**MINUTES - Approved**

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| **Meeting of the Quality & Performance Committee** *Date: Wednesday 17 May 2023* *Venue: MS Teams*

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| **Attendance**Evelyn McPhailJackie BrockSuzanne DawsonGill GrahamDuncan ServiceCarole Wilkinson | Board Member, Committee ChairBoard Member, Committee Vice Chair Board MemberBoard MemberBoard MemberBoard Member/HIS Chair |
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| **Present**Lynsey ClelandRuth GlassborowAnn GowBen HallDiana HekeremJane IllingworthRoberta JamesAlexandra JonesPaul McCauleySandra McDougallAngela MoodieClare MorrisonLynda NicholsonSafia QureshiAngela TimoneySimon Watson**Committee Support**Tara Duffy**Apologies**Dr Abhishek AgarwalSybil CanavanClare MorrisonHelen MunroRobbie PearsonChris Sutton | Director of Quality AssuranceDirector of ImprovementDeputy Chief Executive/Director of NMAHPHead of CommunicationsAssociate Director of Transformational Redesign SupportHead of Planning and GovernanceSIGN Programme LeadPublic PartnerRisk ManagerAssociate Director of Quality AssuranceDirector of Finance, Planning and GovernanceDirector of Community EngagementHead of Corporate DevelopmentDirector of EvidenceChair, SIGNMedical DirectorAdministrative OfficerBoard MemberDirector of WorkforceDirector of Community EngagementPublic PartnerChief ExecutiveChair, Clinical and Care Staff Forum |
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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.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 23 February 2023** |  |
|  | The minutes of the meeting held on 22 February 2023 were approved as an accurate record with the one amendment: * On page 3, point 1.2, text to be changed to highlight that using complaints as the primary KPI for assessing continuity might not be suitable.
 | **Governance Manager**  |
| **1.3** | **Review of Action Point Register: 23 February 2023** |  |
|  | The Committee noted that all actions had been completed.  |  |
| **1.4**  | **Business Planning Schedule** |  |
|  | The Committee noted the Business Planning Schedule.The Committee was noted the allocation of only one meeting for the Right Decision Service and were informed that the frequency of updates would be determined as updates would be provided to the Audit and Risk Committee during the transition and to this Committee thereafter. |  |
| **1.5** | **Committee Annual Report 2022-23** The Committee approved the report and noted that the points raised at the last meeting have been included in the document. |  |
| **2.** | **DELIVERING OUR ANNUAL PLAN** |  |
| **2.1** | **Delivering our Annual Delivery Plan, including:****2.1.1 Annual Delivery Plan 2023-24**The Head of Planning and Governance shared a report on the Annual Delivery Plan (ADP) and highlighted the following:1. The plan serves as a contract with the Scottish Government, outlining the commitments and reporting requirements on a quarterly basis.
2. The board has already approved the work programme for the current year, aligned with the integrated budget presented in March.
3. The plan should address ministerial priorities, including the 10 drivers of recovery identified within NHS Scotland.
4. Two templates need to be prepared: a narrative template and an Excel work programme spreadsheet. The latter is similar to previous ADP reporting.
5. The guidance from the Scottish Government focuses on the 10 drivers of recovery, but additional templates related to strategic priorities are included to capture relevant HIS work.
6. A medium-term plan is also required, and efforts are being made to ensure alignment with the strategy and cross-referencing with the annual plan.
7. Challenges have been encountered in applying general guidance intended for territorial boards to national boards, but efforts are being made to meet reporting requirements while providing a good overview.
8. The tense used in the document is being reviewed, as there is a mix of forward-looking and retrospective statements. The intention is to provide a plan rather than a summary of past activities.

The Committee were asked for questions and comments and the following was noted:1. The Committee were pleased with the draft plan, highlighting the breadth of work and cross-cutting with other areas such as performance reporting and strategy.
2. Further refinements will be made to address tense consistency and ensure clarity in the plan's purpose.
3. Difficulty in producing an ADP due to ongoing work and core business activities and we will be considering reducing the focus of the annual plan to specific deliverables and moving ongoing business to medium-term plans.

