MINUTES – Approved

Quality and Performance Committee of Healthcare Improvement Scotland at
22 May 2024, 10am, hybrid meeting Delta House, Glasgow/MS Teams

Present	In Attendance
Evelyn McPhail, Committee Chair, Non-Executive Director	Sybil Canavan, Director of Workforce
Abhishek Agarwal, Non-Executive Director	Lynsey Cleland, Director of Quality Assurance & Regulation
Suzanne Dawson, Non-Executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement
Gill Graham, Non-Executive Director	Ben Hall, Head of Communications
Duncan Service, Non-Executive Director	Jane Illingworth, Head of Planning & Governance
Nikki Maran, Non-Executive Director, up to item 2.6	Clare Morrison, Director of Community Engagement & Redesign
Robbie Pearson, Chief Executive	Angela Moodie, Director of Finance, Planning & Governance
Carole Wilkinson, HIS Chair, from item 5.1	Lynda Nicholson, Head of Corporate Development
	Safia Qureshi, Director of Evidence & Digital
	Simon Watson, Medical Director/Director of Safety
Committee Support	**Apologies**
Pauline Symaniak, Governance Manager	Alexandra Jones, Public Partner
	Chris Sutton, Chair, Clinical and Care Staff Forum

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 7 February 2024 and the extraordinary Committee meetings held on 28 February and 18 April 2024**
	The minutes of the meetings were approved as accurate records subject to some minor corrections. 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: a) Regarding the actions from 7 November 2023 that are still open, this is due to redesign work for the programmes but it is hoped that will conclude shortly and the actions can be closed. b) Regarding action 5.1 from 7 February 2024, the risk has been finalised and the action can be closed. **Decision: The Committee gained assurance from the progress with action points.**
1.4	**Committee Annual Report 2023-24**
	The Committee reviewed the draft Annual Report and were content to approve it subject to the following additions: a) Future actions related to maternity programmes, mental health programmes and key performance indicators (KPIs). b) Action related to receiving information from the Sharing Health and Care Intelligence Network should be broadened to reflect assurance information from wider sources. c) Partnership working to include NHS Education for Scotland and Centre for Sustainable Delivery.

		Decision: The Committee approved the Annual Report subject to the above additions.
1.5	**Business Planning Schedule 2024-25**	

		The Business Planning Schedule for 2024-25 was shared and the following points were noted:
		   a) Independent Healthcare (IHC) has been added but the item is broader than the current ventilation issue and this should be reflected in the schedule as a regular update.
		   b) Best value annual report will be provided to the Q2 meeting of the Committee.
		   c) It was agreed that more consideration needs to be given to any future papers about significant risks to ensure this aligns to the risk register.
		
		Decision: The Committee approved the Business Planning Schedule subject to the above.
		Action: Confirm timing and nature of IHC updates; consider significant risk papers and how they align to the risk register.

1.6	**Quality Assurance and Regulation Short-Life Governance Group**	
		The Head of Planning and Governance provided a paper setting out revised terms of reference which were more focussed on the Responding to Concerns and IHC ventilation matters. The full Board received and were content with the terms of reference. **Decision: The Committee approved the terms of reference.** **Action: Work plan and meetings schedule to be progressed.**
2.	**DELIVERING OUR ORGANISATIONAL STRATEGY AND OPERATIONAL PLAN**	
2.1	**Delivering our Annual Delivery Plan (ADP), including:**	

		The Director of Finance, Planning and Governance provided papers for the following items.
		
		2.1.1 Organisational Performance Report Q4
		The key points at the end of quarter 4 are: 81% of the work programme is on track with those behind mainly due to capacity externally and internally; 16 out of 22 KPIs were on or above target. It was advised that no formal feedback on the ADP and no confirmation of additional allocation funding from Scottish Government have been received yet.
		
