**MINUTES - Approved**

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| **Meeting of the Quality & Performance Committee**  *Date: Wednesday 08 November 2023*  *Venue: MS Teams*   |  |  | | --- | --- | | **Attendance**  Evelyn McPhail  Abhishek Agarwal  Suzanne Dawson  Gill Graham  Nikki Maran  Carole Wilkinson  Robbie Pearson | Board Member, Committee Chair  Board Member  Board Member  Board Member  Board Member  Board Member/HIS Chair  Chief Executive | |  |  | | **Present**  Angela Moodie  Alexandra Jones  Ann Gow  Ben Hall  Blaithin Lynch  Caroline Champion  Clare Morrison  Heather Gray  Helen Munro  Lynsey Cleland  Paul McCauley  Safia Qureshi  Simon Watson  Sybil Canavan  **Committee Support**  Tara Duffy  Pauline Symaniak  **Apologies**  Duncan Service  Chris Sutton  Lynda Nicholson | Director of Finance, Planning and Governance  Public Partner  Deputy Chief Executive/Nurse Director/Director of System Improvement  Head of Communications  Management Trainee  Planning and Performance Manager  Director of Community Engagement and Redesign  Interim Associate Director of Evidence  Public Partner  Director of Quality Assurance and Regulation  Risk Manager  Director of Evidence and Digital  Medical Director/Director of Safety  Director of Workforce  Admin Officer  Governance Manager  Board Member  Chair, Clinical and Care Staff Forum  Public Partner  Head of Corporate Development | |  |  | |

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|  | **OPENING BUSINESS AND COMMITTEE GOVERNANCE** |  |
| **1.1** | **Welcome, Apologies for Absence and Declarations of Interests** |  |
|  | The Chair welcomed everyone to the meeting.  The apologies were noted as above. |  |
| **1.2** | **Minutes of the Quality & Performance Committee held on 23 August 2023** |  |
|  | The minutes of the meeting held on 23 August 2023 were approved as an accurate record. |  |
| **1.3** | **Minutes of the Extraordinary Meeting held on 05 October 2023** |  |
|  | The minutes of the meeting held on 05 October 2023 were approved as an accurate record.  The Committee asked for an update on the percentage for the improvement budget which the Director of Evidence will chase with the team. | **Director of Evidence** |
| **1.4** | **Review of Action Point Register: 23 August 2023** |  |
|  | The Committee noted that all actions had been completed expect from action 4.4 Public Protection 6 Monthly Report which the Deputy Chief Executive will take back to the team to update. | **Deputy Chief Executive** |
| **1.5** | **Business Planning Schedule 2023-24** |  |
|  | The Medical/Director of Safety displayed a presentation to the Committee discussing potential changes to the business planning schedule. Key points included:   1. Refining the committee's focus to ensure that they cover the areas they need to and providing clear recommendations in papers with links to outcomes and outputs. 2. Refining the focus on delivering the operational plan, introducing strategic horizon scanning, and scheduling papers on key risk areas.   Following discussion, the following points were also noted:   1. Renaming the section on stakeholder engagement to better reflect its content. 2. The types of reports the Committee would like to see and the need to focus on key strategic issues. 3. Slimming down reports and providing additional reading for background information. 4. Looking ahead strategically and planning the schedule based on priorities and challenges within the system.   The Committee expressed satisfaction with the proposed changes, and it was agreed to bring a finalised proposition for the agenda to the next meeting. | **Chair/Medical Director** |
| **2.** | **DELIVERING OUR ANNUAL PLAN** |  |
| **2.1** | **Organisational Performance** |  |
|  | The Director of Finance, Planning & Governance provided the Committee with the Q2 Performance Report and highlighted the key points from the paper:   1. The four key priorities are progressing well, with some gaps that require further analysis. There is new work and annual delivery plan updates expected in Q3. 2. Currently on target for 13 out of 22 KPIs. Six KPIs tracking behind, expected to recover by year-end. 3. Active programs: 63, 83% on track, one completed. Projects reporting delays, include healthcare staffing and neonatal mortality review. 4. Regarding Value for Money, three areas have been considered: Citizens' Panel, Scottish Health Technology Group, and Death Certification Review Service. Gaps have been identified in processes and capacity for outcome reporting. 5. There have been deliverables in publications, volunteering project report and dementia guidance with digital and workforce areas needing attention. There are six new high operational risks with the main reasons being around staffing capacity and funding uncertainties. 6. 15 new commissions have been considered with 12 taken forward. 7. The financial allocation has increased from £6.5 million to £9 million. 8. Upcoming priorities include winter planning, mental health inspections and the citizen’s panel.   