

MINUTES – Approved
**Public Meeting of the Board of Healthcare Improvement Scotland at
10:30, 25 September 2024 by MS Teams**

Present	In Attendance
Carole Wilkinson, Chair	Sybil Canavan, Director of Workforce
Abhishek Agarwal, Non-executive Director	Lynsey Cleland, Director of Quality Assurance and Regulation
Keith Charters, Non-executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and System Improvement
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair	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	Lynda Nicholson, Head of Corporate Development
Nikki Maran, Non-executive Director	Safia Qureshi, Director of Evidence and Digital
Evelyn McPhail, Non-executive Director	Simon Watson, Medical Director/Director of Safety
Doug Moodie, Chair of the Care Inspectorate (from item 4.1)	
Duncan Service, Non-executive Director	
Rob Tinlin, Non-executive Director	
Robbie Pearson, Chief Executive	
Board Support	Apologies
Pauline Symaniak, Governance Manager	Michelle Rogers, Non-executive Director

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. An apology was noted as above. The Chair highlighted that this was the final Board meeting for Lynsey Cleland and Lynda Nicholson and extended thanks on behalf of the Board for their contribution to the organisation.
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 congratulated Abhishek Agarwal in respect of his new interest as Chair of Forth Valley College.
	The Director of Finance, Planning and Governance asked the meeting to note that a register of gifts and hospitality is held for all staff and any declarations by the Board or Executives in this category are added to both the Register of Interests and the Register of Gifts and Hospitality.
	Decision: The Board approved the register for publication on the website.
1.3	Minutes of the Public Board meeting held on 25 June 2024
	The minutes of the meeting held on 25 June 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 June 2024
	It was noted that all actions were complete or their status updated except the action in relation to One Team/HIS Employee being captured in Staff Governance Committee key performance indicators which is in progress.

	Decision: The Board gained assurance from the action updates.
1.5	Chair's Report
	<p>The Board received a report from the Chair updating them on strategic developments, governance matters and stakeholder engagement. The Chair highlighted the following information:</p> <ul style="list-style-type: none"> a) There is a now a timetable for Board recruitment with interviews expected in late November and a start date for the new appointment in January 2025. b) The NHS Board Chairs recently held their annual development session and it included a very informative visit for Chairs to the Flow Navigation Centre at Ninewells Hospital. <p>The Vice Chair highlighted that she has joined a new Vice Chair Action Learning Set which supports engagement across the system and the Vice Chair Forum is also increasing its activity.</p> <p>Decision: The Board noted the update.</p>
1.6	Executive Report
	<p>The Chief Executive provided the report and highlighted the following:</p> <ul style="list-style-type: none"> a) He reiterated thanks to Lynsey Cleland and Lynda Nicholson for their contribution to HIS. b) Regarding the National Care Service, he will be giving evidence to the Health, Social Care and Sport Committee of the Scottish Parliament on 1 October 2024. c) The Scottish Approach to Change is a commission from Scottish Government to develop a coherent approach to the use of tools for change in the health and social care system. d) Good progress has been made with the perinatal Quality Management System (QMS) and inspections will commence form early 2025. e) He attended the launch of the national Mental Health and Substance Use protocol which demonstrated the organisation's impact in this area. f) Thanks were extended to the Organisational Development and Learning Team for the excellent progress with HIS Campus and to the Communications Team for recent positive media activity. <p>The questions from the Board and the additional information provided covered the following:</p> <ul style="list-style-type: none"> g) Regarding use of Artificial Intelligence (AI), the Scottish Health Technologies Group is examining uses of AI in NHS Scotland and we are looking at possible applications within HIS to improve internal processes. However, there are information governance requirements and national position statements are awaited. h) The Eljamel inquiry will examine evidence between 1995 and 2013, covering HIS and two of its predecessor organisations. There has been early engagement with legal advisors. This is one of five current inquiries requiring HIS input. A report will be provided Board Members, following discussion at the Executive Team meeting, outlining the costs and impact to HIS of supporting a number of public inquiries. i) The scope of the regulation of independent healthcare services has expanded and will also include private ambulances. Cosmetic interventions by non-professionals is also being considered by Scottish Government (SG). HIS will continue to engage with SG to understand the implications for our work. j) HIS Campus runs in parallel with Turas Learn but is focused on learning activity to support delivery of the strategy and uses internal expertise. k) The perinatal QMS programme is using the equally sensitive approach and inclusivity guidance which will include translation considerations. l) Mental Health Reform work is focussing on adult care at the moment but the programme will continue to evolve. m) Our quality assurance activity is focused on in-patient services but it is recognised that as the model of care delivery changes, we will need to review our assurance approaches. <p>Decision: The Board gained assurance on the developments reported. Action: Report to be provided to Board Members outlining costs and impact of supporting a number of public inquiries.</p>
2.	SETTING THE DIRECTION
2.1	NHS Greater Glasgow and Clyde Emergency Departments Review Progress Update