The Committee endorsed the current draft.**2.1.2 Organisational Performance Report Q4**The Director of Finance, Planning and Governance provided the Committee with a paper on the Organisational Performance Report and the following points were highlighted to the Committee:1. Out of 16 key performance indicators (KPIs), 9 were green and on target, 4 were within 5% of their target, and 3 were behind target (inspections, independent healthcare inspections, and Scottish Medicines Consortium, SMC).
2. The target for inspections was revised during the year due to changes in the inspection methodology and winter pressures.
3. Independent healthcare inspections started the year with a backlog of 76 inspections but ended with only 7 due to fewer inspections and a lower number of registered services.
4. SMC finished the year with advice published at 82% of the target due to a delay in funding and increased vacancies.
5. There were 86 active projects at the end of the year, with 78% of them on target.
6. Completed projects and milestones achieved during the quarter include SMC COVID-19 rapid advice, design investigation into unscheduled care, quality assurance for neurological services guidance, decisions published by National Cancer Medicines Advisory Group, and the National Review of Healthcare Provision within police custody.
7. Some projects were behind or repositioned due to delays in funding, such as the access learning system, hospital at home, and cervical screening review.
8. The Q4 update to the Scottish Government reported that 78% of projects were on track, similar to Q3.
9. Operational risks included seven very high risks and twelve high risks.
10. New risks raised during the quarter included clinical and care governance risk related to mandatory training, workforce redeployment risk, and frailty improvement programme risk.
11. Twelve requests for consideration were received during the quarter, bringing the total for the year to 26. One commission was declined as it aligned more closely with NES priorities.
12. Key pieces of work for the next quarter include implementing the HIS scrutiny plan and the new strategy, and performance reporting against that.

In response to questions from the Committee, the following additional information was provided:1. The reason for the red in the KPIs could be due to changes in methodology and target setting over time and will be looked at.
2. The spike in standards might be a result of counting individual activities related to consultations as separate items instead of considering them as one.
3. The increase in recurrent savings is due to the elimination of vacant positions and posts that were no longer required. The organisation had to wait until Q4 to get clarity on budget positions and determine which roles would be included or excluded.
4. The One Team process mapping project faced delays in capacity release and had a shortage of staff with the required skills for waste identification and process improvement. Plans were discussed to integrate lean improvement methodologies with the ihub and train more staff in lean improvement techniques.
5. Operational risks related to staff training and access to training were highlighted, with delays in implementing mandatory training and lack of awareness among staff. The risks are being addressed, but there are challenges in making staff aware of training requirements and changes in the TURAS system. The risks were also discussed in the Staff Governance Committee, but the impact of actions taken might not have been felt on the ground yet.

The Committee examined the report and were assured by the performance reported. * + 1. **Projects at Risk Update**

The Director of Improvement provided the committee with an update on Projects at Risk and highlighted that many of those previously reported are no longer at risk. The information in the paper is cross-organisational, covering various work programmes.In response to questions from the Committee, the following additional information was provided:1. There has always been core funding dedicated to dementia and there are ongoing discussions with the Scottish Government about funding a broader dementia programme.
2. Due to ongoing consultations and changes, definite assurance regarding the progress on baselining the additional allocations for the Healthcare Staffing Programme cannot be provided to the Committee.
3. Concerns are expressed about Adult Protection (3.6) given its high profile and the risks to quality and safety of care. It was noted that the senior personnel from scrutiny bodies are working together and making a case to the Scottish Government for funding.

The Committee noted the paper and were assured by the progress reported. The Executive Team will review the frequency of this paper being provided to the Committee. * + 1. **Approval of Key Performance Indicators 2023-24**

The Director of Finance, Planning and Governance provided the Committee with a report to seek approval of the Key Performance Indicators (KPIs) 2023-24. The following was highlighted: 1. A total of 22 KPIs are proposed. 13 KPIs from the previous year have been carried forward.
2. KPIs align with the new strategy, focusing on operational processes.
3. Value for money analysis to be conducted using KPIs. Analysis to include cost drivers, activity-based costing, and assessment of value for money. Analysis to be reported quarterly to the Committee.
4. Future paper will provide details on performance reporting for the upcoming year.

The additional information was noted after questions from the Committee:1. HIS publishes a range of practical resources to support boards with improvement implementation, including case studies and practical guides.
2. There was a discussion on digital metrics and the need to focus on key metrics for reporting. We have considered the duplication of cybersecurity reporting and the importance of helpdesk ticket metrics. The digital metrics and metrics related to audit and risk will be reviewed.
3. Reports are currently shared with the Scottish Government quarterly, and not currently shared with staff but it will be considered.
4. The Annual Report includes PRs (Performance Reviews) and are published as part of the report.
5. Target setting process involved challenging targets to ensure they are realistic.
6. There has been a change in SMC metric from volume-based to timeline-based measurement but there are challenges around capacity, and meeting SLAs (service level agreements). The importance of clear communication with Scottish Government regarding targets and funding was emphasised and the Committee were informed that there is a planned review of timelines for SMC submissions.

