MINUTES – APPROVED

Public Meeting of the Board of Healthcare Improvement Scotland at
10:30, 27 March 2024 by MS Teams

Present	In Attendance
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair	Lynsey Cleland, Director of Quality Assurance and Regulation
Abhishek Agarwal, Non-executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement
Keith Charters, Non-executive Director	Ben Hall, Head of Communications
Gill Graham, Non-executive Director	Jane Illingworth, Head of Planning and Governance
Nicola Hanssen, Non-executive Director	Clare Morrison, Director of Community Engagement and Redesign
Judith Kilbee, Non-executive Director	Lynda Nicholson, Head of Corporate Development
Nikki Maran, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Evelyn McPhail, Non-executive Director	Karlin Rodgers, Head of Finance and Procurement
Doug Moodie, Chair of the Care Inspectorate	Simon Watson, Medical Director/Director of Safety
Michelle Rogers, Non-executive Director	
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
Board Support	**Apologies**
Pauline Symaniak, Governance Manager	Angela Moodie, Director of Finance, Planning and Governance

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 those in the public gallery. Apologies were noted as above.
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 6 December 2023**
	The minutes of the meeting held on 6 December 2023 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 6 December 2023**
	It was noted that all actions were complete or their status updated. **Decision: The Board gained assurance from the action updates.**
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 provided the following information: a) The report includes the Blueprint for Good Governance development plan which requires approval by the Board and an agreed future reporting schedule. b) She had joined several directorate development events and was impressed by staff

	enthusiasm and creativity. c) A positive meeting with the Minister for Public Health and Women's Health had covered maternal healthcare. The Vice Chair highlighted the community engagement presentation to NHS Board Chairs. **Decision: The Blueprint for Good Governance development plan was approved for submission to Scottish Government and agreed future reporting to align with target dates for actions later in the financial year.**
1.6	**Executive Report**
	The Chief Executive provided the report from which the following was highlighted: a) He wished to record the organisation's thanks to Jason Leitch who is stepping down as National Clinical Director for his support to HIS over many years. b) HIS has exceeded the target level for compliance in respect of the Network & Information Systems Regulations audit and was described by the auditor as a strongly performing Board. The questions from the Board and the additional information provided covered the following: c) The change in HIS sponsorship at Scottish Government is not expected to have a significant impact but work will be done to build new relationships. d) The National Cancer Medicines Advisory Group (NCMAG) issues advice about medicines but unlike Scottish Medicines Consortium advice, Boards are not required to consider it. e) The key recommendation impacting HIS from the Independent Review of Inspection, Scrutiny and Regulation of Social Care (IRISR) is in relation to the health and social care standards. The Board will be kept updated on progress. f) Delays to recruitment in the Primary Care Improvement Portfolio are due to the financial constraints but it is hoped to make progress very soon. **Decision: The Board gained assurance on the developments reported.** **Action: Update on NCMAG to be provided to Quality and Performance Committee; Board to be kept updated on progress with the IRISR.**
2.	**HOLDING TO ACCOUNT – including FINANCE AND RESOURCE**
2.1	**Integrated Planning**
2.1.1	**Quality Assurance and Regulation Plan 2024/25**
	The Director of Quality Assurance and Regulation provided the plan noting that it is part of the Annual Delivery Plan (ADP) and proposed activity reflects current capacity in the directorate. The following points were provided in response to a number of questions from the Board: a) Organisational change in the directorate has sought to improve flexibility of resources. Resources versus planned inspection activity will be kept under review through the year. b) Maternal healthcare inspections will use the safe delivery of care (SDoC) methodology initially which gives a broader assessment while making best use of resources. c) The Key Performance Indicator (KPI) for independent healthcare (IHC) inspections uses a risk based approach. This will be kept under review and a deep dive of IHC is planned. d) The SDoC methodology can be flexed to respond to system pressures and also uses a risk based approach to select inspections which draws from a number of sources of intelligence. e) Ad hoc reviews vary in number but on average HIS has delivered one or two per year. f) HIS' regulatory role in IHC covers any service delivered by a healthcare professional and those dentistry services which are wholly independent of NHS Boards. **Decision: The Board noted the Quality Assurance and Regulation Plan.** **Actions: Plan to be considered in detail by the Quality and Performance Committee at an extraordinary meeting; in future the plan to be provided to this Committee ahead of the Board as part of the ADP; consideration to be given to re-introducing Public Partners into inspections.**
2.1.2	**Interim Workforce Plan**
	The Director of Workforce provided this update and advised that it had already been considered by the Executive Team, Partnership Forum and Staff Governance Committee. The Chair of the Staff

