Meeting of the Board of Healthcare Improvement Scotland  
Date: 23 September 2020  
Time: 12.30 – 16.25  
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  
Christine Lester, Non-executive Director  
Robbie Pearson, Chief Executive  
Kathleen Preston, Non-executive Director  
Duncan Service, Non-executive Director

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

Apologies  
None

Board Support  
Pauline Symaniak, Governance Manager

Declaration of interests  
Declaration(s) of interests raised are recorded in the details of the minute.

Registerable Interests

All Board members and senior staff are required to review regularly and advise of any updates to their registerable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.
## 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. There were no apologies.

### 1.2 Register of Interests

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

### 1.3 Minutes of the public Board meeting held on 24 June 2020

The minutes of the meeting held on 24 June 2020 were accepted as an accurate record.

### 1.4 Minutes of the public Board meeting held on 26 August 2020

The minutes of the meeting held on 26 August 2020, when the Board met in Committee at its seminar to consider the Remobilisation Plan, were accepted as an accurate record.

### 1.5 Action points from the public Board meeting on 24 June 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 Non-executive Director appointments:

- a) Interviews were held on 15 September 2020 and a candidate selected for appointment to the Board’s vacancy. Interviews were also successful for the Board’s Whistleblowing Champion.
- b) It’s expected that these appointments will be announced publicly in October or November.

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.

The Chief Executive provided the following additional information:

- a) He met on 14 September 2020 with Lord Brodie who is leading the inquiry into the construction of the Queen Elizabeth University Hospital Campus, Glasgow and the Royal Hospital for Children and Young People and Department of Clinical Neurosciences, Edinburgh. This provided an opportunity for the Chief Executive to share his perspectives on the inquiry.
- b) Along with the Chief Executive of the Care Inspectorate, he has been invited to contribute to the inquiry into Adult Social Care on 1 October 2020. This will provide the opportunity to share the areas of collaboration as well as the work that HIS is delivering.
- c) Staff wellbeing remains a critical area of focus for the organisation, especially in light of the additional Covid-19
restrictions announced this week. There is an excellent 80% response rate to the wellbeing pulse survey.

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

d) Regarding the meeting with Lord Brodie, the Chief Executive shared some personal reflections around the importance of quality leadership and the culture of the operating environment.

e) Regarding the inquiry into Adult Social Care and the HIS position on this, the Chief Executive noted that he has very positive, regular meetings with his counterpart in the Care Inspectorate. The Chair of the Review has requested evidence about the organisations’ individual roles but during the 15 minutes opening introduction, they will aim to set out some joint reflections. This will include our work with the collaboration in care homes and sharing of skills. A key area to consider will be the oversight of the healthcare provided in care homes. The Growing in Older Scotland report will be used to inform the submission.

f) When considering the governance of HIS’ role in care homes, the legal basis for the regulation of care homes, sits with the Care Inspectorate. However, considering the complex needs of many residents, in practice it is less clear. There is a Memorandum of Understanding between the organisations which is currently being updated and work is being prepared on an underlying protocol. The line of governance for the regulation of care homes is to the Scottish courts, while that for healthcare is to the Cabinet Secretary for Health and Sport. The Operating Framework between HIS and Scottish Government is based on this principle. HIS inspectors will highlight any issues with healthcare or infection control so that overall, it is working well.

g) A direct correlation between size of care home and infection rates is not showing in our work but it will be important for all care homes to have good infection control procedures should there be a second wave of the pandemic.

h) Regarding the impact of restrictions to visitors in care homes, this is causing an increase in distress but a balance needs to be found between this and controlling the spread of COVID-19.

At this point in the meeting, the Chair of the Care Inspectorate advised that his colleagues attended the Health and Sport Committee and a report has been published setting out learning from the pandemic. A further report will consider care at home. He extended his thanks for the support that HIS has provided to the Care Inspectorate which has been critical to their current work with care homes.

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

i) The child health website includes resources for staff and signposts them to other relevant organisations. A check will be carried out to confirm that there are links to the Royal College of Paediatrics and Child Health.

j) Regarding “collaboration inertia”, this is always a risk for the ihub because at a previous count it works with 117 other organisations but the current context is bringing it to the fore. To mitigate against this, collaboration is used where it increases impact. Where HIS is
leading the work, we ensure that lack of collaboration doesn’t slow delivery in cases where it’s not critical to delivery.

k) The Clinical and Care Forum is considering the experiences of the clinical staff who were deployed to the frontline as these were not picked up by the previous staff surveys. This will also identify any lessons learned should those staff be deployed again if there is a second wave.

