

MINUTES - Approved

# Public Meeting of the Board of Healthcare Improvement Scotland at

13.00, 25 June 2024 Hybrid meeting: Boardroom, Gyle Square, Edinburgh/MS Teams

Present	In Attendance
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Suzanne Dawson, Non-executive	Lynsey Cleland, Director of Quality Assurance and
Director/Chair of the Scottish Health	Regulation
Council/Vice Chair	
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	Angela Moodie, Director of Finance, Planning and
	Governance
Nicola Hanssen, Non-executive Director	Clare Morrison, Director of Engagement and Change
Judith Kilbee, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Nikki Maran, Non-executive Director	Simon Watson, Medical Director/Director of Safety
Evelyn McPhail, Non-executive Director	
Doug Moodie, Chair of the Care	
Inspectorate	
Michelle Rogers, Non-executive Director	Apologies
Duncan Service, Non-executive Director	Lynda Nicholson, Head of Corporate Development
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
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 those in the public gallery. Apologies were noted as above.
2.	HOLDING TO ACCOUNT – Annual Report and Accounts 2023-24
2.1	Annual Report and Accounts 2023-24
2.1.1	Draft Annual Accounts 2023-24
	Claire Gardiner, Audit Director, and Esther Scoburgh, Senior Audit Manager, from Audit Scotland, joined the meeting for item 2.1.
	The Director of Finance, Planning and Governance advised that changes made to the report since the Audit and Risk Committee were noted as well as a late change required by all Boards in relation to an error in pension figures. The service audit reports for services provided to HIS by NHS Ayrshire and Arran, and National Services Scotland are unqualified.
	The Chair of the Audit and Risk Committee advised that the Annual Report and Accounts had received a significant amount of scrutiny up to this point via email circulation, the Annual Accounts workshop and the Committee meeting on 18 June.
	The Board commended the Finance Team for their work on finalising the Accounts.
2.1.2	Annual Audit Report 2023-24
_	The Audit Director highlighted the main points from the report noting that Audit Scotland were

providing an unqualified opinion and no significant issues were found. She thanked the Finance Team for their support during the audit. In response to a question from the Board, Audit Scotland advised that HIS is in a good position to deal with current financial challenges and plans are in place to achieve financial sustainability. 2.1.3 **Letter of Representation** The Director of Finance, Planning and Governance advised that this is a standard letter that will be signed by the Accountable Officer alongside the Accounts. Decision: Having considered all the matters under agenda item 2.1, the Board approved adoption of the Annual Report and Accounts for 2023-24. 2.2 Whistleblowing Champion Annual Report Keith Charters, Non-executive Whistleblowing Champion, advised that no whistleblowing concerns were received for HIS during 2023-24 and processes are working well. In response to questions, the following additional information was provided: a) The Director of Workforce advised that training and awareness for staff on Safe to Speak Up is showing positive progress. b) The Whistleblowing Champion advised that he is part of the national network which provides helpful sharing of good practice from Boards who experience more activity than HIS. Decision: The Board accepted the moderate level of assurance offered on the report. **BOARD GOVERNANCE** 3.1 **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. Minutes of the Public Board meeting held on 27 March 2024 3.2 The minutes of the meeting held on 27 March 2024 were accepted as an accurate record. There were no matters arising. Decision: The Board approved the minutes. 3.3 Action points from the Public Board meeting on 27 March 2024 It was noted that all actions were complete or their status updated. Decision: The Board gained assurance from the action updates. 3.4 Chair's Report The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. Decision: The Board approved the appointment of Rob Tinlin as Chair of the Audit and Risk Committee and Nikki Maran as a member, both from 1 July 2024; the Board approved the appointment of Abhishek Agarwal as Vice Chair of the Quality and Performance Committee from 1 July 2024. 3.5 **Executive Report** The Chief Executive provided the report and highlighted the following: a) There were several significant workforce developments. Thanks were extended to staff who received a long service award for the contribution they have made to health and social care. HIS Employee posts have been advertised and will support the aim of an agile workforce. National strategic clinical leads have been appointed in a new approach to the provision of clinical advice across the organisation.

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- b) iMatter scores have decreased in comparison to last year and actions will be put in place which will be reported to the Partnership Forum, Staff Governance Committee and the Board.
- c) There are welcome developments in relation to recognition of the work of the Scottish Health Technologies Group, the creation of accessible inspection reports and the formalisation of the relationship with Strathclyde University.
- d) Action on delayed discharges is a ministerial priority and HIS is collaborating with other agencies to ensure we are maximising our response.

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

- a) The accessible versions of the inspection reports are not significant extra work because they use content already created.
- b) The regulation of private ambulance services is included in the legislation governing HIS but has not been enacted.
- c) The work to define falls and measure them consistently is important progress that will support improvements in what is a significant harm.
- d) Regarding organisational change, there is a short life working group which ensures delivery of actions and a transformation oversight board to provide governance.
- e) Improvements from complaints are now being logged as part of wider work to examine how we deal with concerns that come to us.
- f) The Hospital at Home service is still expanding but not mature enough as yet to bring into our scrutiny programme.
- g) The impact of HIS regulating independent medical agencies is expected to be small.
- h) Our work on delayed discharges will focus on intelligence gathering and then improvement support.