Following questions and discussion from the Committee, the following information was provided:   1. Regarding the inspections KPI, there were changes in July affecting the number of inspections and there are to catch up in the second half of the year. There are plans for a deep dive in 2024 to address concerns about workload and work pressures. 2. After scrutiny on figures in Q2, being mindful of lower headcount and organisational change distractions, there are forecasted risks in the second half of the year but confident in current delivery. 3. Projects behind schedule are linked to all four strategic priorities, and there's currently no specific concern about one priority over another. There are plans to develop a more structured approach for future quarters. 4. Regarding strategic priority four, there is a need to balance local and national improvement support, considering system pressures and engagement from different Boards. Being mindful approaches, especially during busy periods. 5. The process for selecting programs for value-for-money reviews is currently not highly structured. This is a risk-based approach and there are plans to refine the process for the next year. There was agreement to bring something back on the process to QPC. 6. In regard to Community Engagement, key areas of work in KPIs were protected despite organisational changes. Progress is now possible with the new organisational structures and steps are being taken to address risks and vacancies. The recruitment to vacancies related to increased levels of risk will happen early next year.   The Committee raised concerns about the timing of risk register updates and requested a more up-to-date snapshot at future meetings.  The Committee examined the report and were content with the detail provided. | **Director of F,P&G**  **Director of F,P&G** |
| **2.2** | **People Led System Transformation** |  |
|  | *Diana Hekerem and Rachel King joined the meeting.*  The Director of Community Engagement and Redesign provided the Committee with a report on People Led System Transformation following a request from the Committee to scrutinise the programme. Diana Hekerem presented a slide deck to the Committee and highlighted the following:   1. The programme focuses on quality management and improvement in complex healthcare systems. 2. Understanding and addressing the unique needs and complexities of individuals in public service is important. The programme utilises improvement and redesign approaches involving people and staff to enhance outcomes. 3. Examples of successful interventions include redesigning admissions processes in healthcare facilities and delivering care through innovative means. A case where a shift in approach resulted in 556 fewer ED visits in one year was highlighted. 4. The significance of recognising the role of the third and independent sector in supporting people’s lives was stressed. 5. There has been integration of service design tools to understand and map complexity in healthcare systems. 6. There has been rigorous and robust learning from experiments, both at the individual and system levels. 7. There is a need for collaboration with the 3rd and independent sectors and building better commissioning relationships. 8. The programme is being shared and expanded into different areas, including strategic commissioning plans and collaborations with integrated joint boards. 9. There is a need for government influence to drive the transformational changes in healthcare systems.   The Committee scrutinised the report and raised concerns about the need for practical details on the impact of the programme and sought clarity on the practical outcomes beyond shared learning. |  |
| **2.3** | **Mental Health Improvement Portfolio** |  |
|  | Following on from the People Led Systems Transformation item and as an example of the work, the Director of Community Engagement and Redesign presented the Committee with a report on the Mental Health Improvement Portfolio. Rachel King presented a slide deck to the Committee and highlighted the following:   1. There is a diversity of factors influencing mental health, ranging from daily challenges to diagnosable mental illnesses. 2. With the vast complexity of mental health issues, there is a need for curiosity and openness in addressing them. 3. The portfolio's strategic approach, include initiatives to reduce inequalities, amplify voices of lived experiences, and employ multidisciplinary methods. 4. There are ongoing programmes, such as the Scottish Patient Safety Programme and the Early Intervention in Psychosis Programme. 5. There are challenges faced by teams in implementing programmes, acknowledging system pressures and disparities in service access. 6. There is commitment for co-design, collaboration, and continuous learning from programme successes and challenges.   The Committee inquired about the use of Pathfinder sites and sought clarification on determining when to expand successful initiatives. The following information was provided:   1. There is ongoing collaboration with stakeholders to create an implementation guide for spreading initiatives and ensuring impact assessment. 2. There have been collaborative efforts with stakeholders to synchronise commissioning, aiming for a clearer and more consistent programme structure.   The Committee scrutinised the report and are interested in future reports that delve into the impact, outcomes, and deliveries of mental health improvement programmes, expressing a keen interest in understanding sustainability, spread, and scale of the initiatives. |  |
