

**Public Meeting of the Board of Healthcare Improvement Scotland**

Date: 28 September 2022

Time: 14.00

Venue: Boardroom, Gyle Square, Edinburgh

**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

**In Attendance**

Sybil Canavan, Director of Workforce

Lynsey Cleland, Director of Community Engagement

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 McNeill, Interim Director of Community Engagement

Angela Moodie, Director of Finance, Planning and Governance

Lynda Nicholson, Head of Corporate Development

Safia Qureshi, Director of Evidence

Simon Watson, Medical Director

**Apologies**

Rob Tinlin, Non-executive 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	<b>Chair's welcome and apologies</b>	
	<p>The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance.</p> <p>The Chair welcomed the new Board Members appointed in July and September to their first formal board meeting – Abhishek Agarwal, John Gibson, Judith Kilbee and Michelle Rogers. She also welcomed Doug Moodie as the new Chair of the Care Inspectorate and Lindsey McNeill attending her first board meeting in her interim post.</p> <p>Apologies were noted as above.</p>	
1.2	<b>Register of Interests</b>	
	<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	<b>Minutes of the Public Board meeting held on 29 June 2022</b>	
	<p>The minutes of the meeting held on 29 June 2022 were accepted as an accurate record.</p>	
1.4	<b>Action points from the Public Board meeting on 29 June 2022</b>	
	<p>The action point register was reviewed. The updates against each action were accepted and noted as complete. There were no matters arising.</p>	
1.5	<b>Chair's Report</b>	
	<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 points:</p> <ul style="list-style-type: none"> <li>a) The report summarised activity since the board meeting in June 2022.</li> <li>b) The Board considered an urgent matter by email in respect of the proposed application by HIS for core participant status in the Scottish Covid-19 inquiry. The Board approved the proposal.</li> </ul> <p>In response to questions from the Board about preservation of documents required by the Covid-19 inquiry, it was advised that all participating bodies have received letters setting out the document handling protocols and “do not destroy” instructions. HIS has not yet examined its documentation as we have not received a request so far for specific information. The inquiry also requires that documentation is provided without redactions. These protocols set out by the inquiry require to be followed but the matter will be discussed with the HIS Knowledge Management team to ensure we continue to comply with other legal obligations in respect of the data we hold.</p> <p>The Board noted the report and approved the committee membership details set out.</p>	<p><b>Head of Corporate Development</b></p>

<p><b>1.6</b></p>	<p><b>Executive Report</b></p> <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"> <li>a) The report is intended to set out developments and activities not covered within the performance report which is provided later in the agenda.</li> <li>b) The visit to Delta House by Caroline Lamb, Director General for Health and Social Care and Chief Executive of NHS Scotland, was very well received and included an all staff huddle. A letter was sent by her after the visit with very positive feedback and a reply is awaited to our response. The areas of focus set out in the letter will be pursued and the Board will be kept informed.</li> <li>c) The ninth Citizens' Panel report was published. It found that only 11% of participants had experienced involvement in service change and their own care, while only 23% were aware that this is a statutory requirement.</li> <li>d) The Scottish Antimicrobial Prescribing Group published an update on the progress of implementing Outpatient Parenteral Antimicrobial Therapy across Scotland. It provides an excellent example of how HIS is supporting a system under pressure.</li> <li>e) The ihub delivered a Scottish Patient Safety Programme national learning event on 27 September 2022 about Creating the Conditions for Safe Care. It also provided an opportunity to reinvigorate our work in safety.</li> </ul> <p>In response to questions from the Board, the Chief Executive and Executive Team provided the following additional information:</p> <ul style="list-style-type: none"> <li>f) The One Team workstream will look at improving systems and processes within HIS. It will not duplicate with the Internal Improvement Oversight Board (IIOB) because the IIOB will be consolidated within it. This will lead to better alignment of effort and a more connected approach. It will assist with holding us to account for our internal improvement progress and for the Quality Management System.</li> <li>g) Work is underway to examine why the levels of Personal Development Plans and objective setting are lower than expected. It's not thought that home working has impacted this as most of the activity can be done online. Home working does create challenges for new starts in induction and development. It is also possible the development discussions have been held but the system has not been populated to reflect this.</li> <li>h) Regarding the impact of the budget challenges on staff morale in the Finance, Planning and Governance Directorate, it's important to recognise that staff are having difficult conversations with budget holders in relation to financial savings. This can be mitigated by building resilience, training and considering different options for motivation. Clarity from the Board will assist and a recognition that the financial challenge is for the whole organisation to tackle and not solely for the finance team.</li> </ul> <p>The Board examined in detail the report from the Executive Team and the additional information provided above, and were content with the information reported.</p>	
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<b>2.</b>	<b>SETTING THE DIRECTION</b>	
<b>2.1</b>	<b>Workforce Plan Update</b>	
	<p>The Director of Workforce provided a paper setting out the latest position with Workforce Plan development and highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) Development of the plan will continue over the next two months and it will be provided to the Partnership Forum and the Staff Governance Committee.</li> <li>b) The plan will include work on staff health and wellbeing, including the level of absence due to stress and anxiety.</li> <li>c) The plan will need to consider the future shape of the workforce and how we effectively recruit and retain staff in a competitive market.</li> <li>d) The ongoing financial challenges will also shape the plan.</li> </ul> <p>The Board noted the update.</p>	
<b>3.</b>	<b>ASSESSING RISK</b>	
<b>3.1</b>	<b>Risk Management: strategic risks</b>	
	<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 the following:</p> <ul style="list-style-type: none"> <li>a) The strategic risk register is presented in a new format which is based on the revised Risk Management Strategy.</li> <li>b) One new strategic risk has been added to the register covering safety.</li> <li>c) The Audit and Risk Committee received an earlier iteration of the register at their meeting on 7 September 2022.</li> </ul> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> <li>d) Inherent risk is calculated by multiplying the impact and the likelihood, and it is the score before mitigations and controls are applied.</li> <li>e) The new safety risk does not duplicate risk 1133 because it is specific to safety while risk 1133 is broader and covers several unknowns. The new risk relates to HIS rather than the system as the risk register covers risks for HIS only. It was noted that it could be made more clear in risk descriptions where the impact of the risk is.</li> <li>f) The new risk and risk 1160 are different risks because risk 1160 is focussed on assurance activities while the new risk is about wider safety risks in the system.</li> </ul> <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. The Board welcomed the progress made with the development of the risk register.</p>	
<b>4.</b>	<b>HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES</b>	
<b>4.1</b>	<b>Organisational Performance Report</b>	
<b>4.1.1</b>	<b>Quarter 1 Performance Report</b>	
	The Director of Finance, Planning and Governance provided a summary report of quarter 1 performance against the work programme and	


	<p>highlighted the following information from within the report:</p> <ul style="list-style-type: none"> <li>a) The Q1 performance report was considered at the Quality and Performance Committee meeting on 17 August 2022, and a summary of this is provided to the Board. The Committee discussed the Information and Communications Technology risks.</li> <li>b) Operational key performance indicators have been introduced. Of these, two are behind schedule (independent healthcare inspections and baseline spend) but corrective actions are in place.</li> <li>c) In relation to the work programme, 98 projects were active, 84 projects were on target, 14 were running behind plan, and 3 projects were completed. The programmes running behind are mainly doing so as a result of system pressures.</li> <li>d) Looking ahead to quarter 2, it is expected that more programmes will be running behind at the end of September due to the Resource Spending Review and the system pressures.</li> <li>e) A quarter 1 update to the Annual Delivery Plan has been submitted to Scottish Government and the quarter 2 update is due by the end of October. It will follow the format of the report that is provided to the Quality and Performance Committee.</li> </ul> <p>The Board examined the performance report and gained assurance from the progress reported.</p>	
<p><b>4.1.2</b></p>	<p><b>Financial Performance Report</b></p>	
	<p>This item was taken out of order and before the 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 August 2022 and highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) The Audit and Risk Committee considered the financial position as at the end of July at their meeting on 7 September 2022.</li> <li>b) There is an overspend of £0.5m which is 4% of the budget. This has been driven by pay costs with a higher whole time equivalent (WTE) and lower staff turnover than anticipated in the budget. A back to budget plan is in place to recover the overspend.</li> <li>c) Regarding additional allocations, a budget of £9m is expected but only £4m has been confirmed to date. £1.8m has been spent against the unconfirmed £5m and there are 51 WTEs associated with this. The risks in relation to Additional Allocations are increased this year by the financial environment. There are risks to delivery of unconfirmed projects as a result of not recruiting to their posts.</li> <li>d) The pay settlement of 5% has been rejected by the Unions. Scottish Government has agreed to fund a 5% pay award but it is not clear if they will fund more than this. If the pay award is 8%, HIS will have to find a further £1m of savings in the last six months of the year to cover this.</li> <li>e) The financial situation will be even more challenging next year and therefore the work of the IIOB and One Team will be critical for securing recurring savings.</li> </ul> <p>At this point, the Chief Executive highlighted the implications of unconfirmed funding in relation to his responsibilities as Accountable Officer. He sought the support of the Board in writing to Scottish Government about the position.</p>	

	<p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> <li>f) The sponsor team in Scottish Government are aware of the situation as we communicate regularly with them.</li> <li>g) The Operating Framework supports the position of HIS but there are commissions that we have agreed to do but we have not yet received the funding. There are risks related to receiving funding too late in the year to deliver the programme or not receiving the funding at all.</li> <li>h) This also has an adverse impact on the affected staff who have been recruited to posts in programmes for which there is no confirmed funding.</li> <li>i) The impact reaches beyond our own staff because some of the funds support posts in other boards. This also impacts our stakeholders more widely if we can't deliver a programme which involves them.</li> </ul> <p>Having considered the report and the additional comments made, the Board supported the Chief Executive in writing to Scottish Government.</p> <p>It was agreed that the letter will be provided to the sponsor team as that is the protocol and the only instance in which it would be escalated higher than this is one where the sponsor team were unable to act.</p> <p>Carole Wilkinson left the meeting after this item and Suzanne Dawson, Vice Chair, chaired the remainder of the meeting. Robbie Pearson also left the meeting after this item.</p>	
<b>4.1.3</b>	<b>Workforce Report</b>	
	<p>The Director of Workforce took the meeting through the workforce report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) The data represents the position at the end of August 2022 and a full report was provided to the Staff Governance Committee.</li> <li>b) The current sickness absence rate is 2.2%.</li> <li>c) Detail is provided in the report on recruitment campaigns, headcount and contractual mix.</li> </ul> <p>In response to questions from the Board, the following additional points were provided:</p> <ul style="list-style-type: none"> <li>d) The report doesn't provide metrics on fixed term contracts that may be ending due to the funding challenges but detail on this will be sought. Concerns are raised by these staff but mostly through line managers. Communications are being developed to provide general advice.</li> <li>e) The variance in workforce data for the Evidence Directorate is an outlier because of a number of recent retirements. An exit survey is shared with all staff who leave.</li> </ul> <p>Having scrutinised the report, the Board were assured by the workforce information set out.</p>	
<b>5.</b>	<b>ENGAGING STAKEHOLDERS</b>	
<b>5.1</b>	<b>Death Certification Review Service Annual Report</b>	
	Dr George Fernie, Senior Medical Reviewer, joined the meeting for this	

