MINUTES - Approved

Meeting of the Quality & Performance Committee
Date: Wednesday 2 November 2022
Venue: MS Teams

Attendance

Evelyn McPhail	Board Member, Committee Chair
Dr Abhishek Agarwal	Board Member
Jackie Brock	Board Member
Suzanne Dawson	Board Member
John Gibson	Board Member
Gill Graham	Board Member
Duncan Service	Board Member
Carole Wilkinson	Board Member/HIS Chair

Present

Robbie Pearson	Chief Executive
Lynsey Cleland	Director of Quality Assurance
Ben Hall	Head of Communications
Angela Moodie	Director of Finance, Planning and Governance
Safia Qureshi	Director of Evidence
Simon Watson	Medical Director
Sybil Canavan	Director of Workforce
Alexandra Jones	Public Partner
Helen Munro	Public Partner
Angela Timoney	Chair of SIGN
Andrew Seaton	Chair, Scottish Antimicrobial Prescribing Group (SAPG)
Neil Smart	Chair, Scottish Health Technologies Group (SHTG)
Mark McGregor	Chair of Scottish Medicines Consortium (SMC)
Ruth Thompson	Associate Director of Nursing, Midwifery& Allied Health Professionals (NMAHP), deputy for Ann Gow
Diana Hekerem	Head of Transformational Redesign Support, deputy for Ruth Glassborow

Observing

Caroline Champion	Planning and Performance Manager
Frances Kerr	Project Lead, SAPG
Paul McCauley	Risk Manager
Laura McIver	Chief Pharmacist
Claire Mavin	Acute Care Portfolio Lead
Lindsay MacPhee	Inspector

Minutes

Jane Boyd	Programme Manager

Apologies

Ann Gow, Director of Nursing, Midwifery & Allied Health Professionals/ Deputy Chief Executive
Lynda Nicholson, Head of Corporate Development
Ruth Glassborow, Director of Improvement
Lindsey McNeill, Interim Director of Community Engagement

1.	OPENING BUSINESS AND COMMITTEE GOVERNANCE	
1.1	**Welcome**	
	The Chair welcomed everyone to the meeting with a formal greeting to John Gibson who was attending his first full meeting as a Member of the committee.	
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 17 August 2022**	
	The minutes of the meeting held on 17th August 2022 were approved as an accurate record, with the following amendments:

Item 3.1 – Risk Register – To note that the point regarding the Audit and Risk Committee would conduct a deep dive on current risks and that some risks would be 'put on hold due to lack of budget availability' but this was not identified as accurate. The Director of Finance, Planning and Governance will gain clarity on this and report back to the group.

Item 4.4 – Amendment required to the amounts stated awarded to the project grant. It should read £0.5 million and £1.8 million pounds.
Paragraph 3 of item 4.4 was also recorded as not being an accurate description of the conversation.

It was also noted that Alexandra Jones and Helen Munro were not aware or invited to the extraordinary meeting that was held. The Chair apologised and stated she will follow this up as to why this occurred.

The minutes of the Extraordinary Quality & Performance meeting held on 27th September 2022 were approved as an accurate record with these changes. | **Director FPG**

Administrative Officer |
1.5	**Review of Action Point Register: 17 August 2022**	
	The Committee noted that all actions had been completed.	
1.6	**Revised Term of Reference**	
	The Chair introduced this item by describing the importance of the committee having access to the full range of clinical and care expertise available within the organisation when conducting its business. This supports our key principles of good clinical and care governance (CCG) and reduces CCG and reputational risks. The depth and breadth of this expertise was illustrated the previous day with over 170 staff attending the Clinical and Care Staff Forum sharing information, intelligence and expert commentary on a range of important issues for HIS. It would not be practical nor desirable for all HIS clinical and care professional staff to attend every meeting of the Quality and Performance Committee but the committee should have mechanisms to ensure properly representative voices are heard by committee members.

The Chair referenced the paper that is attached to this item which suggests Directors, are and will continue to bring individual clinical and care members to the Committee meetings as appropriate and the Chair of Clinical and Care Staff Forum should now routinely attend the Quality & Performance Committee representing the wide clinical and care voice. The Evidence Directorate's Technology Group Chairs would no longer be asked to attend routinely but would be invited for relevant items. This would result in a broadening of the range of clinical and care professionals advising the committee but keeping the number of individuals attending meetings streamlined. | |

	Discussion followed with the main points being highlighted; a) Concern at potential loss of relationship with the Technology Group Chairs. b) Need for assurance that there will not be a weakening of expertise within the committee as a result of changes. c) Need for assurance that the Clinical and Care Staff Forum and chair roles were sufficiently mature and embedded within HIS to fulfill role outlined. d) The benefits and importance of the changes were articulated by a number of committee members. A number of points were made in response to concerns raised:- e) The importance on keeping focus on the bigger picture and what is required to strengthen the role of the committee. The group has changed over time, the requirements of the group have also altered. Thus this must be reflected in those attending to advise and support members. f) HIS has a wide breadth and depth of knowledge and expertise within the clinical and care community. Proper representation at key decision making groups is the first and fundamental principle of our Clinical and Care Governance Framework. g) The changes proposed do not exclude anyone, they broaden the range of those who can attend to ensure the Committee Members hear the views of all relevant experts. h) It was highlighted that the Chair of this Committee has the final verdict on the membership and therefore this outcome of this proposal. It was agreed that this would be discussed again at the next Governance Committee Chairs' meeting and brought back to the next Committee meeting.	**Committee Chair**
1.6	**Business Planning Schedule 2022-23**	
	The Committee noted the Business Planning Schedule.	
2.	**CLINICAL CARE AND GOVERNANCE**	
2.1	**Report from Clinical and Care Governance (CCG) Group**	
	The Associate Director of Midwifery & Allied Health Professionals gave a brief summary of the CCG Implementation Reference Group (IRG). This group is the continuation of the Short Life Working Group that was initiated in June 2021 to develop CCG processes and practice within our organisation. The group is developing a Directorate Improvement Planning Tool which is submitted quarterly by each Directorate of which Quarter 1 returns can be seen in Appendix 1. The IRG reports directly to the CCG Group which is a sub-committee group. The CCG Group is undergoing amendments to its functionality as follows; • Meetings are now monthly rather than quarterly. • There is a focus on learning from complaints, CCG Risk and new commissions. • An enhancement in clinical supervision with support from NHS Education for Scotland to educate supervisors. • Risks on the risk registers are under the process of being re-categorised to include the category of 'CCG Risk'. Discussion followed with the following points made: a) Chair highlighted that this reiterates positive ongoing work. b) It would be helpful for more clarity in Directorate labelling in the Improvement	

		Planning Tool.	
		c) It was highlighted that Directors are accountable for CCG in their own areas.	
		d) It was highlighted that we ensure we are scoring the Directorate Improvement Planning Tool in the same way.	
		The Chair summarised this item by stating that clarity around CCG processes will come as it develops and this work was noted as making good progress.	
2.2	**Right Decision Service**		
	The Director of Evidence provided an update on the Right Decision Service (RDS) with the following points, some reiterated from previous updates:- • The RDS platform has been developed by the Digital Health and Care Innovation Centre (DHI). • RDS remains in development and this requires a new host organisation. HIS is a good fit because of our existing remit for guideline development and for the potential benefits that this service could bring in widening access for clinicians to HIS produced and other relevant clinical advice. • The purpose of bringing this paper is to make the Committee aware of specific risks in relation to hosting software applications subject to more stringent regulation by the Medicines and Healthcare products Regulatory Agency (MHRA). The specific issues and an assessment are shared in the paper. • It was highlighted that some of the regulatory requirements have yet to be introduced following the UK's departure from the EU. • If HIS took over the RDS we would become a distributer of the apps with the MHRA regulatory framework. The exact liabilities related to this are not entirely clear at this point in time as the detail is still being clarified at the MHRA. Following the update a few points were highlighted by the group: a) It was agreed that the software regulation issues will require a risk to be added to the risk register b) It was discussed that the regulator landscape is complex but the greater risks probably lie in the content of the guidelines themselves, especially those not created by HIS. c) Clear mitigations should be in place to manage the risks associated with both regulation of apps and content of guidelines. The committee agreed that the proposal for HIS to take on the RDS system should progress to the Board for final decision.	**Director Evidence**	
2.3	**Health Technology Groups Update**		
	The Director of Evidence updated the group on the work of the SMC. It was noted that the SMC has demand that continues to outstrip capacity with the situation worsening. The Director assured the committee that the wider Directorate is being assessed for how it may assist in carrying the SMC workload. It was discussed that the SMC Decision Explained Documents programme has been paused due to lack of capacity. This has not been a popular decision but it is hoped that they will be continued in the future. The full impact is unknown at this time. The Groups are also showing flexibility in how they respond to requests with an example being a collaboration to adapt National Institute for Health and Care Excellence (NICE) guidelines for use in Scotland. The Groups will continue to look at problems pragmatically and approach them in different ways. The committee noted the update.		