| **2.4** | **Assurance of Patient Safety in the wake of the Lucy Letby Verdict** |  |
|  | The Director of Quality Assurance and Regulation displayed a presentation to the Committee providing an update on the assurance of patient safety and the recent developments related to the Lucy Letby verdict. The following was highlighted:   1. There is ongoing review of systems and processes in light of the Lucy Letby case. 2. There is a need to use available information to review statutory functions and governance arrangements. 3. External-facing work and internal governance arrangements were shared with the board in September. 4. Responded to the Cabinet secretary's letter, with the work undertaken to review current approaches for the early identification, reporting, and investigation of patient safety concerns. 5. Benchmarking against information from the Lucy Letby case and a tabletop exercise to identify potential gaps. 6. There has been mapping work conducted by Maureen Scott, highlighting internal governance processes and external assurance functions, and a session with staff to assess implications and identify potential gaps in systems. 7. Themes from discussions, include separating failures in care from intentional criminal acts, considering broad themes beyond neonatal services, and being clear about roles and escalation processes. 8. Data, intelligence, and avoiding assumptions in identifying patterns of potential failures in care is important. 9. There are plans for continuing to consider key themes and reviewing processes under the safety strategy, and the importance of learning from the Letby case holistically and actively seeking to guard against bias assumptions was highlighted. 10. There is terms of reference for the statutory inquiry into Lucy Letby's crimes, chaired by Lady Justice Thirwall, focusing on the effectiveness of NHS management and governance.   The Committee reflected on the importance of collective responsibility and the challenges in making finely balanced judgments. Raising concerns about gaps in medical leadership and the need for a multidisciplinary team approach.  The significance of the Board's role in holding senior managers accountable and the upcoming blueprint conversation was emphasised.  The Committee acknowledged the need for ongoing discussions on judgment, decision-making processes, and the role of the committee. Highlighting the importance of the Committee's role in scrutinising and ensuring the integrity of external work. |  |
| **3.** | **CLINICAL CARE AND GOVERNANCE** |  |
| **3.1** | **Clinical and Care Governance Report** |  |
|  | The Medical Director and the Deputy Chief Executive provided the Committee with a Clinical and Care Governance Report. The Medical Director highlighted the following points from the report to the Committee:   1. The report is designed to offer a lighter overview compared to previous reports. Instead of delving into extensive details, the focus is on providing highlights and examples of the in-depth review conducted by the former NMAHP Directorate. 2. The Clinical and Care Governance Management Group, serves as a platform for self-scrutiny among different directorates. The group evaluates each other's clinical and care governance activities, assesses risks, and discusses the current status of initiatives. 3. All directorates have submitted plans and actions for the upcoming quarter. This aligns with the ongoing efforts to review directorates, Clinical Commissioning Group (CCG) activities, and improvement plan. 4. The examples from the in-depth review conducted by the NMAHP Directorate, presented in the appendix, aim to provide the Committee with a detailed understanding of the work being undertaken. 5. Key issues discussed in the previous group meeting, include the SPSP Perinatal Programme. The importance of bringing back such programmes for scrutiny to prevent them from becoming routine, ensuring ongoing evaluation and improvement was emphasised. 6. There have been discussions about the Hospital at Home programme, a crucial initiative responding to current healthcare pressures. The team leading this programme had the opportunity to discuss their work, share updates, and receive feedback on clinical and care governance risk issues. 7. Recommendations include the Committee noting the directorates' plans, assurance that no new CCG risks requiring escalation had arisen, and an invitation to hear more about the nursing, midwifery, and AHP report in the future.   Following questions from the Committee, the additional information was provided:   1. The efficiency of the process will likely improve with time. There is a learning curve associated with the new reporting format and there is a need for adjustments. 2. The report will become an annual presentation to the Clinical and care Governance Group from each of the directorates, offering an overview of their work against the framework. 