**MINUTES - Approved**

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| **Meeting of the Quality & Performance Committee**  *Date: Wednesday 22 February 2023*  *Venue: MS Teams*   |  |  | | --- | --- | | **Attendance**  Evelyn McPhail  Dr Abhishek Agarwal  Jackie Brock  Suzanne Dawson  Gill Graham  Duncan Service  Carole Wilkinson | Board Member, Committee Chair  Board Member  Board Member  Board Member  Board Member  Board Member  Board Member/HIS Chair | |  |  | | **Present**  Robbie Pearson | Chief Executive | | Lynsey Cleland  Ben Hall  Angela Moodie  Safia Qureshi  Simon Watson  Sybil Canavan  Ruth Glasborrow  Clare Morrison  Lynsey Cleland  Alexandra Jones  Helen Munro  **Observing**  Caroline Champion  Paul McCauley  **Minutes**  Colin Wright | Director of Quality Assurance  Head of Communications  Director of Finance, Planning and Governance  Director of Evidence  Medical Director  Director of Workforce  Director of Improvement  Director of Community Engagement  Director of Quality Assurance  Public Partner  Public Partner  Planning and Performance Manager  Risk Manager  Administrative Officer | | **Apologies**  Lynda Nicholson, Head of Corporate Development  Lindsey McNeill, Interim Director of Community Engagement  Laura McIver, Chief Pharmacist | | |

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| **1.** | **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.  All present were reminded to declare interests either at the start of the meeting or at any point during the meeting. |  |
| **1.2** | **Minutes of the Quality & Performance Committee held on 2 November 2022** |  |
|  | The minutes of the meeting held on 2 November 2022 were approved as an accurate record. |  |
| **1.3** | **Review of Action Point Register: 2 November 2022** |  |
|  | The Committee noted that all actions had been completed. An update was provided for the following item:  Item 2.2: Right Decision Service. It was agreed to add this item to the Business Planning Schedule. | **Governance Manager** |
| **1.4** | **Business Planning Schedule** |  |
|  | The Committee noted the Business Planning Schedule.  An update was provided in relation to Committee Development Needs, which had been discussed at the Chairs meeting in January 2023 and a list of matters were being taken forward, including: safety, common understanding, quality management, systems, inspections, health and safety funding and corporate parenting. Any further suggestions relating to the specific needs for the Committee should be circulated to the Quality and Performance Committee Chair. |  |
| **1.5** | **Committee Annual Report 2022-23 and Review of Terms of Reference**  The Committee received a report requesting them to review their terms of reference alongside considering a first draft of the Committee’s Annual Report. Discussions had taken place and it had been agreed by the Board that for all Committees the membership description should be updated to reflect that only Non-executive Board members can be members of Committees. It was agreed that the Public Partners have a separate and independent role and will be In Attendance along with the Chief Executive and other relevant staff. More details on the changes to the membership were detailed in the report.  During discussion, the following issues were raised relating to the Annual Report:  It was suggested that it would be appropriate to include the Key Performance Indicator (KPI) Framework in the Future Actions section of the Annual Report and it was agreed to add this. Discussions would take place between the Chair and Gill Graham on how best to reflect this.  There were further suggestions to add Quality Management System and Future Working, detailing the development needs of the Committee and they would be added to the Future Actions section of the document.  Subject to the above, revised Terms of Reference 2022-23 were agreed with the final version of the Annual Report to be considered for sign off at the May Committee meeting. | **Medical Director** |

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| **2.** | **DELIVERING OUR OPERATIONAL PLAN** |  |
| **2.1** | The following reports were considered with the Operational Plan, as follows:  2.1.1 Operational Plan Development  Members received this report outlining the planning process for 2023-24,  including Scottish Government requirements. Due to current system pressures  and uncertainty on finances for 2023-23, Boards were asked to roll forward  their current 2022-23 plans into Q1 of 2023-24, Details of the work programme  were provided and the plan, which is due on June 2023, will be reviewed once  guidance has been received from the Scottish Government around March this year.  The Committee agreed to note the planning guidance and proposed  approach for 2023-24.  2.1.2 Operational Plan Performance, including Review of New Work  The Director of Finance, Planning and Governance provided a summary of progress against the Healthcare Improvement Scotland’s Operational Plan and Key Performance Indicators covering the quarter 3 period, October - December 2022. The report concentrated on key areas of work undertaken by HIS to respond and support the wider NHS at this time, and the financial pressures within the organisation and the NHS in general. Appendix 1 provided details of the Very High / High Operational Risks in Q3.  Details of the performance and KPIs were provided, including progress on projects and it was emphasised that the red and amber rated projects were behind due to competing priorities in the organisation caused by the current financial constraints, although work was currently underway to get them back on track, with the aim to return them to a green rating. Further details were provided in relation to the response to winter pressures, including hospital at home and hospital inspections. It was also stressed that there was potential to lose staff due to the fact that there were 30 people on the redeployment register.  During discussion, a number of questions were asked, including the following:   1. It was pointed out that the methodology used in respect of the KPIs would be revisited and this would be addressed at the next meeting. 2. It was further suggested that there should be more mention of the positives in the KPIs and not just the complaints and it was agreed this would be taken on board. 3. It was mentioned that several of our projects had been removed from the document, in particular, the One Team project and it was intimated that this had been done to avoid duplication, however the Director of Finance, Planning and Governance would address this to ensure that One Team was represented in the document. 4. During discussion on resource issues, it was acknowledged that legislative pressures had delayed some programmes and more resources would be required to effectively complete some of the projects.   Following further discussion and clarification, the report was noted, with the above amendments.  2.1.3 Projects at Risk  Members were presented with a paper updating them on the situation relating to a number of projects on HIS’ Work Programme 2022/23 that are at significant risk as a result of financial instability and uncertainty. A number of high profile/high priority projects from the approved work programme have been paused or repositioned resulting in a lot of uncertainty for staff and affecting our ability to deliver some key outcomes. This paper highlighted the more high profile work impacted by the financial instability and a details of the projects affected were summarised and the risks outlined, with the main impact being on re-deployed staff, who required to be supported.  A number of questions were asked including the issue of the operational risk involved and it was confirmed that uncertainty of funding was an issue and the Audit and Risk Committee would address this accordingly. The organisation could also proceed with projects which had a degree of certainty from the Scottish Government and in other projects where less financial resources were available than previous years, the aim would be to adjust to do the best they could under the circumstances. It was also intended that the redeployment process would be adjusted to become a more pro-active long term model, as opposed to the short term approach at the moment. Discussions had also taken place with the Scottish Government to determine a more effective way to allocate funding for the future.  It was also acknowledged that the One Team approach should help minimise the impact of the situation but it was still a difficult situation and the organisation should ensure it doesn’t take on work in the future without a commitment of financial resources. The reputational risks to the organisation were also mentioned.  To summarise, the Committee noted the report and that they would be updated on the situation on a regular basis. | **Director of Finance, Planning and Governance** |
| **2.2** | **Primary Care Improvement Work** |  |
|  | The Director of Improvement introduced this item of business on the topic of the Primary Care Improvement Work. Belinda Robertson, Associate Director of Improvement and Thomas Monaghan, Portfolio Lead- Access QI conducted a presentation on the subject.  A background to the access work currently being undertaken was provided, detailing the journey leading to the Primary Care Access Programme. Details of the Sprint Overview were included, with information on the conditions required, in addition to coaching and the shared learning involved. The demand for primary care services was identified, along with the situations where patients could have been seen by someone else. The patient pathway was also explained, showing the waiting times for out-patient appointments. The impact of the work had resulted in reduced waiting times and less call backs from patients. The Boards will eventually take responsibility for the new arrangements. Finally, details were provided in the form of quotations giving positive feedback to the new arrangements.  During discussion, the Medical Director praised the projects, whilst emphasising the importance of retaining recognition for the brand and the possibility of considering franchising as an option for the future. The Chief Executive also praised the visibility of the work and stressed the importance of adding value. However the need to avoid duplication in relation to the delivery, was also emphasised. A question was asked in relation to whether the ihub report had been published and it was confirmed that a separate report for this issue had not been completed for a number of years and this would now be included in a generic document.  The report was noted and Belinda Robertson and Thomas Monaghan, were thanked for their helpful and informative presentation. |  |
| **2.3** | **Adverse Events** |  |
|  | Members received this report on the requirement for HIS to set up a notification system to ensure that NHS boards notify HIS when they have commissioned a Significant Adverse Event Review (SAER.) An additional requirement was to ensure continuously improving quality and consistency of approach in managing these adverse events.  A steering group convened in November 2022 had been set up and 5 topic specific subgroups have taken place to standardise reporting terminology for Adverse Events related to suicide, self-harm, falls, violence and aggression and pressure ulcers. This helped the organisations to understand the challenges and this also involved involvement of patients and families in the process.  During discussion members praised the progress made in this area, particularly the involvement of patients and families. A question was asked in relation to the lack of consistency in IT systems used throughout the NHS and it was confirmed that discussions had taken place on this matter and a procurement exercise was held in the West of Scotland, with a view to standardisation through the use of a single supplier and it was hoped that this may improve the situation. During discussion the public concern for this issue was highlighted and the need for enhanced training for professionals was also stressed.  The report was noted. Members were also informed that an update would be provided on this issue to a future meeting of the Committee. |  |
| **2.4** | **Final report from Independent Oversight and Assurance Group on Tayside's Mental Health Services** |  |
|  | Members received this report outlining the previous and ongoing areas of work Healthcare Improvement Scotland (HIS) have been involved in relating to mental health services in Tayside, which had been highlighted throughout the Oversight Group’s final report. A review of current projects mainly relating to work around drugs, adverse events and inspections, was provided, along with any the recommended action required, was outlined in the report. Discussions would take place with Tayside in relation to the Anticipatory Care Planning Tool, which could be used if adapted accordingly.  During discussions, it was acknowledged that the report had been generally positive to HIS, although it was acknowledged we could do more as an organisation if additional resources were available. This issue would also be considered by the Sharing Intelligence Group.  Members noted the report and the progress achieved.  Helen Munro left the meeting at this point. |  |
| **3.** | **RISK MANAGEMENT** |  |
| **3.1** | **Risk Register** |  |
|  | The Director of Finance, Planning and Governance introduced a report containing the risk registers and asked the Committee to review the risks presented.  It was reported that the only risks assigned to the Committee were inspections, National Care Service, and the new Patient Safety risk, which is still in development. One risk assigned to the Committee, External Factors, had been removed as it has been consolidated with the Covid 19 risk.  In response to questions, it was intimated that the new Patient Safety risk would be updated and the Director of Finance, Planning and Governance would check on its progress and a number would be assigned to it in due course.  The Committee considered the risk register and were content with the risks and their mitigations set out. | **Director of Finance, Planning and Governance** |
| **4.** | **CLINICAL AND CARE GOVERNANCE** |  |
| **4.1** | **Health Technology Groups Update** |  |
|  | The Director of Evidence introduced the updates from the Health Technology Groups. The following appendices were included with the report:   * Appendix 1, Scottish Medicines Consortium (SMC) Update * Appendix 2, Standards and Indicators (S&I) Update * Appendix 3, Scottish Intercollegiate Guidelines Network (SIGN) Update * Appendix 4, Scottish Health Technologies Group (SHTG) Update * Appendix 5, Scottish Antimicrobial Prescribing Group (SAPG) Update   It was reported that there were still financial and resource pressures within the Groups, although the SMC management of the backlog allowed them to recruit from posts on hold. The SIGN 30th Anniversary would involve the development of an action plan for the next two years which would address new methodology, streamlining of processes and strengthening and maintaining meaningful collaborations. Progress will be presented at a future meeting of the Committee.  A question was asked in relation to whether “Older People in Hospital” would include “Hospital at Home” and it was confirmed by the Director of Evidence that this would not be included, however she would check on the progress of the Hospital at Home service.  It was also confirmed that SIGN would be the subject of a report at the next meeting. The Chair also alerted the Committee to gender identity standards which the organisation should be aware off.  Members noted the Health Technology Groups Update provided by the Director of Evidence. |  |
| **4.2** | **Update from Clinical and Care Governance Group** |  |
|  | The Director of NMAHP provided a verbal an update on the progress of the Clinical and Care Governance Group. They were currently waiting on Phase 4 approval of the funding for Healthcare Staffing programme from the Scottish Government.  The Group was due to meet in a fortnight and a number of new emerging programmes were taking shape, such as the pressure on Forth Valley Health Board and Ayrshire and Arran and a written report on the progress of these issues would be submitted to the next meeting of the Committee.  Members noted the progress, and praised the joint working and new commissions work. |  |

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| **5.** | **STAKEHOLDER ENGAGEMENT** |  |
| **5.1** | **Sharing Intelligence for Health and Care Group Report** |  |
|  | The Committee received a report on the Sharing Intelligence for Health and Care Group, detailing the progress of the Group (the Group) which is a mechanism that enables seven national agencies to share, consider, and respond to intelligence concerning relevant risks within Scotland’s health and integrated care systems.  The Medical Director acknowledged that the Annual Report would usually be submitted to Committee at this time but this would not be an appropriate this year as the group were in the process of going through significant changes at the moment. A background to the work of the group was provided, including details of the origin of the group, which had arisen after the publication of the Francis report in England. Following concerns in the last few months that information was not being sufficiently identified on time, it was thought that the group would benefit from a change in focus and they are now close to agreement in relation to the best way forward.  During discussion, members praised the work, which they believed would create more awareness of the group amongst Boards. A question was also asked as to whether they would continue to focus on NHS boards and hospital based services and if this would be widened to include out of hours care and it was intimated that although the group has concentrated largely on the Boards, other areas would now be included, such as community based services and the Care Inspectorate.  Members noted the update and praised the progress made and future direction of the Group and will await further reports from the Group. |  |
| **5.2** | **Responding to Concerns 6 Monthly Update Report** |  |
|  | Members received this report providing them with an update on progress with the organisation-wide process for responding to concerns (RTC) raised about the safety and quality of care provided within Scotland. The report includes information on case load and developments in the process since the last update to the Committee in May 2022. It was reported that there were 11 new cases between 4 October 2021 – 3 May 2022, and 14 in the reporting period before that. Of these 7 were received via referrals from the Nursing and Midwifery Council (4 of these were not progressed through the RTC process) and 5 were received from NHS staff. It was further reported that links had been improved with other teams and the risks on the corporate risk register had been enhanced.  During discussion it was confirmed that this group linked well with the Sharing Intelligence Group and also the Mental Welfare Commission on a number of projects. During discussion, it was acknowledged that a number of new referrals had been sent, with an increase from members of the public following a joint session with the General Medical Council (GMC). A question was asked as to how referrals had been acted upon and although individuals were often signposted in the right direction, they always had the option to return to Healthcare Improvement Scotland for further advice.  The updated report was noted on the progress with the organisation’s approach to managing concerns, including the work being taken forward to mitigate the risk associated with increased activity within the RTC programme. |  |
| **5.3** | **Public Protection 6 Monthly Update Report** |  |
|  | The Committee considered a report providing them with an update and to highlight emerging risks around the public protection and child health agenda. This report took into account the 6 month period from 1st July – 31st December 2022 and covered the key public protection developments over the last six months and what this means for HIS. It was emphasised that the current focus had been to make the organisation a more trauma informed organisation. During discussion a question was asked as to whether the trauma issue was also being addressed as part of the One Team work and the Director of NMAHP intimated that she would confirm if this is the case with Maureen Scott, Public Protection and Child Health Lead.  Members noted the update and thanked the Public Protection and Child Health Lead for her detailed report. | **Director of NMAHP** |
| **6.0** | **PAPERS FOR NOTING** |  |
| **6.1** | **Corporate Parenting and Children’s Rights Report 2020-23**  Although this report was for noting, it was agreed that it would be appropriate to consider it as a main item.  The Director of Quality Assurance presented this report on Corporate parenting and Children’s Rights Report 2020-23. The organisation is required to publish, as soon as possible after March 2023, our Corporate Parenting and Children’s Rights Report (jointly or separately) and our Corporate Parenting action plan for 2023-26. demonstrating how we’ve considered and implemented children’s rights in our work and this will be completed every 3 years. This was also a joint report with Community Engagement and would also be considered by the Scottish Health Council and also linked in well with Public Protection. It was further intimated that an updated action plan would be completed at the end of March 2023 and Board development session around corporate parenting would also be organised in due course.  During discussion, it was acknowledged that HIS are not a frontline delivery service and combining corporate parenting and children’s rights into the process was an effective way to address these issues. The matter of communicating the impact of our corporate parenting responsibilities was raised and it was intimated that some work would be completed with the Communications team on this issue.  In response to a question relating to the other stakeholders involved, it was confirmed that anyone who has had an interaction with the care service is concerned with corporate parenting and HIS were currently networking with other Boards and National Bodies on this issue.  Following further discussion, the Committee noted the report. |  |
| **7.0** | **CLOSING BUSINESS** |  |
| **7.1** | **Board report: three key points**  The Committee agreed the 3 key points as follows:   1. Projects at Risk 2. Sharing Intelligence 3. Primary Care Improvement Work |  |
| **7.2** | **AOB**  There were no further items of business requiring consideration. |  |

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| **8.** | **Date of Next Meeting**  17th May 1-4pm, venue to be agreed. |  |
|  | Name of person presiding: Evelyn McPhail  Signature: Evelyn McPhail  Date: 17/5/23 |  |