

Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland at
9:30am Wednesday 4 March 2026, MS Teams

Attendance

Present

Abhishek Agarwal, Committee Chair
Suzanne Dawson, Non-Executive
John Lund, Non-Executive
Nikki Maran, Non-Executive
Evelyn McPhail, Interim HIS Chair
Duncan Service, Non-Executive

In Attendance

Meghan Bateson, Chair Clinical and Care Staff Forum
Caroline Champion, Planning and Performance Manager
Melissa Dowdeswell, Director of Nursing and Integrated Care
Laura Fulton, Chief Pharmacist
Gillian Gall, Chief People Officer
Ann Gow, Deputy Chief Executive
Gillian Hennon, Chief Finance and Risk Officer
Jane Illingworth, Head of Planning and Governance
Alexandra Jones, Public Partner
Clare Morrison, Director of Engagement and Change
Pauline Symaniak, Governance Manager
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence and Digital

Observers

Sharon Bleakley, Strategic Engagement Lead

Apologies

Eddie Docherty, Director of Quality Assurance & Regulation
Rhona Davies, Public Partner
Simon Watson, Medical Director and Director of Safety

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. The Chair welcomed the Chief Finance and Risk Officer to her first meeting.

1.2 Minutes of the Quality & Performance Committee meeting held on 5 November 2025

The minutes of the previous meeting were approved as an accurate record. The Committee noted that two actions from the Q2 Performance Report were not picked up in the action register.

Action: Action register to be updated to include these two actions.

Decision: The Committee approved the minutes.

1.3 Review of Action Register

The Committee noted the updates and accepted the items recommended for closure.

Risk number 1258 (National Inquiries) will be split between Quality and Performance Committee, which will pick up the learning and response elements and the Staff Governance Committee which will pick up the elements related to impact on staff and capacity.

1.4 Quality & Performance Committee Matters Arising

None.

2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

2.1 Review of our Evidence and Evaluation Services

The Director of Evidence & Digital provided background to review of our evidence functions. The scope of this work extends beyond the Evidence & Digital Directorate to include the Standards & Indicators team in the Quality Assurance Directorate, NCMAG in the Medicines and Safety Directorate and the Evidence for Engagement: Evaluation team in the Community Engagement and Transformational Change Directorate.

The Committee noted that there is an increasing demand for robust and reliable evidence to shape policy and service delivery and the ask from Scottish Government (SG) for us to work further upstream.

The review is following the Scottish Approach to Change and is currently in the discover phase which involves engaging with stakeholders, mapping the current landscape and benchmarking against similar organisations.

The Chief Executive noted that there is a space to be filled at national and sub-national levels which we are able to step into and gives us access to widen our influence.

At the May meeting the Committee will receive a further update which will outline a high-level operating model and make recommendations on next steps.

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

3. REPORTS FOR FOLLOW UP ASSURANCE

3.1 NHS Greater Glasgow and Clyde (NHS GGC) Emergency Departments Review Update

The Deputy Chief Executive gave an update on the progress against the 41 recommendations from the review which was published in April 2025.

Regarding two of the recommendations for HIS, it is anticipated that the new staffing tool will be published in 2028, and the whistleblowing guidance is expected to be published in March 2026.

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

- An update from Scottish Government on progress with its recommendations is expected in the coming days
- Working with the Scottish Public Services Ombudsman and negotiating clinicians' diaries to convene a review panel led to a delay in considering the updates
- The development of staffing tools takes a long time due to the complexity of data collection via observational studies and the analysis time. Ministerial approval is then required before we can publish new tools.

Decision: The committee noted that the assurance of this paper was only for the HIS recommendations and we cannot assign a level of assurance for recommendations being led by other organisations. The committee asked for this to be more explicit in the next paper and accepted a moderate level of assurance.

Action: Confirm the long-term role for HIS regarding review recommendations.

Action: A short update in matters arising to be provided at the May meeting with a full report provided at the August meeting.

4. ASSURANCE FRAMEWORK REPORTS

4.1 Review of Regulation – Closed Session

This was a closed session.

4.2 Q3 Performance report

The Chief Finance and Risk Officer provided the report which set out a maintained strong performance with 85% of programmes reporting as on track. The Committee noted that this was at odds with the increasing number of risks that refer to the lack of capacity to deliver our work programme.

