

**MINUTES - APPROVED**

**Meeting of the Quality & Performance Committee**

Date: Wednesday 23 February 2022

Venue: MS Teams

**Attendance**

Dr Zoë Dunhill	Board Member, Committee Chair
Carole Wilkinson	Board Member/HIS Chair
Keith Charters	Board Member
Jackie Brock	Board Member
Suzanne Dawson	Board Member
Gill Graham	Board Member
Duncan Service	Board Member
Dr Abhishek Agarwal	Co-opted Board Member
Evelyn McPhail	Board Member, Observing

**Present**

Robbie Pearson	Chief Executive
Ruth Glassborow	Director of Improvement
Lynsey Cleland	Director of Quality Assurance
Angela Moodie	Director of Finance, Planning and Governance
Sybil Canavan	Director of Workforce
Safia Qureshi	Director of Evidence
Simon Watson	Medical Director
Ruth Jays	Director of Community Engagement
Mark McGregor	Chair of Scottish Medicines Consortium (SMC)
Laura McIver	Chief Pharmacist
Helen Munro	Public Partner
Alexandra Jones	Public Partner
Neil Smart	Chair of SHTG
Ed Clifton for item 4.2	Head Of Scottish Health Technologies Group (SHTG)
Sandra McDougall for item 4.5	Interim Depute Director, Quality Assurance Directorate
Angela Timoney	Chair of SIGN
Moira Manson	Senior Inspector/Reviewer, QAD
Diana Hekerem	Head of Transformational Redesign
Ruth Robin	Portfolio Lead for Place, Home and Housing
Rachel King	Improvement Support and ihub
Maureen Scott	Public Protection & Child Health Service Lead

**Observing**

Julia Simac	Policy and Business Analyst
Lynsey McNeill	Interim Programme Director
Caroline Champion	Planning and Performance Manager

**Minutes**

Colin Wright	Administrative Officer
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**Apologies**

Ann Gow

Lynda Nicholson

Deputy Chief Executive/Director of Nursing,  
Midwifery & Allied Health Professionals (NMAHP)  
Head of Corporate Development, Chief Executive's  
Office

<b>1.</b>	<b>OPENING BUSINESS AND COMMITTEE GOVERNANCE</b>	
1.1	<b>Welcome</b>	
	The Chair welcomed everyone to the meeting, particularly Evelyn McPhail who would be observing the proceedings, prior to taking over as Chair of the committee when the current Chair's term of office ends after May 2022. Evelyn will also attend the next meeting in May and will be involved in committee business prior to commencing as Chair.	
1.2	<b>Apologies for absence</b>	
	Apologies were noted as above.	
1.3	<b>Declarations of interest</b>	
	All present were reminded to declare interests either at the start of the meeting or at any point during the meeting.	
1.4	<b>Minutes of the Quality &amp; Performance Committee held on 3 November 2022</b>	
	<p>The minutes of the meeting held on 3 November 2022 were approved as an accurate record, subject to amending the date of the next meeting to 23 February 2022.</p> <p>A question was asked in relation item 3.1 Risk Register, as to the progress on how to appropriately reflect the risk on the Register of losing effective community engagement, as a result of the pandemic and the Director of Finance, Planning and Governance reported that a new risk had been raised on the Risk Register to reflect this issue.</p> <p>As the covid 19 restrictions had been relaxed, it was agreed to hold the next meeting of the committee in May 2022, in person at a venue to be decided. In relation to a question on whether guidance was in place to establish a protocol for hybrid meetings which involved a combination of Members in attendance at the location and some dialing in on screen, it was reported that this was currently being prepared and the committee would be advised of any progress in due course.</p>	<b>Administrative Officer</b>
1.5	<b>Review of Action Point Register: 3 November 2022</b>	
	The Committee noted that all actions had been completed or an update provided	
1.6	<b>Business Planning Schedule 2021-22 and 2022-23</b>	
	The Committee noted the Business Planning Schedules.	
1.7	<b>Committee Annual Report 2021-22 and Review of Terms of Reference</b>	
	<p>The Chair introduced this item of business to consider the draft Annual Report for 2021-22 and the Terms of Reference and Members were invited to add their comments, which are detailed below:</p> <ul style="list-style-type: none"> <li>• It was suggested that more mention should be made of how the Board is sighted on Clinical and Care Governance and to ensure this is an action they are aware of for the future.</li> <li>• More mention should also be made of the work of the Scottish Medicines Consortium, particularly in relation to the regulation of new medicines.</li> <li>• To make more mention of the decision to hold Deep Dives of the New Technology Groups, in particular from the SIGN Deep Dive.</li> <li>• It was suggested that the document would be updated to reflect that the Committee had reviewed the Terms of Reference.</li> </ul>	



