.

c) There have been a number of developments since 2018 to integrate CCG into our work including clearer leadership and management of complaints and public protection issues. There have also been regular reports to the Quality and Performance Committee.

d) The CCG short life working group has created an operational guide as part of phase one of its work.

e) Phase two from January to March 2022 will include development of reporting systems for directorates, the Quality and Performance Committee, and the Board. There will also be testing of self-assessment tools and alignment with other governance arrangements.

f) Phase three from April 2022 into 2023 will see embedding of CCG across all programmes.

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

g) The work to embed CCG within HIS is not paused while the Short Life Working Group is in operation but is still ongoing within directorates and the improvement work underway seeks to make it function more effectively in future.

h) Each directorate holds its own CCG framework and there is a CCG management group which reports to the Quality and Performance Committee which in turn reports to the Board.

i) A key message from the work is that CCG is everybody’s responsibility and not just that of clinicians.

j) Work is underway to look at CCG risks to ascertain if they are recorded appropriately on the risk register and how they relate to other risks on the register. Some CCG risks are recorded as reputational risks.

k) The CCG Framework is being updated incrementally while the work progresses. Whilst the Quality and Performance Committee is the Committee which will seek assurance on this work, there are overlaps. For example, with Staff Governance Committee in relation to staff training. The work is also similar to recent activity by the Scottish Health Council Committee to monitor community engagement in programmes.

The Board considered the paper and endorsed the work being delivered.

CCG will be added to the Governance Committee Chairs’ agenda as a cross-committee item and will be reflected in revisions to Committee terms of reference. A future update will be provided to the Board.

2.5 New Ways of Working

The Director of Workforce provided a paper which set out the latest position in relation to work by the Internal Improvement Oversight Board (IIOB) to progress the future ways of working vision. The Director highlighted the following points:

a) The vision is set out in the paper and has been developed in partnership and with staff engagement.

b) The approach reflects the learning from the pandemic.

c) Principles have been developed for the operating approach and the test of change period although the start date is dependent on...
the state of the pandemic and Scottish Government guidance.
d) Work is underway with staff to understand their preferred working styles but effective delivery of the business will be central to the process.
e) Training has been delivered to assist with challenging discussions about individual preferences versus the needs of the business.
f) More work is still to be done on health and safety aspects and the challenges presented by the dispersed offices of the Community Engagement Directorate which are located in NHS Boards.
g) The definition of hybrid working has been agreed but does not include a set number of days per week.

The Chair of the Staff Governance Committee advised that an additional meeting of the Committee is scheduled for January in light of the stage the work is at. However, it will be likely that many issues will not be resolved until the test of change period begins.

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

h) The ways of working staff huddles brought staff together to discuss the changes and raised a number of queries that require further reflection.
i) Regarding support amongst staff for new ways of working, there are some concerns about moving back into offices. However, we have been clear that the move to agile working has always been the vision of HIS.
j) It has been made clear during engagement that the emphasis is on business delivery being maintained.
k) Staff will be able to book space to attend the office but it is not expected that all staff will be in every day and it will be up to teams to determine staff availability. A bandwidth of 07.30 to 18.30 has been set during which staff can deliver their working hours.
l) Changes during the test of change period are not contractual.
m) Thought will be given to staff who need or want to be in the office more often as the key principle is that staff work in the place where they are most effective. Managers will play a key role in discussing this with staff.

The Board noted the update and were assured by the work in place to make the transition to new ways of working whilst maintaining effective business delivery.

3. ASSESSING RISK

3.1 Risk Management: strategic risks

The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised the following:

a) The report now included a six months trend plus a graph to summarise the changes in risk scores.
b) There are 11 strategic risks on the register including the four new ones approved by the Board at its previous meeting.
c) The scoring has increased for the risks related to the impact of Covid-19, number 1072, and the finance strategy, number 635.
In response to questions from the Board, the following additional points were made:

d) The scoring of risk 635 has increased to reflect the longer term constraints and pressures on the budget as well as funding challenges in future years although the budget position is fine this year.
e) The performance report is still under development and the version for quarter 3 will show better cross-referencing of risks on the register.
f) Risk 999 in the performance report at agenda item 4.1 relates to the Scottish Medicines Consortium (SMC) and the volume of new submissions. The risk is being mitigated by ongoing improvements, streamlining and by looking at different options for prioritisation. Consideration will be given as to whether it should be a very high operational plan risk or a strategic risk. The Deputy for the Director of Evidence will arrange for the Board Members interested to observe an SMC meeting.
g) Risk 1163 captures the impacts of the pandemic on public engagement and is a reputational risk for the whole organisation, therefore the wording will be updated to reflect this.
h) The scoring of risk 634 in relation to securing the right skills will be reviewed in the current context as this risk may need to be scored higher. The accelerated recruitment exercise being delivered will provide information to support this and it will be factored into workforce planning.