	<p>item.</p> <p>The Senior Medical Reviewer provided the draft annual report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>a) It is a statutory requirement for the service to produce an annual report. The content is prescribed but work has been done to make the report user friendly and accessible. Thanks were extended to stakeholders who provided contributions for the report.</li> <li>b) The service resumed business as usual on 7 March 2022 and reintroduced enhanced level 1 reviews and more detailed level 2 reviews.</li> <li>c) Direct access to clinical portals has been established.</li> <li>d) A number of changes to processes were made as a result of the pandemic and where these offer benefits, they are being retained. A hybrid style of review was delivered during the pandemic to ease pressures and this can be reinstated if needed this winter.</li> <li>e) Improvements in the accuracy of medical certificates of cause of death (MCCD) has continued through 2021-22. The commonest error is the cause of death being too vague and not indicating if a cancer is a primary site or has spread.</li> <li>f) Overall, 5444 MCCDs were reviewed by the service which is a little under the average to ease pressures on the system.</li> <li>g) Reports to the Procurator Fiscal increased during the pandemic and instances of failure to report to the Procurator Fiscal covered falls, trauma and infectious disease.</li> <li>h) Unexpected death audits were completed where appropriate to assist the certifying doctor with issuing the MCCD rather than going through an autopsy.</li> <li>i) The inquiry line continues to be busy and feedback about the service from certifying doctors continues to be very positive. A registrars focus group has also been convened.</li> <li>j) The number of breached cases was higher but this is largely due to the certifying doctor being unavailable and this is often as a result of system pressures.</li> <li>k) Complaints about the service were low at four.</li> <li>l) During 2022-23 the service will continue to work with boards to reduce certifying errors, roll out eMCCDs to secondary care and progress direct access to Health Board clinical portals to reduce administrative resource requirements within boards.</li> </ul> <p>In response to a question from the Board about random reviews, it was advised that this involves speaking to the certifying doctor. Here it should be noted that data protection legislation doesn't apply to deceased individuals.</p> <p>The Board welcomed the report and the level of service delivered. They approved it for publication.</p>	
<b>6.</b>	<b>GOVERNANCE</b>	
<b>6.1</b>	<b>Schedule of Board and Committee Meeting Dates 2023-24</b>	
	<p>The Board received from the Director of Finance, Planning and Governance a draft schedule for board and committee meetings during 2023-24.</p> <p>The Board approved the schedule.</p>	

<b>6.2</b>	<b>Governance Committee Chairs: key points from the meetings on 5 July and 31 August 2022</b>	
	In the absence of the Chair at this point in the meeting, the Board noted the key points.	
<b>6.3</b>	<b>Audit and Risk Committee: key points from the meeting held on 7 September 2022 and approved minutes from the meeting on 23 June 2022</b>	
	The Committee Chair advised that important discussions were held on independent healthcare and the website update. The Committee also welcomed progress with risk reports, considered the financial position and were keen to see more of the outputs of the IIOB given their relevance to recurring savings.  The Board noted the key points and minutes.	
<b>6.4</b>	<b>Quality and Performance Committee: key points from the meeting on 17 August 2022 and approved minutes from the meeting on 18 May 2022</b>	
	The Committee Chair advised that the Committee received a presentation on National Cancer Medicines Advisory Group by Dr Sally Clive and they noted that implementation of clinical and care governance is progressing well.  The Board noted the key points and minutes.	
<b>6.5</b>	<b>Scottish Health Council Committee: key points from the meeting on 15 September 2022 and approved minutes from the meeting on 19 May 2022</b>	
	The Committee Chair advised that the Chief Executive delivered a presentation on strategy development and the importance of meaningful engagement was discussed. The session reaffirmed priorities agreed at the Committee's development day in June. The Committee also approved the service change in Lochaber as not being classed as major.  The Board noted the key points and minutes.	
<b>6.6</b>	<b>Staff Governance Committee: key points from the meeting on 3 August 2022 and approved minutes from the meeting on 11 May 2022</b>	
	The Committee Chair advised that the Committee discussed the workforce plan and its associated risks as well as the iMatter survey which has shown an increase in the employee engagement score.  The Board noted the key points and minutes.	
<b>6.7</b>	<b>Succession Planning Committee: next meeting will be held on 19 January 2023</b>	
	It was noted that the Committee had not held a meeting.  The Chair of the Executive Remuneration Committee reminded the meeting at this point that the Executive Remuneration Committee does not report in public due to it considering personal information related to appraisal and remuneration.	



7.	<b>ANY OTHER BUSINESS</b>	
	There were no items of any other business.	
8.	<b>DATE OF NEXT MEETING</b>	
8.1	The next meeting will be held on 7 December 2022.	
	Name of person presiding: Carole Wilkinson  Signature of person presiding:    Date: 7/12/22	