

MINUTES – Approved

Public Meeting of the Board of Healthcare Improvement Scotland

Date: 7 December 2022

Time: 10.00

Venue: Hybrid - Conference Room, Delta House, Glasgow / MS Teams

Present

Carole Wilkinson, Chair

Abhishek Agarwal, Non-executive Director

Jackie Brock, Non-executive Director

Keith Charters, Non-executive Director

Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council

John Gibson, Non-executive Director

Gill Graham, Non-executive Director

Nicola Hanssen, Non-executive Director

Rhona Hotchkiss, Non-executive Director

Judith Kilbee, Non-executive Director

Evelyn McPhail, Non-executive Director

Doug Moodie, Chair of the Care Inspectorate

Robbie Pearson, Chief Executive

Michelle Rogers, Non-executive Director

Duncan Service, Non-executive Director

Rob Tinlin, Non-executive Director

In Attendance

Sybil Canavan, Director of Workforce

Lynsey Cleland, Director of Quality Assurance

Ruth Glassborow, Director of Improvement

Ann Gow, Deputy Chief Executive/Director of Nursing, Midwifery and Allied Health Professions (NMAHP)

Ben Hall, Head of Communications

Lindsey McIntosh, Interim Director of Community Engagement

Angela Moodie, Director of Finance, Planning and Governance

Lynda Nicholson, Head of Corporate Development

Safia Qureshi, Director of Evidence

Apologies

Simon Watson, Medical 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.

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's welcome and apologies	
	<p>The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including those in the public gallery.</p> <p>Apologies were noted as above.</p>	
1.2	Register of Interests	
	<p>The Chair asked the Board to note the importance of the accuracy of the Register of Interests and that changes for the Register must be provided to the Planning and Governance Office within one month of them occurring. Any interests should be declared that may arise during the course of the meeting.</p> <p>The Register was approved for publication on the website.</p>	
1.3	Minutes of the Public Board meeting held on 28 September 2022	
	<p>The minutes of the meeting held on 28 September 2022 were accepted as an accurate record.</p>	
1.4	Action points from the Public Board meeting on 28 September 2022	
	<p>The action point register was reviewed in respect of the one item related to the Covid-19 Inquiry. Thanks were extended to Lynda Nicholson for her ongoing work in this area. There were no matters arising.</p>	
1.5	Chair's Report	
	<p>The Board received a report from the Chair updating them on recent strategic developments, governance matters and stakeholder engagement. The Chair highlighted that she will shortly have a meeting with the Chair of the Independent Review of Inspection, Scrutiny and Regulation.</p> <p>In response to a question from the Board about topics covered at the meeting with Scottish Government sponsors on 1 December 2022, the Chair advised that the items discussed were finances and the demands on small Boards to complete large returns of information. The sponsor team agreed to take the second point away for consideration.</p> <p>The Board noted the report and were assured by the activities set out.</p>	
1.6	Executive Report	
	<p>The Board received a report from the Chief Executive and the Executive Team providing information on headline issues and key operational developments.</p> <p>The Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> a) Throughout the report the level of stretch to respond to demands is obvious alongside the pressure to reach a balanced budget. This is a challenge for the Executive Team and the wider organisation. b) The winner of the Margaret McAlees award was announced as Jane Davies for her work in equalities and improving outcomes for marginalised people. As Jane sadly passed away earlier this year, 	

	<p>the presentation of the award will be made to members of her family at the end of the Board meeting today.</p> <p>c) Regarding the National Care Service, HIS gave evidence to Parliament on regulatory and scrutiny aspects. Clarity of the Bill is awaited.</p> <p>d) The pressure on the Scottish Medicines Consortium (SMC) is set out in the report and they are currently only able to assess three or four new medicines per month. Alongside this, there is a backlog. A bid was submitted to Scottish Government for £1.8m of additional funding but we have not received an outcome as yet in relation to this bid. The pressures and plans to respond to them will be discussed at a meeting with the Scottish Government's Chief Pharmaceutical Officer the following day.</p> <p>The Director of Quality Assurance highlighted two recent high profile publications:</p> <p>e) The report into independent assurance of infection prevention and control (IPC) in the Queen Elizabeth University Hospital. The report received some media attention. The assessment of IPC was generally good and there have been improvements in culture since the previous site visit.</p> <p>f) The safe delivery of care inspection report for Forth Valley Royal Hospital. The hospital has now been escalated to Stage 4 of NHS Scotland's National Performance Framework by Scottish Government.</p> <p>In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:</p> <p>g) Regarding the escalation of two independent healthcare providers, this does not happen very often as HIS seeks to work with providers to secure improvements. However there was an element of safety risk and therefore swift action was required. HIS shares regular communications with providers about enforcement action and also uses networks to issue information.</p> <p>h) Regarding the pressures within SMC, the SMC's new Chief Pharmaceutical Adviser joined two weeks previously. The SMC risks will be reviewed to ensure they are accurately captured and scored. Other work to address the pressures includes assigning job roles in the most efficient way and using the Innovative Licensing and Access Pathway (ILAP). However, there has been a hiatus in this due to the Medicines and Healthcare products Regulatory Agency reviewing its processes but it is hoped it will bring gains in the longer term. Early communications are being used to share the position with industry as openness and transparency are important when communicating with the pharmaceutical companies. A prioritisation process is in place such that the medicines with the biggest potential impact are assessed first. There are issues with using a process of interim acceptance because follow-up data is often difficult to find. There are similar delays in England. In terms of joint working, links have been strengthened with the National Institute for Health and Care Excellence and with Health Technology Wales. We are now looking to strengthen these further with work to assess new medicines. ILAP is also a four nation collaboration.</p> <p>i) Regarding the business case for funding for Excellence in Care and the Healthcare Staffing Programme (HSP), it was agreed that</p>	<p style="text-align: center;">Director of Evidence</p>
--	--	--

	<p>when the HSP was enacted, the funding would become baselined. Negotiations are ongoing and it is a risk but there is more confidence about receiving this than other allocations given the legislative underpinnings of this work.</p> <p>The Board examined in detail the report from the Executive Team and the additional information provided above, and were assured by the information reported.</p>	
2.	SETTING THE DIRECTION	
2.1	Transfer to HIS of the Right Decision Service	
	<p>The Director of Evidence provided a paper that proposed transferring the Right Decision Service (RDS) to the Evidence Directorate in HIS. She highlighted the following key points about the proposed transfer:</p> <ol style="list-style-type: none"> a) RDS is a web based decision platform that hosts decision support tools and guidelines comprising two categories – national guidance as well as local tools and guidance. b) The platform was developed by the Digital Health and Care Innovation Centre and is now quite extensive with growing content. The technical basis of the system is well established. c) Scottish Government have approved funding of £2.3m until March 2025 to further develop RDS on condition it is moved to sit within a health Board. d) There is work needed to improve the platform but it aligns to our strategic direction and HIS can add value to the system. It creates many opportunities to increase our digital ambition and provide enhanced access to our guidance as well as being a once for Scotland digital health site. e) The proposal has been scrutinised in detail by the Executive Team and the Quality and Performance Committee. Questions raised were covered as follows: <ol style="list-style-type: none"> I. There is an exit strategy because there is no ongoing financial or workforce commitment beyond March 2025 when funding ends. At that point additional funding will be sought or the programme brought to an end. The HIS finance and HR teams reviewed the proposals and did not identify any risks. II. The platform itself is not a risk because it uses well established technology and HIS does not need to have specific technical skills to support it. III. Local content is currently approved by submitting Boards if it is local content. There is an opportunity here for HIS to improve and develop the governance supporting the platform. IV. The platform contains calculators that are considered to be medical devices and standards related to this are about to change. The highest regulatory burden sits with the designated manufacturers, which is not HIS. We are confident that they have well managed systems, of the required standards, already in place. <p>In response to questions from the Board, the following additional information was provided:</p> <ol style="list-style-type: none"> f) The varied uses for the system are set out in the appendix and include advice for high risk prescriptions in primary care in NHS 	

	<p>Highland; wellbeing support checklists for health and social care settings such as a care home; NHS Greater Glasgow & Clyde are using it for department specific practical guidance.</p> <ul style="list-style-type: none"> g) We are not aware of any opposition to the system. h) There are income generation opportunities, for example leasing it to other countries, but these are not currently large and leasing could be complex. However, it is worth considering as the system develops. i) In terms of management time to implement the system, the direction of travel has already been to change how we present information and RDS supports that as well as helping us to do it more efficiently. j) Use of the site is already monitored with various stats and page visits information so that will allow HIS to demonstrate impact. It will be important to continue to work with NHS Education for Scotland (NES), for example, to ensure there is a link to postgraduate learning. <p>The Chair of the Quality and Performance Committee advised that the Committee have considered the transfer of RDS on three occasions and focused on several areas including clinical and care governance risks and regulatory aspects. As well as this, the Committee Chair held discussions with the Director of Evidence, the Medical Director and the Chief Executive. There are three areas to maintain oversight of during development: clinical and care governance, engagement with clinicians and NES, and the governance of processes that sit within the system. However, the Committee is content to recommend the proposal to the Board.</p> <p>Having considered the information set out in the report and provided above, and taking into account the recommendation from the Quality and Performance Committee, the Board approved the transfer of RDS to HIS.</p>	
2.2	Ways of Working Update	
	<p>The Director of Finance, Planning and Governance provided an update on the new ways of working following the end of the test of change period and highlighted the following points:</p> <ul style="list-style-type: none"> a) The paper presented aims to provide staff with guidance and was also considered by the Staff Governance Committee at their meeting the previous day. b) The work was taken forward by a small group comprised of Partnership Forum representation, HR, communications and the Employee Director. They examined the feedback from the test of change period. c) The overall conclusion was that the new ways of working had operated well and efficiently and therefore there was no reason to change going forward. d) The group also looked at staff contracts because every contract requires a base to be stipulated. Current policies were examined and Unison advice sought but it was agreed in partnership that there was no reason to change current contracts. e) The work also includes a focus on the role of the line manager for monitoring staff wellbeing and no change in travel costs are anticipated. <p>The Chair of the Staff Governance Committee confirmed that the</p>	


	<p>Committee examined the report in detail and endorsed the proposal to bring the test of change period to an end while moving forward ways of working as business as usual.</p> <p>Having considered the paper and the information above, the Board had no questions and were content to approve the guidance for staff.</p>	
3.	ASSESSING RISK	
3.1	Risk Management: strategic risks	
	<p>The Board received a report on the current status of risks on the strategic risk register and their management. The Director of Finance, Planning and Governance advised that the strategic risk register presented provides the position at the end of November 2022. The risks have decreased from 12 to 11 due two previous risks being combined in relation to covid and external developments. There are no changes to ratings but controls and mitigations are under ongoing review.</p> <p>In response to questions from the Board about risk 759, related to General Data Protection Regulations, it was advised that this risk is always present and would result in reputational damage if the regulations were not adhered to. However, it is rated medium meaning that the mitigations in place are enabling it to be managed to an acceptable level.</p> <p>The Chair of the Staff Governance Committee advised that the Committee asked at the meeting the day before for the workforce risk to be updated to better reflect current circumstances.</p> <p>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.</p>	
4.	HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES	
4.1	Integrated Planning	
	<p>The Director of Finance, Planning and Governance provided a paper setting out the position in relation to planning for 2023-24 and highlighted the following points:</p> <ol style="list-style-type: none"> a) The paper is presented for awareness and sets out an update on the progress of the integrated planning process for 2023/24. b) At this point it shows a decrease from 95 work programmes to 75. This is a 20% decrease and is indicative of the reduced funding available into next year. c) The budget is balanced at the moment but is not sustainable as a number of directorates are over budget, mostly due to pay costs. This means there are no funds for investment or contingency. Therefore directorate submissions will be reviewed. d) Pay costs are £400k over budget and therefore the headcount needs to be reduced. e) An update is expected soon from Scottish Government on Additional Allocations but the position is fluid and funding is likely to be cut next year. There are 95 whole time equivalent (WTE) staff working on projects funded by Additional Allocations and it is likely that a smaller staffing complement would be funded through additional allocations in 2023-24. Unconfirmed allocations will be requested but there is lack of certainty on spend at this point in 	

	<p>the year.</p> <p>f) £1.5m of recurring savings are needed next year. This assumes a pay award of 5% next year and flat baseline funding.</p> <p>g) The proposals are draft but next steps have been agreed by the Executive Team and the plans will be ready for the Board to consider at the Board seminar in January 2023.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <p>h) There is a discrepancy in the workforce figures because the workforce report uses headcount while the budget uses WTE. The baseline WTE in 2023/24 is budgeted at 434 but when budget targets were set, an average WTE figure of 410 was calculated in order to be affordable next year. The total headcount currently is over 500. Consideration will be given to aligning these figures.</p> <p>i) The transfer to HIS of RDS does not remove the need for a new website as they offer different products but the two will be aligned.</p> <p>j) Two Additional Allocations for the ihub have not been confirmed and only verbal assurance has been given. Discussions are underway about which ihub allocations will be extended next year. Action will need to commence in January 2023 for staff on fixed term contracts for those projects that won't be funded next year. If those staff are redeployed, they are then not available to deliver the work if a decision is made by Scottish Government to proceed with funding. Scottish Government are aware but are also dealing with a high level of uncertainty.</p> <p>k) It is not possible to return an overspend position more than 1% at the end of the year and therefore the aim is to be in financial balance despite the challenges with Additional Allocations. The back to budget actions are challenging and create uncertainty and anxiety for staff. The One Team work aims to secure recurring savings for future years.</p> <p>l) The basis of maintaining motivation within staff during this difficult period is fairness, transparency, consistency and application of the Staff Governance standards. There will be a person centred, empathetic approach in communications during this time.</p> <p>The Board examined the information provided and endorsed the first draft of the integrated plan for 2023/24 and next steps.</p>	<p>Director FPG/ Director Workforce</p>
<p>4.2</p>	<p>Workforce Plan</p>	
	<p>The Director of Workforce provided the draft Workforce Plan 2022-25 and took the meeting through a presentation which covered the following areas:</p> <p>a) The governance processes applied to the plan up to this point.</p> <p>b) The detailed aspects of the content of the plan as well as financial assumptions and their impact on headcount and WTE.</p> <p>c) The influence of the One Team programme.</p> <p>d) Reflections and recommendations from the Staff Governance Committee who had reviewed the plan the day before.</p> <p>The Chair of the Staff Governance Committee advised that the Committee discussed the plan in detail at their recent meetings and were content with the detail for this year while noting that it will need to remain fluid to reflect the current operating context.</p>	

