Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at 10am, 19 February 2025, MS Teams

Attendance

Present

Evelyn McPhail, Committee Chair, Non-Executive Director
Abhishek Agarwal, Vice Committee Chair, Non-Executive Director
Carole Wilkinson, HIS Chair
Duncan Service, Non-Executive Director
John Lund, Non-Executive Director
Nikki Maran, Non-Executive Director
Suzanne Dawson, Non-Executive Director

In Attendance

Alexandra Jones, Public Partner
Ann Gow, Deputy Chief Executive
Belinda Robertson, Associate Director of Improvement Support
Chris Sutton, Chair, Clinical and Care Staff Forum
Clare Morrison, Director of Engagement & Change
Eddie Docherty, Director of Quality Assurance & Regulation
Geoff Morgan, Programme Manager
Jane Illingworth, Head of Planning & Governance
John Mckee, Head of Communications
Meghan Bateson, Portfolio Lead
Micheal Canavan, QMS Portfolio Lead
Safia Qureshi, Director of Evidence & Digital
Simon Watson, Medical Director/Director of Safety

Apologies

Angela Moodie, Director of Finance, Planning & Governance
Mhairi Hastings, Director of Nursing & Systems Improvement
Robbie Pearson, Chief Executive

Sybil Canavan, Director of Workforce

Meeting Support
Pauline Symaniak, Governance Manager
Tara Duffy, Committee Secretary (Minutes)

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 6 November 2024 and the extraordinary meeting held on 27 January 2025

The minutes of the meetings were approved as accurate records. 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 was satisfied with the progress of action points. It highlighted that Item 2.2 should not be closed until the work has been completed.

Decision: The Committee accepted the closure of the highlighted action points and gained assurance from the progress made.
Action: Discuss at the Governance Chairs meeting how actions and action closures should be agreed.

1.4   Committee Annual Report and Terms of Reference

The Annual Report and Terms of Reference were shared with the Committee, with tracked changes highlighted in the document. The Committee discussed whether these documents are helpful for new members joining and agreed that feedback would be valuable.

Decision: The Committee noted the update on the Annual Report and Terms of Reference.
Action: Committee members to provide feedback on the Annual Report and Terms of Reference before submission to the Board.

1.5   Business Planning Schedule 2025-26

The Business Planning Schedule (BPS) for 2025-26 was shared and the following points were noted:
   a) The plan is in a new format, and discussions have taken place to better organise items on the BPS. Efforts have been made to more closely align the Committee's business with the assurance framework, strengthen levels of assurance, and better manage the volume of work.
   b) It would be useful to include a section on the BPS or the agenda that highlights new commissions or work.
   c) A brief statement above the BPS acknowledging the volume of business and new items coming to the Committee could be beneficial.

Decision: The Committee approved the BPS subject to the above.

Action: Ensure the BPS captures the amount of work and new business the Committee receives.

2. DELIVERING OUR ORGANISATIONAL STRATEGY AND OPERATIONAL PLAN

2.1   Organisational Performance Report Q3

The Committee was presented with a paper on the Organisational Performance Report highlighting the key points at the end of Quarter 3.

The Committee noted the excellent progress with the new medicine's advice Key Performance Indicator (KPI).

In response to questions from the Committee, the following points were clarified:

a) Regarding staffing and contingency plans, the planning process for next year's delivery plan is currently underway. Teams are working to build in capacity around responsive support for the first time. This is still in development but is being built with the expectation that further responsive support requests will likely arise.

b) In terms of clinical workforce, work has begun on strengthening the medical workforce in HIS, with several roles explicitly aligned to emerging work on responding to concerns and longer-term projects. Early signs indicate this approach is working well, with staff being busy but not over capacity. There may be an opportunity to take a broader view across all clinical staff.

c) The Staff Governance Committee will be conducting a deep dive into staff absence pressures in March. Additionally, an audit into vacancy management is ongoing.

d) Describing and reporting on the strategic section has been a work in progress over the past quarters, with further work needed around strategic deliverables. This is being reviewed ahead of the next quarter.

e) Regarding workforce planning, in addition to the development of the interim Workforce Plan, an update on the Workforce Plan, Annual Delivery Plan, and Financial Plan is required to be submitted to the Scottish Government (SG) in March. This will provide more up to date detail on current planning.

Decision: The Committee accepted moderate assurance from the performance report.

2.2   NHS Greater Glasgow and Clyde Emergency Department Review

The Committee was provided with a paper on the progress of the NHS Greater Glasgow & Clyde (GGC) Emergency Department Review.

In response to questions from the Committee, the following points were clarified:

a) A communications plan is in place that addresses potential scenarios. A report will be sent to NHS GGC Comms for accuracy checking. A press release and interviews will be arranged in advance, with an embargoed copy shared approximately 48 hours before publication.

b) Regarding the meeting with GGC on February 6th, feedback was provided and GGC has accepted the findings.

c) A meeting with consultants will take place within a week of the report's publication.

d) Discussions have begun on next steps beyond the review. A review of the responding to concerns process has already been completed, and it is now in the improvement phase. Additionally, a broader review of the overall process will take place.