In response to a question from the Committee about new medicines advice not meeting the target this year, the Director of Evidence & Digital assured the Committee that work is being done to resolve this. Over the last two years a review of methodology has been completed to ensure that the team is working efficiently. There are proposals to invest in a short-term increase in the capacity of the Scottish Medicines Consortium to address the backlog of submissions. In the longer term, the Evidence Review will also address how we use our resources more effectively.

It was advised that the creation of portfolios across the organisation will enable us to see an overall picture of how our work supports the system.

Decision: The Committee accepted a moderate level of assurance.

4.3 Annual Delivery Plan 2026-17

The Director of Engagement and Change outlined the different approach being taken to produce the annual delivery plan which will show how our work connects to provide support to the wider NHS system.

Eight portfolios are being established across the organisation to bring together our various functions and streamline reporting. Three of the portfolios are aligned to sub-national planning. The full annual delivery plan is on track to present to the Board in March 2026.

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

4.4 Additional Allocations Business Cases/Updates

4.4.1 Mental Health

Rachel King, Mental Health portfolio lead joined the meeting for this item.

The portfolio lead provided the business case that outlines how the 26/27 funding will be used. She advised that this work will build on the previous work to improve access to services at the right time with good outcomes. There is a need to think about multi year milestones and how we can demonstrate long term strategic change.

Action: Funding progression to be included in the next update to the Committee.

Decision: The Committee accepted a moderate level of assurance.

4.4.2 Drugs and Alcohol

Ruth Robin, Drugs and Alcohol portfolio lead joined the meeting for this item.

The portfolio lead provided the business case which was developed with SG and ties into their 10-year drugs and alcohol strategy. The move to portfolio working will bring closer links to ongoing work programmes in other directorates including evidence and independent healthcare.

Action: Review of finance to be provided to the March 2027 Committee meeting.

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

4.4.3 Primary Care

This item has been deferred to the May 2026 meeting.

4.4.4 Hospital at Home

This item has been delayed to the May 2026 meeting.

4.5 Quality Assurance and Regulation Annual Plan

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

The Associate Director provided the annual plan and highlighted the addition of the Standards and Indicators work following the recent move of the team to the Quality Assurance and Regulation Directorate from the Evidence & Digital directorate.

In response to a question from the Committee about the proposed further 10 inspections of maternity units, it was advised that we have committed to a staged approach, with an initial focus on 18 acute maternity services, including obstetric-led and consultant-led hospital maternity units in the first 2 years. It was also advised that the annual plan is a high-level report that is published to outline key deliverables for each programme and does not contain the detail underpinning each programme. Trends or developments in inspection programmes can be picked up in performance reports to the Committee.

The Committee would like to see clear links between the QARD programmes and wider HIS work. It was noted that there is reference in the introductory section to QARD programmes being part of the portfolio working approach reflected in the HIS Integrated Plan.

Action: Plan to be amended prior to submission to the Board to show proportions and trends of inspections, to reflect the connection to portfolio working and to include the rationale for changes in the approach to key performance indicators suggested in the regulation review.

Decision: The Committee accepted the plan with the need to reflect recommendations from the regulation review relating to key performance indicators and accepted a moderate level of assurance.

4.6 United Nations Convention on the Rights of the Child Report

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

The Director of Evidence & Digital introduced the report and noted that there will be a Children and Young People portfolio to bring together the various strands of this work across the organisation. We have a duty to publish a report every three years, and this is the first year that we will be publishing a child friendly report.

In response to a question from the Committee, it was advised that there will be a level of ministerial scrutiny of the report and we will be expected to answer any questions or provide clarification if needed.

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: The Evidence Review; the performance report highlighted the increasing number of risks related to capacity; the approval of reports and business cases to be presented to the Board.

5.2 AOB

There was no other business.

5.2 Review of Effectiveness of Meeting

The Committee noted that the meeting ran well and that sufficient time was available to cover all agenda items. The 9:30am start was welcomed to ensure that all items were given the required attention and consideration.

6.DATE OF NEXT MEETING

Next meeting will be held on 30 March 2026.

Approved by: Quality & Performance Committee

Date: 30 March 2026