

Board Public Minutes – Approved

Public Meeting of the Board of Healthcare Improvement Scotland at
10.30, 29 June 2026, Delta House, Glasgow/MS Teams

Attendance

Present

Carole Wilkinson, Chair
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
Evelyn McPhail, 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
Melissa Dowdeswell, Director of Nursing and Integrated Care (from item 5.1)
Gillian Hennon, Chief Finance and Risk Officer
Clare Morrison, Director of Engagement and Change
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director/Director of Safety (from item 4.1)

Apologies

Abhishek Agarwal, Non-executive Director
Gillian Gall, Interim Chief People Officer

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 those in the public gallery. The Chair noted that Doug Moodie and Judith Kilbee were attending their final public Board meeting ahead of their appointments ending. She thanked them for their contribution to the work of the Board. 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 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 25 March 2026

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 25 March 2026

It was noted that all actions were recommended for closure.

Decision: The Board approved closure of all actions.

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) A very positive session was held with the Scottish Government Forum for Directors and Deputy Directors. It enabled awareness to be raised on the range of work delivered by HIS.
- b) The Board Chairs met with the new Cabinet Secretary for Health and Care who shared her focus on delivery and commitment to improving maternity services.

In response to a question, the Chief Executive advised that the memorandum with the Patient Safety Commissioner for Scotland is being finalised and an agreement has been reached regarding communications related to the publication of inspection reports.

Decision: The Board noted the update and approved Evelyn McPhail as co-chair of the Staff Governance Committee.

1.6 Executive Report

The Chief Executive provided the report and highlighted the following:

- a) Items detailing progress with the Leading for Our Future programme will be covered later on the agenda.
- b) The First Minister event for the public sector was attended by the Chief Executive and future updates will be provided to the Board as developments proceed.
- c) The responsive support being provided by HIS to NHS Grampian is an intensive piece of work drawing on the time of experienced colleagues. The Executive Team will consider the

implications of delivering more of this type of support in future. Thanks were extended to all staff who have contributed.

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

- d) There is no clarity yet on long term funding for NHS boards to deliver Hospital at Home.
- e) Regarding the Strengths Deployment Inventory, it will be linked to iMatter, culture and Partnership Forum.
- f) Inspections against the new standards for maternity care will start in September and the standards will also be used to prioritise which services are to be inspected.
- g) Regarding the business systems project, there will be a consistent national approach with support for each board. The project is still in the procurement phase but HIS is assessing its state of readiness.

Decision: The Board noted the report.

2. Holding to Account including Finance and Resource

2.1 Annual Report and Accounts 2025-26

Claire Gardiner, Audit Scotland, joined the meeting for item 2.2.

2.1.1 Annual Report and Accounts

The Chief Finance and Risk Officer provided the draft Annual Report and Accounts, noting that there had already been detailed scrutiny of these.

The Chair of the Audit and Risk Committee advised that the Committee had noted the very positive audit report and were content to recommend to the Board and Accountable Officer that the accounts are signed. He extended thanks to the teams in HIS and NHS24 for their work on the accounts.

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

- a) Inspections of dental services are detailed on the website but more prominent information about this will be considered for next year's report.
- b) Work will be ongoing to better articulate in reports the practical support provided to stakeholders to help them to improve.

2.1.2 Annual Audit Report 2025-26

Audit Scotland provided their report on the 2025-26 audit, noting that the Annual Report and Accounts for 2025-26 were free from material misstatement and there were no significant findings or key audit matters to report. There were some recommendations related to the remuneration and staff reports, a PECOS assurance gap which was an NHS-wide issue and the need to update the Workforce Plan in line with other integrated plans.

In response to a question about a deadline date for the recommendation about the Workforce Plan, it was advised that it would be March 2027 given that the plan requires to be developed alongside budget and delivery plans.

Decision: Having considered the two items above, the Board approved the Annual Report and Accounts 2025-26 and accepted the significant level of assurance offered.