3. There are ongoing efforts to streamline governance arrangements internally in the Directorate. This includes amalgamating the best practices from the NMAHP and ihub directorates. 4. Specific areas of focus for the upcoming year include, registration and revalidation across the organisation and internal issues around managing risks in new teams.   The Committee asked questions around particular risks related to professional governance and about changes to existing risks, expressing interest in understanding the timelines for actions. The following was noted:   1. There is a risk related to professionals in various roles across the organisation who don't require professional registration for their jobs. This raised concerns about potential risks to the organisation, and there are ongoing efforts to address this risk. 2. There have been changes in risks over the past few weeks and efforts are being made to recruit new personnel and fill gaps in the team. 3. The directorate's reports information is readily available monthly, contributing to a more efficient process.   The Committee noted the contents of the Clinical and Care Governance Report and agreed that the report will remain on the agenda for future meetings. |  |
| **3.2** | **Governance for Engagement** |  |
|  | The Director of Community Engagement and Redesign presented the annual report on the Governance for Engagement process. This report has been brought to the Quality and Performance Committee to scrutinise. The following was highlighted:   1. The process aims to enable the Scottish Health Council to scrutinise engagement across all directorates, with a focus on achieving best practices throughout the organisation. 2. The paper covers general themes, including enhanced use of equality impact assessments, increased value of public partners' roles, and the need for better integration among governance processes. 3. There has been launch of a new quality framework for Community Engagement, designed as a self-assessment tool for all boards. The plan is to test this approach in the governance for engagement process with three participating directorates over the next year. 4. Additionally, the focus for the coming year includes sharing examples of good practice both internally and externally.   The Chair of the Scottish Health Council reiterated the consideration of the report in the August meeting and emphasised the impact of the governance for engagement process across the entire organisation. Commending the report to the committee for further review.  The Committee inquired about the internal process and whether territorial boards are encouraged to follow a similar engagement process. The Director of Community Engagement and Redesign explained the positive initiative to share the self-assessment tool, the quality framework, with boards for their own assessments. The goal is to align the internal assessment with what is expected of other boards.  The importance of scrutinising internal processes before advising other boards and highlighted the significance of self-assessment in this context was emphasised.  The Committee acknowledged the report regarding Governance for Engagement and anticipates receiving further updates on the progress of the process. |  |
| **4.** | **STAKEHOLDER ENGAGEMENT** |  |
| **4.1** | **Sharing Intelligence Annual Update** |  |
|  | The Medical Director/Director of Safety provided the Committee with a report on the annual Sharing Intelligence update. The Medical Director sought assurance from the Committee on three key points:-   1. The significant contributions made by the HIS One team to the leadership and management changes. 2. The progress in accomplishing substantial changes outlined in the previous report. 3. The redirection of the network's energies towards managing external concerns rather than internal changes.   The Medical Director/Director of Safety went through a presentation with the Committee and highlighted the following:   1. The purpose of the group is to share emerging and early concerns, and the speaker is cautious about including too much detail in board papers at this early stage. 2. There is new entity with 16 members and the group has had three meetings in a new format. 3. Discussed issues at the group include a presentation from the GMC on the culture, behaviour, and values in the medical profession, as well as reports on complaints and cancellations in care services. 4. The group has addressed urgent and emerging issues, such as the Lucy Letby verdict and a paper on sexual misconduct in health and care, specifically focusing on surgery. 5. Intelligence triggered an inspection in NHS 5, revealing concerns about the dilapidation and general deterioration of NHS facilities. 6. Limited resources are highlighted as a challenge in addressing emerging safety issues related to infrastructure. 7. Emphasis is placed on managing the emerging issues effectively and turning discussions into actionable items and there is need for clearer internal communication and sharing of reports with relevant parties. 8. Proposed new key performance indicators focus on the completeness of the information presented and the resulting actions. 