

MINUTES – Approved

Quality and Performance Committee of Healthcare Improvement Scotland at
 14 August 2024, 10am, MS Teams

Present	In Attendance
Evelyn McPhail, Committee Chair, Non-Executive Director	Lynsey Cleland, Director of Quality Assurance & Regulation
Abhishek Agarwal, Non-Executive Director	Ann Gow, Deputy Chief Executive/Director of Nursing and Systems Improvement
Suzanne Dawson, Non-Executive Director	Ben Hall, Head of Communications
Duncan Service, Non-Executive Director	Jane Illingworth, Head of Planning & Governance
Nikki Maran, Non-Executive Director	Clare Morrison, Director of Engagement & Change
Robbie Pearson, Chief Executive	Angela Moodie, Director of Finance, Planning & Governance
Carole Wilkinson, HIS Chair	Safia Qureshi, Director of Evidence & Digital
	Simon Watson, Medical Director/Director of Safety
	Rob Tinlin, Non-Executive Director
	Mhairi Hastings, Associate Director of Nursing and Midwifery
	Paul McCauley, Risk Manager
	Chris Sutton, Chair, Clinical and Care Staff Forum
	Apologies
Committee Support	Alexandra Jones, Public Partner
Pauline Symaniak, Governance Manager	Sybil Canavan, Director of Workforce
Tara Duffy, Committee Secretary (Minutes)	Lynda Nicholson, Head of Organisational Development

1.	OPENING BUSINESS AND COMMITTEE GOVERNANCE
1.1	Welcome, Apologies for absence and Declarations of Interests
	<p>The Chair welcomed everyone to the meeting, extending a special welcome to observers. Apologies were noted as above.</p> <p>Duncan Service, Non-Executive Director, informed the Committee that he is no longer the Co-Chair of the Degrade Network as a declaration of interest.</p>
1.2	Minutes of the Quality & Performance Committee meeting held on 22 May 2024
	<p>The minutes of the meetings were approved as accurate records subject to some minor corrections. The Committee requested that the level of assurance accepted be reflected in the minutes going forward.</p> <p>Decision: The Committee approved the minutes.</p>
1.3	Review of Action Point Register
	<p>The Committee reviewed the Action Point Register and the following updates were noted:</p> <ul style="list-style-type: none"> a) 3.1, Healthcare Staffing Programme: Since the last Quality and Performance Committee meeting, discussions have been held with the Scottish Government. It was agreed to continuously monitor staffing, review intelligence and quarterly NHS Board reports, and escalate issues as needed. £600,000 of the budget will be allocated to monitoring and assurance activities. We are currently awaiting confirmation from the Scottish Government before reducing the risk to tolerable. b) 4.1, Clinical and Care Governance (CCG): Ongoing collaboration with the Community Engagement Directorate to recruit a public partner for the CCG group, with the possibility of

