

**MINUTES - Approved**

**Meeting of the Quality and Performance Committee**

Date: Wednesday 18 May 2022

Time: 10.00 -13.00

Venue: Hybrid meeting- Conference Room Delta House/ Microsoft Teams

Contact: Ruth Gebbie [Ruth.Gebbie@nhs.scot](mailto:Ruth.Gebbie@nhs.scot)

**Attendance**

|                     |                                   |
|---------------------|-----------------------------------|
| Zoë Dunhill         | Committee Chair (in person)       |
| Evelyn McPhail      | Board Member (in person)          |
| Duncan Service      | Board Member (in person)          |
| Suzanne Dawson      | Board Member (in person)          |
| Gill Graham         | Board Member (in person)          |
| Keith Charters      | Board Member (in person)          |
| Dr Abhishek Agarwal | Co-opted Board Member (in person) |

**Present**

|                  |                                                          |
|------------------|----------------------------------------------------------|
| Robbie Pearson   | Chief Executive (in person)                              |
| Simon Watson     | Medical Director (in person)                             |
| Ruth Glassborow  | Director of Improvement (online)                         |
| Lynsey Cleland   | Director of Quality Assurance (in person)                |
| Safia Qureshi    | Director of Evidence (in person)                         |
| Sybil Canavan    | Director of Workforce (in person)                        |
| Angela Moodie    | Director of Finance, Planning and Governance (in person) |
| Ruth Jays        | Director of Community Engagement (in person)             |
| Ann Gow          | Director of NMHAP/Deputy Chief Executive (In person)     |
| Ben Hall         | Head of Communications (online)                          |
| Sandra McDougall | Interim Deputy Director of Quality Assurance (online)    |
| Lynda Nicholson  | Head of Corporate Development (online)                   |
| Helen Munro      | Public Partner (online)                                  |
| Roberta James    | SIGN Programme Lead (online)                             |
| Mark MacGregor   | Chair, SMC (online)                                      |

**Observing**

|                       |                                           |
|-----------------------|-------------------------------------------|
| Caroline Champion     | Planning and Performance Manager (online) |
| Kapila Wickramanayake | Visiting Medical Director (online)        |

**Minutes**

|             |                                    |
|-------------|------------------------------------|
| Julia Simac | Policy & Business Analyst (online) |
|-------------|------------------------------------|

**Apologies**

|                  |                        |
|------------------|------------------------|
| Carole Wilkinson | HIS Chair              |
| Ed Clifton       | Head of SHTG           |
| Angela Timoney   | Chair of SIGN          |
| Alexandra Jones  | Public Partner         |
| Jackie Brock     | HIS Board Member       |
| Colin Wright     | Administrative Officer |
| Laura McIver     | Chief Pharmacist       |
| Neil Smart       | Chair, SHTG            |

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| <b>1.</b>  | <b>OPENING BUSINESS AND COMMITTEE GOVERNANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1.1        | <b>Welcome</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|            | The chair welcomed everyone to the meeting. The Medical Director welcomed and introduced Dr Kapila Wickramanayake, a visiting Medical Director from Sri Lanka currently undertaking a joint role at the University of Edinburgh, NHS Lothian, and Healthcare Improvement Scotland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 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 23 February 2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|            | The minutes of the meeting held on 23 February 2022 were approved as an accurate record.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 1.5        | <b>Review of Action Point Register: 23 February 2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|            | <p>The Committee noted that most actions had been completed, with updates for the following provided:</p> <ul style="list-style-type: none"> <li>Item 2.1: The Director of Finance, Planning and Governance noted that risks are to be reported using a RAG status, in line with the new risk management strategy. This will also align with priorities in the new HIS strategy, which will be reflected in the quarterly performance reporting moving forward.</li> <li>Item 4.2: The Director of Evidence confirmed that, regarding the Framework for Health Technologies, HIS is still in conversation with Scottish Government regarding governance. The Director of Evidence will report back on this via normal updates and this can be removed from the committee action point register</li> </ul>                                                |  |
| 1.6        | <b>Business Planning Schedule 2022-23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|            | The Committee noted the Business Planning Schedule, confirming that the planned activities are on target.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>2.</b>  | <b>CLINICAL AND CARE GOVERNANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>2.1</b> | <b>Health Technology Groups Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|            | <p>The Director of Evidence introduced the updates from the health technology groups, including an update on recruitment for their respective Chairs. The following appendices were included with the report:</p> <p>Item 2.1 Health Technology Groups Update</p> <ul style="list-style-type: none"> <li>Appendix 1: Scottish Antimicrobial 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: Standards and Indicators (S&amp;I) Update</li> <li>Appendix 6: Timeline for appointment of technology group chairs</li> </ul> <p>The Director of Evidence summarised the work of the above groups, including information on the following:</p> |  |