Action: Consider including more prominent information about the inspection of dental services within the accounts for 2026-27.

2.2 Whistleblowing Annual Report

Keith Charters, Non-executive Whistleblowing Champion, provided the annual report, advising that there were no whistleblowing cases but other concerns were raised, mostly in relation to workload pressures with possible impacts on service delivery. In the discussion that followed, the importance was noted of triangulating the information in the whistleblowing report with other intelligence.

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

2.3 Organisational Performance Report

The Chief Finance and Risk Officer and the Chief Executive provided the quarter 4 performance report and highlighted the following:

- a) 79% of work programmes are reported as on track and 55% of key performance indicators (KPIs) which is low for this point in the year.
- b) As at 30 April, there was a £0.2m underspend and plans are set out in the Finance Plan later in the agenda to ensure the underspend is used.
- c) In the first two months of the year, staff turnover has decreased and sickness absence levels have increased. There is a need to look at recruitment into HIS and to evaluate the HIS Employee model.

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

- d) Regarding the £0.1m of independent healthcare income, this relates to a good uptake of registration activity. It needs to be balanced with managing debt.
- e) Regarding the KPI for the Citizens Panel, this was discussed by the Scottish Health Council Committee and an improvement plan is now in place with progress to be reported to the Committee.
- f) The sharing of adverse events learning summaries by NHS boards is showing lower compliance than anticipated but HIS has no direct authority over this activity. Sub national activity may in time lead to improvements.

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

Actions: Future graphs showing sickness absence trends to include a comparison to the same months in previous years; workforce planning to be added to the KPIs in the Scottish Government 15 box grid section.

2.4 Financial Plan 2026-27

The Chief Finance and Risk Officer provided the financial plan for 2026-27, noting that the draft was reviewed by the Board in March ahead of submission to Scottish Government.

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

- a) There are no details available as yet but discussions are underway in relation to the financial implications of the new business systems and of sub national planning activity.
- b) Regarding the investment pipeline, the approach will aim to ensure that all spend is within the current financial year and progress will be reported to the Audit and Risk Committee in September. The pipeline includes projects that can be delivered quickly but any overspill into next year will be managed during the planning process.
- c) Directorates all have savings plans and progress will be reported to the Performance and Delivery Board.

Decision: The Board approved the financial plan and accepted the moderate level of assurance offered.

3.Setting the Direction

3.1 Scottish Approach to Change (SATC) Update

The Director of Engagement and Change presented the update, noting that it was provided due to the work carrying some areas of risk. The Director set out positive progress as well as challenges.

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

- a) The SATC tools could be hosted on the Right Decision Service site but this and the corporate website need enhanced functionality to support them. The website has been proposed as an area for investment and enhanced digital infrastructure will better support boards to adopt the tools. This would mean HIS' limited resources could then focus on coaching.
- b) The sub-national groups are using the SATC and HIS will provide support.

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

3.2 Acute Perinatal Improvement Programme Update

This was taken out of order after item 5.1.

The Director of Nursing and Integrated Care provided a paper setting out progress of the programme, noting that emerging themes were similar to those in the Ockenden Report. The key focus now is to support boards with improvement activity.

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

- a) The improvement support is being delivered to all boards but there is also some tailored activity in response to inspection findings.
- b) Regarding the rise in elective caesarians, the number of births in Scotland is falling but the complexity of births is increasing, requiring additional medical interventions. HIS has a role to consider pre-natal health as part of the programme.
- c) Regarding the programme funding, there is a discrepancy in the amount quoted due to the fluid nature of its initiation but the correct amount was confirmed as £352k.

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

Action: Correct in the paper the programme funding figures.

4.Engaging Stakeholders

Laura Fulton, Chief Pharmacist joined this meeting for item 4.

