Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at 1pm, 21 May 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
Angela Moodie, Director of Finance Planning and Governance
Ann Gow, Deputy Chief Executive
Caroline Champion, Performance Manager
Clare Morrison, Director of Engagement and Change
Eddie Docherty, Director of Quality Assurance and Regulation
John McKee, Head of Communications
Laura Fulton, Chief Pharmacist
Mhairi Hastings, Director of Nursing and Integrated Planning
Rhona Davies, Public Partner
Robbie Pearson, Chief Executive
Simon Watson, Medical Director and Director of Safety
Yvonne Semple, Deputy for Director of Evidence and Digital

Apologies

Chris Sutton, Clinical and Care Staff Forum Chair
Safia Qureshi, Director of Evidence and Digital
Sybil Canavan, Director of Workforce

Meeting Support
Pauline Symaniak, Governance Manager
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 extended to the observers and to Laura Fulton, attending her first meeting as Chief Pharmacist. Apologies were noted as above, and no declarations of interest were received.

1.2 Minutes of the Quality & Performance Committee meeting held on 19 February 2025 and the extraordinary meeting held on 30 April 2025

The minutes of the previous meetings were approved as accurate records. There were no matters arising, with the exception that Nikki Maran was noted as being present for the second half of the meeting held on 30 April 2025.

Decision: The Committee approved the minutes.

1.3 Review of Action Register

The Committee reviewed the Action Point Register. The following points were highlighted:

a) All action points should include an expected completion date.
b) Action Point 2.3 from the meeting held on 27 January is recommended for closure.
c) Action Point 2.5 from November: the delayed update is now expected to be presented at the August meeting.

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

1.4 Business Planning Schedule 2025-26

The business planning schedule for 2025-26 was presented to the Committee.

Decision: The Committee approved the Business Planning Schedule.

1.5 Committee Aide Memoire

The Committee Aide Memoire was circulated for review. The Committee discussed the importance of ensuring that the Memoire reflects the responsibilities of the entire Committee, rather than focusing solely on the Chair.

Decision: The Committee noted the Committee Aide Memoire.
Action: Take the Aide Memoire to the Chair's Committee for further discussion on its future use and development.

2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

2.1 Safe Delivery of Care Inspections – National Overview

Donna McLean, Chief Inspector/Associate Director, joined the meeting for this item.

The Director of Quality Assurance and Regulation presented a paper to the Committee on the first national overview report, which provides a summary of all the work undertaken as part of the Safe

Delivery of Care Inspections across acute hospitals, along with the key themes that have emerged from these inspections.

In response to questions from the Committee, the following was clarified:

a) This is the first national overview report. Discussions are ongoing with IT colleagues on consolidating the data. The current database in use is self-built, which presents limitations in both capacity and functionality. Future developments will need to consider what is feasible within existing IT capabilities.

b) In terms of follow up, current practice includes monitoring improvement action plans at an 18-week interval. Responsibility for progressing actions lies with individual Boards, although updates are requested at the 18 week mark. These updates are also published on the website to ensure transparency.

c) The intention is to share the National Safe Delivery of Care Overview Report with territorial boards and as broadly as possible. While a decision has not yet been made regarding the production of an accessible version of the report, it was noted that more accessible formats are already available for individual inspection reports.

d) A communications plan is currently being developed. This will outline how the report's findings and recommendations will be disseminated widely and how successes can be appropriately celebrated while promoting key messages.

e) In relation to the report's recommendations, it was suggested that engagement with the Scottish Executive Nurse Directors would be beneficial, given their role as key contacts within territorial boards. Boards are generally expected to compare their own practices against the published recommendations.

f) The report presents an opportunity to clearly present the purpose and process of inspections. Given the broader discussions in the system about inspection practices, this report can help reinforce that inspections are independent and primarily focused on patient and client safety.

Decision: The Committee considered the content and considerations within the National Safe Delivery of Care Overview Report.
Action: The report will be updated to reflect the learnings discussed, and members will be provided with an update at the upcoming Board session.

3. ASSURANCE FRAMEWORK REPORTS

3.1 Organisational Performance Report Q4

The Committee received a paper on the Organisational Performance Report, summarising key highlights from the end of Quarter 4. It was noted that 85% of the work programme is on track to deliver in line with the delivery plan - an improvement from 82% in Quarter 3.

The Director of Finance, Planning and Governance informed the Committee that the narrative relating to the KPI statistics in the report is incorrect and will be revised. It was reported that 60% of KPIs were met over the course of the year.

In addition, several risks were downgraded during the quarter, moving from very high to high.:

It was highlighted that Audit Scotland is expected to request meaningful commentary within the annual accounts regarding unmet KPIs.

The Committee noted that the three items currently classified as very high risks would have significant impact. These risks are described as being on a fine balance - potentially tipping into issues with greater consequences for delivery. It was also noted that workforce related risks will be explored in greater detail at the forthcoming Staff Governance Committee meeting.

Decision: The Committee noted the update on Organisational Performance and accepted a moderate level of assurance.

3.2 Key Performance Indicators (KPI)

The Director of Finance, Planning and Governance presented a paper to the Committee outlining the proposed corporate KPIs for 2025–26 for approval. A wide range of priorities were considered in the development of these KPIs, with a particular focus this year on the impact and outcomes of the organisation's work. The paper also set out the strategic milestones aligned with the KPIs.

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

a) An error was noted in the reported percentage for the timeliness of SMC advice for 2024–25. The correct figure is 80%, not 95%.
b) Targets are developed using data from the previous year and adjusted where a stretch or change is warranted. These targets are reviewed and approved by the Executive Team and the Senior Leadership Team. A mid year review is also built into the process.
c) There is confidence that the corporate KPIs are broadly aligned with the strategic milestones, however, it was acknowledged that there is currently no system in place to robustly evidence this alignment due to limitations in available data systems.
d) Discussion took place around KPIs where the organisation has limited control. It was noted that if work is being undertaken in a particular area, a positive impact should be expected. HIS should be able to demonstrate its influence on, and contribution to, the movement of such metrics to clearly show organisational impact.
e) With regard to Mental Health reform metrics, it was confirmed that data definitions exist behind the scenes, and there is an intention to incorporate these criteria more explicitly into the metrics.
f) On the KPI related to the number of registrations inspected in Independent Healthcare (IHC), it was explained that this figure was chosen because it aligns with areas where potential risks to patients and clients can be identified. There may be a need to revisit the IHC KPI and Quality Assurance functions over the coming year to explore further improvements.
g) The Committee suggested considering a range of targets, including stretch and lower thresholds. While this could reduce the risk of missed targets, caution was advised to ensure that lower targets do not inadvertently become the default aspiration.

Decision: The Committee approved the Corporate KPIs for 2025–26 and accepted a significant level of assurance.

3.3 Responding to Concerns (RTC) Oversight Board Update

A verbal update was provided by the Chair of the RTC Oversight Board.
The Oversight Board held its first meeting on 17 February, during which members were introduced, reviewed the Terms of Reference, and received a detailed overview of the current processes within the RTC programme, including actions already taken to improve them. Following this meeting,

several RTC Oversight Board members met separately with the RTC team to gain a deeper understanding of both the historical and current state of the programme.

A second meeting was held in May, where further information was provided on the process redesign action plan. The group also discussed newly emerging concerns from national change programmes, as well as future plans for intelligence sharing and the prototyping of a draft intelligence report.

The majority of actions within the redesign process remain on track for completion in June. A draft framework for judgement and decision-making is expected to be available by July, alongside the draft intelligence report.

A full progress report against the RTC action plan will be presented to the Committee at the August meeting.

Decision: The Committee noted the update provided on the Responding to Concerns Oversight Board.

3.4 Progress Update – Regulation of Independent Medical Agencies (IMA)

Kevin Freeman Ferguson, Head of Regulation, joined the meeting for this item.

The Committee received a paper providing a progress update on the regulation and registration of Independent Medical Agencies (IMAs). The update outlined that HIS currently does not have the capacity to regulate IMAs at the scale required. To address this, HIS has engaged with the Central Legal Office (CLO) and King's Counsel to seek clarity on the legislative definitions and applicability of relevant Acts in relation to IMAs. An opinion CLO was originally expected by the end of April however, this has been delayed. The delay poses a risk to HIS as an organisation in terms of its regulatory remit and ability to respond effectively.

In response to Committee questions, the following points were clarified:

a) The main concern is the narrowing time window for implementing an effective response as delays continue. Registration and assessment of IMAs is time consuming, and further delay reduces flexibility in managing the transition.
b) The CLO response, though originally due in April, is now expected within two to three weeks, but this is not confirmed.
c) Earlier clarification could have been sought, which may have helped mitigate delays.
d) IMAs are self-referring, and regulatory accountability lies jointly with HIS, the Scottish Government, and the provider. While it is an offence for IMAs to operate unregistered, there is no legal obligation for HIS to actively identify unregistered services. This reduces legal risk but increases reputational risk.
e) Communications planning is in place for various outcomes depending on whether the CLO advice is received.
f) Staffing capacity remains a concern. Discussions are ongoing within the Quality Assurance Directorate to explore options for resourcing the work. HIS has maintained its clinical and professional functions and expects to be able to manage registration and inspection, though support will be required.

It was noted that moderate assurance is currently offered, given that steps have been taken and time remains to respond. However, depending on developments, limited assurance may be presented in a future update.

Decision: The Committee reviewed the report and accepted a moderate level of assurance.

Action: Provide an update between meetings or bring a paper back to the Committee if required.

4.RISK MANAGEMENT

4.1 Risk Register

The Director of Finance, Planning and Governance presented the current Strategic Risks to the Committee. It was noted that there were no new risks added since the last review, and all three existing risks remain outside of risk appetite. Key points highlighted include:

a) Risk 1159 & 1160: Significant work has been undertaken with Independent Healthcare (IHC) to refine processes, maintain appropriate scope, and manage the risk of overreach. A review of the monitoring and oversight process began in February and will continue throughout the year, aiming to deliver a more effective and efficient approach. The work is being actively monitored, and early improvements are already being observed. There is optimism that these risks may reduce by the next Committee meeting.
b) Risk 1192: Progress has been made in understanding barriers to effectively using intelligence to inform decision making and direct organisational activity. These issues relate partly to systems and capacity. In response, a formal intelligence sharing network has been established and will meet in the coming weeks. With continued delivery of planned actions, it is expected that this risk will also reduce as the in 2025-26.

Decision: The Committee reviewed the strategic risks and accepted a limited level of assurance.

5.ASSURANCE FRAMEWORK REPORTS CONTINUED

5.1 HIS Healthcare Staffing Programme Recommendation Reports to Scottish Ministers for Mental Health and Learning Disabilities Inpatient Nursing Staffing Level Tool and Professional Judgement Tool, and summary report on HSP Staffing Level Tool Review

The Director of Nursing and Integrated Planning presented three recommendation reports to the Committee, outlining the tool development process.

In response to a question about whether there is a process for ongoing checks to ensure the continued accuracy of the logic within the tools, the Committee was informed that a full review is planned every three years. Additionally, each time a tool is revised or a new tool is introduced, a one year post revision review will be conducted. A maintenance strategy is also being developed to ensure the tools remain contemporary and based on the latest evidence.

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

5.2 Clinical and Care Governance Group (CCG) Report and Annual Report

The Committee received a paper outlining the oversight of HIS CCG activity within the organisation for 2024–25, including key challenges and actions underway. Approval was sought for the annual report.

Following questions from the Committee, the following was clarified:

a) The level of assurance reported did not significantly change after actions were completed - most directorates were already close to the “significant assurance” category. Directors have confidence in their own CCG mechanisms, but overall confidence in the peer review process is limited. It remains a relatively new process, particularly within HIS, and hasn’t been fully pressure tested. Therefore, significant assurance cannot yet be offered across the board.
b) Efforts over the past six months have aimed to improve the situation. Practical steps included reducing the frequency of meetings and adjusting diaries to ensure quoracy. However, these had limited effect.

c) There is acknowledged overlap with the Governance for Engagement process, which has added workload to directorates. This is currently under discussion to find a resolution.
d) When the process has not worked, key risks couldn't be properly addressed - either meetings didn't happen or important items were discussed by only a few, lacking the benefit of full collective insight.

The Committee recommended a deep dive into Clinical and Care Governance work. It was also noted that the Staff Governance Committee should have sight of this and related papers, given their relevance to workforce development.

Decision: The Committee accepted the following levels of assurance:

- Limited assurance that Healthcare Improvement Scotland's corporate CCG Management Group is providing effective peer review, support, and challenge to ensure robust CCG risk management within individual directorates.
- Moderate assurance on Healthcare Improvement Scotland's overall management of CCG risks, mindful of the significant assurances offered by individual directorates.

Actions: Provide a report at the next meeting outlining how the system will be improved and how further assurance will be provided to the Committee; Discuss the appropriate routing of papers at the next Governance Chairs meeting.

5.3 Proposal for the streamlining of reporting related to NMAHP Professional Clinical Governance

The Committee received a proposal to review current approaches to professional clinical governance reporting, with the aim of ensuring the process is effective, coordinated, and comprehensive.

Decision: The Committee supported the consolidation of all NMAHP annual reports into a single Professional Clinical Governance NMAHP Report and accepted a significant level of assurance.

5.4 HIS & Independent Healthcare Regulation Complaints Annual Report

The Committee received the annual report on HIS complaints and performance indicator data, which must be considered prior to publication and submission to the Scottish Government and SPSO. For the first time, the report also includes data on complaints handled under the Independent Healthcare Regulation Complaints Handling Procedure.

Following questions from the Committee, the following was clarified:

a) A recurring theme across upheld or partially upheld complaints is communication - specifically, the need for timely and transparent engagement. This is a common issue in complaints more generally.
b) No other significant concerns have been identified beyond communication at this time. However, complaints should serve as a regular source of safety intelligence -not just in terms of identifiable themes, but also in cases where complaints fall outside of HIS's remit and are signposted back to health boards. Insight is beginning to emerge in this area, with further improvement anticipated over the coming year.
c) The importance of capturing positive feedback was acknowledged. A small test is currently underway, involving collaboration between the complaints team and the team managing the HIS comments mailbox. The objective is to catalogue feedback to inform future reporting and learning.
d) Complaint numbers have increased from 8 to 30 over the past year. While data from the last 4–5 years shows no clear trend, the expansion into more areas, such as Independent Healthcare, could contribute to a further rise. Efforts are being made to distinguish true

complaints from general correspondence, which has historically affected reporting accuracy. Current workforce capacity is considered sufficient to manage the process.

Decision: The Committee approved the report and accepted a significant level of assurance.

6. CLOSING BUSINESS

6.1 Board Report: Three Key Points

The Committee agreed the three key points as follows: Clinical and Care Governance, Regulation of Independent Medical Agencies and Safe Delivery of Care.

7.DATE OF NEXT MEETING

Next meeting will be held on 27 August 2025.

Approved by: Abhishek Agarwal

Date: 27 August 2025