	<p>The Director of Quality Assurance and Regulation provided an update on progress with the NHS Greater Glasgow and Clyde Emergency Department Review, noting that the review plans to report in January 2025.</p> <p>In response to a question from the Board, it was advised that after Lynsey Cleland leaves the organisation at the end of October, the Deputy Chief Executive/Director of Nursing and System Improvement will fulfil the interim Director position and the Associate Director of Quality Assurance will provide additional support.</p> <p>Decision: The Board noted the update.</p>
3.	HOLDING TO ACCOUNT – including FINANCE AND RESOURCE
3.1	Organisational Performance
3.1.1	Quarter 1 Performance Report
	<p>The Director of Finance, Planning and Governance provided the quarter 1 performance summary report and asked the Board to note emerging risks to delivery. 73% of programmes are on track, reduced from 81% the previous quarter but a number are behind schedule and are not expected to deliver in line with the original plan. Alongside this, new commissions are stretching resources.</p> <p>The Chair of the Quality and Performance Committee advised they had held a detailed discussion about performance and sought more detail for the next meeting on programmes behind schedule.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ol style="list-style-type: none"> a) In the Primary Care portfolio, work has been focused on the GP contract but seven vacancies will soon be filled from HIS Employee and we expect to deliver the whole programme by the end of the commission by adapting processes. SG are supportive of our approach and any allocations not spent can be flagged to them and returned if appropriate. b) The risk related to the new medical workforce model relates to a need for new underpinning infrastructure to support delivery of the model and this is receiving focussed attention. c) Key performance indicators will be reviewed at six months but those not being met won't necessarily be downgraded as we need to be able to identify the areas needing more focused attention to bring them back on track. <p>Decision: The Board scrutinised the Performance Report and accepted the moderate assurance offered in the paper.</p>
3.1.2	Financial Performance Report
	<p>The Director of Finance, Planning and Governance provided the financial report as at the end of July but noted that the August position was now available and showed the underspend had increased to £1m. It is being invested in HIS Employee and strengthening of the Quality Assurance and Regulation Directorate The savings target is on track but only 40% of that is recurring savings.</p> <p>The Chair of the Audit and Risk Committee advised that the Committee had discussed the need for more recurring savings to ease the financial challenges of future years. It had supported the redirection of the underspend into the two areas noted.</p> <p>In response to a question from the Board, it was advised that we have the ability to redirect baseline underspend throughout the year but if seeking to return funds, this is usually done by December.</p> <p>Decision: The Board approved the redirection of the underspend and accepted the moderate assurance offered in the paper.</p>
3.1.3	Workforce Report
	<p>The Director of Workforce provided the Workforce Report noting that turnover had decreased but sickness absence remained high at 4.5%. Training is being delivered to managers in relation to managing attendance. The Workforce Plan requires further discussion at the Staff Governance Committee and Partnership Forum before being submitted to the Board for its quarter 3 meeting.</p>

