Public Board Minutes - Approved

Public Meeting of the Board of Healthcare Improvement Scotland at

10:00, 4 December 2024, 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

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

Ann Gow, Deputy Chief Executive/ Interim Director of Quality Assurance and Regulation

Mhairi Hastings, Interim Director of Nursing and System Improvement

Angela Moodie, Director of Finance, Planning and Governance

Clare Morrison, Director of Engagement and Change

Safia Qureshi, Director of Evidence and Digital

Simon Watson, Medical Director/Director of Safety

Apologies

None

Board Support

Pauline Symaniak, Governance Manager

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 Mhairi Hastings attending her first Board meeting and those in the public gallery. The Chair highlighted that this was the final Board meeting for Ann Gow and extended thanks on behalf of the Board for her contribution to the organisation. 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. The Chair highlighted the new interest declared by the Chief Executive as a Non-executive Director at Wheatley Care.

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

1.3   Minutes of the Public Board meeting held on 25 September 2024

The minutes of the meeting held on 25 September 2024 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 25 September 2024

It was noted that all actions were recommended for closure.
Decision: The Board approved closure of all actions.
Action: To be added to the action register from the minutes of 25 September: awaiting national position statements on the use of Artificial Intelligence.

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 following information:
a)   The Annual Review was held on 20 November as an online event which improved accessibility for attendees.
b)   The Scottish Health Awards were also held in November and had been a very positive event.

The Vice Chair highlighted that she had joined a meeting of the north and west Board Chairs group to discuss engaging with communities and a member of the Scottish Health Council had also attended the Health Awards and had provided very positive feedback.

Decision: The Board noted the update.

1.6   Executive Report

The Chief Executive provided the report and highlighted the following:
a)   Thanks were extended to HR colleagues and Partnership Forum for their input to the successful delivery of the HIS Employee programme.
b)   Dr George Fernie, Senior Medical Reviewer, had been appointed Chair of the UK Caldicott Council which is excellent recognition.
c)   The first HIS Safety Bulletin had been issued.
d)   The new Asthma Guideline demonstrated effective joint working across the UK.

e)   The launch of the Excellence in Care national resource for consistent care assurance and the training module on Essentials for Early Intervention in Psychosis were examples of the organisation's impact.

f)   HIS was making a significant contribution to NHS reform and issues highlighted in the recent Audit Scotland report on the NHS in Scotland. The 14th Citizen Panel report was a good example of this.

g)   The revised Adverse Events framework would be published in January 2025.

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

h)   Regarding the Scottish Health Technologies Group, vacancies had been held to assist with managing the budget but this was supported by a cross-directorate process for prioritising requests.

i)   The National Cancer Medicines Advisory Group's work included impact and costing but a statement of clarification was awaited from the Chief Pharmaceutical Advisor.

j)   Key aspects of the Audit Scotland report linked to the organisational strategy, in particular our work in system reform and improvement.

k)   The Strengths Deployment Inventory (SDI) supported developmental activity mostly aimed at teams and had a validated methodology. A useful background document was available providing more detail.

l)   The first phase of the Scottish Approach to Change had created a high level overview of change methodologies which would now enable these to be brought under a single approach.

m)   It was noted that delivery of the Hospital at Home programme was challenging for boards in the current financial context but it supported the aim of care in the community.

n)   The Scottish Households Survey had indicated a reduction in volunteering. This had not been evident within the NHS but there were implications for delivery of health and care services if third sector organisations were experiencing a decrease.

Decision: The Board scrutinised the report and accepted the moderate level of assurance offered.
Action: Background document on SDI to be shared with the Board.

2. SETTING THE DIRECTION

2.1   Responding to Concerns Review Action Plan

The Chief Executive presented the action plan advising that it had already been considered by the Quality and Performance Committee (QPC). It was noted that it was a cross-organisational response and would have resource implications. One of the actions was to appoint an oversight board for delivery of the action plan and Nikki Maran, Non-executive Director, had agreed to chair this. Endorsement of this appointment was being sought from the Board.

The Chair of QPC advised that the Committee and the Short Life Governance Group had supported the action plan while noting the scale of work was significant and the timelines challenging. They took limited assurance from the report.

In response to questions from the Board, it was advised that interim arrangements were providing stronger judgements but had a significant impact on senior staff capacity. The oversight board may consider the timelines within the action plan.

Decision: The Board approved the action plan and the appointment of Nikki Maran as Chair of the oversight board. The Board accepted the limited assurance offered on the report.

2.2   NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update

The Deputy Chief Executive/Interim Director of Quality Assurance and Regulation provided an update on progress with the NHS Greater Glasgow and Clyde Emergency Department Review, noting that publication of the final report was now planned for March 2025 in light of the significant amount of information requiring analysis.

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

a)   There was confidence that the new March 2025 deadline would be met but there may a perception that this would delay implementation of any recommendations made. However, it was likely that recommendations would cover longer term activity.

b)   The numbers of staff in the board that had been engaged had increased since writing the report.

c)   The process would follow the standard approach in terms of factual accuracy checking and publication. There would also be an after action review once the process was fully complete.

Decision: The Board noted the update and accepted the moderate assurance offered.

Action: After action review to be completed of the full external review process.

3. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE PENING BUSINESS

3.1   Organisational Performance

3.1.1   Quarter 2 Performance Report

The Director of Finance, Planning and Governance provided the quarter 2 performance report, highlighting that 74% of programmes and eight out of 15 corporate Key Performance Indicators were on track. There were ongoing risks to delivery due to volume of work and pressures on existing resources especially for the Primary Care Improvement Programme (PCIP) and the Drugs and Alcohol Programme. QPC had considered a detailed report at their meeting in November.

