Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at 10am, 27 August 2025, MS Teams

Attendance

Present

Abhishek Agarwal, Committee Chair
Duncan Service, Non-Executive
Evelyn McPhail, Interim HIS Chair
John Lund, Non-Executive
Nikki Maran, Non-Executive
Suzanne Dawson, Non-Executive

In Attendance

Alexandra Jones, Public Partner
Ann Gow, Deputy Chief Executive
Caroline Champion, Performance Manager
Clare Morrison, Director of Engagement and Change
Eddie Docherty, Director of Quality Assurance and Regulation
Eleanor Lang, Deputy for Interim Director of Nursing and Integrated Planning
Jane Illingworth, Head of Planning and Governance
John McKee, Head of Communications
Laura Boyce, Chief Inspector of Regulation
Laura Neil, Allied Health Professional Lead
Meghan Bateson, Chair Clinical and Care Staff Forum
Rhona Davies, Public Partner
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director and Director of Safety
Yvonne Semple, Deputy for Director of Evidence and Digital

Apologies
Sybil Canavan, Director of Workforce
Mhairi Hastings, Interim Director of Nursing and Integrated Planning

Meeting Support
Tara Duffy, Committee Secretary

1.OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome, Apologies for Absence and Declarations of Interests
The Chair welcomed all attendees to the meeting, with a special welcome to Meghan Bateson at her first meeting as Chair of the Clinical and Care Staff Forum. Apologies were noted as above, and no declarations of interest were received.

The Chair expressed thanks to Sybil Canavan for her significant contributions to the Committee and to HIS.

The Chair outlined a new approach to handling papers, designed to streamline meetings by prioritising areas of strategic importance and placing less focus on papers presented for awareness where assurance levels are moderate or above. The Committee was invited to provide feedback on this approach at the end of the meeting.

1.2 Minutes of the Quality & Performance Committee meeting held on 21 May 2025
The minutes of the previous meeting were approved as an accurate record.

Decision: The Committee approved the minutes.

1.3 Review of Action Register
The Committee reviewed the Action Point Register, noting that the open action points were being covered during the meeting and a number of actions were recommended for closure.

Decision: The Committee accepted the closure of the action points and gained assurance from the progress made.

1.4 Quality & Performance Committee Internal Audit Report
The Committee received the QPC Internal Audit Report, which outlined actions arising from the review of the Committee's governance arrangements and provided progress updates to give assurance on their implementation.

Decision: The Committee noted the Internal Audit Report.

1.5 Quality & Performance Committee Matters Arising
The Committee were presented with a new paper, Matters Arising, designed to update the Committee on issues arising from previous QPC meetings or other governance meetings. The paper included progress updates on three areas: funding for the Right Decision Service (RDS), the proposal for the development of standards for domestic homicide and suicide reviews, and the regulation of independent medical agencies.

The Committee welcomed the new paper and appreciated the concise update paragraphs provided.

Following questions and comments from the Committee, the following points were clarified and recorded

   a) RDS will be on the Board agenda for September. An exit strategy is in place if future funding is not confirmed.
   b) Work on standards for homicide and suicide reviews could be undertaken within the existing capacity of the Standards Team in the Evidence Directorate. Proposed timelines are 18 months, with a start date in September.
   c) The Committee noted the need to understand how new programmes of work being brought to the Committee align with the strategic priorities.

Decision: The Committee noted the updates provided in the Matters Arising paper. It was agreed that no level of assurance is required, but risks and a note of where the issue had been discussed should be added.

Action: Provide all Committee and Board papers with a reference sheet explaining the levels of assurance.

2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

2.1   Strategic Plan for Safety

Laura Fulton, Fiona Glen & Meghan Bateson joined the meeting for this item.

The Medical Director/Director of Safety introduced the Strategic Safety Plan, which outlines how it will support delivery of HIS's strategic priorities through a coordinated and confident approach to safety.

In response to questions from the Committee, the following clarifications were provided:

   a) Existing data is available but not consistently captured; the intelligence-led approach will focus on better use of current information and improved internal sharing to triangulate insights.
   b) Contact has been made with the new Patient Safety Commissioner, with an early meeting requested to agree ways of working and clarify relationships.
   c) Work is underway to map current digital intelligence capabilities, with a business case for the new platform expected to go through governance for the next financial year.

Decision: The Committee supported the direction of delivery of the Strategic Safety Plan and agreed that levels of assurance should be reported individually for each work stream.

Action: Provide individual updates on Strategic Safety Plan elements with associated assurance levels.

2.2   Guidance on quality and safety in service changes

The Director of Engagement & Change presented a paper on plans to mitigate the strategic risk, Risk 1163, that HIS becomes aware of concerns about the quality and safety of proposed services through its assurance of engagement role.

The following points were clarified in response to Committee questions and comments:

a) The signposting document will clarify responsibilities between HIS and boards providing services, providing clarity for the public about where HIS's responsibility lies.

b) Currently, concerns are assessed and referred via the responding to concerns process. Tracking the number of concerns received and referred could provide intelligence on the document's effectiveness.

c) This issue has been raised at Scottish Health Council (SHC); progress will be reported back to SHC at the next meeting.

Decision: The Committee accepted a moderate level of assurance.

2.3 Graded approach to inspection – The Ionising Radiation (Medical Exposure) Regulations 2017

The Director of Quality Assurance and Regulation and Chief Inspector of Regulation presented a paper on a business case developing a graded IR(ME)R inspection programme to align HIS with IAEA safety standards following the January 2024 IRRS mission.

In discussion, the Committee noted that:
a) While modelling anticipates delivery by 2027/28, recruitment and other delays pose risks.
b) Scottish Government has been informed that work cannot commence without funding, and policy teams are engaged early in the process.
c) The proposal covers both NHS and independent healthcare services. Dental practices are not currently included. Growth in independent sector equipment will require ongoing evaluation.
d) Work is underway to ensure an expanded team integrates effectively within the directorate, with collaborative approaches explored alongside NHS inspection teams.
e) Projections of service growth are limited by available data; corporate resourcing teams are exploring modelling, but much remains hypothetical.
f) Availability of clinical input is a recognised risk due to workforce scarcity; market testing will likely be required.

Decision: The Committee supported the business case, subject to suggested changes, and accepted a moderate level of assurance.

3. REPORTS FOR FOLLOW UP ASSURANCE

3.1 Clinical and Care Governance (CCG) Review

The Committee reviewed a paper providing progress in relation to CCG activity. The paper outlines actions already taken and sets priorities for the next 3–6 months to assure the Committee of CCG's effectiveness across the organisation.

Following questions, the Committee was informed that:
a) Success will be measured by evidence of risks being escalated and mitigated effectively and by addressing gaps in governance or delivery.
b) Testing has already begun within directorates, with the task and finish group refining templates and documents between now and December. Consideration is also being given to membership of the CCG group. Interim updates will be provided.

Decision: The Committee noted the progress, supported the ongoing work, acknowledged the key interdependencies, and accepted a moderate level of assurance.

3.2 HIS Strategic Vision for Improving Drug and Alcohol Services: *Focus on Quality, Safety, and Recovery*

Diana Hekerem and Ruth Robin joined the meeting for this item.

The Committee received a paper outlining the key considerations and vision in relation to shaping the future direction of HIS in the drug and alcohol space, beyond current commissioned programmes.

In response to a question about impact, the focus would be on reducing deaths, reducing health-related harms, and tackling stigma, while also capturing changes in drug trends. The approach will be evidence-based, building on learning from mental health, to ensure clear links between interventions and expected outcomes.

The Committee also highlighted the need to show how this work connects with prevention efforts. It was confirmed that this will involve close collaboration with Public Health Scotland. The Committee asked that this link be more clearly incorporated into the paper.

Decision: The Committee agreed with the proposed way forward and accepted a moderate level of assurance.

4. ASSURANCE FRAMEWORK REPORTS FOR DISCUSSION

4.1 Responding to Concerns (RTC): Progress Report from the Oversight Board

The Committee received a paper providing a progress report on the RTC Action Plan to give assurance that it is being taken forward.

The Director of Quality Assurance and Regulation described the proposal to stand down the RTC Oversight Board following the creation of a Tactical and Operational Group that will deliver the remaining work and report directly to QPC. The Chair of the Oversight Board confirmed that the Board has received assurance of progress against short term actions and agreed it was time for it to be stood down. The Chief Executive and Chair of the Committee thanked the Chair for her leadership of the RTC Oversight Board.

In response to questions, it was confirmed that there will be visibility and reporting of outputs, including the speed at which they are dealt with. Specific KPIs will be logged and reported, alongside qualitative assessment of decision-making and outputs.

The Committee agreed that medium to long-term actions from the plan should be updated at QPC in future.

Decision: The Committee noted the report, approved the stand down of the Oversight Board and accepted moderate assurance.

4.2 Q1 Performance Report

The Committee received a report summarising progress against the HIS Strategic Plan for Q1. Performance was reported as strong, with 89% of work programmes rated green and on track to deliver in line with the Annual Delivery Plan. However, risks to delivery remain due to capacity constraints. A number of strategic milestones were achieved during the quarter, and 61% of corporate KPIs were met.

In response to questions from the Committee, the following points were noted:
a) On KPIs, a rolling report format will be explored with the team.
b) On achievements, efforts will be made to better align achievements with the measures. High-level achievements are currently reported to the Board each quarter, but alignment to KPIs will strengthen reporting.
c) On Regulation of Independent Healthcare, it was confirmed that significant work is underway with improvements and work is ongoing to present a more comprehensive view of IHC performance over time.

Decision: The Committee reviewed the report and accepted a moderate level of assurance.
Action: Explore moving to a rolling reporting format for future performance reports.

4.3   Independent Healthcare Fixed Premise Guidance Update
The committee received a paper to outlining progress with the regulatory approach to fixed premise guidance in the IHC sector.

Decision: The Committee supported the paper proceeding to the Board and accepted a moderate level of assurance.

5. ASSURANCE FRAMEWORK REPORTS FOR NOTING

5.1   Death Certification Review Service Annual Report
The Committee received a report on the Death Certification Service Annual Report which provided an overview of the work of the service over the last 12 months.

Decision: The Committee noted the report and accepted significant assurance.

5.2   Public Protection 6 Month Report
The Committee received the Public Protection 6 Month Report to provide assurance that HIS is actively considering and complying with relevant Public Protection legislation and policy frameworks.

Decision: The Committee noted the report and accepted significant assurance

5.3   Healthcare Staffing Programme high-level HIS recommendations to Scottish Ministers
The Committee received a paper on the HIS high-level recommendations to Scottish Ministers for changes to be made in legislation.

Decision: The Committee noted the reports and accepted a moderate level of assurance.

6. RISK MANAGEMENT

6.1   Risk Management
The Committee received a paper providing a comprehensive overview of the strategic risks assigned to the Committee.

Decision: The Committee noted the report and accepted a moderate, rather than significant, level of assurance, as risk levels need to align more closely with the work underway.

Action: Review performance report levels against risk levels to seek closer alignment.

7. CLOSING BUSINESS

7.1   Board Report: Three Key Points

The Committee agreed the three key points as follows: Clinical and Care Governance Review, Drugs and Alcohol, and the Ionising Radiation (Medical Exposure) Regulations.

7.2   AOB

The Committee received an update on adverse events (AE) review. HIS is progressing a national standardisation of AE reporting and review including revising the SAER notification system. Following launch of the February 2025 National Framework, a Cabinet Secretary instruction is being drafted to support NHS board participation. There is an upcoming meeting with Scottish Government Sponsorship Group and feedback can be provided to the Board.

7.2   Review of Effectiveness of Meeting

The Committee noted that the meeting went well with good papers and welcomed the changes. Time management remains a challenge due to the volume of agenda items, though this may improve as the new agenda format was being trialled.

8.DATE OF NEXT MEETING

Next meeting will be held on 5 November 2025.

Approved by: Abhishek Agarwal

Date: 5 November 2025