

MINUTES – Approved

Public Meeting of the Board of Healthcare Improvement Scotland

Date: 23 March 2022

Time: 10.30 – 14.20

Venue: MS Teams Videoconference

Present

Carole Wilkinson, Chair

Jackie Brock, Non-executive Director

Keith Charters, Non-executive Director

Suzanne Dawson, Non-executive Director

Dr Zoë M Dunhill MBE, Non-executive Director

John Glennie OBE, Non-executive Director

Gill Graham, Non-executive Director

Nicola Hanssen, Non-executive Director

Christine Lester, Non-executive Director

Evelyn McPhail, Non-executive Director

Robbie Pearson, Chief Executive

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

Ruth Jays, 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

Paul Edie, Non-executive Director

Rhona Hotchkiss, 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	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>The Chair asked the meeting to note that a minute's silence will be observed during the meeting to join the country in reflecting on the second anniversary of the first coronavirus pandemic lockdown.</p> <p>The Chair also asked the meeting to note that a new style of board paper had been introduced for this meeting and feedback on it is welcome.</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 8 December 2021	
	<p>The minutes of the meeting held on 8 December 2021 were accepted as an accurate record.</p>	
1.4	Action points from the Public Board meeting on 8 December 2021	
	<p>The action point register was reviewed and the updates against each action accepted.</p> <p>The Chair advised that there was one matter arising which related to the Redress Scheme for Survivors of Historical Child Abuse. Due to urgent timescales the Board had received for consideration by email a paper setting out the proposal that HIS participates in the scheme. This is in line with other NHS Boards in Scotland. The Board approved the proposal.</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 points:</p> <ul style="list-style-type: none"> a) A revised Code of Conduct will require Board consideration and approval by email due to the timelines falling between Board meetings. b) The report seeks approval by the Board for the appointment of new Chairs for the Audit & Risk Committee and the Quality & Performance Committee given that those currently fulfilling the Chair roles will reach the end of their appointments on 31 May 2022. c) The advert for the upcoming Board vacancies is live and an online information session will be held for interested candidates. <p>In response to questions from the Board, the following clarification was provided:</p> <ul style="list-style-type: none"> d) Regarding the Covid-19 public inquiry, HIS will respond in the 	

	<p>same way as other public bodies.</p> <p>e) The social care resilience meeting featured a broad range of attendees from across the health and care system. The meeting provided an opportunity to begin discussions about system recovery. However, given the large attendance, there were not detailed actions agreed on the day but there will now be follow up by the Cabinet Secretary. One key message was the need for system redesign as well as recovery to enable future challenges to be met.</p> <p>The Board noted the report and approved the appointments of the two Committee Chairs noted above.</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) Regarding the Centre for Sustainable Delivery, the mapping of work programmes is complete and has identified areas for consolidation of our work. The Scottish Health Technologies Group are supporting the Centre with work on innovation. b) The National Care Service consultation has concluded but there are no further developments to report at this time. Legislation is expected in June. c) The Scottish Mental Health Law Review is an important piece of work. The Chief Executive and Director of Quality Assurance attended a stakeholder meeting and a consultation will be live shortly. d) We have delivered quality improvement work with NHS Lothian looking at improvements in unscheduled and urgent care. A presentation on this will be provided to a future Board session with NHS Lothian representatives invited to attend. e) The organisation's new ways of working will launch on 4 April 2022. <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"> f) Regarding the volunteering role to support patients who are fit to be discharged and don't need a discharge package, we are working closely with territorial boards on this to avoid any risk for volunteers or for HIS. g) Learning from the quality improvement work with NHS Lothian is already being captured and shared across the wider system. A lot of the work focussed on relational aspects and helping staff to have confidence to identify an issue then proceed with making a change. The work takes account of the local context and the fact that as well as services being under enormous pressure, staff are feeling tired. h) The Scottish Medicines Consortium balances demand and capacity by managing time and priorities. The capacity of the team is understood and an overview is maintained of changing priorities. i) Regarding NMAHP student placements, the lack of practice assessors and supervisors in HIS means that our placements are 	<p>Director of Improvement</p>