	<p>e) It was confirmed that the at-risk projects would be prioritised by examining the overall picture to identify any issues and challenges. The remobilisation Plan could assist in this regard.</p> <p>f) It was suggested a traffic light system could be introduced to help identify risks and priorities for projects and the Director of Finance, Planning and Governance agreed to take this on board.</p> <p>g) The importance of utilising the most up to date data was emphasised, to provide assurance that inspections were being declined only in high risk situations.</p> <p>h) Following a question as to whether some developmental projects could be stopped to provide more resources for urgent programmes, it was intimated that this did occur with some projects paused and then re-prioritised. It was further confirmed that the paused projects related to external issues and not internal.</p> <p>Following further discussion, the Committee examined the report and were assured by the performance reported, subject to the comments above.</p>	<b>Director of F,P and G</b>
<b>2.2</b>	<b>New Commissions to Support Reduction in Scotland’s Drug Deaths</b>	
	<p>The Director of Improvement introduced this report to highlight two new commissions being delivered by the ihub’s Transformational Redesign Unit (TRU) and Medical Directorate which support improvements to drug and alcohol treatment and recovery services, which will contribute to a reduction in Scotland’s drug deaths. Ruth Robin, Portfolio Lead for Place, Home and Housing, Diana Hekerem, Head of Transformational Redesign and Rachel King, Improvement Support and ihub, were also present to expand on the report and respond to Members questions and suggestions.</p> <p>In addition to the report, Appendix 1 provided details of an example case study including patient journey map and Appendix 2 included details of the financial resources required to support the commissions and the negotiations to secure the finance for the commissions. The Head of Transformational Redesign provided details of the programmes with the timelines. The main responsibility related to focus transformation, redesign and improvement approaches at three levels: point of care, pathway and the whole-system.</p> <p>Members were invited to discuss the proposals and the following points were made:</p> <ul style="list-style-type: none"> <li>• A question was asked as to what type of systems and checks would be implemented to monitor progress of the programmes and it was confirmed that clear timescales had been provided and regular meetings would take place with the Scottish Government to discuss the progress of the programmes.</li> <li>• The potential reputational risk to HIS was discussed, given the importance and political profile of this issue and it was confirmed that there would be regular meetings with the sponsor and clarity over our deliverables would be essential to mitigate the risks. The Director of Improvement also confirmed that the programmes were underpinned by a logic model to measure both short and long term progress.</li> <li>• Members acknowledged the importance of working with patients and the case study detailed in the report was praised. This also highlighted how this work linked with other agendas within HIS, particularly health and social care.</li> <li>• All acknowledged there was no quick solution to this problem and the need for</li> </ul>	

	<p>sustained improvement was emphasised.</p> <p>To summarise, the committee provided their support for the proposals and noted that this issue would also be considered by the Board in March 2022.</p>	
<b>3</b>	<b>RISK MANAGEMENT</b>	
3.1	<b>Risk Management: Strategic Risks</b>	
	<p>The Director of Finance, Planning and Governance referred to a report containing the risk registers and gained assurance that the risks presented were being effectively treated, tolerated or eliminated. Further details formed Appendices to the report as follows:</p> <ul style="list-style-type: none"> <li>• Appendix 1, Strategic Risk Register (Quality and Performance Committee)</li> <li>• Appendix 2, Movement Schedule</li> <li>• Appendix 3, Risk Appetite Matrix</li> </ul> <p>The three main risks on the register related to National Care Services, general political and environmental pressures and Independent Health Care.</p> <p>During discussion, a question was asked in relation to the National Care Services risk and the Chief Executive confirmed that he would be meeting with the Scottish Government and the Cabinet Secretary to discuss how we could best support this issue. The matter of how we address the issue of how to effectively deal with reputational risks on the register was also highlighted and it was agreed that the Vice Chair would request that the Audit and Risk committee address this issue at a future meeting.</p> <p>The Committee considered the risks presented and gained assurance from the controls and mitigations in place.</p>	<b>Director FPG</b>
<b>4.</b>	<b>CLINICAL CARE AND GOVERNANCE</b>	
4.1	<b>Health Technology Groups Update</b>	
	<p>The Committee received a report from the Director of Evidence providing updates from the four technology groups within the Evidence Directorate and progress on the new work programme process. The following appendices were included in the report:</p> <ul style="list-style-type: none"> <li>• Appendix 1, Scottish Antimicrobial Prescribing Group (SAPG) Update</li> <li>• Appendix 2, Scottish Intercollegiate Guidelines Network (SIGN) Update</li> <li>• Appendix 3, Scottish Medicines Consortium (SMC) Update</li> <li>• Appendix 4, Scottish Health Technologies Group (SHTG) Update</li> <li>• Appendix 5, S&amp;I Update</li> <li>• Appendix 6, SIGN/BTS British Guideline on Management of Asthma</li> <li>• Appendix 7, SMC Highlights report 2021</li> </ul> <p>The Director of Evidence summarised the work of the above groups, which included information relating to the following:</p> <ul style="list-style-type: none"> <li>• Recruitment had begun for the Head of SAPG and interviews would take place next week.</li> <li>• SIGN have published the first rapid guideline to be developed using the new rapid development methodology in December 2021 and more SIGN work is being published in academic journals.</li> </ul>	