		In response to questions from the Committee, the following points were clarified:
		   a) The Healthcare Staffing Act risk has increased because the Act was enacted on 1 April 2024 but discussions are ongoing with Scottish Government about our approach and future funding issues. Mitigations are being progressed.
		   b) The National Cancer Medicines Advisory Group has risks related to the funding model. A full update on the programme is scheduled for the quarter 2 meeting of the Committee.
		   c) Confirmation of additional allocation funding is expected in June and HIS is underwriting financial risks until this is received. Decisions on the work programme may be needed with urgency at that point.
		   d) Regarding IHC inspections, there are a range of risks on the register but they are rated low and medium so are not included in the Committee's report. The number of inspections is risk based and takes account of capacity.
		   e) An update on Adverse Events will follow later in the agenda and a full report in quarter 2.
		
		Decision: The Committee gained assurance from the performance reported.
		Action: Placeholder for extraordinary meeting to consider additional allocations to be sought in diaries for the end of June/beginning of July.
		
		2.1.2 Key Performance Indicators (KPIs) 2024-25
		The Director of Finance, Planning and Governance advised that the new approach seeks to better demonstrate outcomes and also aligns KPIs to relevant Committees.
		
		The Committee sought clarification on the following:
		   a) Numbers rather than percentages are selected based on prior year comparators with stretch added.
		   b) The Responding to Concerns KPI will be considered after the review.

	c) Those assigned to the Scottish Health Council on communications and media stories may be more appropriate with another Committee. The following KPIs will be reviewed based on feedback: alternative measures for complaints; digital devices set at 85% but 100% will be considered; Scottish Patient Safety Programmes KPIs. Additional KPIs were suggested for responsive support and whistleblowing or safe to speak up. **Decision: The Committee approved the approach to the KPIs subject to comments above. Action: Updated KPIs to be provided to the quarter 2 meeting.**
2.2	**NHS Greater Glasgow and Clyde Emergency Department Review**

	Judith Kilbee and Michelle Rogers, Non-executive Directors, joined the meeting for this item.
	
	The Director of Quality Assurance and Regulation provided an update on assurance activity in relation to NHS Greater Glasgow & Clyde emergency departments.
	
	The following additional information was shared in response to questions from the Committee:
	  a) The external reference group for the review will feature a broad range of stakeholders and the chair is keen the review also shares learning.
	  b) The review is different to an inspection because it will examine broader intelligence and findings on leadership and culture.
	  c) The core review group will report monthly to the Executive Team and updates will be provided to the Committee and Board as appropriate. The inspection reports are scheduled for publication in July.
	
	Decision: The Committee gained assurance from the progress reported.

2.3	**Right Decision Service Update**
	The Director of Evidence and Digital advised that integration of the Right Decision Service is progressing well and there is now focus on the business case for funding beyond March 2025. In response to a question, she advised that early value has been added through quality assurance, improving relationships and skills within the team. **Decision: The Committee gained assurance from the progress reported.**
2.4	**Mental Health Reform Programme**

	Diana Hekerem, Associate Director of Transformational Change, and Rachel King, Head of the Transformational Change in Mental Health Unit, joined the meeting for this item.
	
	The Director of Community Engagement and System Redesign updated on the discovery and design phase of the Scottish Patient Safety Programme (SPSP) Mental Health programme for 2024-2027.
	
	In response to questions from the Committee, the following information was provided:
	  a) Work has been streamlined to fit within the allocation and flexibility has been applied across broader SPSP posts to support delivery. Nursing is represented throughout the work.
	  b) Use of the standards aims to ensure that inpatient and community services as well as transitions are within scope of the work.
	
	Decision: The Committee accepted moderate assurance from the plans and actions to redesign the SPSP Mental Health Programme.

2.5	**Independent Healthcare Ventilation Requirements**
	Donna Maclean, Chief Inspector, provided an update on progress, setting out details of several short life working groups that were operational in support of action being taken. Timelines for those groups producing final reports are variable but two are expected to provide outcomes by the end of August. In response to questions from the Committee, it was advised the number of services potentially impacted by the advice and approach to ventilation requirements since July 2023

	remains under consideration and will be dependent on the outcome of ongoing work and although there is provision in the annual accounts, some review will be required. **Decision: The Committee gained assurance from the update.** **Action: Outcomes from the short life groups to be reported to Quality & Performance and Audit & Risk Committees as appropriate.**
2.6	**Scottish Patient Safety Programme: Paediatrics**

	Joanne Thomson, Senior Improvement Advisor, and Dr Sonia Joseph, National Clinical Lead, joined the meeting for this item.
	