	<p>part of that of other Boards. The plan in future is to develop more assessors and supervisors from within our staff.</p> <p>j) The key challenges set out in the IT section of the report reflect the paper being written prior to having a business case to address the issues. This will be covered later in the agenda.</p> <p>k) Senior leadership is often needed in the ihub work programmes because improvement support needs to be agile and adaptable, especially in the context of the Covid-19 pandemic. This means that the work being delivered by teams often needs to change and this change of direction needs senior leadership input. The hope is that a number of programmes will reach maturity but the reality is that the context keeps changing. Where possible, programmes will be adapted rather than designed new but the change is often significant so the challenge is ongoing.</p> <p>l) Further information will be provided to the Board on whether volunteers were used to maximum capability during the pandemic.</p> <p>m) Regarding the new inspection methodology, it is largely observational due to the current pressures in the system but we are confident that we are obtaining an appropriate level of assurance. Going forward it will be important to triangulate data that is not currently available and to continue to evolve the methodology to reflect the context in which the organisation operates. The benefits that were identified from the adaptations made during the pandemic will be retained.</p> <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>	<p>Director of Community Engagement</p>
<p>2.</p>	<p>SETTING THE DIRECTION</p>	
<p>2.1</p>	<p>COVID-19 Latest Operational Update</p>	
	<p>The Director of Finance, Planning and Governance who is lead for the Covid-19 response, provided a verbal update on the latest developments in the pandemic response and highlighted the following:</p> <p>a) Restrictions continue to change and the Omicron variant is now dominant. The overall number of Covid hospital admissions is high but there is less impact on intensive care and the death rate. There remain significant capacity issues in the health and care system.</p> <p>b) The organisation starts its new ways of working on 4 April with the Delta House, Gyle Square and some Community Engagement offices re-opening. A more cautious approach is being adopted relative to Scottish Government guidance such that 1m social distancing will be maintained.</p> <p>c) There are rising cases amongst staff, a slight increase in absences and more carers leave being used. This will be closely monitored.</p> <p>In response to a question from the Board, it was advised that data is not to hand about the number of hospital admissions which are primarily for covid-related disease relative to those admissions in which the presence of covid-19 is incidental. This information will be sought and provided to the Board. The additional pressure on services arises from staff shortages due to covid-19 or due to covid-19 exacerbating other</p>	<p>Director of Finance, Planning and Governance</p>

	<p>conditions.</p> <p>The Board considered the latest position and were assured by the actions in place to continue to work within the context of the pandemic.</p>	
2.2	INTEGRATED PLANNING	
2.2.1	Integrated Planning 2022-23	
	<p>The Director of Finance, Planning and Governance provided a paper which set out the budget and the work plan for 2022-23, as well as a five year financial plan. The following points were highlighted:</p> <ul style="list-style-type: none"> a) The budget is in line with the Scottish Government funding allocation of £31.6m which includes a 1% tolerance. b) There is a 10% increase in the baseline whole time equivalents (WTEs) but a 40% increase in additional allocations WTE, bringing total spend on allocations to £6.7m. Further additional allocations are in the pipeline and confirmation of some of the allocations has been received since the paper was written. Additional Allocations remain an area of risk in achieving a balanced budget next year. c) Areas of investment will be delivered on a phased approach with regular check points. This will allow activity to pause if needed and will help to balance risks or react to any underspend. d) One of the actions to achieve recurring savings is to streamline processes and the impact of this will be to reduce pay costs. This will bring benefits in subsequent years. e) The five year financial plan provided in the paper includes several known assumptions. f) The paper was considered in detail by the Audit & Risk Committee and they noted two areas of concern: only one recurring savings initiative has been identified in the budget and the reliance on the People and Workforce Directorate to deliver significant levels of recruitment. <p>The Chair of the Audit & Risk Committee stated that the Committee were content with the financial plans for 2022-23 and with the investment in IT infrastructure. However, they were concerned that the IT investment would prevent the achievement of a balanced budget if savings were not found elsewhere to cover this spend.</p> <p>The HIS Chair asked the Board to note that the budget needs to be as ambitious as our future strategy and that External Audit are supportive of the production of a five year financial plan. The Executive Remuneration Committee will review the Directors' objectives for 2022-23 to ensure they include delivery of a balanced budget and making recurring savings.</p> <p>There then followed detailed questioning by the Board which brought out the following additional points:</p> <ul style="list-style-type: none"> g) Streamlining activities can bring positive outcomes where staff are on board with the work. There is already a priority list of processes to examine and the Staff Governance Committee will maintain oversight. There likely will not be a reduction in headcount but rather a reduction in the need for future recruitment. h) Regarding the assumption about the rate of staff turnover, the budget avoids setting the attrition rate too high as the organisation doesn't want to lose staff. It is a risk area and it will be monitored. 	

	<p>i) Regarding recurring savings, the costs detailed are external costs only and do not include staff from the Internal Improvement Oversight Board or subject matter experts from Directorates.</p> <p>j) Additional allocations include new projects for the ihub some of which represent significant funds. This is a risk area for delivery and reputation, for example if a suitable workforce is not available, but it will be closely monitored. The business case in relation to the drugs rehabilitation work has been through a rigorous examination by the Executive Team and the Quality & Performance Committee. There is a joint group with Scottish Government that meets monthly and has agreed very clear deliverables for the HIS role. The work will not be supported solely by new staff as some staff will transition from other additional allocation projects that are ending. Other areas of work will be paused if necessary. The model will mirror that of the Access QI programme which has been successfully delivered. Any issues will be escalated through the risk register and reported to the Quality & Performance Committee.</p> <p>k) Although there is a significant ask of the People and Workplace Directorate to do recruitment, plans are in place to manage this. Resilience of the team is being reviewed and the possibility considered of retaining people who were brought in to assist with the bulk recruitment exercise. The Workforce Plan for next year will be refreshed and include contingencies for this. It is noted that time needs to be built into the process for new staff for training and induction as well.</p> <p>l) Turning back to the streamlining of processes, unintended consequences such as an increase in staff attrition will be avoided by strong communications and engagement. This will build on the experience of staff engagement during the new ways of working. There will also be a strong focus on staff wellbeing and oversight by the Staff Governance Committee.</p> <p>m) Regarding the Healthcare Staffing Programme and impact on the labour market, this is not known yet but the focus is on patient safety rather than numbers of staff. Commissioning discussions will include planning what workforce is needed.</p> <p>n) The variation in inflation between the budget and the business cases will be standardised as part of the review of the new commissions process.</p> <p>Having examined the paper and considered the additional information provided, the Board approved the budget for 2022-23 but noted the concerns in relation to securing recurring savings and the scale of recruitment.</p> <p>Integrated planning will be added to the Governance Committee Chairs agenda as a cross-committee item to ensure that the Committees have oversight of the risks.</p>	Governance Manager
2.2.2	Digital Investment	
	<p>The Director of Evidence presented this business case and highlighted the following points from within the paper:</p> <p>a) In October 2019, the Board agreed that HIS should become a role model in the use of digital technology. Following this, a review of Information and Communications Technology (ICT) capabilities and ambitions was undertaken with the support of the Digital and</p>	

	<p>Security division of NSS. The resulting ICT Review and Recommendations report was approved by the Board in September 2020 and developed into the first digital strategy for HIS.</p> <ul style="list-style-type: none"> b) A digital development lead has been appointed and the ICT team and the previous planning team have been amalgamated into a digital development team. c) The digital development lead has undertaken a further review and identified four areas for focus: infrastructure and hardware improvements to create safer and more resilient systems; website upgrade to improve functionality and impact for stakeholders; new systems to improve security and gain benefits in how we use data; staff investment in the ICT team to ensure it can provide both maintenance and development of systems. <p>The HIS Chair asked the meeting to note that the ICT Team had worked very hard over the last two years of the pandemic to respond to the needs of home working.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> d) Given the interdependencies of the actions, project plans with milestones will be created. The resources needed will be identified and dashboard reports will be developed. e) The £53k figure in the business case and where the budget comes for it will be clarified. f) Spend for the project is mostly within the next 12 months but there is also a contingency should it not be. Contracts could be higher in future years. We are working closely with the Scottish Ambulance Service on procurement and their procurement has helped with market testing. The user requirement specification will detail the value of the contract. g) There is confidence that the additional funding requested from Scottish Government for the website redevelopment will be provided as it's a small amount. Without this extra funding, the website can still be redeveloped but wouldn't have the full functionality being sought. <p>Having examined the business case, the Board were content to approve it.</p>	<p>Director of Finance, Planning and Governance</p>
<p>2.2.3</p>	<p>Business Cases for Approval</p>	
	<p>The Director of Finance, Planning and Governance referred to the business cases set out in the paper. She advised that the Standing Financial Instructions require the Board to approve plans with resource implications about £500k. All of the business cases are additional allocations with a total of approximately £4m and represent 60 whole time equivalent staff. The allocations are in the budget or in the pipeline list.</p> <p>In response to questions from the Board, the following answers were given:</p> <ul style="list-style-type: none"> a) Regarding the Scottish Medicines Consortium (SMC) business case, the additional staff will fit into existing teams and therefore that can be absorbed within the SMC context. b) The Value Management Collaborative remains highly relevant as it is delivering quality management at a team level which is part of 	

	<p>our strategy. There are the financial implications of improvement to consider and Boards will be challenged in the next few years but feedback from Boards indicates that they welcome this work.</p> <ul style="list-style-type: none"> c) Regarding Designing & Improving Residential Care, there is a risk in how our redesign impacts directly on service users but it is well mitigated as we are using existing work and ensuring there is good engagement. d) There is a corporate overhead added to all additional allocations to ensure the costs of additional support services are covered for each additional allocation. e) The Healthcare Staffing Programme is mentioned in the national workforce strategy and it will bring more certainty on numbers. f) Regarding the inspection of mental health units, this has been under discussion with Scottish Government for some time and they are keen for the work to proceed. There is currently no baseline for infection prevention and control in mental health units so that will be an initial area of focus. There will be an ongoing dialogue with Scottish Government, the Care Inspectorate and the Mental Welfare Commission to ensure wider links are made and there is no duplication. HIS has been asked to bring specific skills related to infection prevention and control but the work may evolve beyond this. <p>Having considered the business cases, the Board was content to approve them.</p> <p>It was noted that these business cases demonstrate that the organisation is growing significantly and there is a need to review the structure to ensure that it remains effective.</p>	
2.3	Scrutiny and Assurance Activity 2022-23	
	<p>The Director of Quality Assurance provided a paper setting out the planned scrutiny activity for 2022-23 and highlighted the following points:</p> <ul style="list-style-type: none"> a) Legislation requires that an inspection plan is created each year. To date this has been provided as part of the operational plan but given its growing complexity, it is being provided to the Board as a separate plan for increased clarity. b) All of the scrutiny and assurance programmes in HIS adapted their approaches to fit the context of the pandemic but all are now operational again including the Death Certification Review Service which has returned to 12% sampling of cases. c) Hospital inspections will continue with the new methodology and this will be flexible as operating contexts change. d) New programmes include the mental health unit inspections and the joint inspections of police custody suites. e) There are also reviews underway in relation to cervical screening, the Queen Elizabeth University Hospital and the Angus significant case review. f) An interim Programme Director has been appointed to ensure the plan can be delivered with appropriate staffing and resources. <p>In response to questions from the Board, the following information was provided:</p> <ul style="list-style-type: none"> g) The learning from the quality assurance system links to the Quality Management System approach. It will be shared across the other directorates of HIS and fully integrated into the work of 	

	<p>the rest of the organisation.</p> <p>h) HIS does not routinely scrutinise significant case reviews as the Care Inspectorate has responsibilities in this area. The Angus case review was a specific ministerial commission to ensure there is improvement support and that the action plan is addressed. The Sharing Intelligence for Health and Care Group scrutinises board and sub-committee papers as part of the annual review of each territorial Board.</p> <p>The Board examined the scrutiny plan provided and were content to endorse the proposals set out.</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 the following:</p> <p>a) There are 12 strategic risks on the register including a new risk related to sustainability and climate change.</p> <p>b) The risk related to the impact of covid-19 has been downgraded leaving only one risk rated at very high in relation to workforce and capacity.</p> <p>c) The Audit & Risk Committee also discussed the strategic risk register at their meeting on 16 March 2022 and received a summary of the risk deep dives that had been delivered by Committees during the year. The Committee agreed that the deep dives should continue.</p> <p>In light of earlier discussions about the budget and recurring savings, the finance risks will be reviewed.</p> <p>The Board considered the strategic risk register and, subject to the comment above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated.</p>	Director of Finance, Planning and Governance
3.2	Risk Management Strategy	
	<p>The Director of Finance, Planning and Governance provided a revised Risk Management Strategy for the Board's consideration. She advised that it had not been fundamentally changed but rather there had been enhancements and the introduction of some new concepts. It had been considered by the Risk Management Advisory Group and the Audit & Risk Committee Vice Chair, and was provided to the Audit & Risk Committee at its meeting on 16 March.</p> <p>The Chair of the Audit & Risk Committee advised that they had examined the strategy in detail and were content.</p> <p>The Board considered the update strategy presented and were content to approve it.</p>	
4.	HOLDING TO ACCOUNT – INCLUDING FINANCE AND RESOURCES	
4.1	Organisational Performance Report Quarter 3 including Workforce Report	
	The Board received the latest information about organisational	

performance as at quarter 3 which included the finance report, the workforce report and the high/very high operational plan risks.

Performance Report

The Director of Finance, Planning and Governance highlighted the following information from within the report:

- a) The report was presented to the Quality & Performance Committee meeting on 23 February 2022.
- b) There are 97 projects currently active which is five less than the previous report. 71 projects are on track, 26 projects are at risk and four projects are complete.
- c) Projects at risk are due to a delay to the original milestone which is usually due to system pressures due to covid-19.
- d) There was a fall in the backlog of independent healthcare inspections from 102 to 62.
- e) 13 operational plan risks are set out in the report, only one of which is very high which is related to the Scottish Medicines Consortium.
- f) There were five new commissions proposed in the quarter bringing the year total to ten.
- g) The remobilisation plan update is included at appendix 2 and has been submitted to Scottish Government. There are no red flagged items compared to two in the previous quarter.

The following responses were provided to questions from the Board:

- h) The lag in the performance reporting was identified as an area for action by Internal Audit. More agile ways of reporting will be considered as will the level of detail that the Board receives relative to that for the Quality & Performance Committee.
- i) New commissions undergo a prioritisation process which involves assessing if they are aligned to our strategic goals and key delivery areas. There is also consideration given to whether or not HIS has the right expertise for the commission. If these criteria are not met, the commission will not be accepted.

The Board examined the performance report and were content with the progress reported.

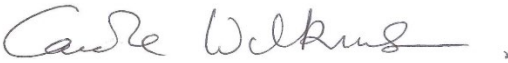
Finance Report

The Director of Finance, Planning and Governance presented the financial position as at the end of February 2022 and drew the Board's attention to the following points:

- a) Expenditure year to date is £30.8m, which is £0.3m under budget. This underspend is mainly due to delays in additional allocation funded projects, either from deferred funding confirmations or system pressures preventing progress.
- b) The high-level baseline outturn for the year is predicted to be in line with the original budget of £30.6m and within the tolerance level of 1%.
- c) On additional allocations, spend year to date is £3.0m against a revised budget of £4.1m. Scottish Government have been advised of a return of funding which is now likely to be approximately £2.6m.
- d) The whole time equivalent at the end of February is 517 and this needs to increase to 530 by the end of March to transition into next year's budget. This is challenging to recruit this number of

