

Board Public Minutes – Approved

Public Meeting of the Board of Healthcare Improvement Scotland at
12.45, 26 March 2025, Delta House, Glasgow/MS Teams

Attendance

Present

Carole Wilkinson, Chair
Abhishek Agarwal, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair
Nicola Hanssen, Non-executive Director
Judith Kilbee, Non-executive Director
John Lund, Non-executive Director
Nikki Maran, Non-executive Director
Evelyn McPhail, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Michelle Rogers, Non-executive Director
Duncan Service, Non-executive Director
Rob Tinlin, Non-executive Director
Robbie Pearson, Chief Executive

In Attendance

Sybil Canavan, Director of Workforce
Eddie Docherty, Director of Quality Assurance and Regulation (QARD)
Mhairi Hastings, Interim Director of Nursing and System Improvement (NSI)
Angela Moodie, Director of Finance, Planning and Governance (FPG)
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety

Apologies

None

Meeting Support

Pauline Symaniak, Governance Manager

1. OPENING BUSINESS

1.1 Welcome and apologies

The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including John Lund and Eddie Docherty, attending their first Board meeting since their appointments. There were no apologies.

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 notified within one month of them occurring. Any interests should be declared that may arise during the course of the meeting.

Decision: The Board approved the register for publication on the website.

1.3 Minutes of the Public Board meeting held on 4 December 2025

The minutes of the meeting were accepted as an accurate record. There were no matters arising.

Decision: The Board approved the minutes.

1.4 Action Points from the Public Board meeting on 4 December 2024

The updates were noted and it was agreed to close those actions recommended for closure except the action from September 2024 in relation to Artificial Intelligence which should be ongoing pending the provision of the report from the national pilot.

Decision: The Board approved closure of actions with the exception detailed above.

1.5 Chair's Report

The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair highlighted the very positive events that she recently attended including the Community Engagement and Transformational Change directorate development session and the Public Partner annual event.

In response to a question from the Board, it was advised that work is already planned to raise awareness of the work of the Board with Public Partners.

Decision: The Board noted the update and approved the Committee and Board Champion appointments proposed.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) Two new appointments were welcomed – Eddie Docherty as Director of Quality Assurance and Regulation, and Laura Boyce as Chief Inspector for Independent Healthcare.

- b) The report from the review of the NHS Greater Glasgow and Clyde Emergency Departments will be published the next day and is a good example of One Team working. Aspects of the review link with the Royal College of Nursing stakeholder event noted in the report.
- c) The Improvement and Inspection Joint Working event was a further good example of One Team.
- d) Inspections of maternity services started in January 2025 with activity in NHS Tayside.
- e) There was good media coverage about our safety concerns related to botox parties and this was important in promoting safety and our role.

The questions from the Board and the additional information provided covered the following:

- f) The Intelligence Implementation Group will oversee digital developments and report to the Responding to Concerns Oversight Board.
- g) The changes to the National Care Service proposals will not affect the original key element covering joint working between HIS and the Care Inspectorate.
- h) Regarding the Right Decision Service (RDS), funding for 2025-26 at the same level as the previous year has been confirmed by the relevant directorate in Scottish Government (SG) but will still require confirmation from the finance directorate in SG. Evaluation of the impact of RDS is in hand but is a longer term piece of work.
- i) Regarding complaints, the majority relate to independent healthcare (IHC) and where there is complexity, further contact may be needed with the complainant and an extension required to the deadline for responding. Complaints often relate to HIS fulfilling its regulatory role. Detail on reputational impacts will be provided in future reports and the previous year's annual report on complaints will be shared with the member making the enquiry.
- j) HIS was previously involved in the Guthrie Card Index and is now engaging with SG around current involvement.
- k) Scottish Medicines Consortium (SMC) is showing good progress. During 24/25, 66% of medicines (including non-submissions) were accepted. There are various routes for medicines that are not recommended and further detail will be provided to the member who made the enquiry.
- l) Regarding the timelines for the Healthcare Staffing Programme alternative options for an improved employment model, the first paper will soon be provided to the Executive Team.

Decision: The Board noted the report.

Actions: Director of NSI to add information about reputational impact to future complaints information; Director of NSI to confirm to member what the abbreviation CAV means; Director of Evidence and Digital to provide more information to member on action in relation to SMC advice which is not recommended.

