Minutes - Approved

Meeting of the Quality & Performance Committee
Date: Wednesday 17 August 2022
Venue: MS Teams

Attendance

Evelyn McPhail	Board Member, Committee Chair
Dr Abhishek Agarwal	Board Member
Jackie Brock	Board Member
Suzanne Dawson	Board Member
Gill Graham	Board Member
Duncan Service	Board Member (until item 4.4)
Carole Wilkinson	Board Member/HIS Chair

Present

Robbie Pearson	Chief Executive
Lynsey Cleland	Director of Quality Assurance
Ben Hall	Head of Communications
Ann Gow	Director of Nursing, Midwifery & Allied Health Professionals (NMAHP)/Deputy Chief Executive
Angela Moodie	Director of Finance, Planning and Governance
Lynda Nicholson	Head of Corporate Development
Safia Qureshi	Director of Evidence
Simon Watson	Medical Director
Alexandra Jones	Public Partner
Scott Muir	Vice Chair, SMC
Helen Munro	Public Partner
Angela Timoney	Chair of SIGN
Sally Clive	Consultant Medical Oncologist, Oncology, NHS Lothian (for item 4.3)
Heather Dalrymple	National Clinical Lead, Cancer Medicines, Medicines Team (for item 4.3)

Observing

Caroline Champion	Planning and Performance Manager
Gareth Hill	Head of Knowledge Management Services, Evidence

Minutes

Colin Wright	Administrative Officer

Apologies

Sybil Canavan, Director of Workforce
Ruth Jays, Director of Community Engagement
Mark McGregor, Chair of Scottish Medicines Consortium (SMC)
Andrew Seaton, Chair, Scottish Antimicrobial Prescribing Group (SAPG)
Neil Smart, Chair, SHTG

1.	**OPENING BUSINESS AND COMMITTEE GOVERNANCE**	
1.1	**Welcome**	
	The Chair welcomed everyone to her first meeting as Chair of the Quality and Performance Committee. She also welcomed Dr. Abhishek Agarwal, who was attending his first meeting as a full Member of the committee. Dr Agarwal had replaced Keith Charters, who was thanked for his work throughout his tenure as a member of the committee. The Chair also welcomed Gareth Hill, the new Head of Knowledge Management Services, who would be observing the committee today.	
1.2	**Apologies for absence**	
	Apologies were noted as above.	
1.3	**Declarations of interest**	
	All present were reminded to declare interests either at the start of the meeting or at any point during the meeting.	
1.4	**Minutes of the Quality & Performance Committee held on 19 May 2021**	
	The minutes of the meeting held on 19 May 2021 were approved as an accurate record, with the following amendment:

Item 2.1 – Health Technology Groups Update – To note that 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 and for this matter to be added to the Action Register. | **Administrative Officer** |
| 1.5 | **Review of Action Point Register: 18 May 2022** | |
| | The Committee noted that all actions had been completed or an update provided.

An full update was provided on the following item:

Item 2.2 - Report from Clinical and Care Governance Group - securing clinical expertise, process to have a more formalised timeline/roadmap in place. An update was provided on the progress by the Director of NMAHP/Deputy CE and the Medical Director. Part One of the process had been approved by the Executive Team and they were now moving onto the second phase. The Medical Director also intimated that a development programme to help doctors to become more effective in their roles had also been introduced. | |
1.6	**Business Planning Schedule**	
	The Committee noted the Business Planning Schedule.	
2.	**CLINICAL CARE AND GOVERNANCE**	
2.1	**Health Technology Groups Update**	
	The Director of Evidence introduced the updates from the Health Technology Groups. The following appendices were included with the report:

- Appendix 1, Scottish Medicines Consortium (SMC) Update
- Appendix 2, Standards and Indicators (S&I) Update
- Appendix 3, Scottish Intercollegiate Guidelines Network (SIGN) Update
- Appendix 4, Scottish Antimicrobial Prescribing Group (SAPG) Update
- Appendix 5, Scottish Health Technologies Group (SHTG) Update
- Appendix 6, Career Ready Digital Project
- Appendix 7, Letter from CMO in relation to the Directorate, particularly SIGN.
- Appendix 8, Letter from CMO in relation to the Clinical Cell | |

A number of issues were highlighted including the following:

a) The Digital Services Group had recently hosted a HIS Website Redevelopment Career Ready Project involving three high school students, who had offered helpful and honest advice on how to effectively utilise the website in the future. The suggestions were now being taken on board.

b) The Chief Medical Officer (CMO) had submitted a second letter supporting the work of the Directorate, with a particular focus on SIGN.

c) A further letter had been received thanking the Directorate for the work done with the Clinical Cell during the pandemic, the close collaboration with colleagues at SIGN had played a crucial role in helping Scottish Government and healthcare professionals across Scotland understand the emerging threats posed by COVID-19 and how they should be managed.

d) A decision is still awaited on the outcome of the business cases for SMC, although the sponsors had been very supportive.

e) Thanks were expressed to Ann Lee, formerly Chief Pharmacist, SMC, for her work within the Directorate. Interviews for her replacement were currently taking place.

f) The capacity issues within SMC were also highlighted.

During discussion a number of points were raised:

g) A question was asked in relation to how the SIGN guideline statistics could be analysed more to determine if SIGN was meeting its purpose and it was confirmed that discovery work was taking place to address this issue, particularly within patient groups and SIGN would reflect on the information received and report back any findings. The volume of information available to doctors was also acknowledged by the Medical Director.

h) Suzanne Dawson intimated that she had recently attended a session at the NHS Scotland event, which had emphasised the importance of public involvement in any new planned technology and it was confirmed that the Director of Community Engagement would be involved in how best to approach public engagement and equality issues when introducing new technology. She also praised the evidence gathered by the young people in relation to the development of the website.

i) Concern was expressed regarding the capacity issue for SMC and the implications of the business case. Members were assured that work was currently being done to determine how best to utlilise the skills in a more resourceful way, although, it was acknowledged that receiving a response as soon as possible from the Scottish Government would assist in this regard. When asked if there were implications on other parts of the organisation, it was emphasised that work was currently underway to spread the impact across the Directorate and on how to effectively prioritise projects. An update would be provided on this matter to a future meeting.

j) The Head of Communications expanded on the work of the Career Ready Project and he reported that work was also ongoing in relation to making the website more accessible through mobile devices. When asked if this could include disability groups, he confirmed this was currently being investigated and he would also take on board the suggestion to contact the Centre for

Head of Communications

	Learning Disability. The committee reviewed the update paper provided and were assured by the progress of work delivered by the technology groups.		
2.2	**Report from the Care and Clinical Governance Group**		
	The Director of NMAHP/Deputy CE introduced the report updating Members on the work of the Care and Clinical Governance Group (CCG), highlighting the main points from the last meeting. The report had been presented in a new format to enable the committee to view each Directorate's CCG self-assessment, with the option to view the detail around each principle if they seek more information behind the scoring. The Chair acknowledged that the new format was a good start, however work was still required to reduce the amount of information and to include more details on collaboration of themes and this would be taken on board. It was also suggested that there was no information relating to community engagement and the Director of NMAHP/Deputy CE would get back to the Suzanne Dawson on this issue. A question was asked as to whether there were timelines for the Directorates where no system was currently in place and it was reported that timescales would be obtained once engagement with the Directorates had taken place, to enable the key themes to emerge. The Committee noted the progress of the Group.	**Director of NMAHP/ Deputy CE**	
3.	**RISK MANAGEMENT**		
3.1	**Risk Register**		

	The Director of Finance, Planning and Governance introduced a report containing the risk registers and asked the Committee for assurance that the risks presented were being effectively treated, tolerated, or eliminated. Further details were included in the appendix to the report. The report differed from previous versions, in that it included all strategic risks to the committee, following a request that this information be included. Going forward all risks will continue to be reviewed by the Audit & Risk Committee and the Board, with only risks assigned to the Quality & Performance Committee reviewed here. Appendix 1 contained the full strategic risk register.
	