2.4	**Health Technology Groups Terms of Reference**	

	The Director of Evidence delivered an update on the consolidation of all Health Technology Group Terms of Reference. This was to ensure continuity across all Groups and using known areas of best practice.
	
	A framework has been produced which will outline the structure each Group should adhere to. Term of office for the Chair was standardised at three years with a second term allowed by an election system and third term allowed as an exception only.
	
	Following discussion points that were highlighted:
	    a) This approach is welcomed as the previous lack of continuity of Terms of Reference between the Groups had been a concern.
	    b) Clarity is required regarding the Chair succession planning and if the Vice Chair can progress to Chair.
	    c) It was agreed that the Chair appointment process should include ratification by the Chair of the Quality and Performance Committee.
	
	The committee endorsed the proposals set out.	

2.5	**Health Technology Group Deep Dive – SAPG**	

	Andrew Seaton, the Chair of the SAPG provided an in-depth presentation outlining the work of the SAPG with the conclusion that the SAPG has the ambition to;
	    • continue with the National Antimicrobial Stewardship Programme
	    • continue to be responsive to Board's needs
	    • continue to look forward and plan
	    • be a national resource.
	
	It was highlighted that the presentation illuminated the wide range of roles that the SAPG covers. A question was raised regarding the global impact of antimicrobial resistance and if we as an organisation and nation are doing enough to 'turn the tide'? It was reported that the SAPG group is a small team and that for more traction, more resources would be needed. It was agreed that this larger question could be addressed at another time.
	
	The Chair and members extended their thanks for an excellent presentation.	

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 to review the risks presented. A summary given was that within the strategic risk register, there were two risks scored high and one scored medium. There is one risk under development regarding Safety which requires expansion on the mitigation plans and will be brought to this group when enhanced. The committee considered the risk register and were content with the risks and their mitigations set out.	
4.	**DELIVERING OUR OPERATIONAL PLAN**	
4.1	**Operational Plan Performance Report Quarter 2 including New Commissions**	
	The Director of Finance, Planning and Governance introduced the report, which provided a progress report of Quarter 2, Horizon Scanning and further information on new commissions.	