Decision: The Committee accepted moderate assurance on the progress of the review.

2.3   Adverse Events – Key Deliverables

Moira Manson, Head of Reviews, and Cat Hutcheson, Senior Inspector, joined the meeting for this item.

The Director of Quality Assurance and Regulation (QARD) presented a paper to the Committee on the Adverse Events (AE) Key Deliverables, outlining the work and seeking approval for the publication of a revised framework.

In response to questions from the Committee, the following points were clarified:

a) Regarding data and reporting, the current notification system only captures Category One Significant Adverse Events reviews (SAER). This needs to be revised as part of the standardisation approach, allowing a broader range of data to be reported from Boards on AE. Plans are in place to expand the types of information requested from Boards and consider the potential for a revised Cabinet Secretary request. Additionally, most Boards are moving to a single system, which will support this approach.

b) Timelines for reviews continue to be a challenge for Boards.

c) A toolkit will be published alongside the framework, directing Boards to communication training for engaging with families. It will also include information on human factors and systems thinking.

d) Regarding capacity and capability, improvement work is undertaken within the QARD directorate, meaning the necessary skills align more closely with this area. This is likely to result in a shift in ownership and handling of AE across the organisation, making it central to the safety network. Consideration is being given to whether existing digital systems can be used or if investment in a new system is needed to collate and analyse key data. There is also a need to assess capacity and capability across the organisation to manage potential work that might emerge from the data.

Decision: The Committee accepted moderate assurance on the work and approved the publication of the revised framework.

2.4   Delayed Discharges Support

The Director of Engagement and Change presented a paper to the Committee covering the responsive support work delivered as part of the national mission to reduce delayed discharges, along with proposed next steps.

The Committee was informed that since the paper was written, COSLA has agreed to draft a proposal on what an improvement collaborative on social care could look like and will present this to SG.

In response to a question on the impact of the work achieved, the Committee was informed that public involvement advisors in the team are currently collecting qualitative data from individuals who have been discharged in NHS Grampian and NHS Ayrshire & Arran. Additionally, the team is collaborating with the service design team at SG, which is conducting a full analysis and interviews to capture the experiences of those affected.

Decision: The Committee accepted moderate assurance on the work and noted the next steps.

2.5   Healthcare Staffing Programme: Annual Report

Caroline Craig, Associate Director, joined the meeting for this item.

The Committee was provided with the Healthcare Staffing draft Annual Report to Scottish Ministers, outlining how HIS has discharged its duties under the Act.

Since the report was submitted to the Committee, further discussions have taken place with the new SG policy team, indicating that there may be a change to HIS being required to submit a report on each Board's compliance.

The Committee questioned whether risks and challenges should be more explicitly highlighted. It was noted that delivering on the Act has been challenging due to the complexity and scale of the requirements, the available resources, and the challenges in Board engagement. The final version of the report, to be submitted at the end of April, will be strengthened to reflect this.

The Committee also noted that Healthcare Staffing data does not appear to be strongly integrated into the intelligence used to determine inspection priorities. In response, it was acknowledged that more emphasis could be placed on how this intelligence informs decision making. While intelligence sharing processes are still evolving, findings are reported into the safety network, and HIS is already part of the pre inspection intelligence approach.

Decision: The Committee accepted moderate assurance on the report and supported its submission in principle, with the final version to be circulated for approval by email in March.

Actions: Update the column headings in Table 3; Strengthen the report's section on risks and challenges; Add more detail on how intelligence informs inspections.

2.6   Safety and Intelligence

2.6.1 Safety Strategy & 2.6.2 System Intelligence

The Medical Director/Director of Safety delivered a presentation to the Committee setting out early proposals for a strategic plan for safety which will support delivery of our commitments to safety as set out in the organisational strategy.

The presentation covered immediate priorities for 2025-26 and key outcomes by 2028 as well as challenges to achieving these. The Director identified significant anxiety and uncertainty amongst HIS staff in sharing patient safety concerns they have identified. The Director highlighted some internal concerns that HIS was overly focussed on patient safety. He expressed concern that these issues were inhibiting our ability to reduce our strategic safety risk and increasing organisational exposure to missing key emerging safety issues in the healthcare system.

The Committee noted the importance of intelligence in supporting safety activity and the need for wide stakeholder engagement, especially to find the right language to reassure HIS staff that safety is a key part of quality and improvement.

The Committee will receive further updates at subsequent meetings. It was recommended that a discussion with the full Board should be scheduled.

Decision: The Committee noted the update provided on the Strategic Plan for safety.
Action: Add to the BPS for future meetings

2.6.3 Sharing Health & Care Intelligence Network Statement Summary

Decision: The Committee accepted moderate assurance on the update and information provided.

2.7   HIS Quality Assurance and Regulation Plan

The Committee was provided with a paper outlining the Quality Assurance and Regulation Plan for 2025-26. This plan details the planned inspection, regulation, and review activities that QARD will deliver in the upcoming year.