9. There are ongoing efforts to revise the operating framework and improve the group's connection with the Scottish Government. 10. There are challenges in managing the increased volume of information being brought forward and efforts are being made to establish disciplined discussions and habits within the group. 11. Internal input and output systems are being refined, with a focus on clarity regarding information sharing. 12. The group is working on producing a report on its meetings. Plans include refining the operating framework, establishing new key performance indicators, and ensuring that resources allocated to the group lead to meaningful action. 13. There is a positive move towards better engagement with the Scottish Government, with recent presentations clarifying the group's changes, expected outputs, and realistic ways of engaging with the government.   The Committee sought information on whether other partners in the network routinely report to their boards or governance structures about the work discussed. It was suggested to put this on the agenda of joint meetings with the Care Inspectorate Board with their chair and Chief Executive.  The following information and suggestions were recorded after further discussion from the Committee:   1. NHS Education for Scotland takes a paper to their equivalent committee, and there is varying awareness among different organisations. 2. There was suggestion to involve stakeholders, including NHS boards, in the development and review of the operating framework. It is important to actively engaging stakeholders and seek their comments on the operating framework. 3. Regarding the size of the network, there are concerns about dominance, and there is a need for more inclusive agenda setting. The idea of expanding the chair pool or creating an exec group to set the agenda was discussed. 4. There is an importance of trust in the network, and efforts are made to ensure transparency in how intelligence and information. There is a need to formalise rules for building and maintain trust within the within the operating framework. 5. There is a need to measure the impact of the network, with a suggestion of key performance indicators related to the amount of intelligence shared and the resulting actions taken. 6. There is a need for budget allocation reflecting the support provided by Healthcare Improvement Scotland. Recognising, that if the other 15 members support the operational bit, it should be reflected in the budget.   The importance of Healthcare Improvement Scotland being in a leadership role in the network and maintaining effective communication among national bodies was emphasised by the Committee.  The Committee discussed providing updates before the next annual report and reached an agreement to further discuss the matter offline and explore potential agenda items for future meetings. |  |
| **5.** | **RISK MANAGEMENT** |  |
| **5.1** | **Risk Management:- Strategic Risks** |  |
|  | *Paul McCauley, Risk Manager, joined the meeting.*  The Committee received a risk report from the Director of Finance, Planning and Governance. The Risk Manager highlighted the following:   1. There are no new risks for this quarter and no change in the risk ratings. 2. Despite no change in risk ratings, work has been actively undertaken, especially on risks that are currently considered out of appetite. 3. Patient safety risk has been a focus, particularly addressing safety risks in the broader system. 4. Efforts have been directed towards developing the system's intelligence to precisely identify safety issues within the wider system. The goal is to have a clear understanding of safety issues within the broader system, allowing the organisation to respond effectively to those within its control.   Regarding the care service risk, the Committee were informed that it is a timely question. Given the expectation of the draft bill being presented to Parliament before the end of January, there is an opportunity to review the list. The issues for the organisation may change based on the bill, making it a pertinent time to reassess the care service risk and its relevance.  The Committee noted the update provided. |  |
| **6.** | **CLOSING BUSINESS** |  |
| **6.1** | **Board report: three key points**  The Committee agreed the 3 key points as follows:   1. Sharing Intelligence 2. Committee Business Planning 3. People-Led System Transformation and Mental Health |  |
| **6.2** | **AOB** |  |
|  | The Director of Evidence and Digital informed the Committee that all of the transition documents are now signed off for the Right Decision Service and a soft launch is planned for Monday the 13th of November. |  |
| **6.3** | **Feedback Session** |  |
|  | Nikki Maran highlighted the importance of outcome measures and expressed satisfaction with the meeting addressing this concern. There is a need for clarity on outcomes and Nikki expressed a willingness to support discussions and thinking around this aspect. |  |
| **7.** | **Date of Next Meeting**  The next meeting will be held on 7 February 2024. |  |
|  | Name of person presiding: Evelyn McPhail  Signature*: Evelyn McPhail*  Date: 7 February 2024 |  |