	Pertinent points that were highlighted to the group were; • Key Performance Indicator metrics are still under development and will be set by the next committee meeting or other metrics will be chosen. • 2 projects are rated amber in status but will be on track by end of this year. • 2 projects are rated red in status, with 1 of those because of a backlog from the pandemic period. The SMC is behind schedule due to funding delays. • Projects rated as 'on track' has reduced from 86% in Quarter 1 to 70% in Quarter 2 many of these relating to current and ongoing pressures in the NHS and care services. • As we look to Quarter 3, we anticipate a similar trend with some projects paused or repurposed. • New commissions: 1 has been approved, 4 are under consideration and 8 have been relayed back to Scottish Government as we have deduced that HIS is not the appropriate organisation to own those programmes of work. Discussion points raised following the update were as follows: a) It is disappointing but understandable that some projects are paused/repurposed but we require clarity of what this means going forward. b) A number of the red scores in ihub are due to allocation funding delays and/ or renegotiations with Scottish Government. c) The new strategic risk register format was received positively however it is not appropriate at this time to transfer the operational risk register to the new format due to the larger size of the operational risk register but this will be considered at a later date. The committee examined the performance reported and subject to their comments above, were content with progress reported.	
4.2	**Healthcare within Justice Update**	
	Director of Quality Assurance introduced this item by summarising the fact that there is well publicised evidence that those in custody or under the remit of the prison system are more likely to have healthcare inequalities. This highlights the importance of inspections, especially during the pandemic. A report will be released next week to highlight areas of concern and issues in care in custody. As is similar to all other areas, a process of adjusting and adapting to pressures to still be able to deliver standards can be seen. There is ongoing work with Medicines & Pharmacy team to ensure expertise is embedded in the programmes which include the implementation of standards. Discussion points following the update included: a) Despite not being the lead agency in this programme of work, we have strong support from the His Majesty's Inspectorate of Prisons (HMPIS). b) This programme of work is similar to Independent Healthcare in the fact that we did not realise the volume of work required. c) We are able to provide medical expertise and assurance. d) We have to be flexible with what we are able to deliver. e) We are funded from baseline but gain extra funding from the Constabulary. This model isn't tenable and requires a conversation and to be revisited The discussion concluded with the agreement that this topic should be revisited and brought back to this committee at another time.	**Administrative Officer**

4.3	**Bespoke Support to NHS Ayrshire & Arran**	

	The Medical Director introduced this item (on behalf of the Director of Improvement who was on leave) by summarising that the improvement work ongoing within NHS Ayrshire and Arran is led by the improvement team with the Medical and NMAHP Directors 'wrapping around' the programme.
	The main points raised within this item were:
	• Claire Mavin - Acute Care Portfolio Lead, is the lead within this work.
	• This piece of work is time limited until Christmas 2022.
	• We are closing boundaries of delivery by sharing intelligence with Scottish Government Unscheduled Care Team.
	• Two key areas in the programme are:
	  - Hospital huddles
	  - Realtime nursing workforce indicator
	• Themes of improvement that are being seen in NHS Ayrshire and Arran can be used as learning for other Boards with the aim to produce a 'toolkit' to support others going forward.
	• The Medical Director of NHS Ayrshire and Arran has voiced his support of HIS and thus we may see an increase in demand.
	
	The committee welcomed the update and voiced that it was encouraging that we have gained such positive feedback of the support we are providing in improvement planning for NHS Ayrshire and Arran.	

4.4	**Primary Care Improvement Work Update**	
	Due to time constraints, this item was deferred to the next Quality and Performance Committee meeting.	
5.	**STAKEHOLDER ENGAGEMENT**	
5.1	**Sharing Intelligence for Health and Care Group Update**	
	The Medical Director provided a brief update regarding the Sharing Intelligence for Health and Care Group which consists of seven national oganisations collaborating to identify themes and links within current issues. Currently this group is undergoing a period of reflection and redesign to ensure that the aim of the group is still relevant and that it is achieving what is required. During this period, the group is not doing overall reviews of Boards but meeting with the Boards on specific issues. As an action is it was proposed that a more succinct paper should be submitted to this committee for discussion.	**Medical Director**
5.2	**Responding to Concerns 6 Monthly Report**	
	Due to time constraints, this item was deferred to the next Quality and Performance Committee meeting.	

	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) Bespoke support to NHS Ayrshire and Arran b) Health Technology Group Deep Dive –SAPG c) Healthcare within Justice	
6.2	**AOB**	
	There were no further items of business requiring consideration.	
7.	**Date of Next Meeting** 22 February 2023, venue to be agreed.	
	Name of person presiding: Evelyn McPhail Signature: Evelyn McPhail Date: 22 March 2023	