The Committee discussed whether additional commissioned reviews should be planned to help manage workload distribution across the year. A plan is currently progressing through the system, and there is potential to approach Board inspections differently. If all three types of NHS inspections for a Board take place together, this could free up capacity to allow for reinspection's or new inspections.

The Committee also considered the methodology for setting inspection numbers and how these figures reflect service coverage and percentages. Prioritisation aims to ensure that all relevant services are reviewed based on their description.

Decision: The Committee accepted moderate assurance and noted the planned activity for next year.
Actions: Update the cover paper and plan with background information on Adult Support and Protection inspections; Update the cover paper to include context on how the plan has changed from last year and the rationale for these changes.

2.8   Regulation of Independent Medical Agencies

Laura Boyce, Chief Inspector for Independent Healthcare, joined the meeting for this item.

The Director of Quality Assurance and Regulation provided the Committee with a verbal update on the Regulation of Independent Medical Agencies.

There has been a change to the Independent Healthcare legislation, and at present, online services cannot be regulated. Work has been ongoing with the Scottish Government to extend the legislation to allow for this. The legislation is now in place and is set to be implemented in June this year, but it is broader than initially anticipated.

Legal advice is being sought to develop a reasonable definition that will enable regulation while ensuring safe access to services without creating a disproportionate burden on overall regulatory functions.

The team is currently estimating the additional capacity that may be required based on the anticipated income from new service registrations. Work is ongoing to assess workload profiling, determining how many additional staff may be needed and what can be afforded within the available budget.

Decision: The Committee noted the update provided on the Regulation of Independent Medical Agencies.
Action: Provide a paper to the next meeting.

2.7   Mental Health Business Case

Diana Hekerem, Associate Director, joined the meeting for this item.

The Director of Engagement and Change provided the Committee with an updated paper on the Mental Health Business Case, seeking approval for funding for the 2025-26 year.

The following information was provided after questions from the Committee:
a) Regarding work around dementia, the Committee discussed the importance of how mental health is framed. It was noted that dementia is a cross-cutting issue within the system, and while there is enthusiasm for greater integration, more work is needed to ensure a joined-up approach across the organisation. The directorate remains committed to this.
b) On clinical involvement, there are both psychiatrists and psychologists involved including the involvement of Dr Jane Cheeseman, Strategic National Clinical Lead. Additionally, expert advisory groups provide input, and there is regular engagement with the Royal College of Psychiatrists.
c) The mental health inspections have already commenced, with staff in place, and will continue as part of the plan for next year.
d) A letter from SG has been received, indicating a strong intent to fund the work going forward. While final confirmation of funding is still pending, confidence remains high.

Decision: The Committee accepted moderate assurance on the business case and recommended it for Board approval.
Action: Update the paper with the correct dates for funding.

3.CLINICAL AND CARE GOVERNANCE

3.1   Clinical and Care Governance Update

The Committee was provided with a paper updating them on Clinical and Care Governance across HIS, highlighting key points, including support to the Finance, Planning and Governance Directorate and challenges in holding meetings as a Clinical and Care Governance Group.

The Committee questioned the moderate assurance level given the number of non-quorate and cancelled meetings. It was suggested that assurance be split, with moderate assurance on the work being delivered and limited assurance on the ongoing challenges with meetings.

There was also discussion on potential duplication between the CCG reporting process and Governance for Engagement process, with both groups acknowledging this as an issue that needs to be considered. Scottish Health Council confirmed they will be discussing this issue.

Decision: The Committee accepted moderate assurance on the work being delivered and limited assurance on the structural arrangements of the group. An update to be brought to a future meeting.

4. STAKEHOLDER ENGAGEMENT

4.1   Public Protection and Child Health

The Committee was presented with the six-monthly Public Protection report, which includes compliance data on mandatory training, developments in children's rights, trauma-informed practice, and public protection arrangements within the organisation. The Committee agreed that some aspects of the report should be addressed by the Staff Governance Committee.

Decision: The Committee accepted significant assurance from the Public Protection report.

5. RISK MANAGEMENT

5.1   Risk Register: Strategic Risks

The Head of Planning and Governance presented the Strategic Risks, highlighting that there were no new risks, with two of the three risks being out of appetite. The following points were discussed:
   a) Risk 1131 will be reviewed further due to changes in the approach to the National Care Service.
   b) There may be a need to review risks related to international changes and their potential impact.

Decision: The Committee accepted a limited level of assurance on the strategic risks which are out of appetite (1160 and 1922) and a significant level of assurance on risk 1131 as it is within appetite.

6. CLOSING BUSINESS

6.1   Board Report: three key points

The Committee agreed the three key points as follows: Safety and Intelligence, Healthcare Staffing Annual Report, Adverse Events and Clinical and Care Governance.

7. DATE OF NEXT MEETING

Next meeting will be held on 21 May 2025
Approved by: Evelyn McPhail, Chair
Date: 21 May 2025