

MINUTES – Approved

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

Present	In Attendance
Evelyn McPhail, Committee Chair, Non-Executive Director	Sybil Canavan, Director of Workforce
Suzanne Dawson, Non-Executive Director	Ann Gow, Deputy Chief Executive/Interim Director Quality Assurance & Regulation
Duncan Service, Non-Executive Director	Jane Illingworth, Head of Planning & Governance
Nikki Maran, Non-Executive Director	Clare Morrison, Director of Engagement & Change
Robbie Pearson, Chief Executive	Angela Moodie, Director of Finance, Planning & Governance
Carole Wilkinson, HIS Chair	Lynda Nicholson, Head of Corporate Development
	Safia Qureshi, Director of Evidence & Digital
Committee Support	Simon Watson, Medical Director/Director of Safety
Pauline Symaniak, Governance Manager	Alexandra Jones, Public Partner
Tara Duffy, Committee Secretary (Minutes)	Rhona Davies, Public Partner
	Belinda Robertson, Associate Director of Improvement Support
Apologies	Chris Sutton, Chair, Clinical and Care Staff Forum
Abhishek Agarwal, Non-Executive Director	David Johnston, Finance Manager
	Karlin Rodgers, Head of Finance
	Caroline Champion, Planning and Performance Manager
	Donna McLean, Chief Inspector/Associate Director

1.	OPENING BUSINESS AND COMMITTEE GOVERNANCE
1.1	Welcome, Apologies for absence and Declarations of Interests
	The Chair welcomed everyone to the meeting, extending a special welcome to observers. Apologies were noted as above and there were no declarations of interest.
1.2	Minutes of the Quality & Performance Committee meeting held on
	The minutes of the meetings were approved as accurate records subject to a minor correction in the attendance list and on page 3 under Independent Healthcare. There were no matters arising. Decision: The Committee approved the minutes.
1.3	Review of Action Point Register
	The Committee reviewed the Action Point Register and the following updates were noted: <ul style="list-style-type: none"> a) Regarding the Organisational Performance Report Q1 action, some of the update has been brought today but will also be brought with the 25/26 planning piece at the Board meeting. b) Regarding action 2.2, a paper will be brought to the next meeting or the Short Life Governance Group. Decision: The Committee gained assurance from the progress with action points.
1.4	Business Planning Schedule 2024-25
	The Business Planning Schedule for 2024-25 was shared and the following points were noted: <ul style="list-style-type: none"> a) The Annual Best Value Plan will be provided to the Audit and Risk Committee going forward. b) The Safety Bulletin item scheduled for February will be extended to a Safety Strategy item.