The Committee considered the list of proposed KPIs and were content to endorse them. | **Director Finance, Planning & Governance****Director of Finance, Planning & Governance** |
| **2.2** | **HIS Strategy Implementation and Assurance** |  |
|  | The Head of Planning and Governance provided the Committee with a report on HIS Strategy Implementation and Assurance. The following was highlighted: 1. We are beginning the process of aligning strategies for practical reporting, including the use of KPIs and a quality management system approach.
2. There is a need for multiple approaches to report and measure the implementation of the strategy. We are facing challenges as an intermediary organisation in demonstrating impact.
3. The proposed actions are grouped in the paper, including alignment to existing arrangements, short-term exercises related to KPIs, gathering case studies, using logic models, and conducting review meetings or deep dives.
4. A diagram showing the alignment of the strategy with other plans was provided in the paper.

The following was highlighted by the Committee:1. The Committee highlighted the paper's vision and the importance of making the strategy actionable.
2. The alignment of the strategy with the Community Engagement Directorate's vision was also highlighted.
3. Comments were made on the challenges of measuring impact on the interventions and the importance of measuring what is good enough rather than pursuing perfection.
4. Support for the multi-stream approach and the use of case studies to illustrate impact.

The Committee were in full support of the proposed approach. |  |
| **2.3** | **Mental Health New Commissions** |  |
|  | **2.3.1 Personality Disorder Improvement Programme** The Director of Improvement provided the Committee with a paper for a new Mental Health Commission, Personality Disorder Improvement Programme, this has been brought to the Committee as the funding exceeds £500k. The following points were highlighted:1. The programme focuses on improving services for individuals with a personality disorder, which is a priority for the government.
2. Phase one work assessed the current state of service provision and identified areas for improvement.
3. The paper highlights significant inequalities experienced by this population group.
4. The proposed deliverables, risks, and resourcing proposals are outlined in the appendix and full business case.
5. The programme has undergone scrutiny and approval by the Executive Team, and additional funding is required which government policy colleagues are aware of.

In response to questions from the Committee, the following additional information was provided:1. The concern around project outcomes and the capacity of key stakeholders beyond the context of COVID-19 is noted, and the risk will be revised to address broader capacity issues.
2. Extensive engagement took place during phase one, with stakeholders expressing enthusiasm for change.
3. The 2% increase assumption is standard, but higher pay awards would be covered by government funding.
4. Underinvestment in mental health and competing priorities make funding challenging. Clear communication of the project's impact and benefits is deemed crucial for support and funding.

The Committee agreed to endorse the new commission and recommend it to the Board.**2.3.2 Mental Health Substance Use Protocol and Implementation**The Director of Improvement provided the committee with a paper on the second new Mental Health Commission, Mental Health Substance Use Protocol and Implementation, which has also been brought to the Committee as the funding exceeds £500k. The following points were highlighted:1. The team is currently in the second year of their mental health substance use Pathfinder work, building relationships and understanding the issues. The Scottish Government commissioned a rapid review, led by a clinical team, on the challenges of delivering joined-up services for people with active addiction and mental health requirements.
2. The review highlighted the lack of an operational protocol between drug services and mental health services.
3. The Minister announced the HIS support for the development of a national protocol by October 2023, with the aim of enabling the delivery of Medicine Assisted Treatment (MAT) Standard 9.
4. Progress in meeting MAT Standard 9 will be monitored, with an expectation to achieve compliance by March 2025.
5. Staffing levels for the pathfinders have been adjusted to reduce financial risk while further strengthening areas that require development for the protocol.
6. Funding has been secured for three years until March 2026, and the business case will be submitted for government funding.

During the discussion, a number of comments were made as follows:1. The project is commended for delivering tangible and practical solutions for people with substance misuse and major health problems.
2. It is important to clearly outline the project's impact and progress, as it will come under political scrutiny. The need for a strong script to demonstrate the practical difference being made on the ground is emphasised.
3. The importance of clinical input is recognised, and there is an existing clinical team in place for this area of work.

The Committee agreed to endorse the new commission and recommend it to the Board. |  |
| **2.4** | **Redesign of Housing and Healthcare Support** |  |
|  | The Director of Improvement provided the Committee with a paper on the Redesign of Housing and Healthcare support, and a colleague provided the committee with a brief update. The following points were noted:1. A proposal for organisational change was approved and the staff affected by the change have been successfully redeployed within the team.
2. There are three portfolios (hospital at home, frailty, and strategic planning) where housing components are being prioritised for maximum impact and integration into work programmes.
3. The team presented their assessment findings and housing impacts to the Care and Governance forum.
4. Strategic links with the government in the housing policy area are being maintained.
5. The team aims to understand the implications of changing housing policies in their work, particularly in discharge planning.

The Committee recognised the reduced resources for this area of work but were assured that the alternative arrangements mitigated the impact and they supported the paper. |  |
| **3.** | **CLINICAL CARE AND GOVERNANCE** |  |
| **3.1** | **SIGN 30 Years Update/Future Plan**  |  |
|  | The Chair of SIGN provided the Committee with a report updating them on SIGN 30 Years and the future plan. The following points were highlighted:1. SIGN is celebrating its 30th anniversary this year and has been reflecting on its purpose and future.
2. The SIGN team has refreshed the brand and simplified it to "SIGN Makes Sense of Evidence."
3. The team aims to produce more guidelines for more people by using a variety of methodologies, including full clinical guidelines, adapting existing guidelines, and using rapid methodology for key questions.
4. SIGN’s goal is to respond to the needs of the people in Scotland by involving clinicians, patients, carers, and lay members in creating trusted evidence-based guidance.
5. The aim is to update all guidelines within five years, following a "35 and 5" approach.
6. In 2023, the team plans to publish seven guidelines, including collaborations with other organisations such as the Royal College of Physicians and the Joanna Briggs Institute. Planning for 2024 is underway, and collaborations with cardiac colleagues are being explored which will increase capacity for production of guidelines and reduce individual workload.
7. A stakeholder conference is scheduled for September 19 2023, where experts and key stakeholders will discuss SIGN’s current and future work and attendance by the Committee is welcomed.
8. The SIGN team acknowledge the pressure and workload they face but is committed to delivering high-quality guidelines.
9. The challenge lies in prioritising guidelines amidst the abundance of available information, and the team is seeking input from healthcare professionals and the Scottish Government to identify areas of focus.

In response to questions from the Committee, the following additional information was provided:1. The reputation of SIGN for rigor and high-quality guidelines is acknowledged, but it is important to continually adapt and meet the evolving needs of the clinical community. The need for impactful guidelines that address areas not covered by other organisations and provide added value is recognised.
2. Seeking input from professional groups and identifying gaps and variations in practice will help determine the guideline priorities.
3. The multidisciplinary and national approach of SIGN complements the focus of specialist societies. It was highlighted that SIGN cannot address every topic and value can still be added through HIS Evidence, and choices must be made based on impact and relevance.
4. Collaborations and endorsements with existing guidelines should be explored to avoid duplication and maximise impact. Guidelines should be regularly reviewed and replaced with updated ones through collaborations.
5. A retrospective collaboration with the Right Decision Service platform is being worked on to make guidelines more accessible. The goal is to balance quick answers with robust analysis and make information easily sourced for busy clinicians.

The Committee considered the update and supported the future direction of SIGN. |  |
| **3.2** | **Clinical and Care Governance Assurance** |  |
|  | The Deputy Chief Executive/Director of NMAHP provided the Committee with an update on Clinical and Care Governance Assurance. The following points were highlighted: 1. No written paper was available for the previous meeting in January and February so this paper covers two quarters.
2. There is a new co-chair for the Clinical and Care Staff Forum. The co-chairs bring a healthcare staffing and social work background respectively.
3. Efforts have been made to address complaints and learn from upheld complaints at the directorate level.
4. A complex complaint regarding independent healthcare has provided positive outcomes and laid the groundwork for trauma-informed practice.
5. All directorates except Community Engagement have produced their annual reports. Community engagement has faced delays due to staff absences.
6. Various directorates have established their own oversight groups and are mapping risks, presenting detailed papers to the clinical and care governance group.
7. Risks related to staff job descriptions and the use of registration by healthcare professionals will be addressed in the Partnership Forum.
8. An update from NHS Ayrshire and Arran is expected at the next meeting, and the clinical and care governance issues will be addressed.

During the discussion, a number of comments were made as follows:1. There will be coordination between the Risk Management Group and the Risk Advisory Group, as there is already coordination between different risk systems and consideration of when clinical and care governance risks should become corporate or high operational risks.
2. The Clinical Governance Management groups meet monthly and allow for rapid assessment of emerging risks and issues. The hospital at home programme and other emerging issues are being addressed through the management group.