- SAPG has been playing a leading role in Outpatient Parenteral Antibiotic Therapy (OPAT), which is a key part of a toolkit for managing patients at home.
- SIGN continues to progress positively in its flexibility of approach, using different methods to respond to service needs, as well as working on updates to the core guidance programme.
- The 20<sup>th</sup> anniversary of the SMC is approaching, and the team is planning a small event to mark this. The SMC is currently evaluating through stakeholder review its abbreviated process implemented in response to the pandemic, looking to embed this into standard process if supported. The SMC awaits a response from Scottish Government on the business case for additional resource.
- SHTG participated in the 2022 Health Technology Assessment International (HTAi) Global Policy Forum and which has helped to shape SHTG's approach to expanding lifecycle HTA principles across Scotland.
- It is hoped that the current Chair of SIGN can be re-appointed. It is also hoped that the SAPG Chair can be re-appointed for a third term, for which there is precedent.

Members raised several issues, which were discussed or clarified as follows:

- Regarding a question on the status of the SMC business case, it was confirmed that the SMC team is still in conversation with Scottish Government. Without additional resource, the SMC is faced with either having to reduce the number of medicines reviewed or reduce engagement with the Innovative Licensing and Access Pathway (ILAP), neither of which are favourable. The team has requested a meeting with the Cabinet Secretary for Health and Social Care to raise awareness of this.
- Regarding a question on the review of the abbreviated SMC process, the team is keen to implement efficiency gains subject to resourcing. NICE is experiencing similar pressures and is keen to collaborate. Further consideration is required to determine which elements can be collaborated on given that decisions need to be made at the level of the paying jurisdiction.
- HIS will be publishing guidance on hormone replacement therapy (HRT) via SIGN rather than SMC.
- Regarding group Chairs, there is to be a review of the ToRs for each group (including maximum and minimum length of term), and proposals brought forward to the Committee, with offline discussions about timing. It was noted that there are different structures in place for each group, and consistency would be beneficial. It will be important to reach a balance between taking advantage of the longevity and experience of re-appointed Chairs and having a Chair in place for a long time without change. The issue of a Review of the Terms of Reference of the Technology Groups would be the subject of a report to a future meeting of the committee by the Director of Evidence.

The Committee considered the update and were content with progress reported.

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| 2.2 | <p><b>Report from Clinical and Care Governance Group</b></p> <p>The Medical Director and Deputy Chief Executive/Director of NMAHP introduced the report and highlighted and main points from the last meeting of the Clinical and Care Governance (CCG) Group.</p> <p>After having carried out work over the past several years to embed CCG activities, the group has now conducted a deep-dive meeting with each directorate management team, except for Corporate Services, to discuss issues and risks and increase understanding. As CCG is now on the risk register, any risks categorised as such will be reported via that mechanism.</p> <p>In the future, it is hoped there will be greater alignment and filtering of issues raised through the CCG group and issues reported to the Committee.</p> <p>Members raised several issues, which were discussed or clarified as follows:</p> <ul style="list-style-type: none"> <li>• ihub teams are reporting benefits of being back to working in-person on site but have to adapt to how clinical teams are now working.</li> <li>• Regarding a question on ensuring consistency of process, it will be important to ensure this with regards to governance and quality assurance moving forward when drawing on clinical expertise. Much of the current engagement with experts draws on networks and connection as opposed to a “bank” of experts (which is the model adopted by the Care Quality Commission (CQC)) or agreements with organisations from where HIS can draw expertise, though this may be something to consider in the future. The Medical Director and Director of Quality Assurance noted that for this process there should be a more formalised timeline/roadmap in place.</li> <li>• There is ongoing consideration of access to patient care records, specifically in relation to the Death Certification Review Service (DCRS), and this is being taken forward in relation to wider conversations on eHealth.</li> <li>• There should be structures in place to embed a CCG focus from the beginning of the process of taking work on.</li> </ul> <p>The Committee considered the update presented and were content with proposals for further development of CCG within HIS.</p> |                                                                   |
| 3   | <p><b>RISK MANAGEMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
| 3.1 | <p><b>Risk Management: Strategic Risks</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
|     | <p>The Director of Finance, Planning and Governance introduced a report containing the risk registers and asked the Committee for assurance that the risks presented were being effectively treated, tolerated, or eliminated. Further details were included in the appendix to the report as follows:</p> <ul style="list-style-type: none"> <li>• Appendix 1: Strategic risks assigned to the Quality and Performance Committee</li> </ul> <p>There were four risks assigned to the Committee, three of which were rated “high” status (relating to the National Care Service, external factors including economic, environmental, and political pressures, and key safety issues), and one of which was rated “medium” (relating to inspections).</p> <p>Members raised a number of issues, which were discussed or clarified as follows:</p> <ul style="list-style-type: none"> <li>• HIS has worked positively with the Care Inspectorate to frame joint working in the lens of the unknown scope of the National Care Service. Until this scope is clearer, it is difficult to know what will need to be regulated.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Medical Director/<br/>Director of Quality Assurance</b></p> |

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|       | <ul style="list-style-type: none"> <li>Regarding inspections, the greatest pressure currently is in acute hospital inspections. There are clear trends in the pressures, particularly regarding workforce and patient flow, which have been in place for an extended period.</li> <li>With regards to safety issues in the health and care system, it will be important to understand HIS's contribution, and if there are gaps in the response. This risk should be classified as a clinical care risk rather than a reputation risk.</li> <li>More generally, it would be beneficial to capture the drivers of risk – it was agreed to investigate whether there was a better way of reporting this.</li> <li>The Safety Network is being established, with the ToR having been agreed. The focus now will be on updating reporting on contributions and gaps without duplicating or recreating a performance reporting system. This will be reported at the Executive Team level.</li> </ul> <p>The Committee considered the risks presented and gained assurance from the controls and mitigations in place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Director<br/>FPG</b></p> <p><b>Director<br/>FPG</b></p> |
| 4.    | <b>DELIVERING OUR OPERATIONAL PLAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |
| 4.1   | <b>Operational Plan Including -</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |
| 4.1.1 | <p><b>Performance Report Quarter 4</b></p> <p>The Director of Finance, Planning and Governance introduced the report, which provided an overview of the current situation, in addition to a detailed progress report of Quarter 4, Horizon Scanning and further information on new commissions.</p> <p>An overview was provided of the ongoing projects and their current status. A total of 96 projects were active (including Internal Improvement Oversight Board (IIOB) at the end of Q4. 74 projects were on target and 22 were running behind plan. 4 projects were completed, and 3 new projects were added to the work programme during Q4. The main reason for projects being behind schedule is the pandemic and system pressures. This is also the first report to include an update on Responding to Concerns, for which there was an uptick in the latter 6 months of the year.</p> <p>At Q4, there were 11 high and 4 very high operational risks (an increase from 1 in Q3). The new very high risks related to MS365 licenses and hardware failure in the servers running the majority of the core HIS ICT systems.</p> <p>There were 5 new commissions in Q4, with several potential future new commissions currently under consideration.</p> <p>It was noted that a high-level summary would be presented to the Board rather than the full report.</p> <p>The following appendices were included within the report:</p> <ul style="list-style-type: none"> <li>Appendix 1: Work Programme Implementation Progress Tracker</li> <li>Appendix 2: Very High / High Operational Risks</li> <li>Appendix 3: Remobilisation Plan RMP4 Q4 Update Submitted to Scottish Government</li> </ul> <p>Members raised several issues, which were discussed or clarified as follows:</p> <ul style="list-style-type: none"> <li>MS365 was discussed in a previous deep dive session. All boards are</li> </ul> |                                                               |

currently working with a single tenancy agreement rather than licenses for individual boards. Significant work has gone into cleaning up unused licenses in territorial boards, so there is now a more comfortable buffer zone of available licenses.