4.1 Communications and Engagement Strategy Implementation

The Chief Pharmacist provided the delivery plan for communications and engagement, noting that the plan covered a three-year period. Business as usual activity will be delivered in parallel and cross-organisational approaches will be deployed.

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

- a) The recent MSP briefing was focused on new MSPs following the election but there will be ongoing engagement with them such as parliamentary events. Consideration will also be given to using the briefing more widely.
- b) There is more work to do to ensure the resources are appropriate to deliver the plans.
- c) The Chair of the Audit and Risk Committee advised that the Committee had received a fuller report and acknowledged the progress while recognising that more work is needed to build capacity.

- d) The brand guidelines were produced externally some time ago and are a good example of using external expertise where there is a gap within HIS.

Decision: The Board approved the next steps set out and accepted the moderate level of assurance offered.

4.2 System Intelligence Summary

The Director of Evidence and Digital provided this paper which set out progress in relation to how HIS uses intelligence and data to prioritise areas for focus.

The Chief Pharmacist presented slides setting out more details about the use of data to identify early safety concerns and how these inform HIS' response. She noted that themes are emerging but there is not a wide enough dataset yet to draw conclusions.

In response to questions from the Board, it was advised that the work is at an early stage of being able to prioritise, trigger specific actions or plan our work within the system. A dashboard of core indicators has been developed and will be demonstrated to the Board at its September meeting.

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

Action: Committee to provide ongoing oversight of the report. To be confirmed which Committee.

5. Influencing Culture

5.1 Board iMatter Report

Sandra Flanigan, Head of Organisational Development and Learning (ODL) joined the meeting for this item.

The Head of ODL presented slides that summarised the high-level results. She highlighted a slight reduction in response rate but no change to the employee engagement index. The results will be discussed by Partnership Forum and the Staff Governance Committee in August along with detail on action plans.

In response to a question from the Board about longer term trends, the Head of ODL advised she will be doing work to examine those areas which have shown a progressive decline over the span of recent years.

Decision: The Board noted the high-level results and were supportive of the next steps that were set out in the slides.

6. Assessing Risk

6.1 Risk Management: Strategic Risks

The Chief Finance and Risk Officer provided the latest strategic risk register, advising that there was one new risk since the report was last presented.

The Chair of the Audit and Risk Committee advised that the Committee considered the risk register and agreed to hold an additional meeting to review risks and risk appetite. This will be held in September when the new Risk Manager is in post and outcomes will be reported to the Board.

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.

Action: Add risk as a cross-cutting issue to the next Governance Committee Chairs' meeting agenda.

7. Governance

7.1 Governance Committee Annual Reports Action Plan and Code of Corporate Governance Updates

The Chief Finance and Risk Officer provided a summary of the actions from the annual reports for 2025-26 as well as proposed updates to the Code of Corporate Governance. The updates to the Code were provided to the Audit and Risk Committee who were content to recommend approval of them to the Board.

Decision: The Board noted the actions and approved the updates to the Code of Corporate Governance. The Board accepted the significant level of assurance offered.

7.2 to 7.8 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 June 2026
- b) Audit and Risk Committee: key points from the meeting on 22 June 2026; approved minutes from the meeting on 18 March 2026
- c) Executive Remuneration Committee: key points from the meetings on 3 June 2026
- d) Quality and Performance Committee: key points from the meeting on 20 May 2026; approved minutes from the meeting on 4 and 30 March 2026
- e) Scottish Health Council: key points from the meeting on 14 May 2026; approved minutes from the meeting on 12 February 2026
- f) Staff Governance Committee: key points from the meeting on 6 May 2026; approved minutes from the meeting on 25 February 2026
- g) Succession Planning Committee: it was noted that a meeting had not been held in the last quarter.

Decision: The Board noted the key points and minutes.

8. Any Other Business

There were no items of any other business.

9. Close/Date of Next Meeting

The next meeting will be held on 23 September 2026.

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: 23/9/2026