MINUTES – Approved

Meeting of the Board of Healthcare Improvement Scotland
Date: 24 June 2020
Time: 12.30 – 14.50
Venue: MS 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
Rhona Hotchkiss, Non-executive Director
Robbie Pearson, Chief Executive
Kathleen Preston, Non-executive Director
Duncan Service, Non-executive Director

In Attendance
Sybil Canavan, Associate 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
Jane Illingworth, Policy and Governance Manager
Lynda Nicholson, Head of Communications
Sandra McDougall, Interim Director of Quality Assurance
Safia Qureshi, Director of Evidence
Maggie Waterston, Director of Finance and Corporate Services
Simon Watson, Medical Director

Apologies
Christine Lester, Non-executive Director

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. Chair’s welcome and apologies

The Chair opened the meeting of the Board by extending a warm welcome to all in attendance. Apologies were noted as above.

The Chair highlighted the following points:
- a) Two sets of reserved Board minutes were issued with the papers. Unless there are any amendments to these, they will be accepted as an accurate record of the meetings.
- b) The Committee Minutes and Key Points Reports were issued separately and are not on the agenda, in light of the interim governance arrangements.
- c) Also issued in advance of the meeting was a summary of questions asked in advance with written answers provided. This is intended to help the meeting to focus on the most important items, given the interim governance arrangements. This summary will be attached to the minutes.

#### 1.2 Declarations of Interests

The Chair asked the Board to note that the Audit and Risk Committee considered the Register of Interests at its meeting on 17 June, in light of the interim governance arrangements.

Board Members and the Executive Team were reminded to provide any changes to the Corporate Governance Office within one month of them occurring. They were also reminded to declare any interests that may arise during the course of the meeting.

#### 1.3 Minutes of the public Board meeting held on 25 March 2020

The minutes of the meeting held on 25 March 2020 were accepted as an accurate record.

#### 1.4 Minutes of the Extraordinary Board meeting held on 27 May 2020

The minutes of the meeting held on 25 March 2020 were accepted as an accurate record.

#### 1.5 Action points from the public Board meeting on 25 March and the Extraordinary Board meeting on 27 May 2020

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 developments. The Chair updated the Board on the two outstanding appointments:
- a) The Whistleblowing Champion appointment round has been paused in light of COVID-19 but had reached the shortlisting stage. It’s hope that interviews can be held in August. Rhona Hotchkiss has agreed to continue to act as the Interim Whistleblowing Champion.
- b) The other Board appointment was also paused though the Scottish Government Sponsor and the Public Appointments Team are considering doing the interviews virtually. HIS is a low risk appointment, in relation to its current strategic and operating context, and there are three candidates for interview.
The Board noted the report.

1.7 Executive Report

The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments. These included updates on the Mobilisation Plan and staff deployment as well as information on National Boards' collaboration, the Internal Improvement Oversight Board and the outcomes of the “Shaping our Future” staff survey.

The Chief Executive highlighted the following points:

a) Executive Team colleagues have made a valuable contribution to the shared response to COVID-19 through the National Boards Collaboration work.

b) The Communications Team have delivered excellent work in engaging with external stakeholders and our staff to share the HIS contribution to the COVID-19 response.

The Board noted the report.

2. SETTING THE DIRECTION

2.1 COVID-19 Latest Operational Update

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:

a) The situation remains fast-paced and so the organisation needs to respond quickly.

b) The resilience groups continue to meet regularly to cover the resilience arrangements and the impact of the paused work programmes.

c) The internal response is focussed on staff wellbeing, with both regular communications and practical support.

d) A re-engagement plan has been created and will map to the various phases of the routemap out of lockdown.

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

e) The staff survey has been one means of picking up pressures and tensions for staff. It is understood that it’s not only staff with caring responsibilities who feel these pressures.

f) Wellbeing support for all staff has been put in place with weekly sessions, promotion of the Confidential Contacts and regular meetings between individuals and managers.

g) Regarding the clarity of messages to staff, particularly given the different position in England, it was important to continue to emphasise that HIS was following Scottish Government guidance to avoid confusion. Staff can submit directly any questions they have and these have tended to be on practical issues. The staff huddles have also supported consistent messaging.

The Board considered the update and were assured by the progress reported.
## 2.2 External Assurance: care homes, hospitals and independent healthcare

The Director of NMAHP/Deputy Chief Executive and the Interim Director of Quality Assurance delivered a presentation to accompany the paper issued in advance.

The presentation covered the following key areas:

- **a)** During COVID-19, the Quality Assurance Directorate (QAD) has suspended routine inspections and the need to notify adverse events.
- **b)** Statutory duties have continued on a reduced basis and clinical staff have been deployed to territorial Boards. However, unannounced inspections will soon restart.
- **c)** There has been collaboration with the Care Inspectorate to deliver inspections of care homes.
- **d)** Longer term there are pressures related to the models of inspection, workforce capacity, leadership and infrastructure, resulting in risks to delivery and reputation.

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

- **e)** Regarding the governance of council-run care homes, the council is the owner of the service and is regulated in that respect. There is not yet clarity on whether or not HIS has oversight of the NHS role in care homes and how this might relate to the new role for Nurse Directors.
- **f)** There are 20 plus vacancies in the QAD but these are not all in the inspection teams where the current pressures sit. However, they include key posts such as the Director and Head of Service Review. Discussions are ongoing with the People and Workplace Team about restarting recruitment and prioritising inspector appointments. The Board noted the particular pressures within the Directorate and the work that was underway by the Executive Team to address the immediate staffing challenges and the development of future capability. It was agreed to keep the Board informed of progress in this.
- **g)** Regarding the support given to the Care Inspectorate with inspections, these are not joint inspections. The Care Inspectorate retain their regulatory responsibility for these, however, HIS will be working with Nurse Directors in their new role in care homes.

The Chair of the Care Inspectorate extended his thanks for the inspection support provided by HIS staff at this time. Inspections are currently underway, commencing with the highest risk care homes.

The Board considered the information presented but was keen to discuss the following agenda item before drawing any conclusions.

## 2.3 Quality of Care Approach Short Life Governance Group: Progress and Next Steps Report

A paper was provided in advance of the meeting by the Interim Director of Quality Assurance and this item was also accompanied by a presentation.

The Chair of the Quality and Performance Committee opened this item.
by highlighting the following points:

a) She wished to extend thanks to everybody involved with the Quality of Care Short Life Governance Group (SLGG) for moving the work forward with pace, especially in the challenging circumstances. The contribution of the Public Partners was very valuable.

b) The Board approved the appointment of the SLGG to examine the future of the Quality of Care approach following the MacKenzie Report.

c) In taking the work forward, it is important to retain those aspects of the approach which were found to be effective.

d) The Quality and Performance Committee considered the report at their meeting in May and are supportive of the recommendations, although they identified some risks to implementation.

e) Grant Thornton have completed work to assist with the creation of Standard Operating Procedures.

The Interim Director of Quality Assurance then took the meeting through the list of recommendations, highlighting the following key areas:

f) It is important to note that the test organisational reviews were only one way of applying the approach and it has been applied across other areas of our work.

g) Recommendation number 3, regarding the use of data and intelligence, is significant because, while it will allow a more proactive approach to work, it will also need resources to deliver it.

h) Recommendation number 4, about self-evaluation by health and care providers, is an area that requires attention because it can be combined to good effect with our own intelligence but providers struggle to do it. Therefore it’s an area which requires additional resource.

i) Recommendation number 5 covers the Standard Operating Procedures that have been welcomed by staff.

j) Recommendation number 8 sets out the need for a communication and engagement plan and this will be provided to the next meeting of the Quality and Performance Committee.

In response to a question from the Board about resourcing the work going forward, the Chief Executive provided the following comments:

a) He endorses the recommendations from the SLGG and notes the challenges over a period of time with securing the skills to support the approach.

b) Discussions are being held with SG on demands and resources to deliver inspection, regulation and quality assurance. However, there is a need to make resources available now in anticipation of funding from Scottish Government. This will allow the organisation to attract and retain the skills required, including leadership skills.

c) There are financial risks in proceeding on this basis but failure to deliver will likely result in significant reputational risks.

The Executive Team offered the following additional comments to the Board:

a) There is a need to develop a cohort of clinicians who can support the work of HIS. There were difficulties securing the time of clinicians before the impact of COVID-19 and this will likely be more challenging in the future such that substantive clinical posts
may need to be established.

b) The future communication and engagement plan will reach beyond the usual communications from QAD which are largely inspection reports. It will more imaginatively demonstrate impact and involve stakeholders in consultations.

In considering both agenda items 2.2 and 2.3, the Board supported the recommendations in the SLGG report.

The Board noted the significant additional demands on QAD, especially more immediately in relation to supporting inspections undertaken by the Care Inspectorate and the resumption of NHS inspections. The Chief Executive highlighted the impact on staff wellbeing and accordingly the need to ensure the available resources matched the demands on the Directorate. The Board particularly acknowledged the pressures on staff in the Directorate. The Board discussed the need to ensure a careful balance of risk between supporting staff, delivery of objectives and maintaining financial balance. Having evaluated the competing risks of staff welfare, delivery of key objectives and the necessity of delivering financial balance, the Board agreed that it was appropriate to make a limited investment in increased staffing ahead, as outlined by the Chief Executive, of the requested funding being agreed with Scottish Government.

The Board asked that the Audit and Risk Committee as well as the Quality and Performance Committee will need to be involved in the oversight of the next stages.

It was also agreed to arrange a learning session for those Board members who may be less familiar with the Quality of Care approach.

### 3. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

#### 3.1 Governance Committee Annual Reports 2019-20

The Director of Finance and Corporate Services provided a paper which set out the key themes from the Governance Committee Annual Reports for 2019-20. The appendix in the paper sets out the future actions for each Committee and an update on this will be provided to the Board at the mid-year point.

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

#### 3.2 Draft Annual Report and Accounts 2019-20

*Pat Kenny, Deloitte, joined the meeting for this item*

Annual Report and Accounts Report 2019-20 including the Annual Performance Overview

The Director of Finance and Corporate Services highlighted the following points:

a) The final Annual Report and Accounts for 2019-20 was considered in detail at the Annual Accounts workshop on 4 June and by the Audit and Risk Committee at its meeting on 17 June.

b) The Committee requested clarity on the systems that the NHS
NSS IT Services audit assurance report covered. This had been provided such that the Committee gained assurance in this area. The Committee had also received assurance in this area at their meeting through a presentation that provided an overview of the organisation’s IT infrastructure. In addition, an internal audit is planned to review IT systems during the course of 2020-21. Ongoing updates will be provided to the Committee as digital enablement progresses.

The Chair of the Audit and Risk Committee then provided the following points:

d) The Committee had examined and considered the Annual Accounts on behalf of the Board.
e) The audit process was challenging this year due to the remote working in place as a result of the pandemic, therefore there should be recognition of the successful outcome despite this.
f) The Committee are content to recommend to the Board adoption of the Annual Report and Accounts for 2019-20.

Having scrutinised the accounts, the Board approved the adoption of the Annual Report and Accounts for 2019-20.

Report to those charged with governance (ISA 260)

Deloitte referred to the ISA(260) issued with the papers and confirmed that the audit had been challenging with remote working in place. However, this did not in any way dilute the quality of the audit which was full and comprehensive, leading to an unmodified audit opinion.

Thanks were extended to the Finance Team for their support to Deloitte during the audit.

The Board considered the report and noted the key points from Deloitte.

Significant issues that are considered to be of wider interest

The Director of Finance and Corporate Services advised that this letter is from the Chair of the Audit and Risk Committee to Scottish Government and confirms that no fraud has taken place since completion of the audit of the Annual Accounts up to the date of today’s meeting.

The Board were content that the letter is signed.

Letter of Representation

The Director of Finance and Corporate Services advised that letter of representation is a formal record by management to its auditor. It is signed by the Chief Executive after all audit work is completed and provides assurances to the auditor for which the auditor is unable to obtain independent corroborative evidence.

The Board were content that the letter is signed.
### 3.3 Financial Performance Report at 31 May 2020

The Director of Finance and Corporate Services provided a paper setting out the financial position at the end of the May and highlighted the following:

a) The report measures financial performance against the budget that was approved by the Board in March 2020. Since then, significant change has taken place in terms of responding to the Coronavirus pandemic.

b) A remobilisation plan will be created which will require to be fully resourced. A revised budget will be prepared which will also take into account the staffing requirements for QAD.

c) The financial position at 31 May 2020 is a small overspend of £31k against the baseline budget. No additional allocations have been received with c £800k spend and no spend against the Independent Healthcare (IHC) budget.

d) One allocation letter has been received so far and another is expected at the beginning of July. The delays are a direct consequence of work taking place to manage the pandemic.

e) Regarding IHC, budgets have not yet been formally notified and are therefore not loaded. In addition, Scottish Government have advised they will underwrite the fees for IHC.

f) The savings target is built into the budget but staffing is currently ahead of baseline. This position is expected to be improved by the impact of recruitment freeze.

g) The paper provides a prediction for the year end staffing budget but work will need to be done to understand how this will be affected by the changes to the work programmes during COVID-19.

h) The internal efficiencies target is just over £2m and has been allocated to directorates. 3% is usually achieved through staff turnover.

i) There is a carry forward of £527k from 2019-20 and this will be used as a bridging fund for digital enablement and to support the changes to the staffing resources in QAD while recurring spend is discussed with Scottish Government.

j) The report sets out that £4.4m of the budget has been contributed to the COVID-19 response, through staff redeployment or refocussing of work programmes.

k) The year-end position is expected to be breakeven or within the parameters agreed with Scottish Government of 1% over or under budget.

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

l) It is still realistic to meet the savings target of £2m because this will be aided by the recruitment freeze and programmes can be slowed on a risk based approach.

m) Regarding having resources for the staffing models required to deliver the work, the Workforce Plan sets this out and is fully integrated with the Finance Plan.

n) Resources will have to be allocated according to the different priorities for the remainder of the year. This will be reflected in financial updates to the Board and in performance measurement reports to the Board.

o) There is an ongoing reconciliation process in place between finance and HR month end information. The Workforce Plan
includes an analysis of supply and demand of posts.

The Board scrutinised the financial report and approved the latest position.

### 4. ASSESSING RISK

#### 4.1 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 and Corporate Services advised that this is the same report that was provided to the Audit and Risk Committee meeting last week.

The Board considered the strategic risk register and gained assurance that the risks presented were being effectively treated, tolerated or eliminated. The Board noted the changes to risks associated with the possible impact of COVID-19.

With reference to risk 883, regarding expiration of the lease for the Glasgow office accommodation in Delta House, the Director of Finance and Corporate Services provided the following verbal update:

- a) The necessary legal procedures are progressing well as is the plan for the construction requirements.
- b) The landlord is looking to begin construction work quickly, possibly starting 3 August but this is subject to the availability of his contractors.
- c) Staff will need to access the building to remove personal belongings.
- d) Work is expected to take 30 weeks after which approximately two to three months will be needed for HIS to refit its space.
- e) During the work, alternative office accommodation will be sought in central Glasgow for staff who cannot work from home.

In response to a question from the Board, it was advised that, should the social distancing rule change from 2 metres to 1 metre, then this will be taken into consideration for both Delta House and Gyle Square.

The Board noted this update.