	<p>Decision: The Committee approved the Business Planning Schedule subject to the above. Action: Remove the Annual Best Value Plan and add to the Audit and Risk Business Planning Schedule; Update the Safety Bulletin item to Safety Strategy.</p>
1.5	<p>Quality Assurance and Regulation Short-Life Governance Group (SLGG)</p> <p>The Chair of the Committee provided a verbal update on the Short Life Governance Group, highlighting the following points:</p> <ol style="list-style-type: none"> One meeting has taken place since the last Quality and Performance Committee meeting. In relation to Responding to Concerns, further adjustments to the interim arrangements were considered, focusing on identified pressure points. Concerning Ventilation Requirements, a paper was submitted to the SLGG for review prior to today's meeting. Regarding the proposed review of our regulatory approach, external leads have been appointed, and an external reference group will be established to explore future options. Various papers will be presented to the Committee at multiple points throughout the coming year. Discussions about the future of the SLGG concluded with agreement to maintain the group's activities for now. Upcoming agenda items include topics on Independent Agencies and significant adverse events. <p>Decision: The Committee noted the update provided.</p>
2.	<p>DELIVERING OUR ORGANISATIONAL STRATEGY AND OPERATIONAL PLAN</p>
2.1	<p>Delivering our Annual Delivery Plan (ADP), including:</p> <p>The Director of Finance, Planning and Governance provided a paper and presentation for the following items.</p> <p><u>2.1.1 Organisational Performance Report Q2</u></p> <p>The key points at the end of quarter 2 are: 74% of the work programme is on track, with those behind mainly due to capacity externally and internally. It was advised that the impact of the HIS employee should begin to alleviate some workforce pressures in Quarter 3.</p> <p>In response to questions from the Committee, the following points were clarified:</p> <ol style="list-style-type: none"> The Adverse Events Key Performance Indicator (KPI) has been reviewed for next year, and a questionnaire has been circulated to gather input on how to improve Adverse Events processes. Positive changes are expected to start appearing soon. The service risk assessment continues to guide targeting of Independent Healthcare services, but as the assessment is dynamic, it may shift priorities and target services over time. A report is being prepared for the Board on current intelligence use and potential areas for further development, with a section that provides a detailed analysis of Quality Assurance's approach to risk assessments. A case conference will be held to discuss issues affecting NHS Grampian, including ambulance turnaround times and other challenges, as well as the scope of responsive support that will be provided to the Board. Sickness absence levels in HIS have traditionally remained well below the NHS Scotland target; however, a deep dive will be conducted to investigate the factors contributing to the higher current levels and identify underlying issues impacting attendance. <p>Decision: The Committee accepted a moderate level of assurance from the performance report.</p> <p><u>2.1.2 Annual Delivery Plan Development</u></p> <p>The Director of Finance, Planning and Governance provided the Committee with a presentation updating on the direction of travel with regards to planning for next year. The following was highlighted:</p>

- a) Following the Board strategy session, progress in the medium term was positive, with a focus on five key areas in the short term: driving improvement, advocating for people, being national system leaders in health and social care, playing a strong role in providing a national overview of quality and safety concerns, and embedding quality in all of HIS's work.
- b) Discussions have taken place with the Senior Leadership Team (SLT) and Executive Team (ET) on the five key areas, which have prompted further discussion and debate. Questions have been created to help understand and reach agreement on the planning
- c) The outputs of the work include: The use of the quality management system and the need to align it across all HIS work, Redefining improvement and its delivery, a clearer focus on a smaller number of key areas, and a proposed HIS impact pathway.
- d) Formal guidance will be provided at the end of November, covering the annual delivery plan and budget. Current assumptions include flat allocations, flat pay funding, and non-pay figures based on Service Level Agreements, utility cuts, and increased costs.

Decision: The Committee noted the update provided on the Annual Delivery Plan Development.

2.2 NHS Greater Glasgow and Clyde Emergency Department Review

The Chief Executive provided an update to the Committee on the progress of the NHS Greater Glasgow & Clyde emergency departments review.

In response to a question, the Committee was informed that the Board is engaging effectively with the review process and with the teams involved. However, there remains some risk around implementation due to the high volume of external review work and the level of scrutiny surrounding it.

Decision: The Committee accepted moderate assurance on the progress reported to date on the review work.

2.3 Independent Healthcare

2.3.1 Healthcare Environmental Ventilation Requirements

The Committee was presented with a paper updating them on progress to date on the Healthcare Environmental Ventilation Requirements.

The Committee noted the need for clear timelines outlining the path from the current state to the desired outcomes, with defined steps along the way. They also emphasised the importance of incorporating safeguards into the system to prevent a recurrence of the current issues.

The Committee was informed that the Audit and Risk Committee or the Board will consider financial implications once the process has been fully defined.

Decision: The Committee accepted limited assurance from the report.
Action: Provide a timeline with next steps.

2.3.2 Introduction of Pharmacists into Independent Clinics and Commencement of Independent Medical Agencies

The Interim Director of Quality Assurance and Regulation informed the Committee about efforts to expand Independent Healthcare legislation to cover Independent Medical Agencies, Pharmacies, and online services, although the legislation is quite broad. An initial draft aimed to narrow the scope to direct patient services, but gaps were identified. Further revisions are being made in consultation with the council, professional regulators, and the Scottish Government. A paper will be presented to the Quality and Performance Committee once the review is complete, with an initial decision expected by July.

