

Board Public Minutes – Approved

Public Meeting of the Board of Healthcare Improvement Scotland at
10.30, 25 March 2026, Delta House, Glasgow/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

Melissa Dowdeswell, Director of Nursing and Integrated Care (from 2.1.1)
Gillian Gall, Interim Chief People Officer
Ann Gow, Deputy Chief Executive (from 2.1.1)
Gillian Hennon, Chief Finance and Risk Officer
Sandra McDougall, Associate Director of Quality Assurance
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety (from 2.1.1)

Apologies

Eddie Docherty, Director of Quality Assurance and Regulation

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 the public gallery and Gillian Hennon, attending her first Board meeting since her appointment. 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 2 December 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 2 December 2025

The progress updates were noted.

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

1.5 Chair's Report

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

- a) The Chief Executive joined the February NHS Board Chairs' meeting with the Cabinet Secretary for Health and Social Care for an item on maternity services inspections.
- b) She and the Chief Executive had very positive visits to NHS Tayside and NHS Grampian, noting the use of HIS' Quality Management System and Scottish Approach to Change by the NHS Tayside Improvement Academy. They also met with the Chair and Chief Executive of the Mental Welfare Commission to discuss joint inspections work.
- c) Three Board members have been re-appointed for a further four years – Rob Tinlin, Abhishek Agarwal and Michelle Rogers. Judith Kilbee did not seek re-appointment.

Decision: The Board noted the update.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) Responding to requests from the current public inquiries continues to demand a lot of resource with no flexibility on deadlines. The Board is asked to note this adds to a high level of demand across the Executive Team and wider staff.
- b) Regarding sub national planning, HIS is engaging at a number of levels. There has been some delay nationally due to staff side engagement.
- c) HIS Standards have been recently published for clinical governance and maternity care.

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

- d) Staff side engagement on sub national planning relates to workforce structures across the east and west units. Plans at the moment are high level. HIS is an enabler in the process so the impact for HIS currently is limited.
- e) Regarding accountability for the various organisations involved in the national review for Group-based Child Sexual Abuse and Exploitation, there are information sharing agreements in place, an escalation framework with the Care Inspectorate as lead agency and an agreement made during the design that individual arrangements would not change. The Senior Information Risk Officer confirmed that Data Protection Impact Assessments are underway.
- f) In relation to standards and reviewing their use and currency, there is not as yet a robust system but this will be addressed as part of the changes in the Leading for Our Future programme. Access statistics are available on the Right Decision Service (RDS).
- g) Portfolios will be putting in place arrangements for sharing intelligence within the organisation.
- h) RDS funding is now secured with Scottish Government and NHS Boards sharing the costs for 2026-27. Thereafter the full cost will be met by NHS Boards.

Questions about pressure ulcer measures and complaints handling, were answered by the Director of Nursing and Integrated Care when she joined the meeting at item 2.1.1 as follows:

- i) There is better reporting now of pressure ulcers and the method of recording provides information about the stage at which ulcers have developed.
- j) There is learning from complaints handling about using a trauma informed approach and simplifying language.

Decision: The Board noted the report.

Action: Add a session to the Board business plan on trauma informed approaches.

2. Setting the Direction

2.1 Planning 2026-27

2.1.1 Annual Delivery Plan

The Director of Engagement and Change provided the draft plan, noting that the Board had already considered the approach and content in previous sessions. It was advised it is a living document and will require updating as the year progresses.

Regarding the diagram in Annex 1, it was noted this was helpful and could be supplemented by lead committee information.

In response to a question about the recruitment of 32 staff, it was advised these were for the Healthcare Staffing Programme staff bank and were recruited based on their clinical skills and expertise matching the requirements. The Workforce Plan will feed into delivery models.

Decision: The Board approved the Annual Delivery Plan and accepted the moderate level of assurance offered.

Action: Incorporate into Annex 1 detail on lead committees.

2.1.1 Quality Assurance and Regulation Annual Plan

The Associate Director of Quality Assurance provided the plan, advising that changes had been incorporated following discussion at the Quality and Performance Committee meeting and noting

the need for the plan to remain flexible. The Associate Director highlighted that the paper asked the Board to note the plan but after further consideration, the request is that the Board approve the plan.

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

- a) The preference is to provide numbers of NHS inspections rather than the proportion of services to be inspected. This avoids confusion given that inspections are selected using a risk-based approach.
- b) Regarding communication of the plan, it will be published on the HIS website and each workstream will communicate with their stakeholders as appropriate.

Decision: The Board approved the plan and accepted a significant level of assurance on the plan content and a moderate level of assurance on the plan delivery.

2.2 Operating Framework with Scottish Government

The Deputy Chief Executive provided the updated Operating Framework, noting that a key change was the addition of the direct route of escalation from the HIS Chair to Scottish Government ministers.

Decision: The Board approved the Operating Framework and accepted the significant level of assurance offered.

2.3 Children's Rights Reporting

2.3.1 Children's Rights Report - United Nations Convention on the Rights of the Child (UNCRC)
Mhairi Hastings, Associate Director of Nursing and Midwifery, joined the meeting and presented the report, noting it was the first report since incorporation of the UNCRC. This area of work will be further developed by the Children and Young People portfolio.

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

- a) Risks related to the programme are mitigated by the portfolio approach, the input of the child health lead and engagement with peers in NHS Boards.
- b) The child health lead is involved with a multi-agency group which includes the Care Inspectorate and the wider public sector.
- c) Participation and co-design with children and young people will be taken forward by the portfolio. It was noted that the Care Inspectorate has young people volunteers taking part in inspections.

Decision: The Board approved the publication of the report and the child friendly version; endorsed the proposed priorities for 2026-2029; agreed submission of the report to Scottish Ministers; accepted the significant level of assurance offered.

Action: Contact Care Inspectorate colleagues for information on the operation of their young people volunteers.

2.3.2 Corporate Parenting Report

Derek Blues, Head of Engagement Practice – Assurance, joined the meeting for this item and presented the report, noting that the paper provided an update on activity in the last three years as well as an action for plan for 2026-29.

In response to a question from the Board, it was advised that staff training extends beyond online modules and there will be close working with the Children and Young People portfolio.

Decision: The Board approved the 2026 Corporate Parenting Report and the 2026-29 Corporate Parenting plan; accepted the moderate level of assurance offered.

2.4 Leading for Our Future Action Plan

2.4.1 Action Plan Update

The Chief Executive provided the action plan update, noting that several practical steps have moved forward and the Executive Remuneration Committee considered the previous week objectives for the executive cohort. These will cascade to Associate Directors.

Decision: The Board noted the progress and accepted the moderate level of assurance offered.

Actions: Regarding organisational change in the Office of the Chief Executive, update to reflect that only the consultation process is complete; regarding the leadership groups diagram, to add leadership responsibilities and lead committees.

2.4.2 Strategic Relationship with NHS24

The Chief Executive provided the relationship agreement, noting that it arose due to leadership gaps in HIS the previous year. He advised it is not a shared services agreement but a mutually beneficial relationship.

The Chief Executive and the Chair of the Audit and Risk Committee extended thanks to John Gebbie, Director of Finance NHS24 and David Johnston, Interim Head of Finance HIS, for the contributions they had made pending the appointment of the Chief Finance and Risk Officer.

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

- a) The relationship is two-way and HIS is providing learning for NHS24 through sharing processes.
- b) The six month review of the agreement will ensure the relationship remains beneficial to both organisations but will also be open-ended to a degree as the operating context may have changed by then.

Decision: The Board approved the agreement and accepted the significant level of assurance offered.

3. Holding to Account including Finance and Resource

3.1 Organisational Performance Report

The Chief Finance and Risk Officer provided the quarter 3 performance report and highlighted the following:

- a) 85% of work programmes are reported as on track and 61% of key performance indicators were met which is no change from quarter 2.
- b) There is currently a £1.4M underspend and £0.9M of recurring savings have been achieved year to date.

The Chief People Officer provided the workforce report and highlighted that there is an increase in turnover rate and sickness absence.

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

4. Influencing Culture

4.1 Anti-racism Plan Update

The Chief People Officer reported progress with delivery of the plan and the Chair of the Staff Governance Committee advised that they had also considered the update.

Decision: The Board gained assurance of progress and accepted the moderate level of assurance offered.

5. Assessing Risk

5.1 Risk Management: Strategic Risks

The Chief Finance and Risk Officer provided the latest strategic risk register advising that the risk related to RDS had been closed and a new risk had been added relating to independent healthcare.

In response to questions from the Board, it was agreed that more consideration was needed of the rating for the risks related to workforce and independent healthcare, as well as the possible impact of the war in the Middle East on the risk related to the external operating environment.

Decision: The Board accepted a limited level of assurance on the strategic risks which are out of appetite; regarding the risks which are within appetite the Board 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 with the exception of the risk related to the Workforce Strategy pending its review.

Action: Review the risks related to workforce, independent healthcare and external pressures.

6. Governance

6.1 to 6.7 Committee Key Points and Minutes

Committee Chairs provided key points and approved minutes as follows:

- a) Governance Committee Chairs: key points from the meeting on 11 March 2026
- b) Audit and Risk Committee: key points from the meeting on 18 March 2026; approved minutes from the meeting on 26 November 2025
- c) Executive Remuneration Committee: key points from the meetings on 4 December 2025 and 18 March 2026
- d) Quality and Performance Committee: key points from the meeting on 4 March 2026; approved minutes from the meeting on 5 November 2025
- e) Scottish Health Council: key points from the meeting on 12 February 2026; approved minutes from the meeting on 13 November 2025
- f) Staff Governance Committee: key points from the meeting on 25 February 2026; approved minutes from the meeting on 22 October
- g) Succession Planning Committee: key points from the meeting on 12 March 2026; approved minutes from the meeting on 20 November 2025

It was noted that the Chairs of the Quality and Performance Committee and the Staff Governance Committee had discussed the latter receiving a paper about the reviews currently ongoing given that capacity constraints are a common theme.

Decision: The Board noted the key points and minutes.

7.Any Other Business

The Vice Chair of the Board made a presentation to Evelyn McPhail who was attending her last Board meeting as Interim Chair of HIS. She extended thanks to her on behalf of the Board and the organisation for the contribution she had made over the last year.

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: Carole Wilkinson

Date: 29 June 2026