Public Meeting of the Board of Healthcare Improvement Scotland
Date: 29 September 2021
Time: 10.30 – 13.45
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
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
Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
Ruth Jays, Interim Director of Community Engagement
Lynda Nicholson, Interim Head of Communications
Joanne Matthews, Head of Improvement and Safety (Deputy for Director of Improvement)
Angela Moodie, Director of Finance, Planning and Governance
Safia Qureshi, Director of Evidence
Simon Watson, Medical Director

Apologies
Paul Edie, Non-executive Director
John Glennie OBE, Non-executive Director
Ruth Glassborow, Director of Improvement

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 Nicola Hanssen, attending her first Board meeting since her appointment as a Non-Executive Director. The Chair also welcomed Joanne Matthews as deputy for the Director of Improvement.

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.

It was noted that the Scottish Government hold a full list of public appointments on their website and a check will be made that the information is up to date.

Governance Manager

1.3 Minutes of the Public Board meeting held on 30 June 2021

The minutes of the meeting held on 30 June 2021 were accepted as an accurate record.

1.4 Action points from the Public Board meeting on 30 June 2021

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

1.5 Chair's Report

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

a) The Cabinet Secretary has started weekly meetings with NHS Board Chairs and Chief Executives to discuss the current pressures in the health and care system and actions to address these.

b) The annual review is likely to be held in the latter part of the year and will be similar in format to the previous year which was a private meeting for the Chair, Chair of the Scottish Health Council and Chief Executive with the Minister.

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

c) In the past the annual review featured a broad range of meetings including the Minister meeting with Partnership Forum. This approach has been limited during the pandemic but a check will be made to ascertain how other groups may be involved this year.

d) Given that annual reviews have not been open to the public during the pandemic, all boards share a concern about the level of public engagement in these events. The input of the Scottish
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<td><strong>Health Council Committee</strong></td>
<td>will be considered during planning.</td>
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<td><strong>e)</strong></td>
<td>Regarding the update at the Board Chairs’ annual development event from the Centre for Sustainable Delivery, this emphasised strong partnership working and the links to HIS are becoming more clear. The Chair and Chief Executive will soon have an initial meeting with their counterparts at NHS Golden Jubilee and regular meetings thereafter.</td>
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<td><strong>f)</strong></td>
<td>Regarding the National Care Service consultation and whether the proposals include children’s services, the development of the organisation’s response is underway and board members will have further opportunities to feed into the response.</td>
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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 recognise the significant contribution by Lynda Nicholson who was attending her final board meeting as Interim Head of Communications. He advised that she would continue to work with HIS in a new role to support the national responsibilities of the Chair, Chief Executive and Director of NMAHP.
- **b)** Safia Qureshi, Director of Evidence, has been successful in joining the NHS digital academy leadership development programme and this will help the organisation to develop its capacity in the digital space.
- **c)** The Chief Executive was delighted to join one of the recent sessions of cohort 3 of the HIS Foundation Improvement Skills programme. It was good to see the work first hand which would enhance quality improvement capacity and organisational resilience.
- **d)** Capacity in directorates and the level of demands had returned to pre-pandemic levels therefore it was important to continue to support staff.
- **e)** The iMatter response rate and engagement index were both very high for the recent iMatter staff survey and this was a source of pride in terms of the sustained efforts to support staff.

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

- **f)** Regarding the joint inspection in Orkney, HIS has recruited a clinical adviser for children’s services bringing this up to full staff complement. Future resource requirements will be monitored however this case was more resource intensive. The HIS public protection lead is providing mentoring and improvement support is also being delivered.
- **g)** Regarding the financial model for the regulation of independent healthcare (IHC), discussions are ongoing with Scottish Government and they are aware of the deadline in terms of consulting on provider fees for next year which require to be submitted to the December 2021 board meeting. Scottish Government are moving forward with discussions as fast as possible.
h) The digital transformation app approval process was submitted to the most recent Audit and Risk Committee meeting. The paper will be provided to the member who requested sight of it.

i) The interim restructure within the Community Engagement Directorate would ensure a more integrated and collaborative approach. It brings together national and regional teams, ensuring sufficient resources for service change. It has been delivered in conjunction with Partnership and with engagement of staff.