	Members asked a number of questions which were then addressed as shown below:
	
	    a) In relation to risk no 923 ICT Strategy, it was confirmed that this was being addressed and processes were now in place to mitigate this issue. This matter would also be considered by the Audit and Risk Committee.
	    b) It was suggested that risk 635 relating to the Finance Strategy, that the financial situation was being understated and it was clarified that this was a timing issue and the updated status would be reflected in future reports.
	    c) Some risks were showing as reputational when they should be listed as clinical risks and it was explained that this was due to a system constraint and work was ongoing to identify more effective software.
	    d) It was clarified that some of the risks had increased due to lack of budget availability for the roles specified and the sustainability of the programmes would be investigated, in addition to developing ways to collectively manage this issue as an organisation, through redeployment and other initiatives.
	
	The Committee considered the risks presented and gained assurance from the controls and mitigations in place.		

4.	**DELIVERING OUR OPERATIONAL PLAN**	
4.1	**Operational Plan Performance Report Quarter 1 including New Commissions**	
	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 1, Horizon Scanning and further information on new commissions. An overview was provided of the ongoing projects and their current status. Against the work programme, 98 projects were active including IIOB (Internal Improvement Oversight Board) activities at the end of Q1 which is a net movement of +2 since Q4 2021/22. 84 projects were on target and 14 were running behind plan and 3 projects were completed. The projects running behind included SMC, SIGN, Innovative Licensing & Access Pathway- (ILAP) and Standards and Indicators. Looking forward to Q2 a challenging environment was anticipated, particularly due to the increased risk to funding of some of the projects. During discussion, Members praised the introduction of Key Performance Indicators to the reporting mechanism. A number of questions were asked and clarified as detailed below: a) An issue was raised as to why a 15% decrease in funding for Hospital at Home could be justified, given the savings generated from this initiative. In response, it was intimated that HIS were often not consulted on the project budgets, however they were dealing with the financial uncertainty on a case by case basis. This approach was also confirmed by the Chair who clarified that the Board were addressing this issue to examine future priorities and programmes and discussions were ongoing with the Scottish Government in this regard. b) It was also suggested that the organisation could be over committing to work and Members were advised that Directorates were currently looking at alternative ways to do things within their existing resources. c) Some concern was expressed in relation to the progress on operational risks 583, Internal Improvement Programme (IIOB) and 922, Information Governance Strategy and it was confirmed that the situation was dependent on National Services Scotland (NSS), who were currently under resourced. d) In response to a question relating to the new commission process, it was confirmed that this was progressing well. Any further comments should be submitted to the Director of Finance, Planning and Governance. The Committee examined the report and gained assured by the performance reported, subject to the comments above.	
4.2	**Annual Delivery Plan 2022-23**	
	Healthcare Improvement Scotland was required to submit its Annual Delivery Plan (ADP) 2022-23 to Scottish Government by 31 July 2022 in draft form. This included a progress report for Q1 of 2022-23. The Quality and Performance Committee is asked to endorse the draft submission. The work programme was currently being designed in line with the budget process. This document would also replace the re-mobilisation plans of the last 2 years. Appendix 1 contained the ADP Narrative and Appendix 2, the Delivery Planning Templates.	

	A question was asked as to how the document was updated and it was confirmed that it would be submitted quarterly to the Staff Governance committee, to the Board, then Executive Team for submission. The committee endorsed the Annual Delivery Plan 2022-23.	
4.3	**National Cancer Medicines Advisory Group (NCMAG)** The Medical Director introduced this item by re-iterating the seriousness of the cancer problem in Scotland, given the poor outcomes for the country in comparison to the remainder of the UK. The use of drugs to address the problem was currently being approached in an inconsistent way. The main aim would be to fully utilise what we already have and this was the main purpose of the National Cancer Medicines Advisory Group (NCMAG). Sally Clive, NCMAG Chair and Consultant Medical Oncologist, Oncology, NHS Lothian, was present to summarise the work of the NCMAG and Heather Dalrymple, National Clinical Lead, Cancer Medicines, Medicines Team to provide further details if required. Dr Clive gave an example of how the group had considered future prostate cancer treatment and how research had identified a strong clinical case for using treatment normally adopted for advanced prostate cancer, to be used in the early stages. Although following consideration by the group, this was not recommended due to the costs involved, the approach could be adopted once lower cost alternatives were involved and the example demonstrated how the group could highlight these issues and take action when required. The Medical Director also stressed the importance of the work of the guidance, which reduced Board workload. It was also suggested that it would be useful to learn how other countries approached this issue and this was acknowledged by Dr Clive. It was further suggested that this issue be more appropriately dealt with by the Evidence Directorate and the Medical Director explained that the reasons for this were historical and there were currently strong links across various Directorates for this initiative. Members thanked Sally Clive and Heather Dalrymple for their contribution to the project and also to Laura McIver, Chief Pharmacist and Mary Mclean, National Clinical Lead Cancer Medicines, who were also involved. Following further discussion, the committee noted the establishment of NCMAG, a new Scottish Government Health Directorate sponsored programme, including the progress to date, finalisation of collaboration with key stakeholder groups, completion of first review and issue of advice. Further updates would be provided in due course.	
4.4	**Transfer of the Decision Support Programme**	
	This item had been included in the agenda as a paper report, however due to the timelines involved it would now be considered as a verbal item. The Director of Finance, Planning and Governance introduced the issue of the Business Case for the Transfer of the Decision Support Programme. The project would be grant funded for £2.3m from February 2022 – March 2025, with £0.5m allocated to payroll and £1.8 non-payroll. The risks involved were low and these were mainly concerned with pay award costs and inflationary price increases. The other risk involved the possibility the Scottish Government could withdraw funding. The Director of Evidence provided further details of "The Right Decision Service" which was an online decision making tool service. She further stated that this work would align well with our website development work, so the timing was appropriate.	

	Duncan Service left at this point in the proceedings. The importance of this work was emphasised by Members. However it was suggested that the matter would be more appropriately addressed in the form of a report and it was clarified that the timings involved in the submission of the paper to Executive Team had prevented consideration of a report at this time. The importance of correct governance was emphasised with this issue being considered by the Executive Team then a decision required by the Board. Following further discussion, it was agreed the Chair of QPC, HIS Chair and the Chief Executive would discuss whether to submit this to the Board, or whether to hold a special meeting of the Quality and Performance committee to consider the matter prior to submission to the Board.	**Chair/Chief Executive**
5.	**STAKEHOLDER ENGAGEMENT**	
5.1	**Clinical and Care Staff Forum Key Points**	
	The Medical Director and the Director of NMAHAP/Deputy CE summarised the key points from the Clinical and Care Staff Forum meeting held on 9 August 2022. The Forum is an opportunity for clinical staff to be consulted on issues for the Board. The report provided an update on the following areas: a) Healthcare Staffing Programme. b) Adverse Event Reviews in Healthcare. c) Practice Based Learning for Pre-Registration AHP and Nursing Students. The Medical Director praised the recent project involving student nurses working with HIS. The committee noted the three key points from the Clinical and Care Staff Forum.	
5.2	**Complaints and Feedback annual report**	
	The Committee received this report on the complaints and feedback in the form of their annual report for 2021/22 as detailed in Appendix 1. The Director of NMHAP/Deputy CE summarised the report, confirming that NHS bodies are required to publish annual reports on complaints data and actions taken to improve services as a result of feedback, comments and concerns. In the year 2021/22 there were 20 complaints and details in relation to the time taken to process the complaints and the outcomes were contained in the report. Complaints and feedback would be monitored by the Clinical and Care Governance Group. During discussion, Members were happy that compliance had been met within timescale. A question was asked as to the format of the document and it was confirmed that this was the style of report requested by the Scottish Government. A question was also asked as to whether the process included an improvement plan for future actions and it was confirmed that this was a timing issue and would be picked up by the Clinical and Care Governance Group. In response to a question as to whether the process will include an Improvement Plan, it was clarified that information relating to actions taken would be submitted to committee once approved by the Clinical and Care Governance Group and a timing issue prevented consideration at this committee. The committee approved the submission of the report to Scottish Government and	

	publication on the HIS website.		
5.3	**Death Certification Review Service (DCRS) Annual Report**		
	George Fernie, Senior Medical Reviewer, DCRS was present for this item of business to speak to the report on the Death Service Annual Report 2021/22, which formed Appendix 1. The Death Certification Review Service reviews medical certificates of cause of death (MCCD) as set out in the Certification of Death (Scotland) Act 2011 and the Senior Medical Reviewer is legally required to prepare a report each year on the service activities. The report is scheduled to be published on 18 October 2022, following consideration by the Quality and Performance Committee, HIS Board and the Scottish Government. The Senior Medical Reviewer, DCRS expanded on a number of points from the report as detailed below: a) This had been another challenging year with the covid pandemic, although we are in a very different situation to last year and the Death Certification Review Service returned successfully to business as usual on 7 March 2022. b) Details were provided of administrative errors, such as spelling mistakes, use of abbreviations and failing to sign the certificate. In 2021/22, 41% of MCCDs 'not in order' had an administrative closure category recorded. Certifying doctor spelling error being recorded against 133 MCCDs (32%). The importance of avoiding these minor errors was emphasised. c) The service operates under agreed service level agreements set by the Scottish Government and continues to complete reviews well within the required timescales. d) The enquiry line calls to the service had returned to around 200 per month following a sharp increase during the height of the Covid-19 pandemic. During questions, Members praised the report and the performance of the service, in addition to the fact that improvements were still being sought to provide an even better service. It was also stressed that the quality of work was of a higher level than elsewhere in the UK. The Medical Director also praised the work of the department with the Caldicott Guardian which was in addition to their Quality Assurance remit. The committee approved the report as ready for the HIS Board meeting before sign-off by the Scottish Government, Health and Sports Minister.		

5.4	**Public Protection Report Six Monthly Update**	

	The Committee received this report containing the six monthly update for Public Protection. Appendix 1 contained the Public Protection Learning & Education Quarterly Report from April to June 2021. The Associate Director of Nursing summarised the contents of the report. A number of points were highlighted, including the following:
	
	   a) A background to the Public Protection service was provided by the Director of NMAHP, including the scope of the work involved.
	
	   b) The work of the Public Protection service has expanded to include other groups including online services to the tackle various issues.
	
	   c) There were still some challenges around training, with a number of staff not trained to level 2 or 3 and Maureen Scott, Public Protection and Child Health Service Lead was currently working with the Protecting Vulnerable Groups service to progress this.
	
	The committee noted the report and gained assurance that obligations in relation to Public Protection were being met accordingly.	

	CLOSING BUSINESS	
6.	**Board Report: three key points.**	

6.1	The Chair summed up the three key points for reporting to the Board as follows:
	
	   a) National Cancer Medicines Advisory Group (NCMAG).
	
	   b) Clinical and Care Governance Progress.
	
	   c) Website Re-Development Work.	

6.2	**AOB**	
	There were no further items of business requiring consideration.	
7.	**Date of Next Meeting** 3 November 2022, venue to be agreed.	
	Name of person presiding: Evelyn McPhail Signature: Evelyn McPhail Date: 2/11/22	