

Board Public Minutes – Approved

Public Meeting of the Board of Healthcare Improvement Scotland at
10.30, 24 September 2025, MS Teams

Attendance

Present

Evelyn McPhail, Interim Chair
Abhishek Agarwal, Non-executive Director
Keith Charters, Non-executive Director
Suzanne Dawson, Non-executive Director/Chair of the Scottish Health Council/Vice Chair
Nicola Hanssen, Non-executive Director
Judith Kilbee, Non-executive Director
John Lund, Non-executive Director
Nikki Maran, Non-executive Director
Doug Moodie, Chair of the Care Inspectorate
Robbie Pearson, Chief Executive
Michelle Rogers, Non-executive Director
Duncan Service, Non-executive Director
Rob Tinlin, Non-executive Director

In Attendance

Eddie Docherty, Director of Quality Assurance and Regulation (QARD)
Gillian Gall, Interim Chief People Officer
Ann Gow, Deputy Chief Executive
Eleanor Lang, Interim Associate Director, Health Care Staffing and Care Assurance
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety

Apologies

Mhairi Hastings, Interim Director of Nursing and Integrated Care (NIC)

Meeting Support

Pauline Symaniak, Governance Manager

1. Opening Business

1.1 Welcome and apologies

The Chair opened the public meeting of the Board by extending a warm welcome to all in attendance including Gillian Gall, attending her first Board meeting as Interim Chief People Officer. Apologies were noted as above.

1.2 Register of Interests

The Chair asked the Board to note the importance of the accuracy of the Register of Interests and asked that any interests should be declared that may arise during the course of the meeting.

Decision: The Board accepted the significant level of assurance offered and approved the register for publication.

1.3 Minutes of the Public Board meeting held on 30 June 2025

The minutes of the meeting were accepted as an accurate record.

Decision: The Board approved the minutes.

1.4 Action Points from the Public Board meeting on 30 June 2025

The progress updates were noted.

Decision: The Board approved closure of those actions recommended for closure.

1.5 Matters Arising

Laura Fulton, Chief Pharmacist, joined for this item.

The Board received a report from the Chief Pharmacist proposing that the revised Communications Strategy is delayed to the next Board meeting on 2 December 2025 to enable outputs from the Board strategy session on 17 September 2025 to be reflected within it. The strategy will be provided to the Audit and Risk Committee ahead of the Board.

Decision: The Board approved postponement of the Communications Strategy as above.

Action: Provide an interim update on progress before the next Board meeting.

1.6 Chair's Report

The Board received a report from the Interim Chair updating them on strategic developments, governance matters and stakeholder engagement. The Interim Chair highlighted the following:

- a) Engagement with the NHS Board Chairs and Cabinet Secretary has included providing an update on the Safe Delivery of Care inspection approach and a series of introductory meetings with individual Board Chairs.
- b) There is ongoing engagement with the Chief Executive in relation to the Chair and Chief Executive of the Care Inspectorate.
- c) The Interim Chair was joined by other Non-executives at the HIS Pride event and at the quarterly strategic meeting with Scottish Government.
- d) Non-executive Director Nicola Hanssen is re-appointed for a further four years.

Decision: The Board noted the update.

1.7 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) The new Director of Nursing and Integrated Care joins HIS on 6 October 2025 and thanks are extended to Mhairi Hastings for providing interim cover.
- b) Regarding iMatter, the high response rate has been followed by a high level of completion of actions plans.
- c) The Leadership Lens session was very good and emerging themes were discussed at the subsequent joint meeting of the Executive Team and Senior Leadership Team.

The questions from the Board and the additional information provided covered the following:

- a) HIS been given Core Participant status in the Eljamel public inquiry. This gives privileges but also additional work. Dedicated resource is being provided by the Head of Corporate Development. Further detail will be provided to the Quality and Performance Committee.
- b) The two complaints noted refer to application of process in relation to independent healthcare.
- c) The Clinical Governance Standards are in the final stages of development these are designed as a self-assessment tool for boards.
- d) Regarding the Scottish Approach to Change, resources will be published the following week and plans have been developed for engagement.
- e) A temporary increase in resource approved by the Executive Team will assist with the Scottish Medicines Consortium increased workload alongside process review and streamlining.
- f) Assessing the value of our work to NHS Boards is done through many approaches such as feedback at leadership groups and evaluation of events.
- g) We are doing work for the Board Chief Executives' Group on the roles of various organisations in the improvement space.
- h) There is patient involvement in development of new guidelines and review of existing ones.

Decision: The Board noted the report.

Action: Paper to be provided to the Quality and Performance Committee on the detail of the Eljamel Inquiry.