	<p>staff so more additional allocations may be returned.</p> <p>The Chief Executive asked the meeting to recognise the efforts of the Finance Team and Directors to get to this position.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> e) Scottish Government have confirmed that a surplus cannot be carried forward into next year. f) The corporate services recharge has not been added this year and this has helped to achieve a balanced budget. It is a useful lever to assist the financial position. <p>Having scrutinised the report, the Board were content with the financial performance set out.</p> <p><u>Workforce Report</u></p> <p>The Director of Workforce then took the meeting through the workforce report and highlighted the following points:</p> <ul style="list-style-type: none"> j) The report provides the position at the end of February and includes data on the workforce mix across directorates and staff changes which show a net increase to headcount. k) Sickness absence is 2.9% which doesn't include covid-19 related absences. We are not observing a significant increase in absence but are seeing a slight increase in carer's leave. l) The report was also provided to the Staff Governance Committee. <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> m) An after action review will be done for the bulk recruitment exercise and learning will be used to inform future recruitment. It was an economical way to deliver recruitment so will be considered for use again in the future where appropriate. There are also plans to undertake process mapping of recruitment activity to identify improvements and to make best use of systems like Jobtrain. n) The workforce figures in the finance report and the workforce report show some variance but this will be corrected from 1 April so that the figures in future will match. <p>Having scrutinised the report, the Board were content with the workforce information set out.</p>	
5.	GOVERNANCE	
5.1	Governance Committee Chairs: key points from the meeting on 9 February 2022	
	<p>The Chair advised that this meeting discussed cross-committee matters, risk deep dives and reflected on the active governance session held on 26 January 2022. They also considered the most appropriate governance route for the paper in the relation to the Redress Scheme for Survivors of Historical Child Abuse.</p> <p>The Board noted the key points.</p>	

5.2	Audit and Risk Committee: key points from the meeting on 16 March 2022; approved minutes from the meeting on 24 November 2021	
	<p>The Committee Chair advised that the Director of Improvement is using risk deep dives within that directorate and this may be worth sharing more widely. He noted that several good audit reports were received, in particular the one related to the Delta House works.</p> <p>The Board noted the key points and minutes.</p>	
5.3	Quality and Performance Committee: key points from the meeting on 23 February 2022 and approved minutes from the meeting on 3 November 2021	
	<p>The Committee Chair highlighted the following points:</p> <ul style="list-style-type: none"> a) The Committee welcomed the new commission related to reducing drugs death and asked for regular updates on progress. b) The national strategic framework for health technologies was also welcomed and will raise the profile of health technologies to the benefit of patients. c) A key risk area discussed was screening programmes, both the six national ones and those delivered by Boards. The Committee noted a possible role for HIS in establishing standards. d) An update was provided on the Significant Adverse Events notification system and the Committee will continue to receive progress reports. <p>The Board noted the key points and minutes.</p>	
5.4	Scottish Health Council Committee: key points from the meeting on 17 February 2022 and approved minutes from the meeting on 11 November 2021	
	<p>The Committee Chair advised that the Committee approved updated guidance on major service change and agreed that the review of chemotherapy services at NHS Ayrshire and Arran is major service change. The Committee also received Rethinking Meaningful Engagement Guidance and Community Engagement will feature at the upcoming NHS Board Chairs Group meeting.</p> <p>The Board noted the key points and minutes.</p>	
5.5	Staff Governance Committee: key points from the meetings on 24 January and 9 March 2022, and approved minutes from the meetings on 27 October 2021 and 24 January 2022	
	<p>The Committee Chair advised that the Committee discussed the Workforce Plan at both recent meetings and received the Workforce Equality Monitoring Report. There was a discussion about the need to effectively target mandatory training and the HIS Campus Group will take this forward.</p> <p>The Board noted the key points and minutes.</p>	
5.6	Succession Planning Committee: key points from the meeting on 25 January 2022 and approved minutes from the meeting on 21 September 2021	
	<p>The Committee Chair advised that the Head of Communications had delivered a presentation about Non-executive Director recruitment in his previous position. The Committee also received an update on the</p>	

	<p>Succession Plan and current recruitment.</p> <p>The Board noted the key points and minutes.</p>	
6.	ANY OTHER BUSINESS	
	<p>The Chair asked the meeting to note that this is the final public Board meeting for two Non-executive Directors, John Glennie OBE and Dr Zoë M Dunhill MBE, who reach the end of their eight year appointments on 31 May 2022. On behalf of the organisation, she extended her thanks to them for their significant contributions over those years and for the leadership they have provided to their Committees.</p>	
7.	DATE OF NEXT MEETING	
7.1	<p>The next meeting will be held on 29 June 2022</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: 29/6/22</p>	