Decision: The Committee noted the update provided.

<p>2.4</p>	<p>Responding to Concerns – External Review Report and Proposed Action Plan</p> <p><i>Rob Tinlin, Board Member, Judith Kilbee, Board Member, and Nicola Hanssen, Board Member, joined the meeting for this item.</i></p> <p>The Chief Executive presented a paper to the Committee containing the external review report and a draft of the proposed action plan, inviting their feedback.</p> <p>The Committee noted the importance of an early implementation plan with clear timelines, given the scale and scope of the work. They also recognised the presentation from Phelim Quinn and Nikki McLean as a significant and priority piece of work.</p> <p>Decision: The Committee accepted limited assurance on the item and approved the proposed actions outlined in the paper to address the recommendations from the Responding to Concerns external review. Additionally, they agreed to establish an Oversight Board to implement these actions and provide regular progress updates to the Quality and Performance Committee.</p>
<p>2.5</p>	<p>Drugs and Alcohol Improvement Portfolio</p> <p><i>Ruth Robin, Portfolio Lead Drugs and Alcohol, Rachel King, Portfolio Lead Mental Health, Diana Hekerem, Associate Director Transformational Change and Jane Cheeseman, joined the meeting for this item.</i></p> <p>The Director of Engagement and Change presented a paper to the Committee, providing an update on the progress of the delivery of the Drugs and Alcohol Improvement Portfolio.</p> <p>In response to a question about the impact on patients, it was noted that, five months into the work, the focus has been on process measures to build toward the final outcomes, making immediate impact reporting premature. Efforts are underway with Evidence to develop an impact chain, with current efforts concentrated on measuring outputs. The goal of the work is to achieve sustained recovery for individuals, enabling them to lead active lives, aligned with their role as driving participants in their recovery journey.</p> <p>The Committee noted the need for greater clarity on the end point goals and patient impact, questioning whether sufficient consideration is given to impacts prior to starting projects.</p> <p>The Medical Director noted the cross organisational area of the work and offered input from his directorate on strategies to prevent deaths and serious harm.</p> <p>Decision: The Committee accepted moderate assurance that current programmes are progressing but limited assurance regarding their impact. Action: A follow up report will be brought back to the Committee in six months.</p>
<p>2.6</p>	<p>Transformational Change Mental Health Standards Implementation and Scottish Patient Safety Programme (SPSP) Development</p> <p>A paper was provided to The Committee updating on the progress of the work so far specifically around the SPSP and mental health programme work. The questions from Committee members led to additional information being provided as follows:</p> <ul style="list-style-type: none"> a) Discovery work has been completed, and a full paper will be developed, including specific measures focused on harm reduction. This will provide clearer and more detailed specifics when produced. b) Regarding outcome measures for mental health, the SPSP has utilised validated measures over the years, such as reducing violence and aggression in patient wards, self-harm, and restrictive practices. These remain applicable to the current work. c) Priority areas were identified through collaboration with key stakeholders and groups, focusing on evidence based key harms in the mental health system. These priorities align with a quality improvement process. Regarding priority Boards, Initial efforts will target more visible and frequent harms to gain insights and facilitate broader application across the