The Board considered the report and were content with the additional information provided.

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 paper was written prior to the announcements this week which introduced more restrictions in response to the spread of the virus. Following the announcement, a staff update was issued very quickly setting out the impacts for the organisation.

b) A decision has been taken that working from home remains the default position for HIS until March 2021.

c) Since the paper was written, a request from NSS has been issued to staff setting out voluntary roles in the track and trace system which could be delivered at evenings and weekends. Having experience from requesting volunteers before, we were clear about the detail of the request and the support in place. Critical staff will not be released to do this.

d) Regarding staff wellbeing, the Head of Organisational Development and Learning attends the Emergency Response Team weekly meetings to identify support for staff wellbeing.

In response to a question from the Board, it was confirmed that the volunteers for the track and trace system will be paid for their time at evenings and weekends.

The Board considered the update and were assured by the actions in place to continue to respond to the pandemic and ensure staff wellbeing.
2.2 Remobilisation Plan

2.2a Reactivation of Work

The Board received a paper from the Director of Finance and Corporate Services providing the detailed Remobilisation Plan which set out the organisation’s delivery intentions to March 2021. The following points were highlighted from the paper:

a) The Board approved the Remobilisation Plan when it sat in committee at its seminar on 26 August 2020. It was agreed that the detail of the plan would be provided to this Board meeting.

b) The plan sets out the detailed work that will be delivered up to March 2021. Most of the work in the Operational Plan approved by the Board in March 2020 had been paused or refocussed.

c) The detailed plan provides a good basis for performance reporting to March 2021 and for operational planning thereafter.

d) Scottish Government have confirmed that they are content with the plan and it aligns to their priorities.

In response to a question from the Board, it was advised that the omission of Integration Joint Boards in the Focus on Dementia work, is a mistake and it will be corrected.

There was a question from the Board about which areas of work we have considered should stop if these don’t support our priorities for delivery. The Executive Team advised that many areas have been refocussed to support the pandemic response and statutory obligations require many areas to continue to be delivered. In terms of the resources to deliver this work, there is a large savings target this year. This will be met but that’s largely due to the impact of the pandemic.

Following discussion of this, there was a consensus that the challenge remains to identify and stop those areas of work which are not a priority for the organisation.

The Board considered the detailed Remobilisation Plan and, subject to the comments above, was content to approve it.

2.2b Financial Forecast to Support the Remobilisation Plan

Alongside the paper above, the Director of Finance and Corporate Services provided a further paper setting out the financial forecast up to 31 March 2021 which takes consideration of the Remobilisation Plan. The following areas were highlighted:

a) An underspend of the baseline budget is anticipated of £191k which is within the 1% tolerance but an overspend of £100k is anticipated in relation to Additional Allocations. This overspend equates to the charge related to the recovery of overheads for delivering the work funded by these allocations.

b) Independent Healthcare remains a very challenging sector to predict and it is not known if the sector will fully remobilise after the pandemic and in what form. Scottish Government have provided funds of £448k to underwrite the loss of income whilst clinics were asked to close and fees were refunded by us.

c) There is a capital expenditure forecast of £79k which is planned to support IT upgrades.

d) The financial plan had budgeted for 406 staff but there are 32 more than this. The reason for this is largely around timings responding to paused work and the majority are fixed term posts.
e) The financial plan also set out a savings target of £2.2m and this will be achieved but not in the way that had been planned. The savings have mostly been achieved through work being paused as a result of COVID-19.

At this point, the Chief Executive asked the meeting to note the hard work delivered by the Executive Team and Scottish Government colleagues in relation to securing the Additional Allocations.

The Board examined the financial forecast and were content with the information set out.

### 2.2c Access QI

[Thomas Monaghan, Portfolio Lead, joined the meeting for this item]

The Director of Improvement provided a short introduction to this item advising that in 2019 the Board had approved a proposal for a new work programme called Access QI which was a request from the Cabinet Secretary to support NHS Boards to apply their quality improvement expertise to sustainably improve waiting times.

The Portfolio Lead then delivered a presentation which set out the progress since then and the current challenges such as the pace of change and the crowded landscape.

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

a) Regarding the focus of the programme, a decision was taken to focus it on acute care rather than primary care because working here helps to open up communication within the system and show people how the whole system works.

b) There is confidence that the approach will be sustainable because it is designed around sustainability and uses a robust process that involves primary care practitioners.

c) There is no intention at the moment to extend the programme to dentistry.

d) Regarding the crowded landscape, it has been agreed with the Centre for Sustainable Delivery that an exercise will be done to map the interfaces.

e) Funding of approximately £400k is required to maintain the programme. If that funding is not available, then an options appraisal will be done to identify any ways to move resource from another programme.

The Board considered the information set out in the paper and the presentation and endorsed the following:

f) Continuation of the programme by approving the seeking of further additional allocation from Scottish Government for 2021/22.

g) The Executive Team taking steps to ensure that appropriate financial and workforce risks are managed on a non-recurring basis in 2021/22 to maintain stability of the programme.
2.2d Strategic Planning

[Diana Hekerem, Head of Strategic Commissioning, joined the meeting for this item]

The Director of Improvement provided a paper which outlined proposed changes for the Strategic Planning Portfolio to ensure it better aligns with the emerging needs of the integrated health and social care system in the context of COVID-19 recovery and renewal.

The Head of Strategic Commissioning highlighted some additional points:
   a) The portfolio helps services to understand what they have now, where they want to be in the future and the steps they need to take to get there.
   b) HIS is working alongside IJBs and Health and Social Care Partnerships to map their services and provide constructive challenge.
   c) One of the key principles is planning for quality and understanding what stakeholders want from a service. HIS brings quality improvement expertise, multidisciplinary teams and specialist knowledge, such as housing.
   d) COVID-19 has accelerated change as well as integration and there is more commonality now across services. This will allow HIS to take a Once for Scotland approach.
   e) The proposal is to create improvement programmes and collaboratives by consolidating the bespoke improvement support offers to IJBs into a national “Strategic Planning and Redesign Collaborative”, and to develop a national “Good Practice in Strategic Planning Programme”.

In response to questions from the Board, the following additional information was provided:
   f) In developing these proposals, there has been liaison with the Improvement Service, COSLA and the Accounts Commission.
   g) Regarding the current crowded improvement landscape and the need to analyse what is working well and capitalise on that, it was agreed that there would be further work delivered to consider this.

Having discussed the information presented, the Board were content with the proposals set out, subject to the action above.

2.3 HIS Digital Review Findings

[Steve Roud and Iain Cree, both NSS, joined the meeting for this item]

The Director of Evidence delivered a presentation to accompany the paper issued in advance which covered the following areas:
   a) At the Board’s development session last year, the Executive Team was given a mandate to be bold and this has been applied to our digital ambitions.
   b) Our digital vision is to drive the use of technology across HIS from rethinking our products, to automating routine work, to using data to drive decisions. This will help us achieve our strategic goals.
   c) In August and September, working with staff, an assessment was made of what technology we currently use and what opportunities there might be to transform this.
   d) People’s personal lives are now much more digital but the use of technology in HIS has not evolved to meet this demand.
Therefore the paper presents recommendations for transforming HIS’s digital ability in how we work and the products we deliver.

e) The paper sets out a number of recommendations which will enable these digital ambitions to be achieved.

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

f) Considering the needs of users and the many different ways that people, including health and social care staff, access HIS information will be central to the work going forward.

g) NSS will support the work initially but then HIS will assume control and empower individuals to use the tools.

h) This will be a large cultural shift for the organisation and all staff will be included and encouraged, not just those already technically able.

i) Service design is very important and there will be enhanced analytics that will show how our digital services are being used.

The Board considered the information presented and agreed both the strategic direction of the work and the request for additional investment to realise the plans.

3. INFLUENCING CULTURE

3.1 Equality and Diversity

The Board received a paper from the Director of Community Engagement which provided an update to the Board on current and planned work in relation to a range of equalities considerations. The following points were highlighted:

a) These matters had been brought to the fore by the disproportionate impact of COVID-19 on BAME (Black, Asian and Minority Ethnic) populations and the recent Black Lives Matter campaign.

b) There is a need for our work programmes to be informed by the diverse communities that they serve and to increase the diversity of our volunteers. The governance of these areas will be strengthened and overseen by the Scottish Health Council Committee.

c) A diverse workforce contributes to the success of an organisation and in HIS equality networks will be established. This work will include looking at recruitment, retention and career pathways for BAME staff.

d) Revised equality outcomes for the organisation are due to be set and will be provided to the Scottish Health Council Committee, Staff Governance Committee and the Board for scrutiny and approval.