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

4. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

4.1 Organisational Performance Report Quarter 2 including Workforce Report

The Board received the latest information about organisational performance as at quarter 2 which included the workforce report and the high/very high operational plan risks.

The Director of Finance, Planning and Governance highlighted the following information from within the report:

a) The report was presented to the Quality and Performance Committee meeting on 3 November 2021 and will undergo further development for quarter 3.
b) A total of 102 projects were active including IIOB at the end of quarter 2, which is a net movement of four less than the last quarter. 73 projects were on target and 29 were at risk. Five projects were completed.
c) The status of 14 projects moved from ‘on track’ to ‘at risk’ with the main reason being system pressures within health boards preventing progress.
d) Section 2 of the report shows progress against the Key Delivery Areas and there has been one new commission since quarter 1.

The Board welcomed the new format of the report and agreed that it sets out performance information in a much clearer way. In response to their questions, the following additional information was provided:
e) Further development of the report will include reporting on statutory responsibilities and business as usual work.

f) A list of all projects currently being delivered is included at Appendix 1 and this will be sent as a separate document to the Member who requested it.

g) Joint inspections of adult services have been paused given the current pressures in the system due to the pandemic and winter. The important role of these inspections and their outcomes for older people in care settings is recognised and the intention is to restart these in April 2022. In the meantime, concerns will be responded to and the review in the Angus Health and Social Care Partnership is an example of this. The Chair noted that this topic is covered at the regular meetings with the Care Inspectorate and Scottish Government sponsors.

h) It is disappointing when our work programmes have to pause due to the pandemic and important to communicate that thoughtfully to staff. The Chair and Chief Executive will discuss the broader implications of this with the Scottish Government sponsors in their regular meetings.

The Director of Workforce then took the meeting through the workforce report and highlighted the following points:

i) The report includes data on the workforce mix across directorates indicating the numbers of permanent, fixed term and seconded posts.

j) The staff absence level is 2.8% at the end of October 2021 not including Covid-19 related absence. There is narrative in the report about absence reasons.

k) There is a breakdown of current recruitment and information about vacancy management.

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

l) As to whether the days in post figure relates to working days, this will be checked.

m) The 77 new posts relate to the current accelerated bulk recruitment exercise to fill temporary posts up until March 2022. Some of these are additional posts to accelerate spend but the substantive posts remain the same as per the structure set out in last year’s budget. This means the number of posts at the year end will be the same as budgeted for. There are some new posts related to additional allocations.

n) The figure of 10% of staff who have had Covid-19 is a cumulative figure as opposed to the current position.

o) There is optimism that the accelerated recruitment will be successful as it is running well and preferred candidates are aligning to vacancies. The operations managers’ network have assisted with shortlisting and interviewing. If a role proves hard to recruit to then a different approach will be taken.

p) Covid-19 sickness absences are recorded as special leave and there is weekly reporting with detailed information about which aspect of Covid-19 is the cause of the absence, for example, long covid.

Having scrutinised the reports and subject to the clarification above, the Board were content with the progress reported.
4.2 Mid Year Financial Forecast

The Director of Finance, Planning and Governance provided the Board with a mid year financial forecast for 2021/22 and highlighted the following points:

a) The paper sets out most realistic, best case and worst case scenarios in relation to financial management this year.
b) In the best case scenario the baseline target would be met and £1m of additional allocations would be rephrased in agreement with Scottish Government.
c) In the worst case scenario there would be a underspend on the baseline by £2.4m and £2m in additional allocations, although re-phasing would be considered here also.
d) The most realistic scenario is a £2m underspend.
e) Regarding additional allocations, 40 projects are experiencing an underspend totalling £2m but discussions are ongoing with Scottish Government to re-phase these funds into the next financial year.

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

f) There is optimism of achieving the best case scenario although this will not be easy. Accelerated recruitment will have a big impact although it is challenging to deliver it in the timescales. Alongside this, it will be very important to ensure the underspend does not worsen.
g) It will be also be important to communicate effectively to staff that we have moved from a predicted overspend position to an underspend.

