

MINUTES – Approved

Public Meeting of the Board of Healthcare Improvement Scotland

Date: 27 September 2023

Time: 12.45

Venue: 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

Gill Graham, Non-executive Director

Nicola Hanssen, 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

Lynsey Cleland, Director of Quality Assurance and Regulation

Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement

Ben Hall, Head of Communications

Laura Liddle, Associate Director of Workforce

Tony McGowan, Associate Director of Community Engagement

Angela Moodie, Director of Finance, Planning and Governance

Lynda Nicholson, Head of Corporate Development

Safia Qureshi, Director of Evidence and Digital

Simon Watson, Medical Director/Director of Safety

Apologies

Sybil Canavan, Director of Workforce

Clare Morrison, Director of Community Engagement and Redesign

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, including Dr Nikki Maran who was observing today ahead of her appointment on the HIS Board commencing on 2 October 2023.</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 June 2023	
	<p>The minutes of the meeting held on 28 June 2023 were accepted as an accurate record. There were no matters arising.</p>	
1.4	Action points from the Public Board meeting on 28 June 2023	
	<p>The action point register was reviewed and it was noted that both actions were complete.</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 the following:</p> <ul style="list-style-type: none"> a) The recruitment to the Board vacancy is complete and Nikki Maran has been appointed. Approval is sought from the Board for the appointment of Gill Graham as interim Vice Chair of the Quality and Performance Committee; for Judith Kilbee to join the Audit and Risk Committee; and for Nikki Maran to join the Quality and Performance Committee. b) A review of Committee membership will be undertaken in the new year to ensure skills and experience are appropriately matched. c) The meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care was held the previous day. The focus of the discussion was patient safety including the Scottish Patient Safety Programme but also covered scrutiny and regulation, in particular in relation to primary care. <p>The Chief Executive added that the Cabinet Secretary also recognised the expertise within our network of safety fellows and asked how this might be better mobilised. The Chair will raise this with the NHS Board Chairs group.</p> <p>In response to a question from the Board about the update received at the August Board seminar on reinforced autoclaved aerated concrete, it was noted that the problems associated with this were now widely broadcast. Alongside this, there have been updates on various aspects of infrastructure investment.</p>	

	The Board noted the report and were assured by the activities set out. They approved the proposals related to Committee membership.	
1.6	Executive Report	
	<p>The Board received a report from the Chief Executive and the Executive Team providing information on key operational developments.</p> <p>The Chief Executive highlighted the following points:</p> <ol style="list-style-type: none"> a) The report follows a new format and thanks are extended to the Planning and Governance Team for its development. b) Two associate directors have been appointed – Tony McGowan for Community Engagement and Dr Lucy McCracken as Associate Medical Director. c) The Scottish Health Technologies Group evidence review on multidisciplinary team working in primary care was published in July and was well received in primary care and Scottish Government. It's an excellent example of evidence informed decision making and the organisation's responsiveness. d) The Independent Review of Inspection, Scrutiny and Regulation led by Dame Sue Bruce published its report that day. It is a high level report and the implications for HIS will be worked through. The report will be circulated to the Board. e) The Director of Evidence and Digital has been invited to chair the Scottish Strategic Network for Diagnostics Steering Group. It is a challenging role and excellent recognition. <p>In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:</p> <ol style="list-style-type: none"> f) Regarding the Anchors Strategic Plan, it doesn't naturally fit with a national Board but HIS is managing it as part of the Annual Delivery Plan. In relation to procurement, HIS aligns to the national framework and works closely with the Scottish Ambulance Service. Therefore robust processes can be demonstrated in this area. Similarly, HIS has robust processes related to governance including the performance report. The origins of the plan are linked to the Health Foundation report on community wealth building. g) Digital capacity is being impacted by the response to the Network and Information Systems Regulations audit. However, there is a move to using more Microsoft tools and upskilling of staff. This needs to be built into the Workforce Plan and digital strategies. h) The risk of the current website crashing is relatively high and the impact is catastrophic. The copy of the website being built is an archive copy which is static and an emergency solution while a functional interim website is built. Options are being explored with National Services Scotland that could allow the interim website to become the new corporate website, taking into account functionality and costs. An update on the website will be provided to the next Audit and Risk Committee meeting. i) HIS Campus has a representative from each directorate but needs more resource to deliver development work. This could come from the One Team approach. j) The Director of Community Engagement and Redesign has been asked to take on a director lead role for the Co-design and Service Improvement Enabler in Scottish Government's Care and Wellbeing Portfolio. There is no additional resource attached to 	<p>Governance Manager</p> <p>Head of Communications</p>

	<p>this role and the role has not been defined as yet. However, it affords a good opportunity to influence thinking on community engagement.</p> <p>k) Regarding organisational change, the consultation concluded over summer and the outcomes were reported to the Governance Chairs' meeting on 1 August. Agenda for Change processes are now being delivered related to grading of posts and practical implementation of structures. There are some challenges related to this and therefore it is not possible to state a formal timeline for completion.</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. They welcomed the new format of the report.</p>	
2.	SETTING THE DIRECTION	
2.1	Winter Planning and Resilience	
	<p>The Deputy Chief Executive/Director of Nursing and System Improvement and the Medical Director/Director of Safety provided a paper and highlighted the following points:</p> <ul style="list-style-type: none"> a) Winter has always been a time of increased pressures on the health and care system but this has been amplified since the pandemic due to staff turnover, higher waiting lists, problems with workforce supply and exacerbations of long term conditions. b) The HIS response is covered by several programmes of our work such as Hospital at Home, Access QI but also includes actions such as altering programmes of work, reducing engagement with the system and spreading learning. This is while providing ongoing assurance of the safety and quality of care. c) HIS can also help with clinical governance issues, for example, assisting Boards to learn from adverse events. d) HIS is also developing a robust system for identifying and taking action on safety concerns. <p>In response to questions from the Board, it was advised in relation to care across the whole system that the next Quality and Performance Committee meeting will receive an update on sharing intelligence. The input from the Care Inspectorate to this work has been very helpful. In the system, Nurse Directors have responsibility for the quality of care in care homes and improvement staff work closely with social care colleagues.</p> <p>Gill Graham, Non-executive Director, provided an update from the Winter Summit she attended on behalf of the Chair. It covered the whole of the health and social care system, and recognised the challenges within each part of that.</p> <p>The Board considered the update and were content with the responses to winter pressures that were set out.</p>	
2.2	Assurance of Patient Safety in the wake of the Lucy Letby Verdict	
	<p>The Director of Quality Assurance and Regulation provided a paper setting out relevant aspects for the organisation based on what is known to date from the Letby case. She highlighted the following:</p> <ul style="list-style-type: none"> a) The full implications of the case are not known as this will need to await the public inquiry. However, a review of HIS programmes is 	


	<p>underway to ensure that delivery of our statutory duties in relation to safety remains robust.</p> <ul style="list-style-type: none"> b) The paper sets out a range of HIS programme that monitor the quality and safety of care including Responding to Concerns, Sharing Intelligence for Health and Care, and inspections. This information has also been provided to the Cabinet Secretary in response to his letter to all Boards on the matter. c) There will be a review of current systems as well as benchmarking and a table top exercise will be held that week to identify any gaps. The work will be informed by any emerging information from the case or the subsequent inquiry. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> d) Scottish Government have established a quality and safety board in response to the case. While terms of reference are not available yet, there will be links with the Patient Safety Commissioner (PSC) once in place. The PSC Bill is expected to be published shortly but some detail needs to be worked out especially in relation to investigation of recurring themes. e) The table top exercise involves a broad range of colleagues across HIS from multiple programmes of work. The work will initially consider where HIS would have identified concerns and how we would have responded. It will also consider what changes may be required in light of the case. Many of our programmes and processes were designed in response to previous high profile cases with similarities to the Letby case. f) Part of the review will be examining all the separate sources of intelligence available to HIS and how they act together. <p>The Board examined the information provided and were content that a robust review was underway.</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 from the Director of Finance, Planning and Governance. The following points were highlighted:</p> <ul style="list-style-type: none"> a) There are currently 14 strategic risks on the register. b) Three new risks have been added covering organisational change, compliance with the covid inquiries and the website issues. c) Seven risks are out of appetite and the paper focuses on these risks. d) The risks with the highest residual scores are cyber security and service change. <p>The Board welcomed the improvements in risk reporting but noted that a cross-reference to risk numbers would be helpful in the table detailing out of appetite risks and that consistency in the narrative would also be helpful.</p> <p>The Chair of the Executive Remuneration Committee advised the Board this this Committee does not manage risks but it does maintain an issues register. This is not routinely shared due to confidentiality. However, there</p>	

	The Board scrutinised the performance report and were content with the progress set out.	
4.1.2	Financial Performance Report	
	<p>The Director of Finance, Planning and Governance provided a new format of report setting out the financial position as at the end of P5 and highlighted the following points:</p> <ul style="list-style-type: none"> a) The Audit and Risk Committee received a financial report as at the end of P4 but the position was similar. b) There is an underspend of £800k which is 5% of the budget. This is being driven by lower pay costs due to a lower headcount than budgeted. The forecast at the end of March is a £500k underspend which is 1.2% of the budget and just over the tolerance of 1%. This is the forecast after redirecting funds to cyber security, eRostering and the 5% savings target. c) Savings to date total £1m and we are on target to achieve £2m of savings. d) Regarding additional allocations, £9m were expected though this figure was revised to £8.5m. To date only 50% of this has been received and the risk profile for this is increasing. e) A significant number of new commissions are being considered totalling £1.1m for this year alone and there is risk associated with delivery of these. f) If it is likely that HIS will return funds to Scottish Government then this needs to be done by the end of December 2023, therefore the next three months will need careful planning especially on additional allocations and new commissions. g) The integrated planning cycle for 2024-25 is about to commence. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> h) The risk of not receiving the outstanding additional allocations is low but there is a risk of the amount being cut and a chance that more than 5% savings will be requested by Scottish Government. The projects affected will continue as it is not likely to be a removal of funding for one project, rather a cut in funds across all of them. i) Regarding the different funds for process mapping and redesign, this is due to these sitting under different work streams. Once organisational change has been implemented, this will be reviewed. j) The transfer of budgets in relation to the movement of ihub portfolios is set out at a high level and details the budgets agreed at the start of the year. The three ihub portfolio budgets have been moved to their new directorates' budgets. Board approval is required for this due the level of the budgets being greater than £500K, a requirement set out in the Standing Financial Instructions. <p>The Board scrutinised the financial report and were content with the position reported. The Board approved the movement of the ihub budgets to the new directorates.</p>	
4.1.3	Workforce Report	
	The Associate Director of Workforce took the meeting through the	

	<p>summary workforce report and highlighted the following points:</p> <ul style="list-style-type: none"> a) The headcount at the end of August 2023 is 560. b) The staff turnover rate is 4.9% which is lower than the same time last year. c) The sickness absence rate is 3.4% which is an increase. The most common reason is anxiety, stress and depression. d) There were 71 new recruitment campaigns. <p>In response to a question from the Board about the increasing absence rate, it was advised that this will be kept under review. It is difficult to identify what is work related and what is not work related but individual cases are monitored closely. A number of staff have started phased returns. Support available includes the Occupational Health Service, signposting, ongoing conversations and phased returns.</p> <p>The Chair of the Staff Governance Committee advised that the Committee will examine staff absence at its next meeting.</p> <p>Having scrutinised the report and subject to the clarification provided above, the Board were assured by the workforce information set out.</p>	
<p>4.2</p>	<p>Business Case - Mental Health Standards Implementation Support</p>	
	<p>Diana Hekerem, Associate Director of Transformational Redesign Support, joined the meeting for this item.</p> <p>The Associate Director presented this business and highlighted the following points:</p> <ul style="list-style-type: none"> a) HIS has been asked to provide support to the implementation phase of the core mental health standards and the psychological therapies and interventions specification. b) Implementation of the mental health standards is a key strategic priority for Scottish Government due to increasing demand on mental health services. The work aligns to HIS' key delivery area of mental health. c) HIS will be involved in developing and piloting self-assessment tools and in the national learning system to support local areas to implement the standards. d) The deliverables by HIS have been very clearly set out. e) Due to the overall costs spanning several years being greater than £500K, approval of the business case is required by the Board as set out in the Standing Financial Instructions. <p>In response to questions from the Board, the following additional points were provided:</p> <ul style="list-style-type: none"> f) In terms of receiving funds, all other mental health commissions have been received and Scottish Government has given an assurance that the programme will be funded. g) There is specific provision in the budget for supporting lived and living experience. As well as this, the work will sit in the new directorate of Community Engagement and Redesign which will ensure additional expertise in this area is available. A review is underway of how people with lived and living experience are remunerated for their contribution. h) Regarding system capacity and monitoring the standards, the standards belong to Scottish Government so they have responsibility for this. The capacity in the system is currently 	

	<p>stretched but there are already strong links with clinical expertise and implementation will consider the capacity of the system.</p> <p>The Board considered the business case provided and approved it.</p>	
5.	ENGAGING STAKEHOLDERS	
5.1	Death Certification Review Service Annual Report	
	<p>George Fernie, Senior Medical Reviewer, joined the meeting for this item.</p> <p>The Senior Medical Reviewer provided the annual report and highlighted the following:</p> <ul style="list-style-type: none"> a) There is a statutory requirement to produce the annual report and in a specific format. However, the aim has been to make it as accessible as possible. b) The service returned to business as usual after the pandemic on 7 March 2022 but subsequently influenza, norovirus and covid increased and the random sampling rate was varied to reduce pressure on the health and care system. c) During the period of the report clinical access to portals was improved. There was also work with NHS Boards to reduce the number of clinical and administrative errors on death certificates and to continue to improve appropriate reporting of deaths to the Procurator Fiscal. d) The report includes a poster aimed at reducing common errors and a pictorial representation of the journey of a death certificate. e) There has been a sustained improvement in performance but a higher breach rate due to unavailability of certifying doctors. <p>The Board thanked the Senior Medical Reviewer and his team for the report and approved it for publication.</p>	
5.2	Communications Strategy Update	
	<p>Communications Managers Victoria Edmund, Kim Tooke and Stephen Ferguson joined the meeting for this item.</p> <p>The Head of Communications and the Communications Managers delivered a presentation that covered the following areas:</p> <ul style="list-style-type: none"> a) The value added by good corporate communications and the overall goals of internal communications. b) The impact of recent internal communications approaches and future plans. c) An update on work to improve media relations, the future development of the HIS podcast, the latest position with the HIS website redevelopment project and information about the branding refresh. <p>In response to a question from the Board about measuring the success of the podcast, it was advised that the number of listeners gives an indication but every episode has a different audience relevant to the topic. Plans to reduce the podcast frequency will enable improvement in the approach and publicity for each episode. There is more work to do to understand and measure the impact of the podcast.</p> <p>The Board thanked the Communications Team for the presentation and noted the update.</p>	

6.	GOVERNANCE	
6.1	Schedule of Board and Committee Meeting Dates 2024-25	
	The Director of Finance, Planning and Governance provided a draft schedule for Board and Committee meetings for 2024-25. The Board approved the schedule.	
6.2	Governance Committee Chairs: key points from the meeting on 1 August 2023	
	Due to lack of time, these key points and the Committee key points and minutes were taken as noted subject to the comments made below.	
6.3	Audit and Risk Committee: key points from the meeting on 6 September 2023; approved minutes from the meeting on 20 June 2023	
	The key points and minutes were noted. An error in the paper was highlighted where one key point was title eRostering but should have been One Team.	
6.4	Quality and Performance Committee: key points from the meeting on 23 August 2023; approved minutes from the meeting on 17 May 2023	
	The key points and minutes were noted.	
6.5	Scottish Health Council: key points from the meeting on 24 August 2023; approved minutes from the meeting on 25 May 2023	
	The key points and minutes were noted.	
6.6	Staff Governance Committee: key points from the meeting on 9 August 2023; approved minutes from the meeting on 3 May 2023	
	The key points and minutes were noted. The Committee Chair drew the Board's attention to the information about the approval of the Modern Slavery Statement.	
6.7	Succession Planning Committee: next meeting 10 October 2023	
	The date of the next meeting was noted.	
7.	ANY OTHER BUSINESS	
7.1	The Chair asked the Board to note that this is the last meeting for Board Member, Jackie Brock who completes her appointment on 30 September 2023. On behalf of the Board, the Chair extended thanks for her significant contribution during the eight years of her appointment and for her agreement to undertake a six months extension due to an unexpected Board vacancy.	

8.	DATE OF NEXT MEETING	
8.1	<p>The next meeting will be held on 6 December 2023.</p> <p>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.</p>	
	<p>Name of person presiding: Carole Wilkinson</p> <p>Signature of person presiding:</p>  <p>Date: 6/12/23</p>	