In response to questions from the Board, it was advised that a lot of work has been done around attracting BAME people to apply for Public Partner roles but without success. Therefore, we will design other ways to capture their input as volunteers that are less demanding of time than the Public Partner role.

The Board welcomed these developments and noted the update on progress.
4. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES

4.1 Organisational Performance Report

The Board received the latest information about organisational performance which included the following reports: Detailed Progress for Q1, Finance, Workforce and the Operational Plan Risks. The Director of Finance and Corporate Services highlighted the following points:

a) Performance reporting was more complex this year because it is not reporting against the original operational plan but is reporting against the Mobilisation Plan.

b) Progress with work was considered by the Quality and Performance Committee while financial performance was considered by the Audit and Risk Committee and the workforce report was considered by the Staff Governance Committee. The overview has been updated since the Quality and Performance Committee received it.

The Director of Workforce highlighted the following from the workforce report:

c) The absence rate has reduced from 2.6% to 1.6%. Work is underway to examine this change to ensure it doesn’t mask anything of concern.

d) The turnover of staff has also decreased due to the wider circumstances. It is 3.8% when at this time last year it was 7%.

e) Recruitment statistics are provided in the report because recruitment restarted in July.

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

f) The absence figures do not include cases of COVID-19 because those are reported separately through the Emergency Response Team. To date, only one member of staff has been confirmed as having COVID-19 and they felt well enough to work.

g) Exit interviews are still being delivered as an online portal has been developed. They are reported through the Staff Governance Committee.

h) Regarding the number of job profiles across the organisation, the Agenda for Change panel has oversight of this and there is a bank of job descriptions that are used. There are similar job titles but different roles. The career pathways programme will ensure that this is not a barrier to progression within the organisation.

i) Referring to the risk reports, the level of risk presented is the current level. The Risk Management Advisory Group are working to deliver the recommendations set out in the audit report. The Risk Oversight Group is also guiding improvements in risk management processes.

j) The risk related to GDPR still exists because there are outstanding audit actions. These are outwith our control because they relate to national training material which is not ready yet. The risk should probably be lower however.

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

### 5.1 Risk Management: strategic risks

The Board received a report on the current status of risks on the strategic risk register and their management. The Chief Executive drew the Board’s attention to the following:

a) Risk number 1037, related to the sustained impact of the pandemic on our work programmes. As the winter pressures approach, there may be a need to step up or step down the Remobilisation Plan.

b) Risk 929, related to disruption to the Quality Assurance Directorate. This remains a high risk but mitigations are in place.

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

## 6. GOVERNANCE

### 6.1 Review of Interim Governance Arrangements during COVID-19

The Chair provided a paper which proposed that the interim governance arrangements in place during COVID-19 come to an end and the Board and its Committees revert to their normal business. This proposal reflected that the Committees have already expanded their agendas during their quarter 2 meetings.

The Board recognised that the governance requirements are expanding, reflected in the full agenda for this meeting and those of the Committees, and that the Board’s role continued to be critical at this time to provide assurance and appropriate scrutiny. However, it was also noted that there needs to be consideration of the structure of the meetings given that they will continue for some time in a virtual format.

The Board agreed that governance meetings should be expanded to enable the Board to continue to deliver its role. However, there would be consideration of the timing, format and frequency of Board meetings to reflect the ongoing challenges of remote working.

### 6.2 Succession Planning Committee: Terms of reference

The Chair provided a paper proposing that a Succession Planning Committee is created to guide work to increase the diversity and skills of the Board. The Chair noted that the terms of reference had been previously considered by the Board in March and by the Governance Committee Chairs in February and August.

The Board approved the creation of a Succession Planning Committee and its terms of reference.

### 6.3 Board and Committees Schedule of Meeting Dates 2021-22

The Board received a draft schedule of meeting dates for 2021-22 but noted an error in the table of dates.

The Board approved the schedule presented subject to the agreed changes and a corrected table will be circulated.
7. **ANY OTHER BUSINESS**

There were no items of other business.

8. **DATE OF NEXT MEETING**

8.1 The next meeting will be held on 9 December 2020.

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:

![Signature]

Date: 9 December 2020