2.SETTING THE DIRECTION

2.1 Quality Assurance and Regulation Annual Plan

The Director of QARD provided the annual plan which had already been considered by the Quality and Performance Committee and thanked the Operations Manager for their input. He highlighted the new work covering maternity services and mental health, and a request for work related to Child and Adolescent Mental Health Services (CAMHS).

It was noted that a paper will be provided to the Quality and Performance Committee regarding a new approach to Safe Delivery of Care inspections. The HIS Chair advised that all Board members are welcome to attend to observe the discussion on this item.

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

- a) The 129 inspections of IHC services equates to approximately one third of the total number of services registered.
- b) Resources for inspections need to be flexible to meet unpredictable demands and activity is risk and intelligence based. CAMHS work will be part of the mental health processes.
- c) Regarding maternity services, improved data is expected as this was an action from the neonatal deaths review.

Decision: The Board noted the plan and accepted the moderate level of assurance offered.

2.2 Data and Intelligence Strategy

The Director of Evidence and Digital provided the draft strategy which had already been supported by the Audit and Risk Committee and advised that the strategy took account of the digital review in 2020, actions from the Responding to Concerns Review, digital capability and financial constraints.

The Chair of the Audit and Risk Committee advised that the Committee had discussed the achievement of digital enablement and demonstrating impact.

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

- a) HIS is already data driven but the strategy seeks to make this more systematic and integrated while interfacing with national systems and triangulating data to ensure analysis is robust.
- b) Work will begin with an internal focus so that the person-centred approach will apply to what data staff need to deliver their work. Work will then look more externally.
- c) The work will be designed to fit within the funding available.

Decision: The Board approved the strategy and accepted the moderate assurance offered.

2.3 Collaboration and Leadership

The Chief Executive provided the paper which set out an update on activity by NHS Boards in support of SG's renewal and reform agenda, and in particular in relation to the letter from the Chief Executive of NHS Scotland/Director-General Health and Social Care about collaboration across all organisations. There are implications for HIS in relation to how we work beyond organisational boundaries and for our assurance activity.

In response to a question about public communications, it was advised that an update is awaited from SG on a communications and engagement group.

Decision: The Board approved the adoption of the recommendations and accepted the moderate assurance offered.

3.HOLIDNG TO ACCOUNT including FINANCE AND RESOURCE

3.1 Operational Performance Report

The Director of FPG and the Director of Workforce provided a new format of report which combined delivery performance, financial performance and the workforce report. The reports were previously considered by the relevant Committees. The key points from the report were:

- a) At the end of quarter 3, 82% of work programmes were on track; eight key performance indicators were head of or on track while four were behind.
- b) At the end of February, the financial position is a £200k underspend with a balanced budget forecast for year end.
- c) Of the £2.5m savings target, £2.1m has been achieved but almost 60% of this is non-recurring. Audit and Risk Committee requested a recurring savings plan.
- d) Headcount and whole time equivalent figures increased monthly while turnover is less than the same time last year.
- e) Sickness absence decreased slightly from the July 2024 peak and the deep dive is ongoing.
- f) Current focus is on redeployment as fixed term contracts come to an end due to funding patterns.

In the questions that followed, it was noted that the increasing headcount alongside reduced turnover creates risks in relation to financial resources and a challenge in making recurring savings. The HIS Employee model needs to be maximised to ensure there is not unnecessary recruitment when skills and capacity already exist within the organisation. The Audit and Risk Committee and the Staff Governance Committee respectively will be examining these points.

Decision: The Board considered the performance report and accepted the moderate assurance offered.

3.2 Business Cases

The Board received two business whose value exceeds £500k and therefore they need Board approval to proceed.

3.2.1 Mental Health

The Director of Engagement and Change provided the business case which detailed funding for 2025-26 including the addition of Mental Health Responsive Support which was a new development.

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

- a) There will be a meeting with SG the following week to ensure the correct priority areas are proposed.
- b) There is a combination of user engagement activity, some of which is already underway and some links to other engagement we are doing already.
- c) Measurement plans are in place and will be monitored both internally and with SG. Short term measurement relates to activity in the current year while longer term is beyond this.
- d) This year £256k is allocated to Mental Health Responsive Support as an additional allocation but the aim in future is to have it within baseline.

Decision: The Board approved the business case and accepted the moderate assurance offered.

3.2.2 Hospital at Home

The Interim Director of NSI provided an outline business case for HIS' involvement in the implementation support for the expansion of Hospital at Home services to 2000 beds by December 2026. She noted that there are ongoing risks in relation to the availability and capacity of NHS boards to engage.

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

- a) Quarterly returns from NHS boards will enable interim milestones to be measured.
- b) The cost of delivering a Hospital at Home bed varies, for example whether it is located in an urban or rural location. Also in rural areas there may need to be more flexibility so that a broader role can be delivered in the patient's home.
- c) Quality assurance of the services is within our statutory responsibilities and work will be done to develop an appropriate model for this.
- d) Support from NHS boards is essential especially in relation to the release of hospital staff to deliver the service. Overnight care is challenging but some areas are using monitoring technology and have escalation procedures in place.
- e) Work is underway to clearly articulate the difference between Hospital at Home and Virtual Wards as the different programmes have different funding streams.

Decision: The Board approved the outline business case and accepted the moderate assurance offered.

4.INFLUENCING CULTURE

4.1 Anti-racism Plan and Equality Mainstreaming Report

The Director of Engagement and Change provided these reports noting that they had already been considered by the Scottish Health Council and the Staff Governance Committee. The Equality Mainstreaming report included new equality outcomes and the Anti-racism Plan is a new requirement for all NHS boards.

The Chair of the Executive Remuneration Committee advised that SG have also set targets around Executives' responsibilities in relation to anti-racism activity and this will be reflected in performance reviews.

The Board extended thanks to the Equality, Inclusion and Human Rights Manager for their input to the report.

Decision: The Board approved the Anti-racism Plan and the Equality Mainstreaming Report, and accepted the significant assurance offered.

4.2 Flexible Work Location Policy

The Director of Workforce provided a paper setting out the implementation arrangements for the Flexible Work Location Policy within HIS which would reflect current ways of working and include a review of current contract types. The paper had already been considered by the Staff Governance Committee.

Decision: The Board supported the proposals and accepted the moderate assurance offered.

5.ASSESSING RISK

5.1 Risk Management: Strategic Risks

The Director of FPG provided the strategic risk register, noting there were two less risks than the previous report and the Board will have the opportunity in May to fully review the strategic risks and risk appetite.

In response to a question from the Board, it was advised that risks are reviewed monthly by the relevant Director and by the Executive Team as well as Committees reviewing the risks assigned to them.

The Chair of the Audit and Risk Committee drew the meeting's attention to the new risk sub-committee which will link with the operational group for risk management.

Decision: The Board gained assurance of the management of the strategic risks and accepted the following levels of assurance:

- limited on the strategic risks which are out of appetite with the exception of Covid Inquiries which is marginally out of appetite and therefore considered to be within tolerance
- for risks within appetite, significant level of assurance when the residual score is medium or low and moderate level of assurance when the score is high.

6.GOVERNANCE

6.1 to 6.7 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

- Governance Committee Chairs: key points from the meeting on 26 February 2025
- Audit and Risk Committee: key points from the meeting on 5 March 2025; approved minutes from the meeting on 27 November 2024
- Executive Remuneration Committee: key points from the meeting on 3 December 2024
- Quality and Performance Committee: key points from the meeting on 19 February 2025; approved minutes from the meeting on 6 November 2024
- Scottish Health Council: key points from the meeting on 20 February 2025; approved minutes from the meeting on 14 November 2024
- Staff Governance Committee: key points from the meeting on 13 March 2025; approved minutes from the meeting on 23 October 2024
- Succession Planning Committee: key points from the meeting on 16 January 2025; approved minutes from the meeting on 30 May 2024

Decision: The Board noted the key points and minutes.

7.ANY OTHER BUSINESS

The Director of Evidence and Digital advised that four years of funding has been confirmed by SG for the voluntary scheme for branded medicines pricing, access and growth with the intent of finding ways to move medicines recommend by SMC into practice more quickly.

The Board Vice Chair asked the meeting to note that this was the final Board meeting for Carole Wilkinson as Chair of HIS ahead of her temporary move to NHS Tayside. Thanks were extended on behalf of the Board for her significant contribution as well as best wishes for her new role.

8.DATE OF NEXT MEETING

The next meeting will be held on 30 June 2025.

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.

Approved by: Evelyn McPhail, Interim Chair
Date: 30 June 2025