Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland on Wednesday 20 May 2026 at 10am (MS Teams)

Attendance

Present
Abhishek Agarwal, **Committee Chair**
Carole Wilkinson, HIS Chair
Duncan Service, Non-Executive
John Lund, Non-Executive
Nikki Maran, Non-Executive, Committee Vice Chair
Suzanne Dawson, Non-Executive

In Attendance
Ann Gow, Strategic Lead
Belinda Robertson, Associate Director of Improvement Support
Clare Morrison, Director of Engagement and Change
Eddie Docherty, Director of Quality Assurance & Regulation
Gillian Gall, Interim Chief People Officer
Gillian Hennon, Chief Finance and Risk Officer
Jane Illingworth, Head of Planning and Governance
Meghan Bateson, Chair of Clinical Care Staff Forum
Mhairi Hastings, Associate Director of Nursing and Midwifery
Rhona Davies, Public Partner
Ruth Thompson, External Reviewer
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director and Director of Safety

Observers
Caroline Champion, Performance Manager
David Johnston, Finance Manager

Apologies
Sara Cherry, meeting support, PA to Director of Evidence & Digital
Melissa Dowdeswell, Director of Nursing and Integrated Care
Robbie Pearson, Chief Executive

Meeting Support
Beverley Harkins, Administrative Officer, Finance, Performance and Risk

1.OPENING BUSINESS AND COMMITTEE GOVERNANCE

1.1 Welcome, Apologies for Absence and Declarations of Interests

The Chair welcomed all attendees to the meeting and noted the meeting was being recorded for purpose of the minute. Apologies were noted. No declarations of interest received or declared at the meeting.

The Chair noted the contribution of outgoing Public Partner Alex Jones and recorded thanks for her valuable input to the Committee. A request has been submitted to secure another public partner for the Committee.

1.2 Business Planning Schedule 2026/27

The Committee noted the business planning schedule.

1.3 Minutes of the Previous Meeting

The Committee approved the minute of the Committee meeting held 30 March 2026 as a true and accurate record. The Chair thanked Nikki Maran for chairing the meeting in March.

1.4 QPC Action Register

The Chair noted all actions recommended for closure. The Committee agreed closure of actions 1.3, 3.1 (4th March), 4.1 and 4.1.1. Updates were noted for actions in progress. Action 3.1 was closed subject to ongoing monitoring of progress through the Urgent and Unscheduled Care Portfolio with updates to be provided towards the end of the year.

The Chair raised concern regarding the absence of clear due dates on the action register and forward planning milestones.

Action: Introduce clear deadlines and revise target dates for in progress actions on the action register (particularly 2.2.1 and 2.2.2).

Action: Lead for Urgent and Unscheduled Care Portfolio to provide an update on progress relating to action 3.1 (4th March) at 26 October meeting.

Action: Chief Finance & Risk Officer to update actions 3.1 (5th November) ahead of the August meeting. Thereafter, actions to be recommended for closure with updates to be included in the update report that is a standing agenda item.

1.5 Matters Arising

The Director of Evidence and Digital provided a verbal update on the Matters Arising Report to the Committee and noted her thanks to the report contributing authors. The Committee noted the updates provided in the Matters Arising report.

The Committee asked if the NHS GGC after action review would be shared with the Public Partners involved in the review. It was confirmed the Public Partners will be invited to the open sessions being organised by the Quality Assurance and Regulation Directorate Management Team.

Committee requested that a formal report on the Strategic Safety Plan should be provided at the next meeting and included in the Business Planning Schedule. In response to a question from the

Committee in relation to data capture, it was confirmed that the test stage would be local with the intent to extend thereafter. Further information relating to the data and reporting from MS Forms would be sought and provided to the Committee.

Following a question from the Committee, the Chair encouraged giving consideration to the use of the Right Decision Service as a platform to share intelligence. Committee noted the Drugs and Alcohol Measurement Plan Report will be presented at the August meeting.

In response to a question from the Chair, it was confirmed that there is no change to the risk or assurance levels for any of the items covered.

Action: Strategic Lead to invite Public Partners to NHS GGC review open sessions.

Action: Director of Medical and Safety to provide further information relating to the data and reporting arrangements of the MS Forms test after the business meeting has taken place.

Action: Director of Medical and Safety to co-ordinate and provide a formal report on the Strategic Safety Plan to the August meeting.

Action: Director of Evidence and Digital to explore the use of the Right Decision Service as a tool to share intelligence.

Action: Business Planning Schedule to be updated to reflect amendments above.

2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

2.1 Use of Clinical Expertise across HIS

The Director of Medical and Safety provided the Committee with a verbal update noting a full paper will be presented to the Committee at the meeting in August. Discussion focused on future development work, including expansion to pharmacy and nursing models.

3. REPORTS FOR FOLLOW UP ASSURANCE

3.1 Current Reviews and Associated Risks

Strategic Lead provided a report on the four internal reviews underway across the organisation and the associated risks and governance, noting that all were at different stages. The Committee welcomed the report as a useful summary of the reviews.

The Committee discussed pressures relating to capacity, resource management and competing demands across teams involved in review work, noting that the Staff Governance Committee will have oversight of any workforce implications. The discussion also covered organisational learning, with members emphasising the importance of capturing thematic findings and ensuring lessons learned were shared across HIS programmes and functions. The Committee considered reputational and operational risks associated with delays, stakeholder expectations and the need to maintain independence and credibility in review processes.

The Committee received assurance that risks were being actively monitored and managed through existing governance arrangements. A further update report will be provided at the next meeting.

Decision: The Committee noted the report and accepted the moderate level of assurance offered.

4. ASSURANCE FRAMEWORK REPORTS

4.1 Q4 2025/26 Performance Report

The Chief Finance and Risk Officer provided the Q4 2025/26 Performance Report, summarising progress covering the period January to March 2026. Resource availability was reported as the factor most commonly contributing to delays in delivery.

The Committee discussed performance trends, workforce pressures and monitoring arrangements for 2026–27. The Committee noted that issues previously discussed had been incorporated into the new Annual Delivery Plan and reflected within proposed Key Performance Indicators (KPIs).

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

4.2 Key Performance Indicators

The Chief Finance and Risk Officer provided a report seeking approval of proposed organisational KPIs for 26/27. If accepted, performance against this range of metrics will be included in the quarterly performance report. The proposed KPIs had been developed to align with the 2026–27 Annual Delivery Plan and organisational priorities.

The Committee discussed how the revised indicators were intended to provide clearer performance oversight and more meaningful assurance. The Committee emphasised the need for reporting arrangements that supported scrutiny while remaining proportionate and practical. The Committee recognised that consideration needs to be given to evidencing and presenting impact and outcomes. The complexity in balancing with strategic focus was also recognised by Committee and the need for ongoing refinement through the year was required.

Decision: The Committee noted the report, approved the proposed 2026-27 KPIs and accepted a moderate level of assurance.

4.3 Clinical and Care Governance

The Associate Director of Nursing and Midwifery presented an overview of Clinical and Care Governance (CCG) arrangements across the organisation and an outline of the ongoing implementation and delivery of the HIS CCG Framework.

The Committee welcomed the report and noted that progress since the previous year represents a significant improvement. Concern was raised in relation to workforce risks. The Committee welcomed the proposal for self-assessment against the new Clinical Governance Standards and requested a timeline be developed for this.

Decision: The accepted a moderate level of assurance.

Action: The expected timeline of framework for self-assessment against the Clinical Governance Standards to be included in the next meeting's Matters Arising report.

4.4 Complaints and Feedback Annual Report

The Associate Director of Nursing and Midwifery presented the Complaints Annual Report 2025–26 and associated national performance indicator data for comment and agreement ahead of final Board approval and publication.

The Committee acknowledged the reduction in the number of complaints received and the number of contacts signposted to the appropriate organisation to manage complaints. The Committee were

assured that learning from complaints has driven improvements in the review of complaints handling processes and procedures.

The Committee requested the inclusion of data over time in the Complaints Annual Report to show the variation in the number of complaints by year. The Committee questioned the significant level of assurance and the purpose of this assurance. The Committee asked for clarity on where complaints are signposted to and signposted from.

In response to a question from the Committee, the Associate Director of Nursing and Midwifery noted the collaborative work with the Associate Director of IHC to ensure the two complaint handling processes are aligned and to unpick the complexities of IHC complaints.

Decision: The Committee requested that the report be revised to include charts showing the number of complaints over time, complaint themes and signposting destinations. The Committee revised the level of assurance from significant to moderate.

Action: Report to be revised and update to be made to Committee via the Matters Arising report at the next meeting.

4.5 Hospital at Home Update

The Associate Director of Improvement Support presented an update on system progress towards Scottish Government targets, challenges faced and delivery status of HIS commitments from the extended commission. The Committee acknowledged the comprehensive report presented and agreed that the expansion of hospital at home (H@H) was positive. The target of 2,000 beds by end of the calendar year was agreed to be highly challenging to meet.

The Committee asked about the degree of public involvement and the Associate Director of Improvement Support confirmed that this is a key piece of work for this year, building on Board's own measures of patient satisfaction, and offered to update the Committee at the next meeting. The Director of Medical and Safety highlighted discussions by the Executive Team (ET) about operational accountability versus providing the support that falls within our remit. The Committee were reassured this issue had been fully recognised and discussed at ET and that these risks were being managed appropriately.

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

Action: Associate Director of Improvement Support to provide an update on H@H patient involvement at the next meeting.

4.6 Acute Perinatal Improvement Programme

Joanne Matthews, the Associate Director of Improvement and Safety joined the meeting for this item

The Associate Director of Improvement and Safety provided an overview of progress towards development of an enhanced Acute Perinatal Improvement Programme. The Committee recognised that the accelerated timeframe is necessary given the importance of the programme, but emphasised the need to manage risks carefully and maintain strong governance to ensure improvements are effective and sustainable.

The Committee noted the programme's robust measurement plan and requested further data on outcome measures with the inclusion of a measure on staff feeling confident to speak up. It was noted that the inclusion of all professional stakeholders involved in the programme should be detailed in the proposal on page 3.

The Committee requested a plan and timetable, particularly in relation to actions to improve the level of assurance provided.

Decision: The Committee accepted the limited level of assurance, noting that the programme proposal is at a very early stage.

Action: Associate Director of Improvement and Safety to include a plan in a future paper.

4.7 Review of Assurance Functions

David McArthur, Interim Associate Director of Regulation Review joined the meeting for this item

The Interim Associate Director of Regulation Review updated the Committee and confirmed that the recommendation report will be available for scrutiny at the Board seminar on the 27th May.

The Committee discussed the level of assurance presented and agreed to separate assurance levels to cover process and implementation.

Decision: The Committee agreed significant assurance in relation to the process of the review and agreed a limited level of assurance on the implementation.

4.8 Review of Evidence and Evaluation Services

The Director of Evidence and Digital asked the Committee to note the progress of the Evidence Review and the emerging themes from the discovery phase.

In response to a question from Committee in relation to the timescale of completion of the review and any challenges, it was noted further time is required to complete staff engagement therefore the timeline would be extended.

Decision: The Committee accepted a moderate level of assurance.

5. Risk Management

5.1 Risk Management

The Chief Risk and Finance Officer provided the overview of strategic risks. There are five strategic risks which are all within appetite. The Right Decision Service risk has been closed, with funding secured. She confirmed that the lack of actions and timelines has been highlighted previously and is being worked on within Directorates.

Decision: The Committee 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: Hospital at Home; Internal Reviews and Acute Perinatal Improvement Programme.

6.2 AOB

On behalf of Associate Director of Improvement Support, the Director of Medical and Safety noted the draft abridged Primary Care Phased Investment Programme (PCPIP) report was presented at the

last Committee meeting and approved and endorsed for sharing with the SG. Final feedback from SG has since been incorporated into the report. Following discussion with the Chief Executive, it was proposed that, subject to agreement from the Committee, that the report is ready for Board sign-off at the seminar on 27 May, to proceed to agree a publication date with SG.

Decision: The Committee noted the update and agreed the proposal.

6.3 Review of Effectiveness of Meeting

The Committee noted the meeting being efficient and purposeful. It was positive to see governance routes being reference more frequently. The number of verbal updates was noted. It was suggested that adding a clinical and care governance section to committee reporting templates may be helpful and this will be taken to Chairs Group for discussion.

6.DATE OF NEXT MEETING

Next meeting will be held on Monday 17 August 2026, MS Teams.

Approved by:

Date: