Quality and Performance Committee Minutes – Approved

Meeting of the Quality and Performance Committee of Healthcare Improvement Scotland on Monday 17 August 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
Clare Morrison, Director of Engagement and Change
Eddie Docherty, Director of Quality Assurance and Regulation
Gillian Hennon, Chief Finance and Risk Officer
Jane Illingworth, Head of Planning and Governance
Meghan Bateson, Chair of Clinical Care Staff Forum
Melissa Dowdeswell, Director of Nursing and Integrated Care
Rhona Davies, Public Partner
Robbie Pearson, Chief Executive
Safia Qureshi, Director of Evidence and Digital
Simon Watson, Medical Director and Director of Safety

Apologies
Gillian Gall, Interim Chief People Officer

Meeting Support
Sara Cherry, PA to Director of Evidence and 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. No declarations of interest received or declared at the meeting.

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 20 May 2026 as a true and accurate record.

1.4 Quality and Performance Committee Action Register

The Chair noted all actions recommended for closure. The Committee agreed closure of actions 20 May – 1.4; 1.5; 4.3; 4.4; 4.5; 30 March – 2.2.1; 2.2.2.

The Committee noted that the Greater Glasgow and Clyde After Acton Review (GGC AAR) updates will now be reported to the Staff Governance Committee (SGC) as the remaining actions relate to workforce issues. Any outstanding actions from QPC have been transferred to SGC.

Action: Committee Chair to discuss route for future GGC AAR updates relating to quality of care being reported to the Committee with the Board Chair.

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 and welcomed the use of the matters arising paper to communicate short updates from a range of programmes.

The Committee noted that the Evidence Review will report to the SGC rather than QPC due to the workforce impacts arising during the develop and design phase.

In response to questions from the Committee the below actions will be progressed.

Action: The Director of Quality Assurance and Regulation to explore how opportunities for leveraging system wide intelligence, eg in relation to risk management and gaining a whole system perspective.

Action: The Director of Quality Assurance and Regulation to consider demonstrating the impact of the Death Certification Review Service over time in the 26/27 annual report rather than a one-year snapshot.

Action: The Committee Chair and Board Chair to consider the role of the Committee in relation to Evidence Review proposals that relate to quality impact and system performance.

2. STRATEGIC HORIZON SCANNING/EMERGING STRATEGIC DEVELOPMENTS

2.1 Leading Improvement by Internal Review

The Strategic Lead provided an update on the organisational approach to learning from the reviews taking place across the organisation.

The Committee welcomed the approach to bring together learning from across the organisation to strengthen the approach to future reviews and implementation of recommendations from current reviews.

In response to a question from the Committee about the use of the Scottish Approach to Change and the need for us to lead by example, it was agreed that the opportunity to explore using this work as a case study that could be published on the HIS website would be considered.

Action: The Director of Engagement and Change will explore using this Internal Review as a publishable case study for the Scottish Approach to Change.

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

Decision: The Committee accepted the limited level of assurance offered noting that once the planned actions have been complete the level of assurance will increase.

2.2 Reviewing the process for Standards – Prioritisation and Development

Fiona Wardell, Standards and Indicators Lead joined the meeting for this item.

The Standards and Indicators Lead presented the paper outlining the ongoing increase in the number and complexity of requests being received to develop new standards. The team has recently moved into the Quality Assurance and Regulation Directorate and no longer participate in the Evidence and Digital Directorate triage process. A new approach is proposed which will establish new governance arrangements to oversee and agree the work programme.

In response to a question from the Committee about how the future prioritisation process would apply to the current suite of standards, assurance was given that there are currently mechanisms in place to revise current standards.

In response to further questions from the Committee regarding the alignment of standards with Inspections and organisational portfolios it was noted that there is an ambition for standards to underpin inspection work.

The Committee noted the hidden workload that comes with prioritisation and the plans to pilot the new process from Q3.

Action: To ensure fuller understanding of the proposed governance arrangements the Standards team will be invited to present at an upcoming Board Seminar.

Decision: The Committee did not accept the significant level of assurance offered given the uncertainty regarding the current and future process. The Committee agreed to a moderate level of assurance.

3. REPORTS FOR FOLLOW UP ASSURANCE

3.1 Review of Regulation: Communications Plan

Lindsay Fielding, Strategic Lead – Corporate Improvement Team joined the meeting for this item

The One Team Strategic Lead presented the paper noting that specialist skills would be needed to deliver the communication outcomes from the review of regulation. The procurement process has been completed and a company has been appointed to take this work forward.

The Committee noted the approach and welcomed the use of external expertise to ensure that there is robust communication and stakeholder engagement.

In response to a question from the Committee regarding the deliverables and a measurement plan, assurance was given that this will be informed by early discussions with the external experts and will be developed in discussion with the HIS communications team.

In response to a further question from the committee regarding the financial implications, it was noted that there will be further discussion at the Audit and Risk Committee about the use of funds from the investment pipeline.

Action: The Strategic Lead – Corporate Improvement Team to bring a further update to come back to the next meeting which outlines funding implications and includes a progress update.

Decision: The Committee did not accept the significant level of assurance offered due to a communications plan not being in place and the outstanding questions regarding the funding of this work. The Committee agreed to a moderate level of assurance.

3.1 Strategic Safety Plan

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

The Associate Director of Improvement and Safety presented the paper noting that this is a large and complex piece of work which involves teams from across the organisation. The update focused on the development of business processes and embedding the public voice in quality and safety intelligence.