j) Regarding adverse events, HIS receives notification of category 1 events but there is an inconsistent way of recording them across boards. Trips and falls are one of the major harms in the system but boards record them differently and this creates problems with our assurance. Work is underway to design a consistent approach.

k) Regarding staffing capacity and the current 77 vacant posts, the Executive Team are fully sighted on this and are looking at how to work rapidly to reduce the gap. In the short term priorities for each directorate are being identified and capacity increased to deliver recruitment. Delays to secondments and receipt of additional allocations have been key factors. The financial aspects will be covered later in the agenda under the performance report.

l) Regarding serious adverse events and the duty of candour, there is a cross-organisational group for adverse events work which includes Community Engagement representation. Also the responding to concerns work could highlight issues that would then be raised with the board.

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

The Board examined 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 Interim Head of Communications, 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) It was agreed in partnership that the interim homeworking policy would remain in place until the end of December 2021. Offices would remain open to staff who have priority access.

b) Alongside this interim operating principles have been created to support safe face to face business and will be in place until the introduction of new ways of working. The suite of risk assessments associated with this is being updated and guidance is awaited on lateral flow testing.

c) The number of staff reporting positive COVID-19 tests has risen recently to 30. This will be monitored and staff supported as appropriate.

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.
The Chair extended her thanks to Lynda Nicholson for her contribution as Interim Head of Communications and welcomed her continued role in the organisation.

2.2 Healthcare Improvement Scotland’s Future Strategy

The Board received a paper from the Chief Executive providing an update on the development of the organisational strategy. The Chief Executive highlighted the following points:

a) The paper covers progress since the Board’s strategy session in August which has included engagement with the Scottish Health Council Committee members.

b) The intention was to consult with stakeholders in the latter part of 2021, however, this is not appropriate given the current system pressures for the health and social care system.

c) The revised proposal is to capture feedback received so far then consult in spring 2022 prior to the Board receiving the final strategy for approval. A range of activities will be ongoing during this time. Our Scottish Government sponsors are supportive of this approach.

In response to a question from the Board about the strategy co-ordination group, it was advised that this does not include non-executive representation because there is ongoing engagement with the full board throughout the process. Also this is a management group chaired by the Chief Executive rather than a governance and it ensures there is a high quality process for strategy development.

The Board considered the update provided and were content with the revised proposals for stakeholder engagement. It was agreed that board members would not be termed as “stakeholders” in future updates to reflect their full role.

3. HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES


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, Planning and Governance highlighted the following information from within the report:

a) The report was previously presented and discussed at the Quality and Performance Committee meeting on 18 August 2021 and is being designed in collaboration with the Committee.

b) There are 93 active projects, 11 of which are not on track, either due to COVID-19, resources issues or paused pending clarity on scope.

c) Two projects have red status, Value Management and Excellence in Care, because they are impacted by the capacity of boards to engage with us. Their timelines will be revised.

d) In the Key Delivery Areas section of the report, significant risks are highlighted and include the capacity of our stakeholders to engage and capacity and recruitment.

e) In the horizon scanning section, the key development is the
National Care Service.

The Director of Finance, Planning and Governance then took the meeting through the key points in the finance report:

f) The finance report sets out the position at the end of August. The resource revenue limit is £36.5m and to date £13m has been spent. This means there is a likelihood of a £3m surplus at year end which is outwith the 1% tolerance figure. Actions to address this include accelerating recruitment to the 77 vacant posts mentioned earlier and securing agreement to extend end dates for programmes with additional allocations that have not yet been received. Alongside this a mid year financial forecast is underway and a savings tracker is being created.

g) Internal Improvement Oversight Board (IIOB) savings are likely to be realised in subsequent years and the Delta House refurbishment spend is on track.

h) The main risks of having a surplus are not successfully delivering a programme of work and returning a significant portion of our budget.

The Director of Workforce then highlighted the following points from the Workforce Report:

i) The report details the position to the end of August.

j) Turnover is marginally higher than the same month last year as is sickness absence but sickness absence remains well within the national target.

k) There is a vacancy review group in place which examines turnover and recruitment across the organisation.