### 5. GOVERNANCE

#### 5.1 Review of Governance Arrangements during COVID-19

The Chair provided a paper which proposed that the interim governance arrangements in place during COVID-19 continue but will be reviewed at the September meeting of the Board. Those arrangements set out that the Board and its Committees will continue to meet but to only address the most urgent and important matters.

The Board approved the proposal.

### 6. ANY OTHER BUSINESS

The Chair of the Scottish Health Council drew the Board’s attention to the resources created by the Community Engagement team to support Boards with engagement while that was not possible face-to-face.
7. **DATE OF NEXT MEETING**

7.1 The next meeting will be held on 23 September 2020.

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Annex 1 Questions Answered in Advance of the Board Meeting

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<tr>
<th>No.</th>
<th>Agenda Item</th>
<th>Question</th>
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<tr>
<td>1</td>
<td>1.3, Minutes of March meeting</td>
<td>Succession Planning Committee - Revised Terms of Reference to be provided to the Board at a future meeting. Appreciate that this will have stalled due to COVID but do we have any update on progress on this or is it being put on the back burner for now given that Public Appointments are stalled.</td>
<td>This has been put on hold due to COVID-19 but we will aim to bring it back to the Board once our interim governance arrangements end.</td>
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<td>2</td>
<td>1.7, Executive Report</td>
<td>Evidence Directorate section mentions guidance being produced using a “rapid development methodology” - is that a departure from the past? Are there drawbacks from using that approach or is this seen as a more efficient means of getting to the desired outcome, which also has a place going forward?</td>
<td>During the response to the COVID-19 pandemic the evidence directorate has produced a series of rapid technology reviews and also worked with the Scottish Government to produce rapid guidance on clinical management of patients with COVID-19. The methodology uses the same principles as our regular approach – evidence based, clinically assessed but at faster pace to ensure guidance is timely. We are able to do this because the scope of each piece of work is more focused and the evidence base is emerging so smaller. There is no consultation phase and the peer review process is more limited. We are aware that this tips the balance of the guidance away from evidence based towards clinical judgement and this could be seen as a drawback. The limits of the methodological approach and the lifespan of the guidance are made clear in each publication. The need for national guidance in the current circumstances outweighs the changes in methodology. In the process we are learning how we can improve the efficiency of our “normal” processes and also about the value of rapid guidance and the levels of comfort in the service with a degree of uncertainty. We believe that, in certain fields, the production of rapid reviews and guidance post-COVID-19 will continue to be both useful and welcome.</td>
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<td>Item 1.7, Executive Report</td>
<td>ihub Directorate section mentions 20.2 WTE (Whole Time Equivalent) vacancies. How does that level of vacancies compare with recent times? Also how does that relate to Table C of the Financial Performance Report which shows a variance of only 1.7 WTE from budget?</td>
<td>Over the previous year we averaged 21 vacancies at any moment in time (that is headcount – sorry don’t have the figures in WTE) of which on average 10 were associated with new commissions and 11 were what we call business as usual (ie existing posts that have been vacated and need recruiting to). So at this stage figures are in line with previous years though probably worth highlighting that we are likely to see a steady increase over next couple of months when we are still in process of recruiting to existing posts and our ongoing turnover means more individuals have left. In terms of difference with Table C, finance have advised that Table C only reports on the core funded vacancies, not those attached to additional allocations. It has also been adjusted for savings attached to core funded vacancies which have already been taken out of the budgets and put into the central savings posts.</td>
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<td>3</td>
<td>Item 1.7, Executive Report</td>
<td>Internal Improvement Oversight Board - Given this has been put on the back burner but is being re-established with first meeting planned for 1st July it would be helpful to get a reminder of what NXD (Non-executive Director) roles are on each of the workstreams.</td>
<td>The NXD roles are: Processes – Gill Graham Place – Suzanne Dawson People – Rhona Hotchkiss</td>
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<td>Item 1.7, Executive Report</td>
<td>Evidence - SiGN guidance produced using a “rapid development methodology” - what does this look like, how is it different from what has been used to date and are there any risk associated</td>
<td>Please see answer for question 15.</td>
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<td>5</td>
<td>Item 1.7, Executive Report</td>
<td>Inspections are clearly resource intensive. Does a programme team/project team support multiple inspections or are they a dedicated resource?</td>
<td>There is a mix depending on the scale of the inspection programme. Some programme/project staff are dedicated to a particular programme – others will work across 2 or more programmes.</td>
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<td>Item 2.2, External Assurance</td>
<td>“It is proposed that the quality assurance directorate is resourced to develop a business management approach”. What does that mean in practice and what are the resource implications?</td>
<td>This is about reviewing the allocation of responsibilities that are undertaken by nominated staff centrally within the directorate versus those which are undertaken by staff working on specific programmes, to ascertain if there is a more efficient way of working that will also promote consistency within the directorate. For example, we intend to look at the responsibilities of the QAD (Quality Assurance Directorate) Operations Manager post, which will soon be vacant, and the Service Manager post within the Death Certification Review</td>