The Committee noted two high risks relating to this programme of work which concern the failure to respond effectively to concerns due to insufficient mechanisms and the failure to achieve the ambitions of the plan due to capacity constraints and cross directorate delivery challenges.

In response to a question from the committee regarding the tagging of current safety intelligence the committee was assured that this is currently taking place with support from the Data Measurement and Business Intelligence (DMBI) team in the Evidence and Digital Directorate. Work is ongoing to explore how the intelligence HIS currently has is used before starting to introduce additional digital systems to manage intelligence collection, interpretation and action.

The Committee noted that there this work will bring a technical, cultural and operational change in the organisation.

Action: The Associate Director of Improvement and Safety will bring a further update back to the next meeting with a clear plan and timelines.

Decision: The Committee accepted the moderate level of assurance offered in relation to embedding the public voice and Practical Improvement Support. The Committee accepted the limited level of assurance offered in relation to the other workstreams within this work programme.

3.3 Alcohol and Drugs Measurement Plan and Deliverables

Diana Hekerem, Associate Director of Transformational Change joined the meeting for this item

The Associate Director of Transformational Change presented the paper noting the aim of the deliverables of the Alcohol and Drugs portfolio to drive consistency, reduce variation and address equalities.

In relation to a question from the Committee regarding baseline measurements, it was noted that this is an issue at national level and one of the benefits of this work is that it will create baseline date for NHS Scotland.

The Committee noted that this is a five-year programme and long-term outcomes will be modelled as due to the rapidly changing external context it is difficult to commit to reporting on longer term outcomes.

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

4. ASSURANCE FRAMEWORK REPORTS

4.1 Q4 2025/26 Performance Report

The Chief Finance and Risk Officer presented the report highlighting that 89% of work programmes are on track to deliver however, only 69% of KPIs have been met.

The Committee welcomed the appointment of a new Risk Manager and Head of Performance and Delivery and noted that there will be a review of risk management and performance reporting across the organisation.

The Committee noted that the organisational sickness rate continues to rise and were given assurance that the Performance and Delivery Board and the Staff Governance Committee have this on their agendas.

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

4.2 Clinical and Care Governance Update

Mhairi Hastings, Associate Director of Nursing and Midwifery joined the meeting for this item

The Associate Director of Nursing and Midwifery presented the paper noting that there is increased visibility of emerging clinical and care governance risks across the organisation.

The Committee noted that a training module for all HIS staff to improve understanding regarding what clinical and care governance means for HIS is in development.

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

4.3 Clinical and Care Governance Standards

Mhairi Hastings, Associate Director of Nursing and Midwifery spoke to this item

The Associate Director of Nursing and Midwifery presented the paper noting that the use of the self-assessment tool will be piloted in Q3.

The Committee asked to see data regarding how frequently the self-assessment tool is accessed and how often the self-assessment is repeated in territorial boards.

Action: Associate Director of Nursing and Midwifery to bring a report to the next meeting detailing the usage of the self-assessment tool across NHS Scotland.

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

4.4 Annual Report: Health and Care Staffing

Associate Director of Healthcare Staffing joined the meeting for this item.

The Associate Director of Healthcare Staffing presented the report for approval, which details HIS compliance with the statutory responsibilities to monitoring NHS board staffing duties, review and development of staffing methodologies and tools.

The Committee noted the evidenced progress to embed the requirements of legislation in relation to risk escalation processes, real time staffing assessment and the use of clinical advice in staffing decisions. The Committee asked if links to inspection reports and any associated improvements in safety could be included in future reports. There continue to be workforce sustainability, recruitment, training and development challenges across all NHS Boards.

Decision: The Committee approved the publication of the report and the submission to Scottish Government.

Decision: The Committee accepted the significant level of assurance offered.

4.5 Hospital at Home Update

The Director of Nursing and Integrated Care presented the paper noting that there has been a move away from keeping people out of hospital to offering broader services. There has also been a shift to reporting patient contacts rather than beds.

In response to a question from the Committee regarding the potential reputational risk to HIS by moving away from reporting number of beds, assurance was given that this is a welcome change accepting that there is a risk of public confusion given the language change.

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

5. Risk Management

5.1 Risk Management

The Chief Finance and Risk Officer presented the report noting that there is one addition to the Committee risk register since the last quarter.

The Committee noted that the risk scores have remained unchanged since the last quarter and all risks are within appetite. The Chair expressed concern that all risks were green, given the capacity challenges and other issues discussed throughout the meeting.

Decision: The Committee did not accept the significant level of assurance offered due to the concerns raised. The Committee agreed to a moderate level of assurance.

6. CLOSING BUSINESS

6.1 Board Report: Three Key Points

The Committee agreed the three key points as follows: Internal Review process; Standards Prioritisation and recommendation for a Board seminar and the Clinical and Care Governance update including the standards self-assessment.

6.2 AOB

Responsive Support: NHS Grampian

The Medical Director gave an update on the responsive support work which is currently taking place in NHS Grampian. The Board will be updated at a future meeting.

6.3 Review of Effectiveness of Meeting

The Committee felt that this was a good meeting with well-presented papers. However, the Committee noted some confusion regarding the purpose of item 2.2 being presented at this time and the level of uncertainty around the ask of the Committee.

6.DATE OF NEXT MEETING

Next meeting will be held on Monday 26 October 2026, MS Teams.

Approved by: Abhi Agarwal

Date: 26/10/26