Public Meeting of the Board of Healthcare Improvement Scotland
Date: 30 June 2021
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
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
Lynsey Cleland, Director of Community Engagement
Ruth Glassborow, Director of Improvement
Ruth Jays, Interim Director of Community Engagement
Lynda Nicholson, Head of Communications
Angela Moodie, Director of Finance, Planning and Governance
Safia Qureshi, Director of Evidence
David Rhodes, Head of Finance and Procurement
Ruth Thompson, Deputy for Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Simon Watson, Medical Director
Pat Kenny, Deloitte (up to item 4.1)

Apologies
Paul Edie, Non-executive Director
Sybil Canavan, Director of Workforce
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)

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.

The Chair in particular welcomed Angela Moodie and Ruth Jays, attending their first Board meeting since their appointment as directors, and asked the meeting to note that Lynsey Cleland is attending in her new post as Director of Quality Assurance.

The Chair highlighted that Paul Edie has submitted apologies for the meeting. However, this would have been his final board meeting as a board member and Chair of the Care Inspectorate. The Chair wished to record her thanks to Paul Edie for his contribution to the Healthcare Improvement Scotland Board over a number of years.

Additional 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 Corporate 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 24 March 2021

The minutes of the meeting held on 24 March 2021 were accepted as an accurate record.

1.4 Minutes from the Board meeting In Committee on 21 April 2021

The minutes of the meeting held on 21 April 2021 were accepted as an accurate record.

1.5 Action points from the Public Board meeting on 24 March 2021

The action point register was reviewed and accepted. There were no matters arising.

1.6 Chair’s Report

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

a) Recent meetings were held with two of the new ministers – Kevin Stewart, Minister for Mental Wellbeing and Social Care, and Maree Todd, Minister for Public Health, Women’s Health and Sport. These were very positive meetings and the ministers were both knowledgeable and supportive of our work.

b) Recruitment to the Board’s vacancy is complete and a recommendation for an appointment will be made to the Cabinet Secretary shortly. It is expected the appointment will commence in July.

In response to a question from the Board about the Centre for Sustainable Delivery, the Chair and Executive Team advised that the
boundaries between HIS and the Centre remained insufficiently clear. However, the HIS Chief Executive has regular meetings with the Chief Executive of NHS Golden Jubilee and he was seeking to place the relationship between HIS, NHS Golden Jubilee and the Centre for Sustainable Delivery on to a more formal footing, which would assist in defining more clearly the respective contributions and the ongoing relationship. The Centre's work programme was only recently agreed but mapping has commenced to identify work that is unique to each organisation and work which potentially overlaps.

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) He wished to endorse the welcome from the Chair to the Directors as noted above and also asked the meeting to note that Ann Gow had been elected as the next chair of the Scottish Executive Nurse Directors group. This reflects the depth of her experience and the contribution of HIS.

b) Two excellent pieces of work have been delivered recently - Transforming Health and Wellbeing Outcomes and the commissioning document for a Gathering Views exercise in relation to elective care/clinical prioritisation. Both of these also demonstrate the organisation's contribution to health and social care.

c) The first meeting of the Evidence Work Programme Committee was held. The Committee would help with the cohesion and prioritisation of evidence work within HIS.

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

d) Regarding Transforming Health and Wellbeing Outcomes, this has improved understanding of the work done by HIS to support redesign and continuous improvement and to avoid the risk of overlap or misunderstanding.

e) The Scottish Microbial Network has network links with all of the NHS Boards in Scotland.

f) Regarding inspections in prisons, Her Majesty's Inspector of Prisons for Scotland is the statutory body with responsibility for these inspections. HIS supports the inspections with its healthcare expertise. There is a very good working relationship and HIS also has links with the wider prison community. It is a similar relationship to the recent support provided to the Care Inspectorate who are the statutory body responsible for care homes inspections.

g) With reference to the increased submissions to the Scottish Medicines Consortium, this is likely not to be a backlog due to the pandemic and the high volume of submissions is expected to continue. Work is underway to examine the processes that support the submissions to ensure they are as efficient as possible. It may also be possible to consider more submissions at each meeting due to the ongoing remote working. As well as this,
a paper will be provided to the Executive Team considering a different strategic approach.

h) The national hub for reviewing and learning from the deaths of children and young people will commence in October this year. The start date was delayed due to the pandemic. Discussions are ongoing to agree the data sharing agreement with National Records of Scotland (NRS) as there have been delays to securing this due to the demands the pandemic has placed on NRS. Scottish Government sponsors are being kept up to date.

i) The National Planning Board considers the specialist services that are designed and planned on behalf of the whole country. It will focus on sustainability of services and ensure its work is relevant to the current challenges facing NHS Scotland. Contact has been made with the National Planning Board team to ensure that community engagement is built into the processes.

There was a further question from the Board about the ongoing vacancies and it was agreed that this topic will be discussed later on the agenda when the meeting considers the workforce report.

The Chair of the Scottish Health Council highlighted the Gathering Views on Myalgic Encephalomyelitis work and wished to record her thanks to all involved as it was a challenging piece of work.

The Board scrutinised 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 Head of Communications, who is lead for the COVID-19 response, provided a paper setting out the latest developments and highlighted the following:

a) The COVID-19 Emergency Response Team continue to provide information to the Executive Team to support their decision making.

b) Upcoming key dates are 19 July when all parts of Scotland will move to Level 0 and 9 August which will see further easing of restrictions. The focus within HIS is to support the organisation and staff to move forward in light of these changes.

c) Understanding what safe access to buildings looks like is being considered but staff wellbeing remains the top priority.

The Board raised a question about the paper giving the impression that working practices will return to normal. The Executive Team confirmed that practices will not return to previous ways of working but rather the paper is setting out how staff will be supported through the transition period, and the current operating environment. Work is continuing to develop our new ways of working but those must be developed safely. Future communications will make this clearer, and in particular the delineation between the immediate COVID-19 working environment and further changes in the ways of working as an organisation.

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 Remobilisation Planning: Update

The Board received a paper from the Chief Executive providing more detailed information on HIS’s work plan for 2021-22, based on the Remobilisation Plan number 3. The paper included the sign off letter from Scottish Government. The Chief Executive advised that he was keen to demonstrate our work using the Key Delivery Areas (KDAs).

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

- **a)** Regarding the evolution of the remobilisation plan, the next version will reflect the shift into the stabilisation phase of the pandemic. Many aspects will be similar but it will need to reflect additional commissions since the previous version. It also needs to connect to our updated strategy which is currently in development.

- **b)** The work plan provided in the paper does not include a Red-Amber-Green status for projects as this is part of the separate work underway to redesign our performance report. This work will be supported by the Internal Auditors, as agreed in the Internal Audit Plan for 2021-22. For this Board meeting, performance is reported via the annual report within the Annual Report and Accounts provided later on the agenda.

- **c)** Regarding the guidance for Remobilisation Plan number 4, we were asked to provide HIS-specific guidance for inclusion and this included guidance for community engagement. The Chief Executive will contact Scottish Government to ascertain how the guidance will relate to social care.

The Board considered the update provided and were content with the plans reported.

### 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 Chief Executive drew the Board’s attention to risk 634 related to Workforce and suggested this is covered as part of the discussion of the Workforce Report later in the agenda.

It was also noted that the Risk Management agenda item is being taken earlier in the agenda following discussions at the Audit and Risk Committee as this will ensure it receives adequate time.

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

- **a)** It was agreed that there should be a strategic risk on the register related to Independent Heathcare as risk 635, related to the budget, but it did not cover the totality of the risks arising from our work in the regulation of independent healthcare. This will be considered following the joint session of the Audit and Risk Committee with the Quality and Performance Committee.

- **b)** The Audit and Risk Committee raised the point that risk 923, related to cyber security, will always be a risk. The Director of...
Evidence is discussing this with NSS who have created a new centre for cyber security.

The Chair of the Scottish Health Council (SHC) advised that the SHC Committee had undertaken a deep dive of one risk at its most recent meeting. She suggested there may be merit in Committees not doing deep dives on their own risks to ensure some appropriate separation from the topic. It was agreed that the Audit and Risk Committee will review the risk deep dives learning early in 2022 following implementation by Committees and offer advice to the Board.