	<p>adding two partners.</p> <p>c) 2.2, People Led Transformation System: The group has been reformed, and work has commenced. A more detailed update will be provided at the next opportunity.</p> <p>d) 2.3, Mental Health and Substance Use: Communication has been made with all areas in Scotland, and 15 have shown interest in participating. A selection process is underway to choose 5 or 6 sites for index and improvement support, with protocol and implementation launching in September. There are capacity issues that pose risks to delivery, but the timeline has been revised with the Scottish Government, and a second cohort is being considered. A full paper will be shared soon.</p> <p>Decision: The Committee gained assurance from the progress with action points.</p>
1.6	<p>Quality Assurance and Regulation Short-Life Governance Group</p>
	<p>The Chair updated the Committee on the Quality Assurance and Regulation Short-Life Governance Group. Two meetings have been held so far, focusing on Responding to Concerns, the Quality Assurance and Regulation Directorate (QARD) deep dive, and ventilator guidance issues. The first meeting was a general discussion, while the second included initial Responding to Concerns review findings from two external reviewers. These findings will be presented to the Board in a private session in late September, then to the Executive Team (ET) in October, followed by a full report and proposed actions for Quality and Performance Committee then the Board in November and December. The next group meeting is scheduled for early October to align with ongoing QARD deep dive work and ventilator guidance issues.</p> <p>The Chair also asked the Committee to consider if any other topics might need additional time and scrutiny during the discussions.</p> <p>Decision: The Committee gained assurance from the update provided. Action: Share minutes from the group with the Committee once available.</p>
2.	<p>DELIVERING OUR ORGANISATIONAL STRATEGY AND OPERATIONAL PLAN</p>
2.1	<p>Delivering our Annual Delivery Plan (ADP), including:</p>
	<p>The Director of Finance, Planning and Governance provided a paper for the following item:</p> <p>2.1.1 Organisational Performance Report Q1</p> <p>The key points at the end of quarter 1 are:</p> <p>Strategic Overview: The overview has been adjusted to highlight key achievements, Key Performance Indicators (KPIs), and draft milestones for each of the four strategic priorities. The fourth priority, focusing on safety and quality of health and care services, needs more progress.</p> <p>Key Performance Indicators (KPIs): Out of 15 KPIs, 6 are on target, 6 are behind, and 3 have yet to start. This is the first report on the 15 Quality and Performance Committee KPIs, with half at green status, while the rest are behind or not started.</p> <p>Work Programme Overview: 70% of the work programme is on track, down from 81% last quarter. The number of programmes marked as red has increased. Notably, the Mental Health programme is incorrectly marked as red in the report but should be amber.</p> <p>Value for Money: The number of reviews per quarter has been reduced due to capacity constraints. The frailty review was presented, showing common themes with other value for money reviews. Although there is visible impact, a lack of specific performance indicators makes it difficult to define the value of the programmes.</p> <p>Forward Look: There has been a significant amount of new work this quarter, raising concerns about the risk to delivery due to the high volume of both new and existing work.</p> <p>In response to questions from the Committee, the following points were clarified:</p> <p>a) Regarding resources being focussed on priority areas, the HIS Employee solution is designed for long term flexibility in resource management, but its benefits are not yet being felt as it takes time to implement. In the meantime, temporary measures such as internal staff movement and agency work are being considered.</p> <p>b) Our targets, recently set based on the ADP, are flexible and can be adjusted by the Board. However, lowering the targets might only mask underlying issues, such as stretched staff</p>

and underperformance. The suggestion was made to review the work, prioritise and deprioritise, and then adjust the targets accordingly.

Decision: The Committee accepted the moderate assurance provided and approved the report.

Action: The Executive Team and the Board will review prioritisation and deprioritisation and consider how this aligns with the Workforce Plan and what it means going forward.

The Director of Quality Assurance and Regulation provided a paper for the following item:

2.1.2 HIS Quality Assurance and Regulation Directorate Plan

The Director of Quality Assurance and Regulation updated the Committee on the 2024-25 plan, reflecting new priorities and assurance requirements since the previous version presented to the Board in March. Key changes include priorities related to the NHS Greater Glasgow and Clyde Emergency Departments review, the Responding to Concerns processes, Adverse Events, and the deep dive review of regulation. These adjustments involved reviewing and reallocating resources, impacting hospital and independent healthcare inspections, and pausing cancer and screening assurance work. The directorate is currently limited in capacity, with ongoing recruitment for inspector and reviewer roles. The management team will continue to monitor and revise the plan as needed.

The Committee recommended splitting the levels of assurance, noting that there is moderate assurance for the current situation but limited assurance if issues like staffing arise or continue. They agreed that the next step should be to be explicit about what can be achieved with the available resources and to engage in discussions about this.

Decision: The Committee accepted moderate assurance on the current situation, but acknowledged limited assurance if issues, particularly staffing were to continue or arise, and endorsed the proposed approach.

2.2 Independent Healthcare Regulation

The Director of Quality Assurance and Regulation provided an update on Independent Healthcare Regulation. The update covered measures to support ongoing regulatory activities, progress on the ventilation requirements review, and considerations for future regulation strategy. The ventilation review, along with other factors, indicated the need for a more comprehensive review of the regulatory approach. To address this, external expertise and a wider external reference group will be engaged to develop a strategic approach. While prioritising the ventilation requirements, aspects of the deep dive review will combine into this larger review, expected to take 6-9 months to complete.

In response to a Committee question, it was clarified that current registration delays beyond the 90 day KPI are due to service provider issues and not internally.

Decision: The Committee accepted limited assurance, noting the current progress and the proposed approach.

Action: Provide data on registered premises.

2.3 Adverse Events – Key Deliverables

Moira Manson, Head of Reviews, joined the meeting for this item.

The Director of Quality Assurance and Regulation provided an update on key deliverables related to Adverse Events. Key priorities include finalising and implementing a revised adverse events framework, establishing a process for sharing learning, and redefining relationships with NHS Boards and the Scottish Government. The plan involves using data from the notifications system to identify harm areas, integrating adverse events into broader safety work through the Safety Network, and reallocating resources to maintain progress.

The following additional information was provided following questions from the Committee:

	<p>a) Further discussions with NHS Boards and the Scottish Government are ongoing. Clarity is needed on the role in assurance versus the Scottish Government's performance management role. The focus is on obtaining support from the Scottish Government to guide Board expectations and engagement. The framework is being developed with input from Boards, and broader engagement within HIS is underway.</p> <p>b) The Director of Nursing and Systems Improvement, and the Medical Director, are collaborating with other Nursing and Medical Directors to strengthen relationships. The Chief Executive is in discussions with the Scottish Government and Board Chief Executives. Review timescales are currently lengthy with efforts underway to improve the process.</p> <p>c) There is growing public concern about the lack of investigation into certain adverse events, increasing the need to address this issue.</p> <p>d) There is a need to prioritise work with suggestions to pause some programmes of work to focus on others. This requires Executive Team input to determine what can be deprioritised to support the work.</p> <p>e) Patient and family representatives are involved in the strategic group, which is crucial. Key cases from the Responding to Concerns programme highlight the importance of this input. Plans are in place to establish a reference group across HIS.</p> <p>f) Looking ahead to 2025-2026 and beyond, there is a focus on integrating adverse events into regular operations, using the information and intelligence gathered to inform assurance and improvement efforts.</p> <p>Decision: The Committee accepted a limited level of assurance and approved the proposed priorities.</p> <p>Action: A progress paper is to be brought back to the Committee.</p>
2.4	<p>National Primary Care Phased Investment Programme</p>
	<p><i>Belinda Robertson, Associate Director of Improvement Support, joined the meeting for this item.</i></p> <p>The Director of Nursing and Systems Improvement/Deputy Chief Executive provided a paper on the National Primary Care Phased Investment Programme. The update on the Scottish Patient Safety Programme, which is part of this work, was delayed due to recruitment challenges within the team. The Primary Care Programme has a long history, and its success led the Scottish Government to request support for the new GP contract. This contract aims to protect the GP's specialist generalist role while Boards build a multidisciplinary team around the GP. The recommended options are to renegotiate the deliverables and outcomes of the programme with the Scottish Government. Additionally, all non-essential work has been suspended to focus resources on completing the programme by December 2025.</p> <p>In response to a question, the Committee was informed that there is a baseline allocation for Primary Care. A discussion with the Scottish Government is needed to determine if additional funds are required to deliver the programme. There are also reputational risks, as both the Scottish Government and the British Medical Association are relying on successful delivery of this programme as a proof of concept for the new GP contract.</p> <p>Decision: The Committee accepted a limited level of assurance and supported the options identified in the options appraisal.</p>
2.5	<p>Equity in Medical Devices: Independent Review</p>
	<p><i>Neil Smart, Chair of Scottish Health Technologies Group, joined the meeting for this item.</i></p> <p>Neil Smart informed the group about the Whitehead review, which examines racial and ethnic inequities in healthcare arising from the use of medical devices. The review includes 18 main recommendations and 51 sub recommendations. Key themes are ensuring equitable access to technologies, maintaining high standards for all, identifying and mitigating unavoidable differences, and strengthening data collection. The purpose of the report is to highlight the Whitehead report, its recommendations and its implications for the organisation.</p> <p>Following comments and questions from the Committee, the following information was added:</p>

	<p>a) An equalities development session is planned for the Scottish Health Council and the Staff Governance Committee to inform and contribute to the Board strategy day in September.</p> <p>b) Equality Impact Assessments are currently done with our guidance, and there is consideration of adding a requirement to ensure that published evidence and clinical effectiveness data are detailed enough to inform development. Equity is a broad and complex area with biases not yet fully understood through clinical data.</p> <p>c) This work is relevant to various areas within HIS, with particular interest in women's and children's issues.</p> <p>The Committee suggested creating an operational risk specifically addressing how biases, which permeate the work, are managed beyond just the evidence directorate.</p> <p>Decision: The Committee accepted moderate assurance, noting the review and supporting the implications and actions outlined in the paper.</p>
<p>2.7</p>	<p>Delayed Discharges Update</p> <p>The Director of Community Engagement and Transformational Change updated the Committee on the new area of work. The paper recommends that the Committee are assured that work is progressing in the areas of Adults with Incapacity and Mental Health and Learning Disabilities through the existing ADP. The National Improvement Support involves creating case studies of best practices, sharing these practices, and providing tailored support for implementation. Current collaborations include NHS Education for Scotland, COSLA, the Care Inspectorate, and the Scottish Government. There is a need to reflect on how to create capacity for these tasks, and bespoke improvement support is being structured around existing programmes to address delayed discharges and provide a rapid response.</p> <p>The Committee requested evidence on the impact of the work and asked for a paper to clarify responsibilities, accountabilities, and outcomes. The Director of Community Engagement and Transformational Change explained that the data is complex due to the multiple causes of delayed discharges. Understanding the data involves addressing underlying issues in Boards with negative variations, which cannot be resolved immediately. The focus will be on the biggest issues, with data collection in these areas incorporated into the programme, and this will be reported back to the Committee.</p> <p>Decision: The Committee accepted moderate assurance on the following:</p> <ul style="list-style-type: none"> • HIS has responded in a timely and positive manner to a high-priority request from the First Minister. • The Mental Health, Learning Disability, and Adults with Incapacity work is progressing within existing work plans in our ADP. • Plans for National Improvement Support are being developed at pace. The Committee endorsed the principle of delivering targeted improvement support, provided there is sufficient capacity and resources in the relevant work programme. <p>Actions: Bring back a paper clarifying impact, responsibilities, accountabilities, and outcomes.</p>
<p>2.8</p>	<p>Evidence Business Cases</p> <p>The Director of Evidence and Digital provided business cases for the following items:</p> <p>2.8.1 Right Decision Service</p> <p><i>Ann Wales joined the meeting for this item.</i></p> <p>The Right Decision Service (RDS) moved across to HIS with grant funding secured until the end of March 2025. An exit plan is in place if future funding is not secured, though a strong business case has been prepared to secure future funding. The paper includes a draft version of the business case, seeking the Committee's support to submit it to the Scottish Government. The business case justifies RDS as a "Once for Scotland" service, outlining possible future delivery options and costs. The recommendation is for option four which is an optimised scope.</p>

Rob Tinlin informed the Committee that due to the scale and breadth of this proposal it has Audit and Risk (ARC) relevance therefore the paper was also circulated to ARC member who were also invited to attend this meeting if they saw fit.

The following information was provided after comments and suggestions from the Committee:

- a) The reason for choosing option 4 needs to be clearer and widely expressed, highlighting why this option is preferred and identifying associated risks. Additionally, it should be emphasised that the recommendation for this option was guided by the Scottish Government.
- b) The issue of procurement needs to be addressed and strengthened in the business case.
- c) Clinical and Care Governance risks should remain a focus as RDS evolves, with an understanding that these risks may change over time. Ensuring buy in from the care sector and Integration Joint Boards is crucial.
- d) The paper should emphasise the role of IJBs and clarify that the application's scope extends beyond just territorial Boards.
- e) It was suggested that including a clear table outlining the benefits, risks, and limitations of each option, along with a statement explaining why option 4 is being chosen, would be helpful.

The following additional information was provided after questions from the Committee:

- f) The phrase "state of the art" will be removed from the paper. Option 4 was recommended because option 3 would delay service development, particularly since the inclusion of development costs and securing funding is necessary to using the latest technology.
- g) Regarding private sector competition and associated costs, people need reliable sources for helpful advice, and this context will be considered.
- h) Some Health Boards are not yet using RDS due to concerns about clinical content management and assurances. These Boards are still refining their systems checks, balances, and controls. However, the work done to secure assurance for RDS has provided these Boards with reassurances, and there is a plan to bring all Boards onboard.
- i) The business case will more clearly reference connections to primary care and the suggestion that RDS is part of the National Infrastructure.

Decision: The Committee accepted a significant level of assurance and supported the business case moving forward to the Board.

Actions: Paper to be updated before going to the Board.

2.8.2 VPAG Investment Programme

Yvonne Semple, Chief Pharmaceutical Adviser, joined the meeting for this item.

The Voluntary Scheme for Medicines Pricing and Access (VPAG) is designed to ensure growth around innovation and bring new medicines to the UK market, ensuring that the UK remains a good place to do this, while also protecting the NHS from excessive costs. The VPAG agreement includes an investment programme that focuses on clinical trials, manufacturing of medicines, and health technology appraisal and assessment. The paper outlines a proposal detailing what has been submitted so far, with key areas of involvement being the development of new methods, new digital pathways and implementation, and a data driven approach.

The Committee suggested that further explanation be provided to the Quality and Performance Committee, detailing what the funding would bring to HIS and outlining any risks. Concerns were raised about employing new leads with only five years of funding and emphasised the need to clarify the flexibility of these roles moving forward.

Decision: The Committee accepted moderate assurance and noted the workstreams associated with the VPAG Investment Programme

	Action: A paper will be brought back later, once there is more detail on the funding offer and what it would bring to HIS and any associated risks.
2.6	National Cancer Medicines Advisory Group (NCMAG) Programme update
	<p><i>Dr Sally Clive, Chair of NCMAG and Consultant Oncologist, and Richard O'Connell, NCMAG Lead Pharmacist, joined the meeting for this item.</i></p> <p>The Medical Director/Director of Safety provided a paper updating the Committee on progress and challenges of the NCMAG programme and offered recommended levels of assurance on key aspects of the programme.</p> <p>The questions from the Committee led to additional information being provided as follows:</p> <ol style="list-style-type: none"> There are concerns about the current national cancer medicines budget and access to these medicines, which is complicating engagement efforts. There's a push to review and revise policies, including incorporating new groups like NCMAG into the national governance framework to strengthen involvement. Senior Pharmacy decision makers are actively engaging, and work ongoing to embed our advice at the Board level. Further consideration is needed regarding the status of the group and its relationship to HIS, with the recommendation to include this in the HIS Code of Corporate Governance. Conversations are being had with the Chief Pharmaceutical Office and formally placing this issue on the agenda with sponsors could be beneficial. <p>Decision: The Committee accepted:</p> <ul style="list-style-type: none"> Significant assurance that the processes used, governance in place and expertise involved in decision making are robust and appropriate. Moderate assurance that HIS is engaging with key groups to ensure that the output of NCMAG is clinically relevant and impactful. Limited assurance that there is a sufficient senior clinician and leadership engagement with the NCMAG's programme within patient-facing NHS Boards <p>The Committee also noted the current challenges and supported the proposals.</p> <p>Action: The Executive Team and NCMAG team will regroup to consider cross organisational support for this initiative, bring it to a Sponsors meeting, and engage with regional Cancer Groups. An update on the limited assurance will be provided soon.</p>
3.	RISK MANAGEMENT
3.1	RISK MANAGEMENT
	<p>The Risk Manager informed the Committee that there has been no change in the risks for the quarter, meaning that two risks remain outside of the organisation's risk appetite. He also noted that the Strategic Risk Register has been moved to SharePoint, which accounts for differences in its presentation. Continuous improvements to the new register are planned, and the Committee was invited to provide any feedback on the new format.</p> <p>Decision: The Committee accepted a limited level of assurance on the strategic risks which are out of appetite (1160 and 1922) and a significant level of assurance on risk 1131 as it is within appetite and scored at medium level.</p> <p>Action: Risk owners are to review the risks in light of the discussions from the meeting, as the Committee suggested that some risks could be higher.</p>
4.	ADVANCE PAPERS
	<p>The following papers were provided to the Committee in advance of the meeting, with questions invited by exception: 4.1. Mental Healthcare Quality Management System, 4.2. Perinatal Healthcare Business Case Update, 4.3. Death Certification Review Service Annual Report, 4.4. Clinical and Care Governance Report, 4.5. Complaints and Feedback Annual Report, 4.6. Public Protection 6 Monthly Report, 4.7. NHS Greater Glasgow and Clyde Emergency Department Review.</p> <p>The Chair requested that Committee members send any comments or questions directly to the</p>

	<p>authors of the papers due to time constraints of the meeting.</p> <p>The Quality and Performance Committee Chair and HIS Chair informed the Committee that they would be meeting next week to discuss the next steps and asked for comments and suggestions on how to manage the papers coming to the Quality and Performance Committee.</p> <p>The Committee requested that in the future, advance papers be provided in a single meeting book instead of as separate documented. Also noting that some papers are large and require a larger discussion.</p> <p>The Complaints and Feedback Annual Report is to be brought back in 6 months to update the Committee on its progress and direction.</p> <p>Decision: The Committee gained assurance from the updates provided. Actions: The actions noted above will be followed up.</p>
5.	CLOSING BUSINESS
5.1	Board Report: three key points
	The Committee agreed the three key points as follows: Adverse Events, Equity in Devices, and National Cancer Medicines Advisory Group. Prioritisation was also suggested as a theme.

Approved by: Evelyn McPhail, Board/Committee Chair
Date: 06/11/2024

Next meeting: 6 November 2024