	<ul style="list-style-type: none"> <li>• SMC were currently working on a business case to continue support of the Innovative Licensing and Access Pathway (ILAP).</li> </ul> <p>During discussion, the following issues were either answered or addressed:</p> <ol style="list-style-type: none"> <li>a) The importance of the Board addressing the drugs issue was emphasised and all agreed the relationship with the Scottish Government would be crucial.</li> <li>b) A question was asked as to how the SIGN guidelines such as the one adapted for Children with Autism could translate across other publications and it was confirmed that this would have been taken into account when the guideline was produced.</li> <li>c) In response to a question relating to ILAP, it was confirmed that the system had been designed in response to the United Kingdom's exit from the European Union and should result in a smoother process and a shorter timescale to process new medicines through the system.</li> </ol> <p>The committee reviewed the update paper provided and were assured by the progress of work delivered by the technology groups.</p>	
4.2	<p><b>Framework for Health Technologies</b></p>	
	<p>Ed Clifton, Head Of Scottish Health Technologies Group (SHTG) was present for this item of business to provide details of the proposals for a national strategic framework, to support a consistent approach for the consideration of health technologies across Scotland. In Scotland, there is currently no consistent and systematic process for the consideration of health technologies across boards, and there is no formal policy relating to the consideration of SHTG's health technology assessments. The Scottish Government's proposed framework will be developed with support from the SHTG Executive Team, through the Scottish Government monitoring of the Board's responses collated by SHTG for variation across Scotland across projects and over time.</p> <p>A question was asked as to how the proposals could improve equality of access and it was anticipated that introducing a more transparent system would be an important step to achieving this. Some concern was expressed regarding the risk involved in collating information from the Boards for the Scottish Government and the Director of Evidence intimated that she would report back on the progress of this issue to a future committee. The need to ensure investment in non-technological human aspects of care was also emphasised.</p> <p>The committee noted the proposed framework for the consideration of health technologies across Scotland.</p>	<p><b>Director of Evidence</b></p>
4.3	<p><b>Report from Clinical and Care Governance Group</b></p>	
	<p>The Medical Director introduced this report, providing details of Scotland's Clinical and Care Governance Group's commission for a Short Life Working Group to support the Clinical and Care Governance Group, to ensure that the appropriate governance and operational structures are in place to deliver exemplary Clinical and Care Governance in the long term. Details were provided of the progress so far.</p> <p>During discussion, it was suggested that the "care" aspect of "clinical and care governance" is often overlooked and it was acknowledged that whilst there is some social work expertise within the organisation, this area could be strengthened. The issue of clinical expertise available within the HIS was also raised and it was agreed that a paper could be submitted to a future meeting to discuss how to improve engagement and form more effective partnerships. The Medical Director would also</p>	

	<p>discuss this matter with Gill Graham who had raised the above issues. This prompted discussion on the role of the Care Inspectorate and it was anticipated that there would be opportunities to strengthen our relationship with them in due course. Members were also reminded that this issue was discussed regularly at the committee as a standing item.</p> <p>The committee noted the progress of the Clinical and Care Governance Group.</p>	<b>Medical Director</b>
4.4	<p><b>Sources of Intelligence – Risk Management</b></p> <p>The Medical Director introduced this item to provide an update on the work of the Sharing Intelligence for Health &amp; Care Group, following the meeting of the group on 10 February 2022, to agree the work it will carry out in the year ahead, including which elements of its core business will continue, and which changes will be made. The 7 organisations involved had identified the risks associated with the work of the group and had identified collaborative action to address any issues.</p> <p>A joint presentation would also take place involving the Chair, NES and HIS to highlight the issue to Board Chairs. The Director of Finance, Planning and Governance was also working on how to appropriately deal with this risk on the Risk Register. In response to a question, it was acknowledged that the group also examined any failures in the system which had been identified.</p> <p>The committee noted the update from the Sharing Intelligence for Health and Care Group and the steps being taken to further improve the effectiveness and efficiency of its intelligence sharing work.</p>	
4.5	<p><b>HIS Role in Relation to National Screening Programmes</b></p> <p>The Director of Quality Assurance and the Director of Evidence conducted a presentation on the role of HIS in National Screening programmes.</p> <p>The background to the National Screening Review in 2018 was provided following the recommendations from a National Review in 2018. The main aim was to strengthen the governance arrangements for the six national screening programmes and establish a National Screening Oversight function, and Scottish Director of Screening, hosted within NSS. A summary of the roles of the various partners in the screening programme was provided, in addition to the details of the main aim of strengthening internal and external quality assurance of screening programmes. The presentation concluded with details of the standards adopted and the challenges facing the programme within the particularly complex governance landscape.</p> <p>During discussion, the importance of establishing generic standards for the Programme Boards was stressed and it was confirmed that standards to cover leadership, governance, policy and reporting would be introduced in due course. It was also acknowledged that the pandemic has had an impact on the progress, although work was now continuing with regard to bowel screening and AAA. There was some disappointment expressed that Child Health surveillance was not considered a National Screening Programme.</p> <p>Following discussion, the committee noted the risk associated with the work of the Sharing Intelligence for Health &amp; Care Group, together with the steps the Group is taking to address this and also the steps that Healthcare Improvement Scotland is taking to further improve the effectiveness and efficiency of its intelligence sharing work.</p>	
4.6	<p><b>Adverse Events Notification: System Update Report</b></p> <p>Members considered a report from the Director of Quality Assurance providing an update on the progress of the adverse events notification system and setting out plans</p>	