	<p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> e) The cross-directorate nature of the plan will be strengthened in the narrative. The cross-directorate redesign is being driven by the One Team but some parts are moving at a faster pace than others due to the financial situation. f) The new medical model mentioned refers to how clinical expertise is brought into and used within HIS. It will ensure that clinical leadership is deployed in an effective way across the whole organisation with a small cohort supporting the key delivery areas. The model mostly covers medical expertise as nursing, midwifery and allied health professional expertise is provided by staff employed within that directorate. <p>Having considered the draft plan and the responses above, the Board were content to endorse it for publication.</p>	
4.3	Organisational Performance Report	
4.3.1	Quarter 2 Performance Report	
	<p>The Director of Finance, Planning and Governance provided a summary report of quarter 2 performance against the work programme and highlighted the following information from within the report:</p> <ul style="list-style-type: none"> a) The position set out is at the end of September 2022 and the Quality and Performance Committee received a more detailed report as at that position. b) Four key performance indicators are behind target: inspections, independent healthcare inspections, SMC and the financial overspend. c) In relation to the work programme, more projects are now delayed or repositioned and only 65% of projects are on track. This trajectory is expected to continue into quarter 3. d) The paper includes the key points from the discussion of performance by the Quality and Performance Committee which included the high proportion of Additional Allocations at risk in the ihub and the improvement support being provided to NHS Ayrshire and Arran. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> e) The inspections backlog includes follow-up inspections but of the others, a risk based approach is taken so effort is focused on those where there are emerging concerns. The backlog arose due to the pandemic but new inspectors are now trained so the position should improve. It is difficult to predict a timeline for clearing the backlog due to new service registrations or other demands on resources. f) Regarding new commissions, more are being recorded that were previously declined but not reported. The Quality and Performance Committee received as part of their report the details of new commissions that were declined. This was due to the work being more appropriate for another organisation to deliver or due to the current financial constraints. <p>The Board examined the performance report and gained assurance from the progress reported.</p>	

<p>4.3.2</p>	<p>Financial Performance Report</p> <p>The Director of Finance, Planning and Governance provided a summary report setting out the financial position as at the end of October 2022 and highlighted the following points:</p> <ul style="list-style-type: none"> a) The Audit and Risk Committee received a more detailed report covering the same period. b) The current position is a £300k overspend on the baseline which is equal to 1.5%. Pay costs are overspent by £800k but non-pay costs are underspent by £500k. c) Of Additional Allocations, £6.2m is confirmed or received leaving £2.5m not confirmed against which £1.3m has been spent and 33 WTEs assigned. d) A number of initiative are in place to reduce the overspend so a balanced budget is anticipated at year end. <p>The Board scrutinised the financial report and were content with the position reported.</p>	
<p>4.3.3</p>	<p>Workforce Report</p> <p>The Director of Workforce took the meeting through the workforce report and highlighted the following points:</p> <ul style="list-style-type: none"> a) The paper provided to the Board is a summary of the more detailed information that was provided to the Staff Governance Committee. b) The report provides a breakdown of WTEs and fixed term contracts, as well as detail on recruitment campaigns. c) The absence figure is less than the equivalent time last year and lower than the NHS Scotland target. Anxiety and depression remain the most common causes. d) The gender pay gap is now being reported as part of the equally safe activity. <p>In response to a question from the Board about the gender pay gap, it was advised that a standardised methodology is used to calculate it. The key outcome is reporting the information and making it available to the public.</p> <p>Having scrutinised the report, the Board were assured by the workforce information set out.</p>	
<p>5.</p>	<p>ENGAGING STAKEHOLDERS</p>	
<p>5.1</p>	<p>Improvement Work with NHS Lothian on Unscheduled Care</p> <p><i>The following people joined the meeting for this item: Belinda Robertson, Head of Improvement Support, HIS; Jill Gillies, Programme Director Unscheduled Care, NHS Lothian; Denise Nasri, Senior Project Manager Unscheduled Care, NHS Lothian; Chris Connolly, General Manager, Royal Infirmary Edinburgh.</i></p> <p>Along with the Director of Improvement and the Head of Improvement Support, colleagues from NHS Lothian delivered a presentation about the HIS improvement support provided in unscheduled care. The presentation covered the following areas:</p> <ul style="list-style-type: none"> a) How the ihub purpose supports the overall HIS purpose and a summary of the key elements and interventions of the Redesign and Continuous Improvement Journey. 	