2. Setting the Direction

2.1 Strategic Plan for Safety

The Medical Director/Director of Safety provided the draft Strategic Plan for Safety, noting the key areas as alignment to strategic priorities; use of intelligence; capturing the public voice; and improvement support.

In response to questions from the Board, the following additional information was provided:

- a) Where there are recommendations, assurance of delivery will be a mixture of targeted improvement support and escalation, decided on a case by case basis.
- b) Responding to Concerns and whistleblowing data is already available to inform inspection activity and the aim is to use it to also inform improvement support. The sharing intelligence

approaches and Care Opinion provide additional information.

- c) There will be engagement with NHS Boards to ensure they are supportive of approaches.

Decision: The Board approved the Plan and accepted the moderate assurance offered.

3. Holding to Account including Finance and Resource

3.1 Organisational Performance Report

The Deputy Chief Executive provided the performance report and highlighted the following:

- a) 89% of work programmes are on track to deliver in line with the Annual Delivery Plan and 61% of corporate performance measures have been met which is lower than anticipated.
- b) There is an underspend of £1m and the sickness absence rate is 3.1% which is a downward trend.

In response to questions from the Board, the following additional information was provided:

- c) The quarterly figure for the number of NHS inspections delivered appears low and will be checked.
- d) The time for recruitment to start date is currently protracted by vacancy controls and an increased volume of recruitment.

Decision: The Board considered the performance report and accepted the moderate assurance offered.

Action: Quarterly figure for NHS inspections to be checked and member advised of outcome.

4. Engaging Stakeholders

4.1 Death Certification Review Service Annual Report

George Fernie, Senior Medical Reviewer, joined the meeting for this item.

The Senior Medical Reviewer provided the Death Certification Review Service annual report for 2024-25, noting the key highlights in the report. The Board welcomed the report.

In response to questions from the Board, the following additional information was provided:

- a) Future plans include ongoing development of the enquiry line and improvements to the electronic system for Medical Certificates of Cause of Death.
- b) The variation in accuracy of recording the time of death may be due to different training for doctors and inaccuracies in the cause of death often arise from different types of the same illness.

Decision: The Board approved the annual report for publication and accepted the significant assurance offered.

5. Assessing Risk

5.1 Risk Management: Strategic Risks

The Deputy Chief Executive provided the latest strategic risk register, advising that there is one new strategic risk raised at the Quality and Performance Committee related to the corporate website.

The Chair of the Audit and Risk Committee and the Co-chair of the Risk Sub Committee advised that the Sub Committee is now operational and already seeing improvements in risk management.

Decision: The Board gained assurance from management of the strategic risks and accepted a limited level of assurance on the strategic risks which are out of appetite. Regarding the risks which are within appetite, they accepted a significant level of assurance when the residual score is medium or low and a moderate level of assurance when the score is high.

6. Governance

6.1 Board and Committee Schedule of Meeting Dates 2026-27

The Deputy Chief Executive provided a draft schedule of Board and Committee meeting dates for 2026-27 which aligned with governance requirements.

In response to a question about the scheduling of the June 2026 Board meeting within the school holiday period, it was advised that this is due to the Annual Report and Accounts timelines. Consideration will be given to any flexibility on this date.

Decision: The Board approved the schedule of meeting dates subject to the query above and accepted the significant assurance offered.

Action: Confirm requirements for the date of the June Board meeting.

6.2 to 6.8 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

- Governance Committee Chairs: key points from the meeting on 13 August 2025
- Audit and Risk Committee: key points from the meeting on 3 September 2025; approved minutes from the meeting on 23 June 2025
- Executive Remuneration Committee: key points from the meeting on 11 September 2025
- Quality and Performance Committee: key points from the meeting on 27 August 2025; approved minutes from the meeting on 21 May 2025
- Scottish Health Council: key points from the meeting on 4 September 2025; approved minutes from the meeting on 15 May 2025
- Staff Governance Committee: key points from the meeting on 6 August 2025; approved minutes from the meeting on 29 May 2025
- Succession Planning Committee: key points from the meeting on 7 August 2025; approved minutes from the meeting on 16 January 2025

In response to a question about the increase in the number of Ionising Radiation (Medical Exposure) Regulations inspections noted in the Quality and Performance Committee key points, it was advised that business modelling is being done and discussions are ongoing with Scottish Government about funding for the work.

Decision: The Board noted the key points and minutes.

7.Any Other Business

There were no items of any other business.

8.Date of Next Meeting

Members of the press and public were excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, disclosure of which would be prejudicial to the public interest.

Approved by: Evelyn McPhail, Interim Chair

Date: 2/12/25