	<p>for the next phase of work. A report was published in January 2022 to provide an update on the progress of the notification system and outlining plans for the next steps for the notification system, which were detailed in Appendix 1. Moira Manson, Senior Inspector/Reviewer, Quality Assurance Directorate, was also present to expand on the report and address any questions and suggestions from Members. It was emphasised that there was a general willingness by the NHS Boards and the Scottish Government to move this forward.</p> <p>During discussion, a question was asked in relation to whether a national system for adverse events had been considered and it was confirmed that whilst there was currently no national system in operation, there was a willingness to learn from other systems such as that adopted in Wales. This was also an opportunity to align parallel areas of work. It was acknowledged that the system relied on Boards identifying and admitting the issues. However, it was anticipated that better standardisation would assist in this regard, in addition to the incentive for Boards to avoid the serious consequences of negative publicity.</p> <p>Following further discussion, the committee noted the progress to date and planned next steps for the Adverse Events Notification system.</p>	
<b>5.</b>	<b>STAKEHOLDER ENGAGEMENT</b>	
5.1	<b>Clinical and Care Forum Key Points</b>	
	<p>The Medical Director summarised the Clinical and Care Forum Key Points as detailed in the report as follows:</p> <ol style="list-style-type: none"> <li>1. Independent Healthcare Update</li> <li>2. SPSP Mental Health Update</li> <li>3. Clinical and Care Governance Update</li> </ol> <p>The committee noted the above key points.</p>	
5.2	<b>Public Protection Report 6 Monthly</b>	
	<p>Maureen Scott, Public Protection &amp; Child Health Service Lead was present to speak to her report on the Public Protection 6 Monthly report to provide updates, assurance where possible and highlight emerging risks around the public protection and child health service agenda. This full report, detailed in Appendix 1 covered the 6 month period from 1st July – 31st December 2021. The report was divided into 2 parts, firstly concentrating on new issues and thereafter part 2 concentrating on the challenges and risks.</p> <p>It was confirmed that the guidelines and workstreams for children and young people were inter-related to the key principles adopted by the United Nations. It was also confirmed that although there was currently no plan to add a public protection risk to the Risk Register, it was acknowledged that there was a need to strengthen how to ensure appropriate training was provided to encourage Directorate buy-in and this would be addressed at the Organisational Development and Learning meeting in March.</p> <p>The committee noted the update from the Public Protection 6 Monthly report.</p>	
<b>6.</b>	<b>CLOSING BUSINESS</b>	
6.1	<b>Board Report: three key points.</b>	
	The Chair summed up the three key points for reporting to the Board. The key points	<b>Administra</b>

	<p>were detailed below:</p> <ul style="list-style-type: none"> <li>a) New Commission to support reduction in Drug Deaths</li> <li>b) Health Technologies Framework</li> <li>c) Key Risk Areas in Quality Assurance <ul style="list-style-type: none"> <li>1. Adverse Events Notification System Update Report</li> <li>2. HIS Role in relation to National Screening Programmes</li> </ul> </li> </ul>	<b>tive Officer</b>
6.2	<b>AOB</b>	
	Date of Next Meeting: 18 <sup>th</sup> May 2022, in Edinburgh. Venue to be confirmed.	
	<p>Name of person presiding: Zoë Dunhill</p> <p>Signature: Zoe Dunhill</p> <p>Date: 18<sup>th</sup> May 2022</p>	