	<p>b) HIS and NHS Lothian at the Royal Infirmary Edinburgh worked together to improve discharge planning processes with the aim of reducing by 50% the current rate of bed occupancy for delayed Edinburgh Health and Social Care Partnership patients in the Western General Hospital and Royal Infirmary by March 2023. The challenging operating context to this was set out.</p> <p>c) Practical examples of the support delivered were shared including mapping and aligning the different resources available across the hospital, a planning for discharge checklist and creating capacity to integrate quality improvement activities.</p> <p>d) The work included collaboration across health and social care partners.</p> <p>e) A robust measurement strategy was created and quality planning undertaken which involved a whole system approach.</p> <p>f) Quality improvement methodologies were applied to processes including plan-do-study-act cycles.</p> <p>g) The project also influenced other discharge related improvement work in the Royal Infirmary and created numerous spin-off benefits such as quality improvement capacity building and safety huddles.</p> <p>The Board thanked NHS Lothian colleagues for the taking the time to attend and deliver an excellent presentation. The Board noted how useful it is for them to understand how HIS improvement work has an impact for patients and other stakeholders.</p> <p>The Chief Executive asked NHS Lothian colleagues what unique interventions from HIS were most important to them and the reply covered the following:</p> <p>h) Creating the time and space to think about the issues as part of a whole system approach which ensured the interventions that were designed had most benefit. This included a back to basics approach which was helpful.</p> <p>i) HIS did not seek to fix the issues but rather provided the support and coaching to work alongside NHS Lothian to identify and implement solutions.</p> <p>j) Work on relationships was important as that allowed the senior team to be brought together to overcome hurdles.</p> <p>In response to a question from the Board about sharing learning, it was confirmed that learning is captured and shared nationally.</p>	
6.	GOVERNANCE	
6.1	Committee Annual Reports Action Plan Update	
	<p>The Director of Finance, Planning and Governance provided a paper which set out the progress reports for the actions agreed in the 2021-22 Committee annual reports.</p> <p>The Board noted the updates and were assured by the progress with actions.</p>	
6.2	Governance Committee Chairs: key points from the meeting on 14 November 2022	
	The Board noted the key points.	

6.3	Audit and Risk Committee: key points from the meeting held on 23 November 2022 and approved minutes from the meeting on 7 September 2022	
	The Board noted the key points and minutes.	
6.4	Quality and Performance Committee: key points from the meeting on 2 November 2022 and approved minutes from the meeting on 17 August 2022	
	The Board noted the key points and minutes.	
6.5	Scottish Health Council Committee: key points from the meeting on 17 November 2022 and approved minutes from the meeting on 15 September 2022	
	The Board noted the key points and minutes.	
6.6	Staff Governance Committee: the next meeting will be held on 6 December 2022	
	The Chair of the Committee advised that the meeting was held the day before and the key points from this were the review of the voluntary redundancy scheme, equality networks update and progress with One Team. The Board noted the verbal update.	
6.7	Succession Planning Committee: next meeting will be held on 19 January 2023	
	It was noted that the Committee had not held a meeting.	
7.	ANY OTHER BUSINESS	
	The Chair drew the meeting's attention to the fact that this was the last Board meeting attended by Board Member Rhona Hotchkiss as her term of appointment ends on 28 February 2023. The Chair extended thanks to Rhona for her contribution to the Board over the four years of her appointment and in particular for her leadership of the Executive Remuneration Committee.	
8.	DATE OF NEXT MEETING	
8.1	The next meeting will be held on 29 March 2023.	
	Name of person presiding: Carole Wilkinson Signature of person presiding:  Date: 29/3/23	