Decision: The Board gained assurance on the developments reported.

#### 4. SETTING THE DIRECTION

### 4.1 Integrated Planning Update

The Director of Finance, Planning and Governance highlighted that draft plans had already been provided to the Board in reserved session on 27 March. They had now been signed off by Scottish Government (SG).

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

- a) The requests from SG reflect national priorities but will be aligned to our strategy.
- b) Regarding pausing of work, difficult decisions have been made but where possible learning from paused programmes will be captured in other areas.
- c) There is a new commissions process for dealing with requests from SG as HIS can't absorb additional work without it supporting our strategy and without appropriate resources.

Decision: The Board approved the Three Year Plan, the Annual Delivery Plan and the Financial Plan.

## 5. HOLDING TO ACCOUNT – including FINANCE AND RESOURCE

### 5.1 Organisational Performance Report Quarter 4

The Director of Finance, Planning and Governance advised that there was strong performance in quarter 4 and the majority of work is on target.

The following points were provided in response to questions from the Board:

- a) New commissions have increased in the first quarter of the year relative to previous years. They are being considered on a case by case basis.
- b) Regarding the One Team key performance indicator (KPI), along with the HIS Employee initiative, this is a lever in achieving a more agile organisation.

Decision: The Board accepted the moderate assurance offered on the report.

Action: The link between HIS Employee and One Team to be covered in Staff Governance
Committee KPIs and Workforce Plan data.

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#### 5.2 Financial Performance Report

The Director of Finance, Planning and Governance provided the position as at 31 May 2024, noting there was an underspend of £300k and savings of £700k have been achieved against a full year target of £2.5m. For additional allocations, only a part payment has been received for one programme and an update on the remainder is now expected in early July.

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

- a) There is a risk of not being in recurrent financial balance for 2024/25, despite the £700k providing a buffer because longer term, baseline savings are required. Risks to this are the pay award which is unknown at this time and allocations being received late in the year.
- b) The savings in the Nursing and System Improvement Directorate are unplanned due to reduced headcount as a result of vacancies and reduced non-pay spend.
- c) The Annual Delivery Plan and Financial Plan were bold about what HIS would deliver but operationally it has been challenging to pause programmes, for internal reasons as well as external influences.

### Decision: The Board accepted the significant assurance offered on the report.

### 5.3 Workforce Report

The Director of Workforce provided the report and asked the Board to note the significant increase in the sickness absence rate to 4.6%.

The Board expressed concern about the high absence rate and the impact on staff and programme delivery. They sought additional assurance in the following areas:

- a) All Boards are generally experiencing a higher level of absence and within HIS it is most marked in those areas that underwent organisational change.
- b) There is a range of support in place for staff including the Occupational Health Service and the Employee Assistance Programme. Staff on fixed term contracts now have certainty in their roles.

Decision: The Board accepted the moderate assurance offered on the report. Action: Workforce risk to be added to the strategic risk register in relation to sickness absence.

### 6. ASSESSING RISK

### 6.1 Risk Management: strategic risks

Paul McCauley, Risk Manager, joined the meeting for this item. The Director of Finance, Planning and Governance advised there were 15 strategic risks which is the same as the previous report.

The Risk Manager advised that the level of assurance is provided based on risks being in or out of appetite and that the terms of reference for the Risk Management Group are being updated to include provision of evidence of controls.

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

### 7. GOVERNANCE

### 7.1 Governance Committee Annual Reports and Code of Corporate Governance Update

The Director of Finance, Planning and Governance provided the actions from the Committee annual reports for 2023-24 along with updates arising from the review of terms of reference. Changes to the Standing Financial Instructions (SFIs) were also provided.

Decision: The Board accepted significant assurance that the Committees delivered the remits assigned to them; the Board approved the changes to terms of reference and SFIs for incorporation into the Code of Corporate Governance subject to the amendments below. Action: Amend descriptions of Board's role in influencing culture to ensuring desired culture is in place and the culture is described as one organisational culture.

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7.2-	Committee Key Points and Minutes	
7.8		
	Committee Chairs provided key points from the quarter 4 committee meetings and approved minutes as follows:  a) Audit and Risk Committee: meeting held on 18 June 2024; approved minutes from the meeting on 7 March 2024  b) Executive Remuneration Committee: key points from the meetings on 1 May and 4 June 2024  c) Quality and Performance Committee: key points from the meeting on 22 May 2024; approved minutes from the meeting on 7 February 2024  d) Scottish Health Council: key points from the meeting on 23 May 2024; approved minutes from the meeting on 29 February 2024  e) Staff Governance Committee: key points from the meeting on 1 May 2024; approved minutes from the meeting on 28 February 2024  f) Succession Planning Committee: key points from the meetings on 25 April and 30 May 2024; approved minutes from the meetings on 17 January and 25 April 2024  Decision: The Board noted the key points and minutes.	
8.	ANY OTHER BUSINESS	
8.1	The Chair advised this is the last Board meeting for Gill Graham, Non-executive Director whose appointment ends on 30 June 2024. The Chair thanked her for her significant contribution to the governance of HIS, especially in relation to development of the performance report and the organisation's approach to risk management.  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.	

Cause Wilkins.

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