	<p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> a) The main reason for sickness absence continues to be mental health and support is focused in this area although there are a range of measures in place. Organisational change and levels of vacancies may also be impacting sickness absence so learning is being taken forward and local arrangements are in place to support staff in these circumstances. b) The NHS Scotland sickness absence target is 4% which is a historical target and HIS is in line with other national Boards. c) Reduced turnover is related to less fixed term contracts and exit interview data is generally favourable. <p>Decision: The Board reviewed the Workforce Report and accepted the moderate assurance offered in the paper. Action: Workforce Plan to be provided to quarter 3 Board meeting.</p>
4.	ASSESSING RISK
4.1	Risk Management: strategic risks
	<p>Paul McCauley, Risk Manager, joined the meeting to speak to the paper. He drew the Board's attention to the increase in the rating of the risk related to the covid inquiries due to uncertainty around requirements and the cumulative risk effect of the number of current inquiries.</p> <p>In response to a question from the Board, it was advised that all proportionate actions to address the cyber security risk are being taken including following best practice and engaging with the centre for excellence but it remains a significant risk.</p> <p>Decision: The Board gained assurance of the management of the strategic risks and accepted limited assurance on strategic risks out of appetite with the exception of data breach and Covid Inquiries which are marginally out; for within appetite risks the Board accepted significant assurance when the residual score is medium or low, and a moderate assurance when the score is high.</p>
5.	ENGAGING STAKEHOLDERS
5.1	Death Certification Review Service (DCRS) Annual Report
	<p>George Fernie, Senior Medical Reviewer, joined the meeting to present the report. He delivered a presentation setting out the key highlights including a further improvement to in-order rates for medical certificates of cause of death (MCCDs) and a summary of service performance which showed all targets were met.</p> <p>In response to questions from the Board, the following additional information was provided:</p> <ul style="list-style-type: none"> a) MCCDs are still paper based which can lead to challenges in interpretation of handwriting. b) The resourcing risk recorded for DCRS during quarter 1 has been resolved and in future the new programme management function within the directorate will provide flexibility. <p>Decision: The Board accepted the significant assurance offered and approved the report for publication.</p>
6.	GOVERNANCE
6.1	Board and Governance Committee Meetings Schedule 2025-26
	<p>The Director of Finance, Planning and Governance provided a proposed schedule of Board and Committee meeting dates for 2025-26.</p> <p>Decision: The Board accepted the significant assurance offered and approved the schedule.</p>
6.2-6.8	Committee Key Points and Minutes
	<p>Committee Chairs provided key points from the quarter 2 Committee meetings and approved minutes where appropriate from the quarter 1 meetings as follows:</p> <ul style="list-style-type: none"> a) Governance Committee Chairs: key points from the meeting on 28 August 2024 b) Audit and Risk Committee: key points from the meeting on 4 September 2024; approved minutes from the meeting on 18 June 2024

	<p>c) Executive Remuneration Committee: key points from the meeting on 17 September 2024</p> <p>d) Quality and Performance Committee: key points from the meeting on 14 August 2024; approved minutes from the meeting on 22 May 2024</p> <p>e) Scottish Health Council: key points from the meeting on 12 September 2024; approved minutes from the meeting on 23 May 2024</p> <p>f) Staff Governance Committee: key points from the meeting on 7 August 2024; approved minutes from the meeting on 1 May 2024.</p> <p>It was noted that the Succession Planning Committee had not met in quarter 2.</p> <p>Decision: The Board noted the key points and minutes.</p> <p>Action: The Equity in Medical Devices paper provided to the Quality and Performance Committee to be shared with all Board members.</p>
7.	ANY OTHER BUSINESS
7.1	<p>There were no items of any other business.</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>

Approved by: Carole Wilkinson
Date: 4/12/2024

Next meeting: 4 December 2024