**MINUTES – Draft**

**Quality and Performance Committee of Healthcare Improvement Scotland at**
7 February 2024, 10am, MS Teams

| Present | In Attendance |
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| Evelyn McPhail, Committee Chair, Non-Executive Director | Alexandra Jones, Public Partner |
| Abhishek Agarwal, Non-Executive Director | Angela Moodie, Director of Finance, Planning & Governance |
| Carole Wilkinson, HIS Chair, | Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement |
| Duncan Service, Non-Executive Director | Ben Hall, Head of Communications |
| Gill Graham, Committee Vice Chair, Non-Executive Director | Calum McPherson, Scottish Clinical Lead Fellow |
| Nikki Maran, Non-Executive Director | Caroline Champion, Planning & Performance Manager |
| Suzanne Dawson, Non-Executive Director | Chris Sutton, Chair, Clinical and Care Staff Forum |
| | Clare Morrison, Director of Community Engagement & Redesign |
| | Jane Illingworth, Head of Planning & Governance |
| | Lynda Nicholson, Head of Corporate Development |
| | Lynsey Cleland, Director of Quality Assurance & Regulation |
| | Paul McCauley, Risk Manager |
| | Robbie Pearson, Chief Executive |
| | Safia Qureshi, Director of Evidence & Digital |
| | Simon Watson, Medical Director/Director of Safety |
| | Sybil Canavan, Director of Workforce |
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| **Committee Support** | **For specific items** |
| Pauline Symaniak, Governance Manager | Joanne Matthews, Associate Director of Improvement (Item 2.5) |
| Tara Duffy, Admin Officer (Minutes) | Judith Kilbee, Non-Executive Director (Item 2.1.1) |
| | Lucy McCracken, Consultant Physician, (Item 2.4) |
| | Nicola Hanssen, Non-Executive Director (Item 2.1.1) |

| 1. | **OPENING BUSINESS AND COMMITTEE GOVERNANCE** |
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| **1.1** | **Welcome, Apologies for absence and Declarations of Interests** |
| | The Chair welcomed everyone to the meeting, extending a special welcome to Judith Kilbee and Nicola Hanssen, who joined for the Annual Delivery Plan discussion, as well as to those who joined as observers. There were no apologies or declarations of interests. |
| **1.2** | **Minutes of Quality & Performance Committee held on 8 November 2023** |
| | The minutes of the meeting held on 8 November 2023 were accepted as an accurate record. There were no matters arising.<br>**Decision: The Committee approved the minutes.** |
| **1.3** | **Review of Action Point Register of 8 November 2023** |
| | The Committee reviewed the Action Point Register and noted that two actions were missing updates, which were addressed as follows:<br>• Public Protection 6 Monthly Report: This action pertains to complaints. There has been a change in the way complaints are collected, with the development of a new dashboard. Complaints can now be provided over time.<br>• Death Certification Review Service (DCRS) Annual Report: The savings from planned |

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| | improvements accounted for 23% of the total savings, approximately £16,000 - £20,000, distributed across three areas: reporting functionality, authentication improvements, and mobile app user interface.

The Committee expressed their appreciation to the DCRS team for providing an insightful overview of the entire service during their visit.

**Decision: The Committee gained assurance from the progress with action points.** |
| **1.4** | **Annual Report and Committee terms of reference** |
| | The Committee reviewed the draft Annual Report and suggested several future actions: Key performance indicators (KPIs), impact and measuring outcomes, financial performance, system safety, maternal healthcare, workforce specifically around recruitment, financial pressures and new legislation, and levels of assurance.

The Sharing Intelligence Network will be doing deep dives into key risks areas including workforce. The Medical Director will endeavour to align these to Committee's business planning schedule.

Regarding scrutiny assurance on One Team working, there was agreement to address this offline.

**Decision: The Committee noted the update on the Annual Report and terms of reference. Actions: Coordinate Business Planning Schedule with Sharing Intelligence Update; Discuss One Team governance; Discuss Annual Report feedback offline and decide on further Committee review** |
| **1.5** | **Business Planning Schedule 2024-25** |
| | The proposed Business Planning Schedule for 2024-25 was shared and the following points were suggested during the discussion:
  a) The schedule will not restrict additional future items but provide better planning.
  b) Independent Healthcare requires to be added.
  c) The Healthcare Staffing Act requires more regular updates throughout the year.
  d) Maternal Healthcare should be added to the schedule, along with a potential inclusion of the national primary care collaborative.
**Decision: The Committee approved the Business Planning Schedule.**
**Action: The Business Planning Schedule will be updated to incorporate the noted suggestions.** |
| **2.** | **DELIVERING OUR ANNUAL PLAN** |
| **2.1** | **Delivering our Annual Delivery Plan, including:** |
| | The Chair reminded the Committee of the sensitivity of item 2.1.1, advising against its circulation. Subsequently, the Director of Finance Planning and Governance provided papers for all subsequent items, with the following noted:

**2.1.1   Integrated Planning Update: Annual Delivery Plan Prioritisation and Medium Term Plan**
The paper highlights the following:
  a) The Medium Term Plan is a roll forward plan with amendments and realignments. It is due to be submitted to the Scottish Government on March 7 and is here for approval.
  b) The Annual Delivery Plan is presented today to focus on key decisions for the Committee's approval and endorsement, including:
      a. Baseline funding and the proposal to repurpose funding into investments in maternal health, inspections, and standards.
      b. Additional allocations, some proposed to be split into phases, confirmed by funding, and others recommended for progression.
      c. Areas within the Baseline funding to be redirected to targeted support for Boards and additional investments in assurance and scrutiny.
  c) There is a requirement for the Committee to meet again to formally approve the Annual Delivery Plan before it is submitted to the Scottish Government. |

The Committee's questions provided the following information:

d) The Programme Management Office is being considered under the One Team programme.
e) Projects with significant changes will require a business case and could potentially come to the Committees and Board for approval.
f) Regarding the smaller additional allocations absorbed into the baseline, discussions are ongoing about meeting saving targets within the baseline, including an additional 300k. Adjustments may be made to how the work is delivered.
g) The Scottish Government welcomes further investment in scrutiny.
h) Baseline allocations are primarily determined by size, with a negotiated 50k limit due to the organisation's smaller size.
i) The safe delivery of care will be examined through the lens of maternal services. It is crucial for inspectors to understand how maternal services operate, and these skills will need to be recruited.

### 2.1.2 Organisational Performance Report Q3

The overall programme is currently at 74% green, indicating a decrease from Q2. Five new risks have been identified during the quarter, predominantly concerning capacity issues. Additional programmes have been included in the 'Programme at Risk' section, reflecting the pressures experienced during winter and the challenges in delivering against the planned work.

In response to the Committee's inquiries, the following information was provided:

a) The Scottish Medicines Consortium KPI is not cumulative, and figures are reported on a quarterly basis.
b) The significant increase in complaints is attributed to small numbers, resulting in a large percentage increase.

### 2.1.3 Best Value Assessments

The proposal focuses on prioritising initiatives based on risk, financial value, and alignment with strategic priorities. There are plans to conduct two value-for-money reviews each quarter next year, and the list of programmes is currently under review.

Additional information provided after questions from the Committee included:

a) Assessments will be conducted approximately once a year. A full value-for-money assessment won't occur if it has been less than 12 months since the last assessment.
b) Work is being undertaken to identify areas for benchmarking. Connections are being established outside the NHS to facilitate this process.
c) The areas to be assessed are determined by factors such as the strategic risk register, financial value, and alignment with strategic priorities.
d) Regarding alignment with internal audit, it was clarified that internal audit wouldn't conduct a value-for-money assessment; rather, a different audit would be required. However, alignment with internal audit is still a point to consider.

**Decision: The Committee approved the draft plans for submission to Scottish Government; the Committee endorsed the proposal for the Best Value Assessments.**
**Actions: Further detail to be presented to the Committee on the multidisciplinary team; Rationale to be included in the table on additional allocations to enhance clarity; Extraordinary meeting to be scheduled to approve the Annual Delivery Plan; Update the SMC KPI to reflect non-cumulative data; Report back on benchmarking progress for the Best Value Assessments**

| 2.2 | **Right Decision Service Update** |
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The update on the Right Decision Service (RDS) provided by the Director of Evidence and Digital, and the following information was provided in response to Committee questions:

a) Regarding the review of content, efforts are being made to engage non-responders, with the option to remove content if necessary. Direct contacts will be engaged initially, with escalation to their Clinical Governance Committee for oversight.
b) The external advisory group membership includes representation from HIS, including the Director of Evidence and Digital, and the Deputy Chief Executive, and the Medical