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<td>Service (recently formally became part of QAD), to assess opportunities for those posts to work more closely together in supporting co-ordination of business planning and performance reporting etc across QAD. It may be that this activity could be achieved more effectively by augmenting this central support – we need to work through further, but felt it is worth highlighting to the Board that we are doing this, given potential resource implications.</td>
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<td>8</td>
<td>Item 2.2, External Assurance</td>
<td>“The Executive Team have agreed to seek external support for capacity planning” external support from where? Isn't capacity planning a cross-organisational approach? There is a specific need for capacity planning in QAD to allocate staff to particular work areas such as inspections, factoring in development time, annual leave, contingency, need for last minute adjustments to accommodate responsive inspections or reviews. We’ve been using an Excel spreadsheet to support this but an electronic tool has been developed. There have been practical difficulties in implementing this approach consistently within QAD and there would be value in seeking support from someone that has designed and implemented workforce tools elsewhere, as well as colleagues from the healthcare staffing team in NMAHP.</td>
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<td>Item 2.2, External Assurance</td>
<td>How do the resource needs highlighted here (Eg senior management, programme staff) relate to Table C of Financial Performance Report which mentions higher staffing in QAD than originally planned? The QAD overspend is due to its savings target on pay not being achieved.</td>
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<td>10</td>
<td>Item 2.2, External Assurance</td>
<td>I would like more detail on how and where the resources are being sought, both human and financial, with the consequences for the Budget and the Financial Statement. The main additional resource required relates to delivery of the inspection programmes. This is primarily with regard to the new work on care home inspections, and additional non-pay costs (such as Personal Protective Equipment) which are being incurred across our inspection programmes. A new programme team (1 Senior Inspector, 5 inspectors, 1 Programme Manager, 0.5 Project Officer, 0.5 Administrator) is required to support the care home work. Non-pay costs include IT equipment, PPE, travel &amp; subsistence, and training. Total estimated cost for 2020-21 is approximately £370k. This has been raised with Scottish Government as an additional financial requirement relating to COVID-19 and discussions are ongoing to progress this. It has also been discussed by the Executive Team (ET). As this work is likely to continue beyond March 2021 we are also discussing with SG the need for recurrent funding.</td>
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<td>11</td>
<td>Item 2.2, External Assurance</td>
<td>Regular updates will be provided to the Board as this work progresses, and will show any impact on workforce and budget. See also separate answer to question re business management support.</td>
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<td>It would be good to be more informed about what exact support we are providing to the Care Inspectorate (CI). Also have we any new roles, duties or accountabilities? Has the new roles of Nurse Directors any impact on us or our work?</td>
<td>Main collaboration with CI is around care home inspections, which we will discuss at the Board meeting. We’ve also assisted them with monitoring of intelligence regarding care homes – that work is coming to an end for us soon, so we can deploy the inspectors involved back into inspections. Also working with them to share our experience regarding adverse events, as they are scoping development of a similar framework for care homes. Regarding NHS Boards and Nurse Directors, we will explore this further in the meeting itself.</td>
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|   | 12 | Item 2.2, External Assurance | Hospital Inspections  
  a) Inspections will use new methodology (hybrid of HEI and OPAH inspections) - why is there a need to introduce new methodology at this time  
  b) how complex is the development of new methodology  
  c) does it provide greater assurance to that which was used previously  
  d) is this likely to be a long-term change or simply a reaction to the current situation  
|   |   | a) A combination of reasons – to make best use of staff resources at a time when capacity is stretched; to take account of the COVID-19 pandemic by undertaking work remotely where possible and keeping the on-site footprint to a minimum; to ensure we are targeting the issues which we think are most significant in the current circumstances.  
  b) It is not an entirely new approach – it draws on existing tools used in HEI and OPAH inspections, which are familiar to inspectors.  
  c) The previous situation is not directly comparable, as the adaptations we are making are intended to take account of the current pandemic.  
  d) We will keep the situation under review, but expect the new methodology to continue in the short-medium term.  
|   | 13 | Item 2.3, Quality of Care Approach SLGG Report | This is a helpful report in taking us forward.  
  a) Has it been shared with anyone externally or is it purely an internal document at this stage?  
  b) What assessment has been made of the skills and knowledge that will be needed and of our ability to recruit to meet that need? Re the indicators, this is obviously key and it  
|   |   | a) Document is internal to date but will be in public Board papers. Some updates in other formats have been provided to other stakeholders including Scottish Government, NHS liaison co-ordinators etc but it has not yet been widely publicised. Communications and engagement plan is being developed and will go to Quality and Performance Committee in August.  