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 Annual Report and Accounts

4.1.1 Draft Annual Report and Accounts 2020-21

The Head of Finance and Procurement provided the draft annual report and accounts for 2020-21 and highlighted the following points:

a) The External Auditors, Deloitte, have fully completed the audit and their opinion remains unmodified.

b) A significant level of governance has been applied to the process to date.

c) The process for creating the annual accounts was improved following an after action review last year and a review is also planned for this year.

d) Key Performance Indicators will be considered for the performance report next year.

The Chair of the Audit and Risk Committee confirmed that the accounts have received a considerable amount of scrutiny with a workshop attended by the full Board followed by the Audit and Risk Committee meeting the previous week. The Committee noted the excellent work by the finance team and extended their thanks to the Executive Team for the performance delivered in difficult circumstances. The Committee was content to recommend adoption of the accounts to the Board.

Having scrutinised the accounts, the Board approved the adoption of the Annual Report and Accounts for 2020-21.

4.1.2 Report to those charged with governance (ISA260)

Deloitte provided their report on the 2020-21 audit and confirmed they are signing an unmodified opinion. There are some recommendations related to financial sustainability and workforce planning but these are not significant.

The Board noted the report from Deloitte.

4.1.3 Significant issues that are considered to be of wider interest

The Chair of the Audit and Risk Committee advised that there was nothing significant to bring to the Board’s attention and the letter will be signed to that effect. The Chair also advised that the Committee met privately with both the Internal and External Auditors, and neither of these meetings raised any concerns. The minutes will be provided for official
4.1.4 **Letter of Representation**

The Head of Finance and Procurement advised that the Letter of Representation is a formal process that enables the Chief Executive to provide assurance to the External Auditors for any matters which the auditor is unable to examine. The letter will be signed by the Chief Executive in an electronic format after the meeting.

4.2 **Whistleblowing Annual Report**

The Non-Executive Whistleblowing Champion provided his annual report and highlighted the following points:

a) There have been no whistleblowing concerns raised and the recent period has focussed on implementation within HIS of the National Whistleblowing Standards.

b) He is confident that there are robust processes in place to deal with any whistleblowing concerns within HIS. There are some uncertainties in the system nationally which will be worked through as complaints arise.

Thanks were extended to the Director of Workforce and to the two other Non-Executive Directors who supported implementation of the whistleblowing standards.

The Board considered the annual report and were assured that the processes in place fulfil our requirement to implement the Standards.

4.3 **Governance Committee Annual Reports**

The Head of Finance and Procurement provided a paper which summarised the key points and actions arising from the Governance Committee annual reports for 2020-21. He noted that the Succession Planning Committee did not complete an annual report because it was newly constituted in the latter part of the year.

The Board considered the annual reports and were content to accept them as part of the annual reporting cycle.

4.4 **Financial Performance**

The Head of Finance and Procurement provided a financial performance report as at 31 May 2021. He drew the Board’s attention to the following points:

a) The budget agreed by the Board in March has been cascaded through the organisation and delegation letters have been issued.

b) The overall financial position is £0.5m adverse to budget. This reflects a baseline funding underspend of £0.1m, combined with an overspend on additional allocation funding of £0.6m and independent healthcare marginally in deficit.

c) The position with the additional allocations is expected to reverse. A lot of work has been done with Scottish Government to secure written confirmation of additional allocations.

d) The financial position was discussed at the Audit and Risk Committee meeting the previous week and a breakeven forecast was noted. However, a more accurate position will be available for the next Board meeting.

e) An increase in staffing numbers is anticipated which will impact on the budget but there will likely be a lag effect.
In response to questions from the Board, the following additional information was provided:

f) The bad debt provision related to our regulation of independent healthcare was increased from £30k to £60k during the pandemic. The provision will be monitored on an ongoing basis to ensure it is adequate.

g) Regarding the risks associated with the regulation of independent healthcare, the financial position has deteriorated as clinics have paused business during the pandemic. That deterioration has been carried forward into 2021-22 but Scottish Government are agreeable to covering the financial risks associated with this. Work is being accelerated to look at the fees structure for independent healthcare and the balance of funding between income recovery and other sources.

h) Regarding the spending review in autumn, the impact of this is not known yet. It is likely there will be non-recurrent funds to deal with COVID-related health matters but also challenges in relation to health board budgets. It is therefore important that HIS clearly demonstrates its value and contribution. The updated strategy will be linked to finance and workforce to ensure that it is deliverable.

The Board scrutinised the financial position and were content with the performance reported at this point in the year.

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<th>4.5 Workforce Report</th>
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<td>The Board received the latest workforce data information from the Director of Workforce. The Chief Executive asked the Board to note that we are in a challenging environment as we move beyond the pandemic but try to balance home working with office working while dealing with significant societal change.</td>
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The Board asked a number of questions related to workforce recruitment and retention, and what actions the organisation was taking to address the issues. The main points from the discussion that followed were:

a) New members of staff indicate that HIS is a very good place to work but more needs to be done to celebrate and to advertise this fact. The Head of Organisational Development and Learning is working on steps to improve our ambition to increase our attraction rate. A key part of this is how we describe the organisation and market it as a good place to work. This is especially important given that we are often seeking specialist skills from a limited pool of people.

b) The age profile of the organisation is getting older and there was a need to ensure that there was a balanced approach to attracting and retaining experience as well as developing individuals much earlier in their careers. The new ways of working with more virtual delivery will help to widen the pool of potential staff due to the wider geographical pool and the flexible working.

c) The organisation has committed to more modern apprentices than it did a few years ago and this should support young talent alongside graduate placements. The Chief Executive agreed to ascertain progress on this.

d) Another way of growing talent is to enable people to make sideways moves as well as promotions, as this will enhance their experience.

Chief Executive
e) It will be important when considering the new ways of working, to ensure that the needs of the organisation are also considered. This will be achieved by trusting our staff to deliver and by putting in place guidance to support the practicalities of the new ways of working. The Staff Governance Committee will be engaged in this process.

f) Many of the principles above are set out in the Workforce Plan but there is a need to choose a small number of actions from the plan on which to focus.

g) Exit interviews are an important tool in understanding what the key attributes are that make HIS an attractive place to work. Clinicians finishing their secondments complete exit interviews and these show that they value working with high quality teams. There may be opportunities to enhance their work in HIS by offering additional roles in different parts of the organisation.

h) The Workforce Plan is a key enabler for all of this and it needs to be underpinned by implementation of the actions within it. It was agreed that there was a need for more regular tracking of progress on the implementation of the plan.

In conclusion, the Chair of the Staff Governance Committee will meet with the Director of Workforce to agree how to take forward the key points above. Assurance on progress will be gained through the Staff Governance Committee.

5. GOVERNANCE

5.1 Governance Committee Chairs: key points from the meeting on 21 April 2021

The Board noted the key points and that the Chairs devoted time to discussing risk management.

5.2 Audit and Risk Committee: key points from the meeting on 23 June 2021 and approved minutes from the meeting on 10 March 2021

The Board noted the key points and minutes.

5.3 Quality and Performance Committee: key points from the meeting on 19 May 2021 and approved minutes from the meeting on 10 February 2021

The Board noted the key points and minutes.

In response to a question from the Board seeking an update on the Patient Safety Commissioner, the Chief Executive advised that the consultation was now closed and that HIS made a submission.

5.4 Scottish Health Council Committee: key points from the meeting on 27 May 2021 and approved minutes from the meeting on 25 February 2021

The Board noted the key points and minutes.

The Committee Chair advised that the Committee held a development day on 10 June 2021 to examine matters related to service change which presents significant risks, especially as services move forward from the pandemic.
5.5 Staff Governance Committee: key points from the meetings on 17 March and 11 May 2021, and approved minutes from the meeting on 17 March 2021

The Board noted the key points and minutes.

5.6 Succession Planning Committee: key points from the meeting on 1 June 2021 and approved minutes from the meeting on 17 February 2021

The Board noted the key points and minutes.

The Committee Chair advised that recruitment to the Board vacancy is complete and the Committee is now looking at board development.

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 29 September 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: 29/9/21