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| | Director/Director of Safety. |
| | c) Navigation from the Once for Scotland platform is being improved based on user feedback, with discussions ongoing with other organisations to enhance collaboration. |
| | d) RDS shares the same financial position as other entities. It is aligned with the core digital budget at the Scottish Government, and while a reduction in funding is more likely than removal of the service, conversations are needed to determine priorities and secure future funding. |
| | e) The primary ambition of RDS is to be integrated into hospital systems and linked with electronic prescribing systems, necessitating investment. |
| | f) The classification of RDS as a medical device poses a moderate risk, with a likelihood score of three, as it meets all existing regulatory requirements for calculators, providing confidence in its compliance. |
| | **Decision: The Committee gained assurance on the progress with RDS.** |
| | **Action: Investigate the possibility of viewing the type of RDS user; Incorporate a legend into Figure One to clarify the metric described on the Y-axis.** |
| **2.3** | **Safety Network Update** |
| | The Medical Director/Director of Safety provided the Committee with a paper on the Safety Network The key objective of the Safety Network is to communicate HIS's activities around safety coherently, and the paper shares how the Safety Network addressed this. There have been a series of workshops that have pulled together key considerations on what the group should cover, what resources it needs, and production of a project plan.<br><br>The following information was provided after questions from the Committee:<br>a) The network has progressed from its initial concept, and a lot of work has gone into broadening the network and its membership.<br>b) HIS has a duty to protect and enhance healthcare safety throughout Scotland. We need to discuss broader safety issues beyond individual institutions, including systemic strain, policy impact, and financial challenges. This shift will be challenging, but it aligns with the HIS strategy.<br>c) The Committee questioned the timescale of the Network and was informed that the aim is to produce the first report within six months' time, but there are challenges with resources, particularly in terms of personnel and budget, which are being addressed in ongoing budget discussions.<br>**Decision: The Committee gained assurance from the update on the Safety Network.** |
| **2.4** | **Medical Workforce Model** |
| | Lucy McCracken joined the meeting for this item. The Medical Director/Director of Workforce presented a paper on the Medical Workforce Model, emphasising its alignment with the HIS strategy and the aim to expand roles beyond traditional clinical specialties to optimise medical resources. The proposal aims to enhance quality management and promote a One Team approach, allowing doctors to contribute to strategic planning, quality assurance, and improvement work organisation wide.<br><br>Following questions from the Committee, additional information was provided:<br>a) Current clinical leads express enthusiasm for the proposed changes, seeing potential for broader involvement in the organisation. However, challenges exist in freeing up time for these new roles, experienced clinicians may be better positioned to do so.<br>b) Extensive engagement with current clinical leads and their employers has addressed concerns about accessibility for improvement work. An impact assessment is underway, with efforts made to mitigate risks and involve relevant stakeholders in decision-making.<br>**Decision: The Committee supported the proposals for the Medical Workforce Model.** |
| **2.5** | **Scottish Patient Safety Programme** |
| | Joanne Matthews joined the meeting for this item. The Medical Director/Director of Safety presented a paper on the redesign of the Scottish Patient Safety Programme (SPSP),<br><br>The One Team approach in terms of engagement strategies was outlined, including collaboration with medical directors. Detailed updates on SPSP will be provided. |