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would again be good to know more about this, perhaps not tomorrow.
c) For example what are the indicators for people’s experience in using the system, what are the population indicators, why are we only using vacancies to measure staffing rather than absolute numbers?

We are in process of discussing this work with the Data Measurement and Business Intelligence team to assess resource implications. Main issue for QAD would be capacity to undertake any quality assurance follow up which might be identified following analysis of data.

c) SIGN is using adaptations of its existing processes rather than newly developed or untested methodologies. SIGN is part of a worldwide community of guideline developers that is working together to share approaches and adaptations to respond to current need. Our adaptations are in line with those adopted around the world and the methodology used and associated caveats are clearly described in the published guidance.

14  Item, 3.3  Financial Performance Report

Table F shows a lot of red with some quite significant spend to date. How much of a concern should this be?

We are closely monitoring all of these allocations and are engaging with Scottish Government (SG) colleagues both via ET member with SG policy lead and Finance with SG finance. It is likely that the purpose of these funds will have changed in some instances as a consequence of COVID-19 eg we do know that Mental Health funding will be made available to us but the focus is likely to change.

At SG they are reviewing all of their budgets to enable funds to be diverted to support the pandemic – we have not yet been made aware of this happening for any of these allocations. We have monthly contact with SG finance colleagues who are aware that we are committing funds against allocations that have not yet been received. They are also aware of the staffing arrangements against these funds eg permanent v temporary. We share this finance report with SG on a monthly basis.

For information, there are some changes to the red category - Adverse Events allocation of £205k, SUDI £52k and National Hub £249k should be classified as yellow.

It should be noted that we have only received one allocation letter so far this year with the next one due to be issued in early July and we would expect a number of additional allocations to be included.
| 15 | General | There is reference to revised methodology a number of times in various papers (SIGN Guidelines, Hospital Inspections, prison healthcare inspections, care home inspections). I would like some assurance around any risk associated with these newly developed (untested?) methodologies. | Risks in respect of care home inspection methodology require to be managed in collaboration with the Care Inspectorate, though we have undertaken risk assessment for the programme itself within HIS and also individual risk assessments for each inspector. With regard to prisons and hospital inspections, the methodologies have been adapted as outlined above, and are based on existing tools and approaches, adapted to take account of the current environment. |