	<p>system.</p> <p>d) A KPI has been established for mental health programmes, incorporating measures that assess impact at the point of care, service, and system levels.</p> <p>Decision: The Committee accepted a moderate level of assurance on the work.</p>
2.7	Healthcare Staffing Programme: Staffing Tool Developments
	<p><i>Caroline Craig, Associate Director of Healthcare Staffing, joined the meeting for this item.</i></p> <p>The Committee were provided with a paper advising of expected delays to the availability of revised Staffing Tools.</p> <p>The following information was provided after questions from the Committee:</p> <p>a) An additional time slot has been requested with the Scottish Government this year to improve their awareness of project timelines and constraints. Other timing restrictions include the payroll system on the Scottish Standard Time System (SSTS), which requires six months' notice for changes and only implements updates in May and October.</p> <p>b) Internally, efforts have been made to integrate the maternity and mental health tool work into the Quality Management System. However, challenges exist as these tools have not been updated in several years, requiring a comprehensive revision to align with current service delivery needs. A review of all staffing tools is underway to determine the necessary level of updates, though this was previously delayed due to competing priorities and postponed funding.</p> <p>The Committee agreed that it would be beneficial to share any revisions with the Committee before submission to the Scottish Government on an ongoing basis.</p> <p>Decision: The Committee accepted a moderate level of assurance on the item.</p>
3.	STRATGIC HORIZON SCANNING
3.1	Mental Health Collaborative
	<p>The Committee were provided with a paper outlining the objectives and benefits of the proposed Mental Health Scrutiny and Assurance Collaborative, the initial scope of the Collaborative, Collaborative participants, reporting arrangements and the lead agency.</p> <p>The Committee questioned the similarities in the sharing intelligence work, asking how potential overlaps would be managed to avoid confusion and how this work would align with other mental health programmes.</p> <p>Questions from Committee members prompted additional information, clarifying that the implementation of standard work and reporting is currently managed separately for the Collaborative and the Mental Health Standards Work programme. There has been no discussion about funding for the Collaborative.</p> <p>Decision: The Committee support the work of the Collaborative going forward,</p>
3.2	Scottish Approach to Change
	<p>The Director of Engagement and Change presented a paper outlining the completion of Phase 1 of developing a Scottish Approach to Change for health and care, along with the plans for Phase 2.</p> <p>Decision: The Committee accepted:</p> <ul style="list-style-type: none"> • Significant assurance on the purpose and relevance of the work, • Moderate assurance on the rigorous and structured approach taken in Phase 1, • Moderate assurance for the plans for Phase 2.

4.	RISK MANAGEMENT
4.1	Risk Management: Strategic Risks
	<p>The Director of Finance, Planning and Governance highlighted that two of three risks presented were out of appetite. The following points were discussed;</p> <ul style="list-style-type: none"> a) Risk 1922, related to supporting safe care, will be reduced once progress is made with safety bulletins, with the goal of addressing it before the end of the financial year. b) Risk 1160 is expected to remain outside of the acceptable risk appetite until further assurance is obtained from the outcomes of the current work and review. <p>The Committee noted that workforce pressures and risks are already captured on the risk register and are managed by the Staff Governance Committee.</p> <p>Decision: The Committee accepted a limited level of assurance on the strategic risks which are out of appetite (1160 and 1922) and a significant level of assurance on risk 1131 as it is within appetite.</p>
5.	INFORMATION PAPERS
5.1	Clinical and Care Governance Update
	<p>The Committee received a paper updating them on Clinical and Care Governance and was informed that the limited assurance was due to the curtailing of Clinical and Care Governance meetings, which had been impacted by scheduling and recruitment issues. It was noted that the paper was not expected to offer limited assurance, as it was intended for informational purposes.</p> <p>Decision: The Committee accepted limited assurance on the controls in place to manage the organisations clinical and care governance arrangements.</p>
6.	CLOSING BUSINESS
6.1	Board Report: three key points
	<p>The Committee agreed the three key points as follows: Mental Health, Healthcare Staffing Programme and Scottish Approach to Change.</p>
6.2	AOB
	<p>The Director of Engagement and Change provided an update on the current HIS work in support of reducing Delayed Discharges. A full update will be presented at the Q4 meeting.</p> <p>The Chair informed the Committee that an extra meeting of the Quality and Performance Committee will be held in January. Discussions are also ongoing regarding improvements to business planning for the Committee.</p> <p>The Chair expressed gratitude to Rhona Davies for attending her first meeting as the new public partner and thanked Lynda Nicholson for her contributions during her time with HIS, acknowledging her valuable input to the Committee.</p>

Approved by: Evelyn McPhail
Date: 19 February 2025