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| | From further discussion and questions, the following was recorded:<br>   a)  The Committee noted the successful history of the SPSP but identified a need for redesign to fit current system needs. It is important there is a robust redesign process and expressed full support for aligning the programme with the One Team approach.<br>   b)  There is an extensive consultation process with NHS Scotland staff to identify key safety priorities in acute care. A reference group will work through these priorities, incorporating data, evidence, and service user feedback. The SPSP acute team plays a central role in the design process, while wider HIS engagement ensures representation and input from across the organisation. Ongoing engagement is scheduled, with various teams already directly engaged and more conversations planned<br>   c)  The current impact of the acute programme shows reductions in falls and cardiac arrest rates across several hospitals over the last two years. There is an overarching logic model and measurement plan, and the redesign of the programme will continue to prioritise measurable aims and support a measurement infrastructure to track progress, as evidenced in HIS performance reports.<br>   d)  There is a process to incorporate evidence into programme design to set realistic yet impactful goals.<br>**Decision: The Committee gained assurance on the SPSP programme approved updates on programmes at future meetings.** |
| **3.** | **CLINICAL CARE AND GOVERNANCE** |
| **3.1** | **Clinical and Care Governance Report** |
| | The Deputy Chief Executive/Director of Nursing and System Improvements provided the Committee with a routine Clinical and Care Governance update. The three main points highlighted were the Medical Workforce Model, Assurance Safety on Lucy Letby, and a demonstration of the new complaints log, which should more effectively record the complaints we've received.<br><br>In response to a question from the Committee about the Lucy Letby case, it was advised there was no update, but inquiries will be made.<br><br>**Decision: The Committee noted the update on Clinical and Care Governance.**<br>**Action: Check update on learning from Lucy Letby case.** |
| **4.** | **STAKEHOLDER ENGAGEMENT** |
| **4.1** | **Responding to Concerns 6 Monthly Report** |
| | The Director of Quality Assurance and Regulation presented a verbal update on Responding to Concerns, highlighting:<br>   a)  Since August, 13 new concerns were received, including four referrals from the Nursing and Midwifery Council. Three were beyond our remit.<br>   b)  A complaint led to process refinements, with ongoing collaboration with the healthcare staffing team for regulatory compliance.<br>   c)  Pursuing three cases: maternity services, gastroenterology, and cardiac services. Six cases closed since the last report.<br>   d)  Preparing for a comprehensive process review, including roles and responsibilities, to be discussed at the next meeting.<br>   e)  Despite staffing challenges, efforts are underway to ensure operational resilience.<br>   f)  A detailed report will be provided in May.<br><br>The Committee expressed concern about ten unresolved concerns out of 13, emphasising the need to understand recurring themes and learning opportunities. The Committee were informed that concerns can be redirected to other agencies/processes, like independent healthcare work. Clear frameworks for raising concerns are needed. Balancing systemic concerns with individual voices is crucial, requiring ongoing process refinement.<br><br>The Committee suggested including a table in reports to document concerns beyond our remit and actions taken. |

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| | **Decision: The Committee noted the update on Responding to Concerns.** | |
| 4.2 | **Public Protection 6 Monthly Report** | |
| | The Deputy Chief Executive/Director of Nursing and System Improvements presented the Committee with a paper on Public Protection. The following was highlighted:<br>   a) The United Nations Committee on the Rights of the Child legislation was signed off by Parliament in September. In response to this, the Board has assumed new responsibilities, and a self-assessment tool has been published to facilitate progress.<br>   b) The cross organisational group for children and young people will conduct the self-assessment and report back to QPC for assurance.<br>   c) There is now high compliance with training in all areas.<br>   d) Changes were made in child and adult protection last year, and the public protection action leads have been referred to the short-life working group to develop a self-assessment tool. This tool will then be submitted to the Scottish Executive Nurse Directors for approval in February, following which it can be implemented in HIS.<br>**Decision: The Committee noted the Public Protection update.** | |
| **5.** | **RISK MANAGEMENT** | |
| 5.1 | **Risk Management: Strategic Risks** | |
| | The Director of Finance Planning and Governance provided the Committee with a paper on strategic risks. The Risk Manager highlighted the following:<br>   a) Two risks are identified as being outside the acceptable level of risk: 1160 inspections and assurance activity and 1922 Patient Safety Network. There is a plan in place to bring these risks within acceptable levels by the end of the financial year, but due to budget and prioritisation discussions, the risk rating cannot be reduced at this stage.<br>   b) The risks related to patient safety are influenced by wider system pressures, particularly in territorial boards, which may impact their management. Despite efforts to manage these risks, the broader context needs to be considered moving forward.<br><br>The Medical Director/Director of Safety provided an update, focusing on risk 1922 related to safety Mitigations aim to reduce this risk but there is limited assurance at this stage due to ongoing development. It was agreed the risk should be finalised but left at the current rating.<br><br>**Decision: The Committee gained assurance that the risks presented were recorded and mitigated appropriately.**<br>**Action: Finalise risk 1922.** | |
| **6.** | **CLOSING BUSINESS** | |
| 6.1 | **Board Report: three key points** | |
| | The Committee agreed the three key points as follows: Safety, including: HIS Safety Network & Scottish Patient Safety Programme, Integrated Planning 2024-2025, Medical Workforce Model | |
| 6.2 | **AOB** | |
| | The Chair expressed gratitude for Helen Munro's contributions to the Committee over eight years as she steps down from her role as public partner, particularly highlighting her focus on adverse events.<br><br>The Chair proposed an in person meeting for the May session with development time in the afternoon The following suggestions were recorded for the development session: Healthcare Staffing Programme; deep dive into prototype safety in the system report; safety across the system. | |

Approved by: Evelyn McPhail      Evelyn McPhail, Board/Committee Chair
Date: 1 May 2024

Next meeting:          22 May 2024 10am