At this point, the Chair of the Audit and Risk Committee advised that the Committee had considered the financial forecast in detail at its most recent meeting and noted the need to use any underspend to deliver work that has a positive impact or to make the financial position easier in the subsequent year.

The Board considered the financial forecast and were content with the work underway to manage the underspend.

5. GOVERNANCE

5.1 Governance Committee Annual Reports Action Plan Update

The Board received from the Director of Finance, Planning and Governance a paper which provided updates to the actions identified by the Committees in their 2020-21 annual reports. She asked the meeting to note that actions were either complete or a progress update provided.

The Chair of the Audit and Risk Committee advised that achieving recurrent savings was an ongoing challenge for the organisation but the Director of Finance, Planning and Governance is seeking ways to address this.

The Board noted the action updates.

5.2 Governance Committee Chairs: key points from the meeting on 30 November 2021
The Chair provided key points from the meeting on 30 November 2021 and advised that this meeting was an extra one added to the schedule. The focus of the meeting was new ways of working and how these impact board and committee meetings plus cross-committee matters such as independent healthcare. The recent review of Non-executive Directors’ remuneration was also discussed.

The Board noted the key points.

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<tr>
<th>5.3</th>
<th>Audit and Risk Committee: key points from the meeting on 24 November 2021 and approved minutes from the meeting on 15 September 2021</th>
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<tr>
<td></td>
<td>The Committee Chair highlighted the following:</td>
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<td></td>
<td>a) Independent healthcare was discussed at the recent meeting and will feature in the Board’s reserved session that day.</td>
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<td></td>
<td>b) The Committee were updated about work underway around Information and Communications Technology (ICT). The Committee were assured by the governance in place for this and the direction of travel.</td>
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<td>In response to a question from the Board about ensuring it is sighted on the outcome of the Committee’s deep dive into ICT risks, it was agreed that this will be reported to the Board via the three key points report from the next meeting.</td>
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<td>The Board noted the key points and minutes.</td>
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<th>5.4</th>
<th>Quality and Performance Committee: key points from the meeting on 3 November 2021 and approved minutes from the meeting on 18 August 2021</th>
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<tr>
<td></td>
<td>The Committee Chair highlighted the following points:</td>
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<tr>
<td></td>
<td>a) The Committee received a very informative deep dive presentation from the Chair of the Scottish Intercollegiate Guidelines Network (SIGN) and were content with progress and the SIGN guidelines recently delivered.</td>
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<td></td>
<td>b) CCG was discussed in detail at the last meeting and this has been covered earlier in the Board meeting agenda.</td>
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<td></td>
<td>c) The Committee noted the impact on our work programmes of the current pressures in the health and care system.</td>
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<td>The Board noted the key points and minutes.</td>
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<th>5.5</th>
<th>Scottish Health Council Committee: key points from the meeting on 11 November 2021 and approved minutes from the meeting on 9 September 2021</th>
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<td></td>
<td>Nicola Hanssen left the meeting for this item due to a conflict of interest.</td>
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<td></td>
<td>The Committee Chair advised that the Committee received an update on the national volunteering programme which has undergone a lot of change due to Covid-19. A volunteering strategy is being developed and will be provided to HIS for review and approval.</td>
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<td></td>
<td>In response to a question from the Board about whether HIS will take an overview of the changes in volunteering during the pandemic, the Chair of the Scottish Health Council advised that she will look into this matter.</td>
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The Board noted the key points and minutes.

5.6 **Staff Governance Committee: key points from the meeting on 27 October 2021 and approved minutes from the meetings on 28 July and 16 August 2021**

The Committee Chair highlighted the following points:

a) The Career Ready programme which is part of the Workforce Plan has been delayed as it can only be delivered effectively when the offices are open again.

b) The equality networks are progressing well and the disability network will be launched soon.

c) The Committee received an update on whistleblowing in HIS including detail of the review by internal audit and progress with training.

The Board noted the key points and minutes.

5.7 **Succession Planning Committee: next meeting will be held on 25 January 2022**

The Committee Chair advised that this Committee had not met since the previous Board meeting but the meeting in January will focus on Non-executive recruitment in respect of the three upcoming vacancies and planning meetings are already scheduled for these.

The Board noted this verbal update.

6. **ANY OTHER BUSINESS**

There were no items of other business.

7. **DATE OF NEXT MEETING**

7.1 The next meeting will be held on 23 March 2022

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: 23/3/2022