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

a)   Activity was underway to respond to the iMatter results and this included benchmarking with similar bodies.

b)   The HIS Employee programme would have a positive impact for programmes at risk but this would take time due to training and catching up.

c)   PCIP was affected by late additional allocations so the programme was redesigned to focus on the GP Contract work.

d)   Responsive support had a specific definition which currently only covers the Delayed Discharges work.

Decision: The Board scrutinised the Performance Report and accepted the moderate level of assurance offered.

Action: An update report on PCIP to be provided to QPC.

3.1.2   Financial Performance Report

The Director of Finance, Planning and Governance provided the financial report noting that there was currently an underspend of £700k but the year end forecast was an underspend of £300k which was outwith the 1% tolerance permitted. There was confidence that the £2.5m savings target would be achieved.

The Chair of the Audit and Risk Committee (ARC) advised that the Committee had discussed the need for more recurring savings to ease the financial challenges of future years.

In response to questions from the Board, the following additional information was provided:
a)   The aim would be to enter 2025/26 without a large savings target but that would require prioritisation of work.
b)   Regarding the underspend, some decisions had already been taken to reinvest some of it but the remainder would be returned to Scottish Government.
c)   The provision for independent healthcare ventilation requirements would be carried forward into the next financial year.

Decision: The Board considered the financial position and accepted the significant assurance offered.

3.1.3   Workforce Report
The Director of Workforce provided the Workforce Report noting that turnover was low at 4.5% and sickness absence had reduced to 4.3%. A deep dive was underway into absence levels.

In response to a question from the Board, it was advised that results were available broken down to directorate level and some directorates had experienced significant change in recent years which may impact their level of sickness absence.

Decision: The Board reviewed the Workforce Report and accepted the moderate level of assurance offered.
Action: Absence deep dive to include benchmarking with similar organisations.

3.2   Workforce Plan
The Director of Workforce provided the Workforce Plan, noting that it had been considered already by Staff Governance Committee and Partnership Forum.

In response to comments from the Board, it was advised that standardisation had been attempted for directorate sections but they represented diverse work and skills, though work will be undertaken on programme management and improvement adviser roles. The Organisational Development and Learning Strategy was mentioned and the Digital Strategy would ensure digital skills were considered.

Decision: The Board approved the plan, noting that there would be ongoing adjustments and accepted the moderate level of assurance offered.
Action: Further refinement of Executive Summary to be undertaken to reflect comments.

3.3   Integrated Planning Update
Jane Illingworth, Head of Planning and Governance, joined the meeting for this item.

The Director of Finance, Planning and Governance provided an update on the integrated planning process for 2025-26 covering the financial plan and the work programme. It was noted that detail had already been considered by ARC and QPC. Challenges in the process were the need to deprioritise to achieve affordability and the differing timeline for the Workforce Plan set by Scottish Government.

In response to questions from the Board, it was advised that draft plans would be provided to the January 2025 Board seminar which would be attended by the Senior Leadership Team. This would support shared understanding and prioritisation.

Decision: The Board noted the update. They accepted the significant level of assurance offered that the processes align to strategic direction and external context; they accepted the limited assurance offered that budget assumptions were in line with anticipated funding from Scottish Government.

4.ASSESSING RISK

4.1   Risk Management: strategic risks
The Director of Finance, Planning and Governance provided the strategic risk register, noting that one new risk had been raised covering the impact of a number of public inquiries.

The Chair of ARC advised that Board that the Committee considered new proposals related to risk management which would create a sub-committee jointly chaired by the ARC Vice Chair and the Lead Officer for risk management, the Head of Finance and Procurement. The sub-committee would link with the operational advisory group for risk management. It was also suggested that other Committees provide their risk considerations to ARC who then provide assurance to the Board.

Decision: The Board gained assurance of the management of the strategic risks and accepted the following levels of assurance:
a)   limited on the strategic risks which were out of appetite with the exception of data breach and Covid Inquiries which were marginally out of appetite and therefore considered to be within tolerance.
b)   significant when the residual score was medium or low.
c)   moderate when the score was high.

Decision: The Board supported the proposals set out above for risk management.

5. GOVERNANCE

5.1   Governance Action Plan Updates - Committee Annual Reports 2023-24 and Blueprint for Good Governance
The Director of Finance, Planning and Governance provided updates on these two governance action plans, advising that actions were well progressed.

Decision: The Board noted the updates and accepted the significant level of assurance offered.

5.2-5.8 Committee Key Points and Minutes
Committee Chairs provided key points from the quarter 3 Committee meetings and approved minutes where appropriate from the quarter 2 meetings as follows:
a)   Governance Committee Chairs: key points from the meeting on 20 November 2024
b)   Audit and Risk Committee: key points from the meeting on 27 November 2024; approved minutes from the meeting on 4 September 2024
c)   Quality and Performance Committee: key points from the meeting on 6 November 2024; approved minutes from the meeting on 14 August 2024
d)   Scottish Health Council: key points from the meeting on 14 November 2024; approved minutes from the meeting on 12 September 2024
e)   Staff Governance Committee: key points from the meeting on 23 October 2024; approved minutes from the meeting on 7 August 2024.

It was noted that the Succession Planning Committee had not met in quarter 2 and the Executive Remuneration Committee had met on 3 December 2024.

Decision: The Board noted the key points and minutes.

6.ANY OTHER BUSINESS

6.1   There were no items of any other business.

7.DATE OF NEXT MEETING

Next meeting will be held on 26 March 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: Carole Wilkinson

Date: 26 March 2025