

Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at
10am Monday 30 March 2026, MS Teams

Attendance

Present

Nikki Maran, Non-Executive (Chair)
Duncan Service, Non-Executive
Evelyn McPhail, Interim HIS Chair
John Lund, Non-Executive
Suzanne Dawson, Non-Executive

In Attendance

Clare Morrison, Director of Engagement and Change
Eddie Docherty, Director of Quality Assurance & Regulation
Gillian Gall, Chief People Officer
Gillian Hennon, Chief Finance and Risk Officer
Jane Illingworth, Head of Planning and Governance
Melissa Dowdeswell, Director of Nursing and Integrated Care
Mhairi Hastings, Associate Director of Nursing and Midwifery
Rhona Davies, Public Partner
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director and Director of Safety
Robbie Pearson, Chief Executive

Observers

None

Apologies

Abhishek Agarwal, Committee Chair
Alexandra Jones, Public Partner
Ann Gow, Deputy Chief Executive
Meghan Bateson, Chair Clinical and Care Staff Forum

Meeting Support

Sara Cherry, PA to Director of Evidence & Digital

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.

1.2 Committee Annual Report and Terms of Reference

The Committee reviewed the annual report and approved the content to be shared with the Board. The Committee reviewed the Terms of Reference and approved the changes.

1.3 Business Planning Schedule 2026/27

The Committee reviewed the business planning schedule and noted that the strategic safety plan is missing.

Action: Strategic Safety Plan updates to be added to the business planning schedule.

1.4 Quality & Performance Committee Matters Arising

None.

2. REPORTS FOR FOLLOW UP ASSURANCE

2.1 Updates from Quality Assurance and Regulation

Sandra McDougall, Associate Director of Quality Assurance joined the meeting for this item

2.1.1 Responding to Concerns Progress Update

The Associate Director of Quality Assurance reported on progress with the implementation of the action plan following the external review of responding to concerns.

The Committee noted that three cases were escalated to a level two review due to the serious concerns outlined and had been investigated by Scottish Government and resolved.

The Committee noted the progress against the action plan with all actions being on track.

The report recommended that reporting on safety & intelligence and the digital & intelligence strategy is separated from reporting against the action plan.

In response to a question from the Committee about the complexity of cases and the difficulty identifying trends, it was advised that additional support and infrastructure for this work has been registered on the investment pipeline. This will enable work to progress to create a single front door for all enquiries and improve linkage across the organisation.

Decision: The Committee accepted the separation of reporting to streamline governance and accepted a moderate level of assurance.

2.1.2 Adverse Events Progress Report

The Associate Director of Quality Assurance provided the report which set out actions being taken by HIS in response to the Cabinet Secretary letter issued in September 2025. The report noted all NHS board have completed the self-evaluation.

The Committee noted the good work that had been done and the support received from the Evidence Directorate and senior clinical staff. Any resulting publication will focus on themes, learning and improvement support rather than absolute numbers.

In response to a question from the Committee regarding timelines for the development of reports, it was advised that the team is looking at the approaches taken by NHS England and internationally to develop a robust system for adverse events reporting in Scotland.

It was advised that NHS Boards are positively engaging with the national learning system with the first webinar being oversubscribed.

Decision: The Committee noted the progress to date and the ambitions outlined in the report. The Committee accepted a moderate level of assurance.

2.2 Updates from Medical and Safety

2.2.1 Strategic Safety Plan Implementation

The Medical Director provided an update on implementation of the strategic safety plan. The report focused on the infrastructure for delivery of the plan and noted the cross-organisational approach that is being taken.

The Committee asked for the benefits of bringing workstreams together to be more clearly demonstrated and recognised the challenges of manually collating, accessing and reviewing intelligence data. The committee asked if the process could be stress tested and was advised that this is currently underway.

Action: Given the limited assurance offered to the Committee a progress update will be added to the agenda for the May meeting.

Decision: The Committee noted the progress made and the plan to bring levels of assurance back to moderate.

2.2.2 Internal Intelligence Sharing Network Update

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

The Chief Pharmacist gave an update on the development of the Internal Intelligence Sharing Network (ISIN) and the interdependencies with similar work across the organisation. The report noted the collaboration with the clinical and care governance oversight group.

In response to a question from the Committee regarding the cross-over between the different groups and governance routes it was advised that a workshop was held for members of the various groups to enable better working relationships. A diagram illustrating these relationships was requested.

The Committee noted its expectation that future reports will move from a focus on process to sharing outputs and the impact of these.

The Director of Evidence & Digital noted that the development of a digital system to support intelligence gathering; assessment and sharing is being undertaken by the Internal Intelligence

Group which reports to the Audit and Risk Committee. The Chief Executive confirmed that ISIN will be the “engine room” and governance route for Board intelligence reports.

Action: Chief Pharmacist to prepare a diagram illustrating the cross-over and links between different cross-organisational groups and governance routes.

Decision: The Committee noted the performance to date and supported the ongoing work to strengthen relationships. The Committee accepted a moderate level of assurance.

2.3 Clinical Governance Update

The Chief Pharmacist outlined delivery against the improvement actions and noted strengthened alignment with the clinical and care staff forum. There is the intent to undertake an organisational self-assessment against the recently published clinical and care governance standards.

In response to a question from the Committee regarding corporate governance vs clinical governance, it was noted that there is a risk if our staff do not pick up on clinical issues encountered during our work. This requires a culture shift with progress being made.

Decision: The Committee noted the performance to date and the ambition to embed clinical and care governance within the organisation. The Committee accepted a moderate level of assurance.

3. ASSURANCE FRAMEWORK REPORTS

3.1 National Cancer Medicines Advisory Group Annual Update

The Chief Pharmacist provided the report which notes the progress and outputs for 25/26 and identifies the staffing challenges which resulted in a reduced number of outputs.

The report noted a lack of senior strategic leadership engagement from Boards with NCMAG.

The committee noted that NCMAG is in scope of the Evidence review which allows consideration of the wider work of NCMAG and where it fits in the NHS Scotland landscape.

Decision: The committee noted the update and issues raised. The committee accepted limited assurance for senior leadership engagement from Boards; a moderate level of assurance for NCMAG achieving its aims and a significant level of assurance for clinical and patient group engagement.

3.2 Mental Health Programme Update

Diana Hekeram, Associate Director of Transformational Change and Donna McLean, Chief Inspector joined the meeting for this item.

The Associate Director of Transformational Change provided an update against the agreed deliverables for 2025/26. The report noted the positive engagement across the work programmes however, wider system pressured have slowed down progress.

In response to a question from the committee regarding engagement from the NHS Boards it was noted that due to capacity issues in the Island Boards a light touch approach was taken to engage with these Boards.

The Business Case for the programme will be brought to the next meeting of the committee.

Decision: The committee noted the progress against the deliverables and accepted a moderate level of assurance.

3.3 Primary Care Update

Belinda Robertson, Associate Director of Improvement Support joined the meeting for this item.

The Associate Director of Improvement provided an outline of the findings of the programme which has worked over the last two years to address the ongoing variation in the implementation of the 2018 General Medical Council contract.

The committee noted that there has been a lot of engagement with this programme and noted the clear need for better data in primary care.

In response to a question from the committee it was noted that the outcome of this report will not affect the expected new commission to evaluate GP Walk in Centres.

Decision: The committee noted the variation across the four demonstrator sites; the potential for the expansion of this work and the mission creep that was experienced. The committee accepted a moderate level of assurance.

3.4 Public Protection 6 Monthly Report

Maureen Scott, Public Protection and Child Health Lead joined the meeting for this item.

The Public Protection and Child Health Lead outlined the organisational performance against the obligations laid out in public protection legislation. The report noted that workforce mandatory training compliance has declined over the last few years and is currently 79% against a national standard of 90%. The committee discussed the falling compliance rate and noted that there are underlying issues that will be looked at cross organisationally and managed by the Staff Governance Committee.

The committee noted that the Public Protection and Child Health lead is moving on to a new position and thanked Maureen for her work in this area and ensuring that the organisation is compliant in its statutory duties related to public protection.

In response to a question from the committee regarding the gap in public protection lead cover it was noted that a Children and Young People portfolio has been created, led by the Director of Evidence & Digital, to give a cross-organisational approach to public protection.

Decision: The committee noted the report and accepted a limited level of assurance.

4. Risk Management

4.1 Risk Management

The Chief Risk and Finance Officer provided the report which provides a comprehensive overview of the strategic risks assigned to the Committee. The report notes that there are five strategic risks which are all within appetite.

The Committee noted that the Right Decision Service funding risk has now been closed after long term funding has been agreed.

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

5. CLOSING BUSINESS

5.1 Board Report: Three Key Points

The committee agreed the three key points as follows: Primary Care Report; Adverse Events and Responding to concerns; Strategic Safety Plan and Internal Intelligence Sharing as well as alerting the Board to any reports receiving limited assurance

5.2 AOB

There was no other business.

5.2 Review of Effectiveness of Meeting

The Committee noted that the meeting ran well and the split of items across the two meetings in March felt to be the right balance.

Given the amount of business that the Committee needs to discuss at the end of the financial year consideration should be given to an additional QPC meeting.

6. DATE OF NEXT MEETING

Next meeting will be held on 20 May 2026.

Approved by: Quality & Performance Committee

Date: 20 May 2026