	A paper was provided setting out the proposed refresh of the content and focus of the SPSP Paediatrics programme. The questions from Committee members led to additional information being provided as follows:
	    a) Regarding data collection, HIS is supporting Boards with data collection and those Boards using the e-observation system are finding this more effective.
	    b) The website content on the programme has recently been improved and the Royal College of Paediatrics and Child Health is hosting links on its pages. A webinar will be held soon covering patient/family/carer concerns.
	    c) Regarding, the right to a second opinion, work to support this is already underway in Scotland.
	
	Decision: The Committee accepted the moderate assurances offered on engagement, data submissions and management of risks.

3.	**STRATEGIC HORIZON SCANNING**
3.1	**Healthcare Staffing Programme/HIS Approach to Enactment of Healthcare Staffing Act including Operational Framework**

	Lesley Macfarlane and Nancy Burns, Portfolio Leads, joined the meeting for this item.
	
	The Deputy Chief Executive/Director of Nursing and Systems Improvement advised that the Act was enacted on 1 April 2024. The Operational Framework provided sets out how HIS will monitor Boards' compliance. In response to questions from the Committee, the following information was clarified:
	    a) The duty is applied to the employer so this influences whether it is relevant to Integration Joint Boards. This is reflected in the Framework. The Framework has been shared with Scottish Government and will be published.
	    b) Equality Impact Assessments have been completed for all aspects of the work.
	    c) The programme is funded by additional allocations and if these are not confirmed by the end of June, a review will be needed of what HIS can deliver.
	    d) Regarding the risk related to activity being outwith HIS' current organisational approach to assurance, the legislation requires alignment to the Quality Assurance Framework but it has insufficient detail.
	    e) Regarding the risk related to tools, the change in the working week has created inaccuracies and changes to the tools can only be made twice per year under ministerial direction.
	
	Decision: The Committee approved the Operational Framework.
	Action: Provide an update to the Committee's Q2 meeting on the risk related to assurance.

4.	**CLINICAL CARE AND GOVERNANCE**
4.1	**Clinical and Care Governance Report**
	The Deputy Chief Executive/Director of Nursing and Systems Improvement provided the Committee with a routine Clinical and Care Governance (CCG) update, noting that work is focusing on embedding CCG. **Decision: The Committee gained assurance from the update provided.** **Action: Possibility of a public partner joining the CCG group to be considered.**

5.	STAKEHOLDER ENGAGEMENT
5.1	**Responding to Concerns**
	The Director of Quality Assurance and Regulation provided an update on process improvements underway and the current caseload which has increased since the previous update. She also advised that work is progressing with the independent review of the organisation's process for Responding to Concerns and two external people have been appointed to lead this. The review aims to report recommendations in September 2024 to the Quality and Performance Committee and then the Board. **Decision: The Committee noted the update on Responding to Concerns.**
6.	**RISK MANAGEMENT**
6.1	**Risk Management: Strategic Risks**
	Paul McCauley, Risk Manager, joined the meeting for this item and highlighted that two of three risks presented were out of appetite. The following points were discussed; a) Risk 1922, supporting safe care, will be lowered once there is progress with safety bulletins. b) Regarding learning, a review of risks was completed following the Queen Elizabeth University Hospital concerns which found that related risks had been recorded on the register. c) Work will be done to look at the use of preparedness in risk management. **Decision: The Committee gained assurance that the risks presented were recorded and mitigated appropriately.**
7.	**CLOSING BUSINESS**
7.1	**Board Report: three key points**
	The Committee agreed the three key points as follows: key performance indicators; Healthcare Staffing programme update; SPSP updates on mental health and paediatrics.
7.2	**AOB**
	The Director of Quality Assurance and Regulation provided an update on progress with Adverse Events. A full update will be provided to the Q2 meeting of the Committee. The Chair extended thanks to Gill Graham, Board Member, and Laura McIver, Chief Pharmacist, for their contribution to the Committee ahead of their roles ending.

Approved by: Evelyn McPhail, Board/Committee Chair
Date: 14 August 2024

Next meeting: 14 August 2024