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

l) Regarding the Scottish Medicines Consortium (SMC) submissions backlog, the risks related to this are being well managed by prioritising submissions, improving communications with industry stakeholders and discussing with Scottish Government options for streamlining methodologies where appropriate. It was advised that board members are welcome to attend the Quality and Performance Committee meetings to hear more about the SMC through the update report from the health technology groups provided to each meeting. Details will be issued of how to observe one of their meetings and recent SMC papers will be provided to the member seeking more information.

m) Regarding the approach to the recruitment of the 77 vacant posts, this will be tackled in a number of ways. An HR assistant has been recruited who previously worked in HIS and a recruitment consultant will be sought. There is agreement to rapid progression of posts and the majority of these are existing roles so there is less demand on time for the HR team and the agenda for change panel. We may also use a bulk recruitment exercise and employment agencies.

n) Regarding the projected surplus, accelerating recruitment will have an impact on this as getting to full whole time equivalent posts and securing additional allocations are the main levers for the surplus. Taking these out of the projections leaves a small surplus within tolerance levels.

o) Regarding the IIOB, it has costs associated with it but savings are...
expected in future years and some of the initiatives it is delivering are enablers.

p) Regarding the backlog in inspections, this is being tackled using prioritisation supported by a risk assessment framework. Capacity is being boosted in the IHC team using resource freed up by the end of our work in care homes. Discussions are ongoing with Scottish Government on resourcing for IHC. Inspections vary from one day to much longer for a larger facility but a lot of work is being delivered to look at capacity and workforce planning. It was agreed that a more detailed summary of the position would be provided to the Quality & Performance Committee and the Audit & Risk Committee.

q) In relation to the additional allocations, these were in a good position at the start of the year but the flow of the funding to us has not been straightforward. The Director of Finance, Planning and Governance has now written to the Scottish Government advising that funds will now be spent based on the assurances given by them at the start of the year.

The Director of Finance, Planning and Governance referred the meeting to the very high operational plan risk report at the end of the performance report, noting that the only risk presented related to the SMC.

Having scrutinised the report and subject to the clarification above, the Board were content with the progress reported. It was noted that the workforce matters covered above would be examined in more detail by the Staff Governance Committee.

4. ENGAGING STAKEHOLDERS

4.1 Death Certification Review Service Annual Report 2020-21

George Fernie, Senior Medical Reviewer, joined the meeting for this item.

The Director of Quality Assurance provided the Board with the draft annual report for 2020-21 from the Death Certification Review Service (DCRS), the publication of which is a legal requirement. She extended her thanks to the DCRS team for their hard work during a year of significant challenges for the service.

The Senior Medical Reviewer took the meeting through the report and drew out the following key points:

a) Scottish Government have had sight of the report and therefore it is presented in the public meeting.

b) The overview section seeks to capture the key developments in 2020-21 while recognising the challenging context of the pandemic.

c) The primary driver for the service remains the same which is to continue to improve the “not in order” rate of medical certificates of cause of death (MCCD).

d) Several innovations were introduced such as the use of hybrid reviews to reduce pressure on the frontline during the pandemic, a framework for categorising nosocomial infection and migration to a new case management and telephony system.

e) Over 4,400 cases were reviewed in the year. All advance registration requests were competed within the two hours target time and 95% of level 1 reviews were completed within two days.
There was a decrease in the number of MCCDs escalated to a level 2 review.

f) The enquiry line and “top tips” information for doctors had both been very well received.

g) Steps are being taken to enable boards to directly access clinical portals to reduce the administration burden on them.

The Board considered the report, welcomed the format and content, and approved it for publication. They passed on their thanks to the staff in DCRS for delivering the service in a challenging year.

### 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 as well as a set of five proposed new strategic risks for adding to the register.

The Director of Finance, Planning and Governance advised that an exercise was underway to review the Risk Management Strategy and revisiting the strategic risk register was part of this exercise. Underpinning this work is the distinction between risks, which are uncertain events that may impact objectives, and issues, which are matters happening currently.

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

- **a)** The proposal is to retain the risks currently on the strategic risk register but review their score and to add the new risks to the register.

- **b)** Regarding a potential political risk, this was discussed by the Executive Team but not added to the list of new risks pending discussion with the Board. Wording for a political risk will now be created.

- **c)** Some of the new risks are closely related to current risks on the register such as the impact of the pandemic and workforce planning but a decision was made to retain the separate risks.

- **d)** Consideration will be given to reporting so that it better shows the trajectory of risks over time.

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. The Board considered the new risks presented and were content that these are added to the strategic risk register. The Board were also supportive of the Risk Management Strategy being reviewed and the Board’s risk appetite being revisited in the near future.

### 6. GOVERNANCE

#### 6.1 Schedule of Board and Committee Meeting Dates 2022-23

The Board approved a draft schedule of Board and Committee meeting dates for 2022-23 presented by the Director of Finance, Planning and Governance.
### 6.2 Governance Committee Chairs: key points from the meeting on 17 August 2021

The Chair introduced this section of the agenda by advising that the meeting will return to fully considering these items after the lighter governance arrangements in place during the pandemic. This will strengthen the assurance line between the Board and the Committees.

From the Governance Committee Chairs' key points, the Chair highlighted the following:

- **a)** Independent healthcare was discussed in the context of cross-committee matters.
- **b)** The chairs provided feedback on recent risk deep dives and how useful they are proving to be.
- **c)** New ways of working was discussed in the context of how the Board and Committees might operate in the future.

The Board noted the key points.

### 6.3 Audit and Risk Committee: key points from the meeting on 15 September 2021 and approved minutes from the meeting on 17 June 2021

In the absence of the Committee Chair, the Committee Vice Chair highlighted the following:

- **a)** The Committee wish to assure the Board that they are fully appraised of discussions with Scottish Government regarding the future funding model for the regulation of independent healthcare and a joint deep dive of this issue was completed with the Quality and Performance Committee.
- **b)** The Risk Management Strategy refresh will ensure risk management is part of the fabric of the organisation.
- **c)** The Committee received the Internal Audit report on whistleblowing arrangements and agreed it should also be provided to the Staff Governance Committee.

The Board noted the key points and minutes.

### 6.4 Quality and Performance Committee: key points from the meeting on 18 August 2021 and approved minutes from the meeting on 19 May 2021

The Committee Chair highlighted the following points:

- **a)** The Committee received strategies from both the Scottish Medicines Consortium and the Scottish Health Technologies Group. They included the need for plans to remain aligned to capacity.
- **b)** The joint deep dive with the Audit and Risk Committee into our work on the regulation of independent healthcare was very useful and highlighted the complexity of the area of work.
- **c)** The Chief Pharmacist provided a very helpful update to the last meeting on our clinical and care governance work to ensure HIS meets requirements in this area.

The Board noted the key points and minutes.
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<td>6.5</td>
<td>Scottish Health Council Committee: key points from the meeting on 9 September 2021 and approved minutes from the meeting on 27 May 2021</td>
<td>The Committee Chair drew the meeting’s attention to the ongoing importance of ensuring there is meaningful engagement with the public in relation to national and regional service change. The Board noted the key points and minutes.</td>
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| 6.6     | Staff Governance Committee: key points from the meeting on 1 June 2021 and approved minutes from the meeting on 11 May 2021 | The Committee Chair highlighted the following points:  
   a) The risk deep dives undertaken by the Committee were very useful as they examined risks which had been on the register for some time.  
   b) Workforce matters will remain on the Committee’s agenda in the current context.  
   c) The Internal Improvement Oversight Board is delivering a range of projects as well as that to look at new ways of working.  
   The Board noted the key points and minutes. |
| 6.7     | Succession Planning Committee: key points from the meeting on 21 September 2021 and approved minutes from the meeting on 1 June 2021 | The Committee Chair highlighted the following points:  
   a) The principles for making an appointment to a co-option position were agreed and will ensure there is fairness and transparency in this process.  
   b) Board development was discussed and a programme of masterclasses will be developed.  
   c) Progress has been made on the board succession plan and various actions identified.  
   The Board noted the key points and minutes. |
| 7.      | ANY OTHER BUSINESS | There were no items of other business. |
| 8.      | DATE OF NEXT MEETING | The next meeting will be held on 8 December 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: 8 December 2021