	Governance Committee noted the importance of the plan setting out the workforce required to deliver the business. In response to questions, the Director of Workforce advised that work will be undertaken cross-organisationally to ensure the right skills are in the right place to deliver the work and meet KPIs, and to understand the balance needed between specialist roles and generic roles. **Decision: The Board endorsed the planned approach to workforce plan development.**
2.1.3	**Business case: Mental Health Programme**
	The Director of Community Engagement and System Redesign, and the Director of Quality Assurance and Regulation provided the business case which set out proposals for the consolidation of several programmes into one offering. It was noted following questions from the Board that it will be important to manage expectations of what HIS can deliver and have a clear exit strategy, especially in light of the funding reductions and uncertainties. Assurance was given that the scope has been discussed with Scottish Government in light of reduced funding and discussions about funding are ongoing with them. **Decision: The Board approved the ongoing development of the business case but remitted to the Quality and Performance Committee an action to examine in more detail the delivery aspects of the business case as the timeline had not allowed scrutiny by the Committee ahead of the Board.** **Action: Extraordinary Quality and Performance Committee meeting to be arranged to consider the business case delivery aspects.**
2.1.4	**Business case: Maternity and Neonatal Programmes**
	The Deputy Chief Executive/Director of Nursing and System Improvement provided the business case which set out proposals for a quality management system for maternity services to fill the current gap in assurance. The Board noted the risks related to funding of the programme and supported continued discussions with SG regarding funding. It was noted that there had not been any feedback from Boards regarding repurposing the Continuous Quality Improvement Allocations funds. **Decision: The Board approved the ongoing development of the business case but remitted to the Quality and Performance Committee an action to examine in more detail the delivery aspects of the business case as the timeline had not allowed scrutiny by the Committee ahead of the Board.** **Action: Extraordinary Quality and Performance Committee meeting to be arranged to consider the business case delivery aspects.**
2.2	**Organisational Performance**
	The Quarter 3 Performance Report, Finance Report and Workforce Report were considered together. The headline figures were: a) 14 out of 22 KPIs were on or ahead of target, which is an improvement from Q2. b) In relation to the work programme, 62 projects were active with 46 of those on target. c) The financial position shows an underspend year to date of £1.8m which is expected to be £2m at year end. Scottish Government have been advised as this is out with the tolerance level and will be returned. The savings target of £1.7m is on track. d) There is currently a turnover rate of 10.2% and a sickness absence rate of 3.4%. The latter is higher than the same time last year. The following points were provided in response to questions from the Board: a) One Team is moving into business as usual work rather than being a distinct programme. b) The KPI for IHC inspections is behind target due to cancelled registrations which reduces overall the number of inspections that can be delivered. c) The KPI for the Scottish Medicines Consortium uses the time from submission of a medicine to the decision. Processes are being updated and it is expected this will soon reduce the backlog of decisions and improve the KPI. **Decisions: The Board gained assurance from the performance, finance and workforce reports; the Board approved the write-off of £8.4K related to an IHC service that had gone**

	into administration. **Action: Review of KPIs to be discussed with Chair of the Quality and Performance Committee.**
3.	**ASSESSING RISK**
3.1	**Risk Management: strategic risks**
	The Risk Manager joined the meeting to speak to the paper and drew the Board's attention to the two out of appetite risks which related to cyber security and service change. In the discussion it was a noted that a review of the Board's risk appetite may be timely alongside the review of the strategic risk register. **Decision: The Board gained assurance of the management of the strategic risks.** **Action: Board workshop to review the strategic risk register to include review of appetite.**
4.	**GOVERNANCE**
4.1-4.7	**Committee Key Points and Minutes**
	Committee Chairs provided key points from the quarter 4 committee meetings and approved minutes where appropriate from the quarter 3 meetings as follows: 　a) Governance Committee Chairs: key points from the meeting on 21 February 2024 　b) Audit and Risk Committee: key points from the meeting on 7 March 2024; approved minutes from the meeting on 29 November 2023 　c) Executive Remuneration Committee: key points from the meeting on 6 March 2024 　d) Quality and Performance Committee: key points from the meeting on 7 February 2024; approved minutes from the meeting on 8 November 2023 　e) Scottish Health Council: key points from the meeting on 29 February 2024; approved minutes from the meeting on 30 November 2023 　f) Staff Governance Committee: key points from the meeting on 28 February 2024; approved minutes from the meeting on 1 November 2023 　g) Succession Planning Committee: key points from the meeting on 17 January 2024; approved minutes from the meeting on 10 October 2023 The inclusion of the key points report from the Executive Remuneration Committee was highlighted as this is the first time it has been provided and it will become a regular report. It was also noted that the Committee has responded to the Internal Audit recommendation on risks and will now refer to the Board's risk register and not record its own issues. **Decision: The Board noted the key points and minutes.**
5.	**ANY OTHER BUSINESS**
5.1	There were no items of any other business. 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, Chair

Date: 25 June 2024

Next meeting:　　　　　　　　　25 June 2024