The Committee noted the progress with Clinical and Care Governance and gained assurance.  |  |

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| **4.** | **RISK MANAGEMENT**  |  |
| **4.1** | **Risk Management:- Strategic Risks**  |  |
|  | The Director of Finance, Planning and Governance introduced the Risk Manager to provide the Committee with an update on strategic risks. The following was noted:1. The risks on the strategic register for the Committee are not expected to change significantly unless there are serious events or major completed work affecting them.
2. Proposed risk appetites are included, indicating the direction the organisation is moving in, although they are not yet formally approved.
3. The scoring of risks is generally considered to be too high, and there is a need to consider how risks are managed rather than just the risk itself.
4. Reviewing risks may lead to a general lowering of risk levels and alignment with risk appetites.
5. The concept of risk tolerance is introduced, which refers to the amount of risk the organisation is willing to accept outside of the defined risk appetite.

In response to questions and comments from the Committee, the following additional information was provided:1. The current risks need to be reassessed based on their likelihood and impact, taking into account the effectiveness of existing mitigations and controls.
2. The Committee highlighted that risk 1160 on the Strategic Register highlights the risk of failing to identify significant risks to patient safety and reputation, but it is important to consider the likelihood of this happening given the existing mitigations in place.
3. The Committee highlighted that risk 1922 is challenging to understand in terms of impact, controls, and mitigations, and there is a need to clarify its description. They were informed that the organisation is in a complex and challenging situation, where many conditions for safe care are not optimal, and the capacity to respond to unexpected safety issues may be limited.
4. The risks discussed including impact and likelihood will undergo further review and improvement to present clearer information in advance of the next meeting.

The Committee examined the risk register and subject to the comments above, gained assurance that the risks presented were being effectively treated, tolerated or eliminated. |  |
| **5.0** | **CLOSING BUSINESS** |  |
| **5.1** | **Board report: three key points**The Committee agreed the 3 key points as follows:1. HIS Strategy Implementation and Assurance
2. Redesign of Housing and Healthcare Support
3. SIGN 30 Years Update/Future Plan
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| **5.2** | **AOB** |  |
|  | The Director of Quality Assurance joined the meeting to provide the committee with a verbal update on Independent Health Care – Attention Deficit Hyperactivity Disorder (ADHD) private clinic and the following was noted:1. A panorama programme aired on private ADHD services was discussed. The programme covered three independent healthcare services, one of which is registered with the Care Quality Commission.
2. HIS or the Care Quality Commission were not aware of the programme before it was broadcast nor were they contacted for any comment.
3. The programme focused on the increased use of private services for ADHD diagnosis and treatment.
4. An investigative journalist consulted with NHS and private services undercover. Each of the private services diagnosed the journalist with ADHD, while the NHS consultation concluded otherwise.
5. The details of the private consultations and assessments are unknown.
6. HIS inspected the featured service in November of the previous year. Improvements were noted in service provision and governance processes, but areas for improvement were still identified.
7. Concerns were raised about patient care records and the importance of comprehensive assessment reports.
8. The service committed to addressing the concerns raised during the inspection.
9. A follow-up inspection involving a clinical expert is planned to assess the progress.
10. The programme extended to the wider considerations of independent healthcare services and their increased use. The impact of transitions between private and NHS services was highlighted.
11. Regulatory functions and clinical expertise were emphasised to drive improvements in patient safety and care.
12. Ongoing discussions with the Scottish Government, service providers, and stakeholders are planned.

The following was noted after further discussion: 1. Growing anxieties about the independent sector were mentioned, and a meeting with senior officials is scheduled.
2. The focus of the Panorama programme was on the quality of assessments and medication prescribing without proper safeguards.
3. The risks and implications of seeking private services due to limited access to NHS services were acknowledged.
4. Collaboration with the Nursing and Midwifery Council (NMC) and other regulators is being pursued to ensure safety in aesthetic procedures.
5. The NMC is issuing UK-wide guidance for nurses involved in aesthetics.
6. The issue extends beyond nurses, circling all healthcare professionals and appropriate levels of care.

The Committee noted the update. |  |
| **6.** | **Date of Next Meeting**23rd August 1-4pm. |  |
|  | Name of person presiding: Evelyn McPhailSignature: *Evelyn McPhail*Date: 23/8/23 |  |