- A question was raised on the implications of funding for commissions being distributed to organisations other than HIS. It was discussed that by having the Scottish Government disburse funds directly to partner organisations/boards, this avoids over-inflating HIS's budget and/or being unable to carry funds forward if partner organisations/boards don't have capacity to complete work in a given year. Because HIS's improvement support work isn't directly delivered via HIS (rather HIS enables the system to deliver the work), contracting is very clear to stipulate what HIS is responsible for and what boards and Health and Social Care Partnerships are responsible for.
- ICT investment is focussed in the short term on security and stability, which will lay the foundation for being able to integrate further with boards.
- As we transition into 2022/23, the focus will be on moving from remobilisation to stabilisation, and reducing the number of delayed projects. This is reflected in the strategy HIS is currently consulting on, and there will be specific actions and mitigations for each project to address this. It was also noted that many "delayed" projects are as such because resource has been redeployed to other priority areas.
- While the mitigations outlined for each project are open-ended, this will allow flexibility in an uncertain system, however these will be kept under review.
- It was felt there was no current risk of any projects falling back to the "late" category.
- An updated ICT approach/strategy is currently under development. It will focus on efficiencies, culture change, and behaviours such as filing and disposal.

Dr Abhishek Agarwal requested a copy of documentation for the new commissions process.

The Committee examined the report and gained assured by the performance reported, subject to the comments above.

4.1.2

#### **New Commission – Transfer of Decision Support Programme**

The Director of Evidence introduced the new commission.

The Digital Health & Innovation Centre (DHI) put forward a proposal to the Scottish Government to convert the Right Decision Service (RDS) to a continuous programme of work. £2.3 million (which includes an existing team) has been committed by the Scottish Government for a national scale-up on the condition that the work be transferred to a national board, and it has been proposed that HIS lead this.

This would provide an opportunity for HIS's evidence and intelligence to be directly integrated into existing clinical systems. It also aligns with HIS's aims to support system recovery, digital transformation, and development of the new HIS website. This would bring additional capacity and skills into HIS and be a good opportunity for knowledge sharing.

Because this is such a large piece of work and is not without risk, HIS would need a clear timeline, objectives, and exit strategy if these are not achieved in the three-

**Director  
FPG**

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|            | <p>year period.</p> <p>The report included the following appendix:</p> <ul style="list-style-type: none"> <li>Appendix 1: March 2022 proposal to HIS Executive Team</li> </ul> <p>Members raised several issues, which were discussed or clarified as follows:</p> <ul style="list-style-type: none"> <li>It was agreed that there are risks associated with this work. Further information was required to establish that they would be outweighed by benefits. Additional consideration is required from HIS Finance and this will be presented to the Board in June for consideration.</li> <li>It was noted that this work would grow to a significant scale and the wider healthcare system would need to be on board. There will also need to be consideration of how this integrates with local systems and practices.</li> <li>The RDS is not currently widely used, but the potential, especially regarding how HIS's work can directly feed in, is significant. One of the benefits of bringing this into HIS is the potential to integrate and influence how our decision support tools are used.</li> <li>In response to a question on how HIS would work with DHI, it was noted that HIS would need to establish a formal working relationship with DHI including a plan for managing relationships with industry as well as clarification on intellectual property and legal implications.</li> <li>It will be important to work closely with Community Engagement on this.</li> <li>This should not be a burden on HIS's ICT team, given that the package already includes a team. Having this platform working well should reduce the existing burden that team members currently have to add SIGN guidelines to the system (as well as opening the opportunity to integrate much more of HIS's work).</li> </ul> <p>The committee agreed that the proposal should be further considered, bearing in mind the above comments (stronger due diligence, including financials).</p> | <p><b>Director<br/>FPG</b></p> |
| <p>4.2</p> | <p><b>Quality Assurance System Update</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
|            | <p>The Director of Quality Assurance introduced the update, with input from the Interim Deputy Director of Quality Assurance.</p> <p>The function of the Quality Assurance System (QAS) (formerly the Quality of Care Approach) has evolved. Following on from a review of early implementation of the approach, the team has been working closely with NMAHP, ihub, and CED for alignment, and has also engaged with additional teams across HIS as well as with external stakeholders. Many of the updates made have focussed on sharpening language and creating a more integrated HIS product. The QAS should enable quality and consistency across work programmes, and the focus now shifts to ensuring it is consistently and reliably implemented.</p> <p>Following presentation to the Committee, the team intends to communicate this out to the system, through targeted engagement with key stakeholder groups. There is also work underway to ensure the approach is aligned with corporate aims and objectives and to support system pressures.</p> <p>The report included the following appendices:</p> <ul style="list-style-type: none"> <li>Appendix 1: Revised Quality Assurance Framework</li> <li>Appendix 2: Engagement Analysis Report April 202</li> </ul> <p>The committee noted the efforts undertaken and improvements in the overall product. They commended the success of the process undertaken as well as the updated system.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |

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| 5.  | <b>STAKEHOLDER ENGAGEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 5.1 | <b>Clinical and Care Staff Forum Key Points</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|     | <p>The Medical Director summarised the key points from the Clinical and Care Staff Forum meeting held on 8 February 2022. The Forum is an opportunity for clinical staff to be consulted on issues for the Board. The group sought to appoint a co-Chair, and confirmed that Chris Sutton, Portfolio Lead for Person Led Care, Transformational Redesign Unit, has agreed to take up the position.</p> <p>The report provided an update on the following areas:</p> <ul style="list-style-type: none"> <li>a) Independent Healthcare update</li> <li>b) SPSP Mental Health update</li> <li>c) Clinical and Care Governance update</li> </ul> <p>The Committee noted the above key points and welcomed Chris Sutton in taking on the position of co-Chair.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 5.2 | <b>Responding to Concerns: 6-Monthly Update Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|     | <p>The Director of Quality Assurance introduced the report and noted that there has been a significant increase in concerns raised over this period, as well as their complexity. Many of the concerns, while relating to differing disciplines, have common themes such as workforce and staffing pressures. The focus for the team, given the increase in the number and complexity of cases, is managing resource and capacity to appropriately respond; the report outlines the mitigating actions to enable this, including ensuring there is a focus on appropriate cases via clear criteria for when HIS addresses a case versus when it should be referred, and challenging processes to ensure their own efficiency and effectiveness.</p> <p>The report included the following appendix:</p> <ul style="list-style-type: none"> <li>• Appendix 1: Concerns received and managed October 2021 – May 2022</li> </ul> <p>Members raised several issues, which were discussed or clarified as follows:</p> <ul style="list-style-type: none"> <li>• It was noted that it is important to have a system for gathering intelligence from this report and associated processes.</li> <li>• It was noted that not all cases have sufficient supporting information to allow them to be progressed by HIS. This has opened useful dialogue with stakeholders to better understand what information is required when a referral is made.</li> </ul> <p>The Committee considered the update and gained assurance on the organisation's approach to managing concerns.</p> |  |
| 6.  | <b>CLOSING BUSINESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 6.1 | <b>Board Report: three key points</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|     | <p>The Chair summarised the three key points for reporting to the Board. The key points were as detailed below:</p> <ul style="list-style-type: none"> <li>• The Quality Assurance Framework should be highlighted as an ongoing piece of work of high standard, noting that it has been great to see cross-organisational integration, use of approachable language, and effective</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

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|     | <p>consultation.</p> <ul style="list-style-type: none"> <li>• The transfer of the decision support programme should be further considered, noting that the committee has considered this and raised matters which will be further considered by relevant teams.</li> <li>• The committee notes a marked increase in the number of concerns that have been registered via the Responding to Concerns work.</li> </ul>                                                                                             |  |
| 6.2 | <b>AOB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|     | <p>The Chief Executive took the opportunity to speak on behalf of the Board and HIS for the Committee Chair's leadership, support, wisdom, and insight in their role, and expressed best wishes for the future.</p> <p>The Committee Chair expressed to thanks the committee for their work, contributions, perspectives, and support, and wished them all the best for the future. Thanks were also noted to Colin Wright and Ruth Gebbie for their support and efforts in coordinating Committee meetings.</p> |  |
|     | Date of Next Meeting: 17 August 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|     | <p>Name of person presiding: Zoë Dunhill</p> <p>Signature:</p> <p>Date:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |