# Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at 10am, 5 November 2025, MS Teams

## Attendance

**Present**

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

**In Attendance**

Meghan Bateson, Chair Clinical and Care Staff Forum
Rhona Davies, Public Partner
Melissa Dowdeswell, Director of Nursing and Integrated Care
Ann Gow, Deputy Chief Executive
Alexandra Jones, Public Partner
Philip Korsah, Associate Medical Director
Sandra McDougall, Associate Director of Quality Assurance
Clare Morrison, Director of Engagement and Change
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director and Director of Safety

**Apologies**

Eddie Docherty, Director of Quality Assurance & Regulation and Gillian Gall, Chief People Officer

**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. Apologies were noted as above, and no new declarations of interest were received. The Chair apologised to the Committee for the late changes to the agenda.

**1.2     Minutes of the Quality & Performance Committee meeting held on 27 August 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 and approved the actions recommended for closure. Remaining items will be covered during the meeting.

The following points were captured from discussion:
   a)  Item 4.2: A rolling report format can currently be provided on a quarterly basis. It may be possible to move to a fully rolling format next year for some programmes.
   b)  Item 2.1: Reporting on the assurance and implementation of the Strategic Safety Plan should be brought to the Committee. Clarity will be provided on which elements of the work are reported to which Committees.

Decision: The Committee accepted the closure of the action points and gained assurance from the progress made.
Action: Updates on the implementation of the Strategic Safety Plan to be provided to the Committee, including clarification of Committee responsibilities.

**1.4     Business Planning Schedule**
The Committee reviewed the 2025-26 Business Planning Schedule.

Decision: The Committee noted the Business Planning Schedule.

**1.5     Quality & Performance Committee Matters Arising**
The Committee was presented with the Matters Arising paper, which included progress updates on five areas: Update on funding for the Right Decision Service (RDS), Planning for 2026-27, Reviewing and learning from Adverse Events, Responding to Concerns programme and Action Plan update, and the Annual Best Value Report.

The following points were captured from discussion on RDS:
   a)  Chief Executive will write to the Scottish Government to emphasise the urgency of a funding decision.
   b)  Various factors influence the final withdrawal date. Current contract arrangements run until the end of March 2026, with a procurement process required to extend. If withdrawal of RDS is necessary, practical steps to close the site and engagement with Boards to transfer content will have to begin early in the new year.
   c)  Interim Scottish Government funding, if received, would be on a like-for-like basis. Efforts are also being made to explore bespoke development opportunities.
   d)  Funding currently covers maintenance of the full service, including quality assurance, until the end of March.

The Committee confirmed that lack of funding would necessitate withdrawal from RDS and noted that the matter should be discussed at the Board in December.

The following was captured from discussion on Adverse Events:
a) This ask involves both quantitative and qualitative data. Systems are in place to receive quantitative data from Boards. Baseline evaluation templates have been provided to Boards to enable analysis and future reporting of improvements. Methodology for data analysis is robust.
b) An alternative platform is available for monthly reporting to the Scottish Government, but additional work will be required for data uploading.
c) Further work is planned with Boards to ensure consistency in quality and consistency of qualitative data will be captured.
d) Systems are expected to undergo a few iterations before reaching business-as-usual.
e) Risks include the time required for full implementation of the framework by Boards. A clearer position on risks will be provided at the next meeting.

The Committee requested that a progress report paper be brought to the Committee in March.

Reassurance was provided that the measurement plan for Responding to Concerns remains on the group's agenda. Progress, measures and supporting evidence to be reported to the Committee in March.

Decision: The Committee noted the updates provided in the Matters Arising paper.
Action: Adverse Events progress report to be provided in March.

## 2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

### 2.1     Eljamel Inquiry – Core Participant Status Update
*Lynda Nicholson, Head of Corporate Development, joined the meeting for this item.*

The Committee received a report on the organisation's role, responsibilities, progress, and participation as Core participants in the Eljamel Inquiry.

The following points were captured from discussion:
a) Resource impact over the next few years will vary as inquiries tend to have peaks and troughs in activity. A small team is managing the work at present and future resource pressures will decrease as other inquiries close or are paused.
b) The Responding to Concerns process demonstrates how our processes have evolved. possible to determine whether any concerns were raised with HIS at the time. The Inquiry will review historical documentation and will also consider how present systems could prevent similar issues, for example through changes in scrutiny, assurance around patient safety, and intelligence sharing processes and evaluating their effectiveness, including exploring "what if" scenarios.
c) The Committee agreed that a risk relating to this inquiry should be included on the QPC Strategic Risk Register.

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

# 3. ASSURANCE FRAMEWORK REPORTS

## 3.1    Q2 Performance Report
The Committee reviewed the Q2 performance report. At the end of Quarter 2, overall performance was strong, with 84% of work programmes on track. Strategic milestones were achieved, though 61% of corporate KPIs were met, showing no improvement from Q1. Ongoing capacity risks to delivery remain.

The following points were captured after discussion:
d) In relation to Hospital at Home, the current model is performing well but is medically focused. Future expansion is expected through broader "step up and step down" pathways, with significant growth in bed numbers dependent on permanent funding.
e) The wording of the Hospital at Home key achievement for Q2 will be reviewed to focus on enabling a stay at home.
f) The ADP aligns to national planning priorities and includes 93 programmes; programmes are counted more than once where they align to multiple areas. Other workstreams not aligned to national priorities are reported elsewhere and escalated to the Committee if required. KPI setting continues to evolve, as some measures depend on partner organisations, and improvement work is ongoing.
g) A discussion will be arranged to support better understanding of how data across the report connects.
h) Further work should be undertaken to improve the Best Value reporting process, including achievement of aims.
i) The National Hub's broader activity across third sector and partner agencies will be considered with reflection on how this could be better represented in future reporting.

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

## 3.2    Clinical and Care Governance Review
*Laura Fulton, Chief Pharmacist, joined the meeting for this item.*

The Committee received a paper providing a progress update on the implementation of Clinical and Care Governance (CCG) in HIS, following consideration at the June and August 2025 Committee meetings.

The following points were captured from discussion:
a) Work is underway to focus on strengthening understanding of risk management within the context of CCG, streamlining governance processes, reducing unnecessary steps, and promoting a broader organisational perspective.
b) From a Staff Governance perspective, survey results indicate that while staff feel able to speak up, they do not always feel heard. This remains a challenge, and further work is needed to improve how outcomes are communicated and perceived.

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

## 3.3    Review of Independent Healthcare (IHC) and IR(ME)R –Update
The Deputy Chief Executive apologised for the late withdrawal of the paper and provided a verbal update on the Review of IHC and IR(ME)R. The report is expected to be fully drafted by the end of November. Executive Team (ET) agreed that, given they had not yet seen the paper, the Committee and Board may require Clinical and Care Governance advice and support before making decisions on the recommendations. As a result, the item has been deferred to the March Board meeting to allow

for appropriate scrutiny. In the meantime, any immediate operational priorities will continue to be considered by ET. Legislative changes underway will also benefit from the additional time, ensuring recommendations are robust and integrated appropriately.

The following points were captured from discussion:
   a) Further analysis is required before recommendations can be taken to the Board.
   b) Given the anticipated volume and complexity of business for March, an extraordinary QPC meeting may be required. This would ensure the topic receives appropriate scrutiny and that decisions are not rushed based on limited information in December. Work will be undertaken to determine the best route through relevant Committees.

Decision: The Committee noted the update provided and that an extraordinary QPC meeting may be required.

**34      Voluntary Scheme for Branded Medicines Pricing Access and Growth (VPAG): work programme update**
*Ailsa Brown, Lead Health Economist, joined the meeting for this item.*

The Committee received a paper providing an update on activities relating to the VPAG programme.

The following points were clarified following discussion:
   a) Work has begun on defining Key Performance Indicators (KPIs), with key deliverables set out and KPIs being developed across the workstreams.
   b) Links are being made across groups within the wider NHS Scotland community to ensure shared insight and involvement. The funding is enabling development work that would not have been possible otherwise.
   c) Staff are on permanent contracts with funding in place for five years. While the scheme will be reviewed and refreshed for 2028 onwards, and there is some uncertainty about the continuation of this specific investment strand, the focus remains on delivering clear value.
   d) Engagement with Life Sciences Scotland and the wider industry leadership will be explored.
   e) Some elements of the programme sit within RDS, but are not  dependent on it. Activities currently hosted within RDS could continue elsewhere if required.
   f)  Networking with other national bodies is well established. These include links with the Health Technology Assessment  (HTA) Lab for developments related to the English side of VPAG, as well as with other HTA bodies.

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

# 4. RISK MANAGEMENT

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

Following questions, it was agreed that a discussion will take place with the Audit and Risk Committee Chair to determine where the risk relating to the Eljamel Inquiry should sit. Mitigations relating to RDS will also be updated following today's discussion.

Decision: The Committee noted the report and accepted a significant level of assurance.
Actions: Discuss with the Audit and Risk Committee Chair the appropriate placement of the Eljamel Inquiry risk; Update RDS-related mitigations in the risk register to reflect the Committee's discussion

## 5. CLOSING BUSINESS

**5.1     Board Report: Three Key Points**
The Committee agreed the three key points as follows: Clinical and Care Governance, Right Decision Service and the Eljamel Inquiry.

**5.2     AOB**
There was no other business.

**5.2     Review of Effectiveness of Meeting**
The Committee noted that the meeting ran well and that sufficient time was available to cover all agenda items. It was suggested that additional time should be allocated to the Matters Arising paper at future meetings

## 6.DATE OF NEXT MEETING

Next meeting will be held on 4 March 2026.

Approved by: Abhishek Agarwal

Date: 4 March 2026