

Scottish health Council

Thu 13 November 2025, 10:00 - 12:30

Via MS Teams

Agenda

10:00 - 10:20 1. Opening Business

20 min

1.1. Welcome and apologies

10.00-10.05 Chair

1.2. Declaration of interests

10.05-10.10 Chair

Paper

- 📄 2025-11-13- SHC - item 1.2 - Register of Interests.pdf (2 pages)
- 📄 2025-11-13- SHC - item 1.2 - Appendix 1- Register of Interests 25-26.pdf (7 pages)

1.3. Draft Minutes of previous SHC meeting (04/09/2025)

10.10-10.15 Chair

Paper

- 📄 2025-09-04- SHC- item 1.3 - Draft minutes v0.2.pdf (7 pages)

1.4. Review of Action Point Register

10.15-10.20 Chair

Paper

- 📄 2025-11-13- SHC - item 1.4 - Action Register.pdf (3 pages)

10:20 - 11:20 2. HIS Strategic Business

60 min

2.1. Statutory duties of Engagement

10.20-10.35 Director Clare Morrison/Head of Engagement Practice-Assurance Derek Blues

Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement

Paper

- 📄 2025-11-13 - SHC- item 2.1 - Statutory duties of engagement - updated.pdf (6 pages)

2.2. Governance for Engagement

10.35-10.50 Director Clare Morrison/Associate Director Tony McGowan

Ensuring HIS meets its public involvement duties

Annual Review overview/public involvement

Paper

- 📄 2025-11-13 - SHC - item 2.2 - Governance for Engagement - v01.pdf (3 pages)

2.3. Equalities, Diversity & Inclusion

Ensuring HIS meets its equalities duties

Paper

- 📄 2025-11-13 - SHC - item 2.3 - EIHR update - v01.pdf (3 pages)
- 📄 2025-11-13 - SHC - item 2.3 - Appendix 1 - HIS progress update anti-racism plan.pdf (3 pages)
- 📄 2025-11-13 - SHC - item 2.3 - Appendix 2 - Accessible engagement staff guide.pdf (26 pages)
- 📄 2025-11-13 - SHC - item 2.3 - Appendix 3 - Easy Read staff resource.pdf (15 pages)
- 📄 2025-11-13 - SHC - item 2.3 - Appendix 4 - EIHR Inclusion Bulletin October 25.pdf (5 pages)

2.3.1.

2.4. Role of Public Partners

11.00-11.10 *Director Clare Morrison/Associate Director Tony McGowan*

Strategic co-ordination of Public Partners across HIS

- 📄 2025-11-13 - SHC - item 2.4 - Role of Public Partners - v01.pdf (3 pages)
- 📄 2025-11-13 - SHC - item 2.4 - Appendix - PP NCMAG role spec v1 Appendix 1.pdf (3 pages)

2.4.1.

11.10-11.20 *Break*

11:20 - 11:50 3. Community Engagement Business

30 min

3.1. Assurance Programme

11.20-11.40 *Head of Engagement Practice-Assurance Derek Blues*

Service change activity

Paper

- 📄 2025-11-13 - SHC- item 3.1 - Assurance programme update - v01.pdf (3 pages)

3.2. Operational Plan Progress Report:

11.40-11.50 *Operations Manager Richard Kennedy-McCrea*

Q2

Paper

- 📄 2025-11-13 - SHC - item 3.2 - 2025-26 Q2 update - v01.pdf (2 pages)
- 📄 2025-11-13 - SHC - item 3.2 - Appendix - 2025-26 Q2 update.pdf (5 pages)

11:50 - 12:15 4. SHC Governance

25 min

4.1. Risk Register

11.50-12.00 *Director Clare Morrison*

Paper

- 📄 2025-11-13 - SHC - item 4.1 - Risk.pdf (4 pages)
- 📄 2025-11-13 SHC - item 4.1 - risk -appendix 1.pdf (1 pages)

4.2. Key Performance Indicators

12.00-12.10 *Director Clare Morrison*

Paper

- 📄 2025-11-13 - SHC - item 4.2 - Key Performance Indicators - v01.pdf (2 pages)

- 📄 2025-11-13 - SHC - item 4.2 - Appendix 1 - corporate - v01.pdf (3 pages)
- 📄 2025-11-13 - SHC - item 4.2 - Appendix 2 - EQIAs.pdf (2 pages)

4.3. Business Planning Schedule

12.10-12.15 *Chair*
Paper

📄 2025-11-13 - SHC - item 4.3 - Business Planning Schedule 2025-26 V1.1.pdf (1 pages)

12:15 - 12:20 5. Reserved Business

5 min

12.15-12.20 *Head of Engagement Practice-Assurance Derek Blues*
Paper

📄 20251023 Service Change Sub-Committee Meeting 2025-10-23 DRAFT v0.2 IMC.pdf (5 pages)

12:20 - 12:25 6. Additional items of Governance

5 min

6.1. Key Points for HIS Board

12.20-12.25 *Chair*

12:25 - 12:30 7. Any Other Business

5 min

12:30 - 12:30 8. Close/Date of Next Meeting

0 min

The next SHC meeting will be held on 12 February 2026 10.00-12.30 via MS Teams

Register of Interests

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 1.2

Responsible Executive: Clare Morrison/ Director of Engagement and Change

Report Author: Susan Ferguson/Committee Secretary

Purpose of paper: Decision

1. Purpose

A Register of Interests is maintained for Board Members and senior staff members within Healthcare Improvement Scotland (HIS) and is published on the website once it has been considered at each Board meeting. As a matter of best practice and to ensure transparency, it has been agreed to produce a Register of Interests for the Members and Executive Director of the Scottish Health Council.

2. Executive Summary

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests are made and any changes to their entry are notified within one month of them occurring. This Register must also show all interests declared by Non-Executive Directors during the period of their appointment. The Register of Interests for Scottish Health Council Members at appendix 1 now aligns to this approach.

Since the Register was last presented, the following changes have been declared or are required:

- Michelle Rogers declared she is a Panel Member for Redress Scotland with a start date of 4 August 2025. This is an independent body which makes decisions about applications to Scotland's Redress Scheme. The category of the interest is remuneration.
- Jamie Mallan declared a change to end date for Freelance consultant to Reidvale Housing Association. This change was from July 2025 to Present. The category of the interest is remuneration.
- Dave Bertin declared he is a Trustee Director of Kilmadock Development Trust. This is a not for profit community company. The category of the interest is other roles.

3. Recommendation

The Council is asked to approve the Register of Interests for publication on the Community Engagement website. It is recommended that the Council accept the following Level of Assurance given that the Register has been compiled from member declarations and from the main register for Non-Executive Members.

It is recommended that the Board/Committee accept the following Level of Assurance:

Significant: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

4. Appendices and links to additional information

Appendix 1 - Item 1.2 Scottish Health Council Register of Interests

Healthcare Improvement Scotland (HIS) - Register of Interests September 2025

The [HIS Code of Conduct](#) mirrors the Standards Commission Model of Conduct for Members of Devolved Bodies and sets out which interests held by Non-executive Directors of HIS should be registered. As a matter of best practice and to ensure public transparency, the stakeholder members of the Scottish Health Council are also asked to declare their interests in line with this Code. The register below shows all interests declared by stakeholder members of the Scottish Health Council during the period of their appointment with the dates that the interest was in place. This register is updated quarterly on the HIS Engage website but a more up to date register is held on file and is available on request.

In accordance with the Ethical Standards in Public Life etc (Scotland) Act 2000 (Register of Interests) Regulations 2003, Board Members of devolved public bodies are required to give notice of their interests under the following headings:

REGISTERABLE INTEREST	DESCRIPTION OF INTEREST
1 - Remuneration	<p>A description of –</p> <p>(a) Remuneration received by virtue of being –</p> <p>(i) employed or self-employed;</p> <p>(ii) the holder of an office;</p> <p>(iii) a director of an undertaking;</p> <p>(iv) a partner in a firm;</p> <p>(v) appointed or nominated by my public body to another body; or</p> <p>(vi) engaged in a trade, profession or vocation or any other work.</p> <p>(b) Any allowances received in relation to membership of any organisation;</p> <p>(c) The full name and details of the nature of the business, organisation, undertaking, partnership or other body;</p> <p>(d) The nature and regularity of the work that is renumerated; and</p> <p>(e) The name of the directorship and the application of the applicable business</p>
2 - Other Roles	A description of a directorship that is not itself remunerated, but is of a company or undertaking which is a parent or subsidiary of a company or undertaking which pays remuneration.

3 - Contracts	A description of the nature and duration, but not the price of, of a contact which is not fully implemented where – (a) goods and services are to be provided to, or works are to be executed for, the devolved public body; and (b) any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.
4 - Election Expenses	A description of, and statement of, any assistance towards election expenses relating to election to the devolved public body.
5 - Houses, Land and Buildings	A description of any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body.
6 - Shares and Securities	A description of, but not the value, shares and securities in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body and: (a) owing or having an interest in more than 1% of the issued share capital of the company or other body; or (b) the market value of any shares and securities is greater than £25,000.
7 - Gifts and Hospitality	A description of any gifts and hospitality received.
8 - Non-Financial Interests	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body, including without prejudice to that generality membership of or office in – (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations
9 - Close Family Members	A description of any close family member who has transactions with the devolved public body or is likely to have transactions or do business with it.

1. MEMBERS OF THE SCOTTISH HEALTH COUNCIL

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST IN PLACE
Gina Alexander			
1 - Remuneration	Employment	I am a self-employed facilitator	
2 - Other Roles	Board Member	Stirling Carers Centre	December 2022 to Present
	Mentor	MCR Pathways	January 2021 to present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Emma Cooper			
1 - Remuneration	Employment at Scottish Land Commission	Scottish Land Commission Non-departmental public body Role: Head of Land Rights & Responsibilities	May 2020 to present
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Convener at Friends at the End	Friends at the End Registered SCIO Supports & promotes end-of-life choice, including assisted dying- Non remunerated	December 2020 - present
9 - Close Family Members	Nil		
Dave Bertin			

1 - Remuneration	Nil		
2 - Other Roles	Trustee	Director of Kilmadock Development Trust. A not-for-profit community company	August 2020- Present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
Jamie Mallan			
1 - Remuneration	Employed	Water Row Company (subsidiary of Govan Housing Association)	January 2024 – Present
	Self Employed	Freelance consultant to Reidvale Housing Association	January 2025- Present
2 - Other Roles	Chairperson/ Trustee	Renfrewshire Community Transport	December 2023-Present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Nicola McCardle			
1 - Remuneration	Employed	Senior Improvement Adviser, Care Inspectorate	21.09.2021- present
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		

2. NON-EXECUTIVE BOARD MEMBERS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2025/26
Suzanne Dawson			
1 - Remuneration	Nil		
2 - Other Roles	Member of Law Society of Scotland Admissions Sub-Committee	Regulation of Scottish legal trainees	1/3/19 – present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Director and Charity Trustee, Eastgate Theatre & Arts Centre	Community cultural venue	1/3/19 to 11/09/2023
	Charity Trustee, Borders Further Education Trust	Grant decisions made for further education projects in the Scottish Borders	1/3/19 to 28/09/2023
	Fellow of Chartered Institute of Marketing	Professional membership organisation	1/3/19 to 28/09/2023
9 - Close Family Members	Brother employed by NHS Borders	Administrative post	1/3/19 to 28/09/2023
Nicola Hanssen			
1 - Remuneration	Director of Hensikt Consulting		1/8/21 to present
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		

8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Michelle Rogers			
1 - Remuneration	Contractor - Clackmannanshire Council, local authority Community	Community Justice Coordinator	1/9/22 to 4/8/24
	Employee - Clackmannanshire Council, local authority	Community Justice Coordinator	5/8/24 to present
	Panel Member for Redress Scotland.	This is an independent body which makes decisions about applications to Scotland's Redress Scheme.	04/08/2025 to present
2 - Other Roles			
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		

3. EXECUTIVE DIRECTORS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2025/26
Clare Morrison			
1 - Remuneration	Director of Engagement & Change - Healthcare Improvement Scotland		
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		

Item 1.2
Appendix 1

6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Hospitality (One night's accommodation) Hospitality (One night's accommodation and train travel)	Accepted for attending National Improvement Leaders Workshop Accepted for attending Improvement in Health and Care Conference	04/03/2025 24/03/2025
8 - Non-Financial Interests	Fellow of the Royal Pharmaceutical Society	RPS fellowship awarded in 2017 for distinction in pharmacy, member of the RPS since 1998.	1998 to present
	Registered Pharmacist with the General Pharmaceutical Council	Registered Pharmacist since 1998 with independent and supplementary prescribing annotations.	1998 to present
	Member of Unite	Trade union and professional indemnity	2009 to present
	Honorary Doctorate, University of the Highlands and Islands	Awarded in 2022 for improving access to care across the Highlands and Islands and nationally.	2022 to present
9 - Close Family Members	Husband was previously employed by the Scottish Ambulance Service (now retired)		2006 to 2025

Committee Minutes – Draft 0.1

Meeting of the Scottish Health Council Committee

10.00am-12.30pm 4 September 2025; MS Teams

Attendance

Present

Suzanne Dawson, HIS Non-Executive Director, Chair (SD)
Gina Alexander, Member (GA)
Dave Bertin, Member (DB)
Emma Cooper, Member (EC)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)
Jamie Mallan, Member (JM)
Nicola McCardle, Member (NMCC)
Michelle Rogers, HIS Non-Executive Director (MR)

In Attendance

Clare Morrison, Director of Engagement & Change, Lead Director (CM)
Derek Blues, Head of Engagement Practice - Assurance (DBL)
Richard Kennedy McCrea, Operations Manager (RKM)
Diane Graham, Head of Engagement Practice-Improvement (DG)
Christine Johnstone, Head of Engagement Practice (CJ)
Tony McGowan, Associate Director Community Engagement (TMG)
Evelyn McPhail Chair of Healthcare Improvement Scotland (EMcP)
Robbie Pearson, Chief Executive (RP)
Duncan Service, Employee Director (DS)
Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
John Lund, HIS Non-Executive Director (Observer)

Apologies

Sharon Bleakley, Strategic Engagement Lead (SB)
Lisa McCartney, Strategic Engagement Lead (LMC)

Meeting Support

Susan Ferguson, Committee Support

1. Opening Business

1.1 Welcome and apologies

The Chair (SD) welcomed everyone to the meeting and extended a warm welcome to Evelyn McPhail, Chair of Healthcare Improvement Scotland (HIS), who was attending her first Scottish Health Council (SHC) meeting.

Apologies were noted as above.

1.2 Declaration of Interests

SD invited the Scottish Health Council (SHC) to note the Register of Interests and declare any conflicts.

No conflicts were declared.

Two members provided updates to be added to the Register.

Decision: SHC noted the Declaration of interests.

Action: Updates noted from MR and JM to be added to the Register of Interests (SF)

1.3 Minutes of previous meeting

The SHC considered the draft minutes from the previous meeting held on 15 May 2025 and accepted them as an accurate record, however sought assurance that clarity on the use of “care” and “social care” had been raised as an action.

SD provided the SHC with an update and confirmed this action had been raised and completed.

Decision: The SHC approved the minutes from the 15 May 2025 meeting.

Action: None

1.4 Review of Action Register

The SHC reviewed the Action Register, noting that most actions were recommended for closure. An update was provided on Action 2.4 (Role of Public Partners), confirming that the Volunteering Policy & Procedures will be revised to cross-reference the Lone Working Policy.

RTG noted that the Lone Working Policy requires a refresh, pending further guidance.

Decision: The SHC noted the Action Register and agreed with the recommended actions for closure.

Action: Close agreed actions from register - SF

2. HIS Strategic Business

2.1 Statutory duties of Engagement

CM provided an update on current issues relating to statutory duties on engagement. She highlighted two key challenges: the pace of change across the NHS and public sector in Scotland, and the increasing shift towards regional and national service planning. CM also noted that the previously agreed nationally determined service change guidance placed HIS in a strong position.

Further updates included a focus on quality and safety in service change. The relevant paper had been considered by the Quality and Performance Committee (QPC), and the SHC agreed to the development of a signposting document to provide guidance, outline quality and safety considerations, and clarify roles and responsibilities.

Also highlighted were the two nationally determined service changes, vascular services and gender identity services for children and young people with thanks being expressed to Derek Blues (DBI) and his team for their engagement support to the respective service leads.

The paper also outlined key service changes currently being progressed by the team.

The SHC thanked CM for the update and acknowledged the rapidly evolving environment.

In response to points raised by the SHC the following assurance was provided;

1. CM confirmed that the HIS Medical Director had established contact with the new Patient Safety Commissioner, ensuring linkage.
2. In reference to Paper 2.2, CM clarified that the previous risk numbering system is no longer in use but will investigate whether a new system is in place.
3. Regarding the Greater Glasgow and Clyde (GG&C) Mental Health review, DBI advised that no update had been received, and it is unlikely the three-month consultation will be completed before the pre-election period begins.

Following discussion on the delayed update on the mental health service changes within NHS Greater Glasgow and Clyde, the SHC agreed to include this item on the October agenda of the Service Change Sub-Committee.

The SHC also endorsed a proposal to collaboratively develop best practice guidance on joint engagement between the NHS and local authorities, in partnership with COSLA.

Decision: The SHC accepted a Limited level of assurance

Action: Additional agenda item to be added to the Service Change Sub-Committee on the mental health service change in NHS GGC - DBI

2.2 Governance for Engagement (GfE)

TMG provided the SHC with an update on Cycle 3 of the GfE process which included the following; All review dates for 2025/26 had now been confirmed which should allow all directorates clarity and time to prepare. He advised that the development of a proportionate version of the Quality Framework tool for corporate teams would be ready in October/November 2025.

TMG also highlighted that the new Chief Pharmacist is leading a review of Clinical & Care Governance (CCG), including consideration of how quarterly CCG updates might inform GfE monitoring, with the aim of reducing duplication across committees.

TMG concluded that the GfE process is operating effectively, with directors and teams engaging positively with the sub-committee, and the structure of improvement plan monitoring is bedding in well.

The SHC thanked TMG for the continued support to the GfE sub-committee members and colleagues in preparation for their meetings.

Decision: The SHC noted the update with no further comments and accepted Moderate level of assurance.

Action: None

2.3 Equalities, Diversity & Inclusion

RTG provided an update to the SHC on the ongoing work to ensure HIS meets its equalities and human rights duties.

Key highlights included; the consistent performance and focus on improving quality assurance on Equality Impact Assessments (EQIAs), the progress being made with the Anti Racism plan and the new training being piloted with People Experience Volunteers.

The SHC thanked RTG for providing the update.

Following discussion and points raised by the SHC, RTG provided the following assurances:

1. Inclusion bulletin: Advised that this is only available via the Source and staff networks; but can be shared with Council Members if requested.
2. EQIA quality assurance: RTG aims to take a more proactive approach, offering support to teams to improve the quality of EQIA completion.
3. Anti-Racism Plan: Advised that an internal delivery group is progressing the plan, with a current focus on leadership and noted that further work is needed on community engagement and building understanding of racism across the group.
4. Volunteer Remuneration: Noted consistent approach is being developed across HIS to ensure equitable engagement with people with lived experience.

The SHC discussed increasing local tensions with incidents of NHS staff across Scotland being exposed to racism. Given the increasingly challenging external environment, SHC members were keen for HIS to consider more externally focused work to promote an anti-racist message including support for NHS staff and volunteers.

It was agreed this is an area of equalities work that stretches across both SHC and the Staff Governance Committee so would need to be taken forward jointly.

Decision: The SHC accepted Moderate level of assurance

Action: Continued work on anti-racism to be taken forward jointly by SHC and the Staff Governance Committee-RTG, SD, DS.

3. Community Engagement Business

3.1 Engagement Practice – Improvement Programme

DG provided the SHC with an update on the Improvement Programme's three strategic priorities.

- Transforming volunteering in NHS Scotland, she highlighted that the team have been working to implement the new Volunteer Management System (VMS) which will improve volunteering experiences and data quality across Scotland.
- The second priority noted was building engagement capability for people-led change and highlighted that the launch of the Engagement Practice Improvement Learning System (EPILS) is set for 5 November 2025, advising that this work has been completed with strong engagement with HIS Quality Management System (QMS) and the Scottish Approach to Change.
- Finally, the third priority covered responsive support being developed to provide tailored advice and support to HIS and the wider system. DG noted that the paper also covers a broad range of activities mentioned within the scope of this priority and is confident they are on track to deliver the plans set out.

SD thanked DG for presenting the paper and highlighted that the strategic context was clearly driving all developments.

In response to the points raised the following assurance was provided;

1. Confirmed that in the Volunteering programme there are benchmarks and targets, and noted for the VMS, there is a benchmark for people and experience with a baseline to work with.
2. On having a role in expanding volunteers, advised they have an influence on thinking differently about volunteering, particularly around the involvement of young people.
3. Confident the EPILS launch is attracting the correct people including senior leaders.
4. On responsive support and understanding our boundaries, noted that this is currently being developed internally and working in cycles. Advised it was about identifying who has the right skills to respond most effectively.

Decision: The SHC accepted Moderate level of assurance

Action: DG to produce a written update on the VMS to be circulated to the SHC members

3.2 Operational Plan Progress Report

RKM provided an update, for awareness, on some of the impact of work that has taken place in earlier quarters.

He highlighted the mix of formal and informal workshops that had taken place and felt encouraged to see that people completing these provide feedback on how attending sessions has benefited supporting some change in practices.

Raising awareness of the work of the organisation to the public through media, he highlighted the work on the Citizens Panel with topics relating to current health and care national policy.

Noted the positive feedback received for the service change team on the quality of the support and assurance they have provided.

The SHC thanked RKM for the update.

In response to the points raised, RKM provided the following assurance;

1. Qualitive feedback for CEIM potentially leading people to misunderstand the programme: RKM noted he would work with colleagues on this to ensure clarity on what the CEIM programme involves.
2. On the bluntness of numbers causing mismatch in figures: provided some rationale for this, advising the approach to KPIs has some set at corporate level and some at committee level. It was noted that for assurance of consistency in the numbers being reported to the SHC, further work with colleagues will be planned in.

CM noted that two Citizens' Panels have been quoted in Scottish Government policy documents, which is significant and positive. She congratulated Christine (CJ) and her team on this work.

Decision: The SHC accepted a Moderate level of assurance

Action: None

4. SHC Governance

4.1 Risk Register

CM provided the SHC with an update which focussed on the mitigation activity of the risks.

She advised that the updated guidance on major service change is planned for publication this month.

It was noted that the completion of the organisational change process to resolve the long-term Strategic Engagement Lead (SEL) vacancy will be completed during September 2025 and that they are actively monitoring the first two nationally determined service changes.

It was noted that the second risk (service change - quality and safety) had already been covered in item 2.1.

Decision: The SHC noted the Risk Register and accepted a Moderate level of assurance.

Action: None

4.2 Key Performance Indicators

CM provided an update highlighting that all governance committees are assigned two KPIs to monitor and noted that the proposal for SHC for the next year is; governance for engagement and EQIAs

The SHC were asked to consider and agree the wording of the two KPIs as set out in the paper. She highlighted that at present these simply track numbers and there is recognition that there is a need for more qualitative measures and noted this will be developed for 2026/27.

The SHC discussed the wording for the KPIs, noting their keenness to see a more qualitative approach going forward. Proposals to be considered at the next SHC meeting in February 2026.

Decision: The SHC accepted the Moderate level of assurance

Action: None

4.3 Business Planning Schedule 2025/26

SD highlighted the Business Planning Schedule for 2025/26 and asked the SHC to note the contents.

Decision: The SHC noted the content of the 2025/26 SHC Business Planning Schedule.

Action: None

5. Reserved Business

5.1 Service Change Sub-Committee Draft Minutes of Meeting

The draft minutes from the Service Change sub-committee meeting held on 14 August 2025 were shared with the SHC for information.

Decision: The SHC noted the draft minutes from the service change sub-committee meeting held on 14 August 2025

Action: None

6. Reserved Business

6.1 Key Points for HIS Board

The following key points were agreed for reporting to the HIS Board meeting;

- 1.Statutory duties of engagement
- 2.Anti-racism

3. Positive performance

7. Any Other Business

CM provided the SHC with the following AOB.

The Audit & Risk Committee has asked for the Best Value report to be widened to all governance committees to identify work that would be considered to be Best Value particularly around influence and impact. If all committees are happy with the proposal, then more work will be done.

SD noted that there was a paper prepared that outlines this detail however notification for this came out after SHC papers being published.

SD asked if the SHC were comfortable with this proposal.

The SHC agreed with the proposal.

8. Date of Next Meeting

Next meeting will be held on

13 November 2025

10.00-12.30 Via Teams

Approved by: name, title

Date: date

Draft

Scottish Health Council Meeting Action Register

Minute ref	Report Heading	Action point	Timeline	Lead officer	Current Status
SHC Meeting 04/09/2025 2.1	Statutory duties of Engagement	Additional agenda item to be added to the Service Change Sub-Committee on the mental health service change in NHS GGC	October 2025	DBI	Ongoing - Item discussed at the 23 October Service Change sub-committee meeting. Progress is very slow with no consultation planned at this point prior to Scottish elections. Progress will continue to be reported to the sub-committee (next meeting January 2026).
SHC Meeting 04/09/2025 2.3	Equalities, Diversity & Inclusion	Continued work on anti-racism to be taken forward jointly by SHC and the Staff Governance Committee	February 2026	RTG, SD, DS	Ongoing - An update on progress with the HIS anti-racism plan is included in paper 2.3.
SHC Meeting 04/09/2025 3.1	Engagement Practice Improvement Programme	DG to produce a written update on the VMS to be circulated to the SHC members	Nov 2026	DG	Ongoing- request to extend timeline due to unplanned leave.

SHC Meeting 15/05/2025 2.4	Role of Public Partners	RTG to check policy on the PP's lone working	September 2025	RTG	Ongoing Additional wording has been agreed for inclusion in the Volunteering Policy and procedures. The HIS Lone Working policy however needs to be refreshed, and we are awaiting further information about this from People and Workplace before finalising the update.
SHC meeting 15/05/2025 1.4	Review of Action Point Register	SF to send the final version of the 2024/25 SHC Annual report to all SHC members.	June 2025	SF	Closure agreed A copy of the final version of the 2024/25 SHC Annual report has been sent to all SHC members.
SHC Meeting 15/05/2025 2.1	Engagement on Service Change	CM to update the HIS strategic risk register to reflect discussion on quality and safety standards.	Immediate	CM	Closure agreed Entered on risk register on 22/05/2025
SHC Meeting 15/05/2025 3.1	Engagement Practice -Evidence Programme	CJ to respond to GA's points on Primary Care as Gathering Views topic and bespoke research, also views about ownership of individual health records being linked with digital exclusion/inclusion.	September 2025	CJ	Closure agreed Included in the Unit's suggested topics for Gathering Views and liaised with GA.
SHC Meeting 15/05/2025 3.1	Engagement Practice -Evidence Programme	CJ to share details of the Citizens' Panel Operational Management/Costs to SHC.	September 2025	CJ	Closure agreed Comparisons of costs of external and internal arrangements for Citizen's Panel shared.
SHC Meeting 15/05/2025 4.1	Risk Register	CM to email GA the SEL vacancy update provided at the SHC meeting.	September 2025	CM	Closure agreed Completed in August 2025.

SHC Meeting 15/05/2025 4.1	Risk Register	SD and CM to include Risk and KPIs agenda slots at next 1:1 meeting.	September 2025	SD and CM	Closure agreed Discussed moving further up the agenda but agreed the earlier items are needed to inform the discussion on risk/KPIs. Additional time allocated.
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Statutory Duties of Engagement

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 2.1

Responsible Executive Clare Morrison, Director of Engagement and Change

Report Author: Derek Blues (Head of Engagement Practice – Assurance), Tony McGowan (Associate Director of Community Engagement), and Clare Morrison, Director of Engagement and Change

Purpose of paper: Discussion

1. Purpose

To provide the Scottish Health Council with an update on key strategic issues relating to the statutory duties of engagement.

2. Executive Summary

The Community Engagement & Transformational Change Directorate discharges Healthcare Improvement Scotland's statutory duties in relation to supporting, ensuring and monitoring of engagement.

NHS renewal and increasing numbers of service change being determined nationally, combined with financial and workforce pressures, are resulting in a rapidly changing environment for how HIS discharges this duty. In addition, there is a risk that NHS boards and Integration Joint Boards (IJBs) may make service changes quickly without undertaking engagement in line with the [Planning With People](#) (2024) guidance, or make determinations to delay decision-making where possible until after the May 2026 Scottish Parliamentary elections.

2.1 Single Authority Models

Scottish Government has asked three locations (Argyll & Bute, Orkney and the Western Isles) to develop plans to implement a Single Authority Model. It was reported to the Scottish Health Council at its September 2025 meeting that HIS recommended to Scottish Government that we work collaboratively with COSLA to develop best practice guidance on joint engagement by the NHS and a local authority to support the development of Single Authority Models.

Following this, HIS met with COSLA representatives. It was agreed to develop the best practical guidance, noting that the practical aspects of how to engage are likely to be the same but there is a significant gap around the principles and governance for joint engagement. A small group to work on this has been formed between HIS and COSLA, and HIS has drafted an outline of key points it would like to see included in the guidance. This is work in progress, with meetings

planned for late October and early November, so a verbal update will be provided to the SHC meeting.

Background information previously reported to SHC in September 2025 is:

Scottish Government has asked three locations to develop plans to implement a Single Authority Model. Although this is a national policy driver, there will be no structure defined nationally as it is for local systems to define and therefore this does not fit within the “nationally determined service change” guidance.

In terms of engagement, HIS has met with Scottish Government to state the importance of engagement in the development of Single Authority Models, and that this should meet the guidance set out in *Planning with People*. We have recommended two clear phases of engagement:

- Between now and December 2025, the three sites must engage to understand the community needs to inform the governance and administrative structure of a single authority model.
- From January 2026, the three sites would need to engage on any service changes that may arise from the new model – which could range from none to many, this will not be clear until after December.

In addition, best practice guidance is needed on joint engagement by the NHS and local authorities.

2.2 Nationally determined service changes

Guidance to provide greater clarity about national and local engagement responsibilities for nationally determined service changes was published on 31 October 2024 [here](#).

Vascular Services

The first of the nationally determined services changes to progress has been for vascular care. It was reported to the Scottish Health Council at its September 2025 meeting that a proposal to implement a new Target Operating Model (TOM) for vascular services was approved by NHS Board Chief Executives on 9 July 2025. Following this, a Service Oversight Group was to be established which would lead on the engagement activities and was expected to include representation from HIS.

There has been no further progress to date with this group, including no progress on developing a communications and engagement plan (as reported to the SHC service change sub-committee on 23 October 2025). This has been informally raised with Scottish Government to find out if the vascular work has been paused. HIS is monitoring this situation closely in anticipation of needing to formally escalate our concerns.

Children and Young People Gender Identity Services

Work on this nationally determined service change commenced in May 2025 when HIS were approached by NHS National Services Scotland (NSS) to provide advice on the development of an engagement plan to support the first stage of a new TOM for Children and Young People Gender Identity Services. A summary of work to date was provided to the September 2025 SHC meeting.

Following the completion of a national survey in August 2025 (reported at the last SHC meeting), HIS subsequently met with NSS and provided advice about the next stages of engagement (focus groups) and made the following recommendations:

- Use the initial impact assessments to inform discussion on how to mitigate potential negative impacts and highlight any positive impacts of the proposed model.
- Test out the focus group questions to ensure they are understandable and consider any alternative ways people can give feedback if they don't wish to raise it at the focus group.
- Take a trauma informed approach to planning the focus groups and ensure people can provide support to participants.
- Ensure focus groups participants understand how their feedback will be used and how this will inform further engagement on the proposed model.
- Allow space and time to discuss potentially wider issues and consider how to feedback any wider issues to Scottish Government policy colleagues.
- Ask people how they would like to receive feedback, continue involvement, and ensure people understand what difference their participation is making.
- Use feedback to date to inform development of a FAQs document and consider how to share updates on progress including timescales for the next stages of the model.
- Update people on how feedback is being used, for example developing information on services on NHS Inform including testing the accessibility of the information with third-sector networks.

Digital Front Door

Scottish Government is creating a single model for a Digital Front Door which will be used in all NHS boards (the order of implementation in each board will be different, but the patient experience will be the same). The approach being taken is to test the Digital Front Door in NHS Lanarkshire (in dermatology) to learn before spreading to other specialties in Lanarkshire and other boards.

As part of the engagement activity to date, Scottish Government has completed an extensive Equality Impact Assessment. However, findings from engagement activity have not been shared outside the group involved. HIS has highlighted that this is a key stage of moving from the national stage to the local implementation stage of the nationally determined service change guidance.

HIS has met with the head of digital health and care in Scottish Government to provide an overview of the nationally determined service change guidance on engagement. It was agreed that a further meeting is needed with the leads for the current phase of the development work, which is being co-led by NHS Education for Scotland and NHS Lanarkshire. The aim will be to establish how the engagement work completed to date has been captured, if there are any gaps, and how they plan to share the output with other boards. A further update will be provided to the SHC service change sub-committee at its meeting on 22 January 2026.

Future Nationally Determined Service Changes

We are aware that Scottish Government is continuing to plan for the development of further Target Operating Models, potentially 10 at this time, which may all fall within the definition of

nationally determined service changes. Details of these including a timeline for future changes has been requested to support planning for our advisory role in these changes.

Likely future changes are noted below:

- Oncology – HIS is aware of this nationally determined service change following previous discussions with Scottish Government, it is at an early stage.
- Genomics – this will not change patient experience since patients will continue to access the service via existing genetic counselling and testing services provided in every board. The change is in the non-patient facing part of the service that processes the samples and is a proposal to move from the current arrangement of having four laboratories across the country to a single laboratory site.
- Diagnostics – this is about increasing provision of community-based diagnostic services, so will require meaningful and proportionate engagement.

Further updates on the timelines and activity for these changes will be provided to the SHC service change sub-committee during 2026.

2.3 Quality and safety in service change

Following discussion at the HIS Quality & Performance Committee in August 2025 and the Scottish Health Council meeting in September 2025, work is underway to develop a Service Change – quality & safety signposting document. The document will bring together, in one place, the existing standards, frameworks and statutory duties that NHS Boards and Integration Joint Boards should apply when considering service changes. It will not create new processes but will clarify how existing quality and safety considerations can be embedded within service change planning and decision-making.

A working draft has been developed, including alignment to *Planning with People* (2024), the *Health and Care (Staffing) (Scotland) Act 2019*, the HIS *Quality Management System*, the *Essentials of Safe Care*, the draft *Clinical Governance Standards*, and other relevant sources. It also uses the *Scottish Approach to Change* as a pathway that draws together all the signposting. The draft will be reviewed internally before wider circulation, and the final version will return to the QPC for approval and to the Scottish Health Council for information.

2.4 Major Service Change and *Planning with People*

The HIS major service change guidance and template have been combined, and the new version was published [here](#) on 5 September 2025. Next steps are to continue to make progress with developing an objective approach to support SHC service change sub-committee members in their assessment of potential major service changes and a draft model (based on the HIS risk and probability matrix) will be developed and tested with the findings presented to the SHC service change sub-committee for consideration on 22 January 2026.

HIS has also developed *Planning with People* “frequently asked questions” and an animation for members of the public and third sector organisations. This was shared with the SHC service change sub-committee on 23 October, and these resources will be finalised and launched in November 2025.

2.5 Service changes

There are currently 70 service changes being supported by the assurance programme: 40 active and 30 currently on hold (the majority on hold require capital funding from Scottish Government). The following items are highlighted for strategic awareness:

NHS Tayside - In-patient Learning Disability Services - Strathmartine Centre

As previously reported, HIS responded to correspondence from Michael Marra MSP regarding the transfer of in-patient Learning Disability services from Dundee to Perth.

We clarified that the decision, taken by the Integration Joint Board (IJB) in 2018, preceded HIS' statutory role in service change led by IJBs and confirmed that *Planning with People* (2024) now explicitly includes IJB-led service changes within HIS' scope, though it cannot be applied retrospectively. Final correspondence to Mr Marra was issued in September 2025 following a meeting between Mr Marra, HIS Chief Executive, Robbie Pearson, and Director of Engagement & Change, Clare Morrison.

NHS Greater Glasgow & Clyde (NHS GGC) - Mental Health Review

NHS GGC aims to redesign mental health services, with a specific focus on in-patient bed reduction and an associated increase in community provision and has designated this as a major service change.

NHS GGC outlined the challenges of the approval for their option appraisal development through their governance structures (six IJBs) and carrying out the public consultation before the Scottish Parliament elections pre-election period. At our liaison meeting on 10 October 2025, it was reported that no further progress had been made meaning that the option appraisal taking place before the end of 2025 is now remote. This means that consultation is very unlikely to take place prior to the pre-election period in 2026.

Argyll & Bute HSCP - Review of Dialysis service

The location of the dialysis units requires to be reviewed due to capacity issues (with demand expected to increase) and inequity of access issues. The current model places significant travel challenges for a number of patients.

Argyll & Bute HSCP informed us in August 2025 that they had not been able to complete all of the planned service user engagement activity and HIS received an enquiry from a community member in September 2025 asking us for our views on the delays in the review.

In order to provide clarity about our role in the assurance of engagement, we met with the community member via MS Teams and had a helpful conversation to explain our role and provide an overview of the *Planning With People* (2024) guidance. The community member had intended to escalate his concerns and this face-to-face conversation helped to avoid that escalation inappropriately highlighting HIS as a factor in the delays. The community representative approached the local newspaper who published an article about the delays (transcript available). There is no reference to HIS in the article.

Risks and considerations

- Organisational: Assurance of engagement in relation to Service Change is a legislative requirement in line with existing statute and the [Planning with People](#) (2024) guidance.
- Clinical & Care Governance: The assurance of meaningful engagement in service change supports high quality health and social care.
- Stakeholder considerations and engagement: Improved visibility of public voice and lived experience impact within service changes enhances transparency and confidence.
- Equality and diversity: Our assurance role supports Boards' compliance with the [Public Sector Equality Duty](#), [Fairer Scotland Duty](#), and [HIS Board Equality Outcomes](#).

3. Recommendation

Scottish Health Council Members are asked to:

- Consider and discuss the ongoing work to develop best practice guidance on joint engagement between the NHS and a local authority, in relation to Single Authority Models.
- Consider and discuss the ongoing work to assure engagement for both national and local service changes.

It is recommended that the Council accepts the following Level of Assurance:

Limited: some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.

This level is related to the need to respond at pace to the development of Single Authority Models and the concerns with the engagement associated with the Vascular nationally determined service change.

4. Appendices

None.

Governance for Engagement

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 2.2

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Tony McGowan, Associate Director of Community Engagement

Purpose of paper: Assurance

1. Purpose

This paper provides an update on progress with Cycle 3 of the Governance for Engagement process. It summarises key developments including recent sub-committee discussions, directorate improvement plan reviews, progress on the tailored self-assessment tool for corporate functions, and the alignment of Governance for Engagement with the Clinical & Care Governance framework.

2. Executive Summary

The Governance for Engagement process continues to mature as a key mechanism for providing assurance on how HIS meets its statutory duties for engagement and equalities across directorates and work programmes.

The September 2025 meeting of the sub-committee focused on reviewing improvement progress within the Evidence & Digital directorate, agreeing a revised timeframe for the Nursing & Integrated Care directorate review, and considering the new tailored self-assessment tool for corporate functions.

Cycle 3 progress and developments

Directorate improvement plan reviews

The sub-committee reviewed the Evidence & Digital directorate's progress update at its 19 September 2025 meeting:

- Members welcomed clear evidence of improvement throughout the directorate's update, particularly the formation of a cross-directorate Governance for Engagement working group which has standardised approaches to evaluation and promoted collaboration across teams.
- The sub-committee highlighted this as a strong model that could be replicated by other directorates.

- Members were also interested in how the directorate evaluates stakeholder experiences and captures qualitative and quantitative feedback for continuous improvement.

The Nursing & Integrated Care directorate requested to defer its progress discussion due to leadership capacity challenges being experienced in the run up to the sub-committee meeting. Members agreed a revised date of 26 February 2026 to allow the incoming Director time to familiarise themselves with the work and plan their contribution.

Tailored self-assessment for corporate functions

A tailored self-assessment tool for corporate functions was presented to the sub-committee. Members welcomed the revised version, recognising that:

- It maintains the three domains of the original framework (involvement in planning and design, ongoing engagement, and governance and leadership).
- The content for completion has been significantly reduced, ensuring the process is proportionate and practical for corporate functions.
- The tool clearly defines “stakeholders” in a way that reflects the internal and external relationships relevant to corporate work and the oversight requirements of the Scottish Health Council.

The sub-committee agreed to provide feedback via email following circulation of the draft. In discussion, it was noted that the timing of a session for the corporate functions in November 2025 should be revisited once feedback from function leads had been received and current senior recruitment progressed.

Following subsequent discussions between the Scottish Health Council Chair, the Director of Engagement & Change, and the Associate Director of Community Engagement, it has been agreed that:

- The 20 November 2025 corporate functions’ self-assessment session will not proceed; and
- The corporate functions will participate in Cycle 4 of the Governance for Engagement process, commencing from 01 April 2026, using the finalised tailored self-assessment tool.

This will allow the corporate functions to be in sync with all other HIS directorates, and the incoming Chief People Officer and Chief Finance & Risk Officer to contribute meaningfully and take ownership of their functions’ submissions and improvement planning.

Alignment with HIS Clinical & Care Governance framework

Work continues to explore alignment between Governance for Engagement and the emergent Clinical & Care Governance framework. Discussions in October 2025 have also included the framework’s interfaces with other HIS governance pillars, including staff governance. Wherever possible, opportunities are being identified to streamline reporting and reduce duplication. It is envisaged that proposals will be brought forward for consideration early in 2026.

Risks and considerations

- Organisational: Deferring the corporate functions to Cycle 4 poses minimal risk and will strengthen ownership once new senior postholders are in place.

- Governance: The process continues to provide structured assurance and developmental value for directorates.
- Clinical & Care Governance: Work with Clinical & Care Governance offers opportunities to strengthen organisation-wide assurance, especially with a focus now on interfaces with all other HIS governance pillars.
- Stakeholder considerations and engagement: Improved visibility of public voice and lived experience impact will enhance transparency and confidence.
- Equality and diversity: Governance for Engagement directly supports compliance with the [Public Sector Equality Duty](#), [Fairer Scotland Duty](#), and [HIS Board Equality Outcomes](#).

3. Recommendation

The Council is asked to:

- Note the updates on progress within Cycle 3 of the Governance for Engagement process;
- Endorse the decision to defer the corporate functions' self-assessment session to Cycle 4 (from 01 April 2026);
- Endorse ongoing work to align with the emergent HIS Clinical & Care Governance framework and the consideration of interfaces with the other HIS governance pillars.

It is recommended that the Council accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

There remains reasonable assurance that controls are suitably designed and applied. The process continues to function effectively, with positive sub-committee engagement, structured monitoring of improvement plans, and an appropriate deferral of the corporate functions self-assessment session to enable full participation from new senior postholders.

4. Appendices and links to additional information

None.

Equality, Inclusion and Human Rights

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 2.3

Responsible Executive/Non-Executive Clare Morrison, Director of Engagement and Change

Report Author: Rosie Tyler-Greig, Equality Inclusion and Human Rights Manager

Purpose of paper: Assurance

1. Purpose

To provide assurance that the Equality, Inclusion and Human Rights (EIHR) Team within the Engagement Practice – Assurance Unit continues to oversee Healthcare Improvement Scotland (HIS) meeting legal and good practice standards in relation to equality, inclusion and human rights.

2. Executive Summary

EQIA compliance

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. As part of this HIS must carry out equality impact assessments for new or revised activities, and the EIHR team monitors compliance with this. At the end of quarter two, 96% of HIS external facing programmes (73 programmes out of 76) had an Equality Impact Assessment in place or in progress. Work is underway to assess outstanding support needs in HIS directorates.

Anti-racism plan

In April 2025 HIS published four new equality outcomes, including the outcome that HIS staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system. We also published a connected anti-racism plan. These jointly meet requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and the Scottish Government requirement for all NHS Scotland bodies to have an anti-racism plan in place.

HIS sent its second progress update on our anti-racism plan to Scottish Government (Appendix 1) and this was followed by an interactive feedback session during mid-September. Scottish Government colleagues were positive about progress made - in particular, engagement undertaken to develop the plan. It was suggested HIS now consider how it can position itself as a systems leader in relation to engagement of staff and communities in this area; and we were invited to share a system-facing offer with the Scottish Government. We have shared the following:

HIS will introduce an Engagement Practice Learning and Improvement System in November 2025. Its aim is to strengthen how health and social care services engage with people and communities and to support Scottish Government priorities by building capability, leadership, and confidence around meaningful engagement in change and decision-making. The learning system will support key legislation and best practice including [Planning with People](#) (2024) guidance and the [Scottish Approach to Change](#). It will showcase anti-racism engagement examples on its webpages, as part of a broad portfolio of engagement practice examples, and host an anti-racism engagement webinar during summer 2026.

In addition to this, we will continue to share examples of engagement we have undertaken to support anti-racist approaches. This includes our:

- Anti-racism plan engagement report: hisengage.scot/informing-policy/gathering-views/his-anti-racism-plan/
- Webinar about engaging with Gypsy Traveller communities: hisengage.scot/events-list/9-feb-2022-webinar/

As HIS work programmes use a Quality Management System approach, we will also be able to identify examples of our work which bring quality improvement to life through an anti-racism lens.

Guidance and support

The EIHR Team aim to continuously improve equality support for HIS colleagues, including strengthening the organisation's approach to inclusive engagement. The team have prepared new guidance offering practical advice for staff engaging with diverse communities across Scotland (Appendix 2). The guidance outlines core principles, signposts relevant HIS resources and includes a 'pull out' Easy Read resource (Appendix 3). It has been informed by collaboration with colleagues across the directorate and wider HIS. It remains in draft and is not yet officially launched for staff. Any feedback will therefore be gratefully received and reflected in final versions, due to be made available before the end of this year.

The EIHR Team continues to support staff to engage with equalities learning and awareness activities. Over the last quarter, this has included the publication of the team's Inclusion Bulletin (see Appendix 4 for an example) and a session on inclusive culture delivered to the Medical and Safety Directorate as part of their annual staff event in October.

3. Recommendation

Scottish Health Council members are asked to:

- Note progress and comment on the draft engagement guidance shared.

It is recommended that the Council accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Planned work is on track but there remains a moderate amount of residual risk associated with the ongoing development of work. For example, the EIHR team are awaiting feedback from the Communications Team as a key internal stakeholder for their guidance. Regarding the anti-racism plan, ongoing planning will be required to ensure we fulfil the request to lead the system with anti-racism engagement practice examples.

4. Appendices and links to additional information

- Appendix 1: Progress update on anti-racism plan
- Appendix 2: Accessible Engagement: A staff guide for communicating with diverse communities
- Appendix 3: Easy Read Communication: Staff resource pack
- Appendix 4: Inclusion Bulletin example [please note this is a Word version of content published as a HIS Source page]

Healthcare Improvement Scotland anti-racism plan

Update 2: August 2025

Meeting: HIS anti-racism plan feedback session

Date: 10 September 2025

Executive Sponsors:

- Clare Morrison, Director of Engagement and Change
- Safia Qureshi, Director of Evidence and Digital
- Sybil Canavan, Director of People and Workplace

Report Author: Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager

Purpose of paper: Discussion

1. Purpose

To present a progress update on Healthcare Improvement Scotland's (HIS) anti-racism plan; and to receive feedback from Scottish Government officials overseeing delivery of anti-racism plans across NHS Scotland.

2. Executive Summary

Background

In March 2024, the Scottish Government requested NHS boards 'develop and deliver against [their] own anti-racism plan[s]'. This is a requirement for all NHS Scotland bodies and [Scottish Government guidance](#) was published in September 2024. An anti-racism plan for Healthcare Improvement Scotland (HIS) was developed concurrently with our 2025-29 equality outcomes and published on 1st April 2025 (Appendix 1). The plan was developed with the HIS staff Race and Ethnicity Network and informed by a focussed piece of community engagement (Appendix 2).

Governance

Our internal anti-racism plan delivery group has met six times since February 2025 with a six-weekly meeting schedule established. During the initial set of meetings, a Terms of Reference has been agreed. This includes the group's membership and governance structure with reporting arrangements to the Scottish Health Council and HIS Staff Governance Committee (Appendix 3).

Our anti-racism plan is referenced in our HIS Integrated Delivery Plan for 2025-26 (Appendix 4). We provided an initial update on the development of our anti-racism plan as part of reporting on our annual delivery plan. We received the following feedback from the Scottish Government, suggesting we consider a wider contribution to governance arrangements for board anti-racism plans:

One policy contributor welcomed the inclusion of anti-racism actions within the Plan, particularly in perinatal care, and suggested that HIS consider developing a “Quality Improvement Framework” in relation to NHS anti-racism plans.

We have not been able to establish where this proposal would fit within the wider governance and monitoring arrangements for board anti-racism plans and would welcome further discussion.

Priorities

Our internal delivery group has agreed themes within our four-year plan that we will focus on during the first year of delivery, meaning April 2025 - April 2026. Our priority themes are leadership, accountability and incident reporting. We are focusing on delivering the actions under those themes as set out in our published anti-racism plan. Some additional activity has been interwoven with this, including a further refinement of activity measures. To guide the delivery and measurement of activities set out in the anti-racism plan, the group has established an operational tracker and continue to feed into its development (Appendix 5).

While staff training has not been formally agreed as a thematic priority for the first year, we have been clear that our delivery group members should be supported to develop their own understandings of racism and anti-racism approaches in support of their contributions to the work. Group members have therefore actively engaged in learning and reflection exercises as part of their participation in meetings (Appendix 6). We are also sign-posting current relevant training offers on Turas as well as relevant offers from the Leading to Change and Public Health Scotland teams. We hope to gain clarity about any NHS / wider system resources available for a more comprehensive roll-out of staff training next year.

Key milestones

Following the thematic priorities above, our internal delivery group has had an early focus on the theme of ‘leadership’. A leadership statement has been developed with the HIS Chair, Chief Executive and Employee Director (Appendix 7). This has been promoted to staff and is due for external promotion through the organisation’s LinkedIn profile. Following this, we plan to agree an internal campaign format to promote leaders from minority ethnic backgrounds to ensure a diversity of leaders have visibility.

Again, while staff training is not an explicit priority theme this year - we have reviewed our corporate Equality and Diversity Induction to include our commitment to anti-racism and detail how this is being delivered. We also include information about the key inequalities experienced by people from minority ethnic groups across health and employment.

Partnership working

Our internal delivery group includes representatives from our staff Race and Ethnicity Network and our Partnership Forum. Representatives ensure the flow of communication between the delivery group and our staff spaces. As we progress through our anti-racism plan, we anticipate periods of substantive engagement with our Partnership Forum. The group’s Terms of Reference specify ‘the delivery group will work in partnership with the HIS Partnership Forum to agree and manage delivery approaches for the activities listed in the *supporting workforce, culture and wellbeing* section of the plan’.

3. Recommendations

Scottish Government colleagues are asked to:

- **Note** Healthcare Improvement Scotland's current progress with its anti-racism plan and provide feedback to be considered as the plan develops and delivery continues; and
- **Advise** on the suggestion that HIS could develop a quality improvement framework for board anti-racism plans and how this would fit within the wider governance landscape for board anti-racism plans.

In terms of progress with our anti-racism plan, we are able to provide the following level of assurance:

Moderate: meaning that reasonable assurance can be provided that controls upon which the organisation relies to manage risk are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk because: some of the specific measures in the plan are still being developed; there is uncertainty about some areas of resource such as for staff training; and suggestions made via the governance arrangement for our Annual Delivery Plan remain to be clarified.

4. Appendices and links to additional information

- Appendix 1: [Healthcare Improvement Scotland anti-racism plan as published](#)
- Appendix 2: [Gathering Views on the HIS anti-racism plan](#)
- Appendix 3: Anti-racism delivery group Terms of Reference
- Appendix 4: [HIS Integrated Delivery Plan 2025-26](#)
- Appendix 5: Anti-racism plan operational tracker (developing)
- Appendix 6: Example of learning and reflection exercise
- Appendix 7: Leadership statement

Accessible Engagement: A staff guide for communicating with diverse communities

October 2025

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1. Introduction and aims

Healthcare Improvement Scotland (HIS) is committed to ensuring that people and communities across Scotland can shape health and care services through meaningful community engagement. All HIS staff who carry out community engagement have a role in ensuring their engagement is accessible for everyone who wants to be involved. This guide has been designed to support staff in creating accessible materials for their planned engagement and understanding the inclusion principles that underpin accessibility.

HIS is the NHS Scotland leader in community engagement. We have a statutory role assuring the engagement undertaken by NHS Scotland boards – and we also support boards and partner organisations to do engagement well. Our own engagement practice must therefore be second to none.

This guide will support HIS staff to advance equality of opportunity by ensuring the different people and communities that make up the Scottish population have an equitable opportunity to be involved in our work. Promoting accessibility is everyone's responsibility - the guidance will help you consider the most appropriate formats and communication channels for the people you engage with, encourage you to share your own learning and to seek specialist advice when needed.

The aims of this guide are as follows:

- To strengthen understanding about why Healthcare Improvement Scotland work should be accessible
- To promote inclusive engagement practice and build the confidence of staff to work this way
- To clarify when to consider producing information in alternative formats and how to go about doing this.

2. Inclusive Communication

2.1 Importance of inclusive communication

Healthcare Improvement Scotland (HIS) wants to make sure people from all backgrounds can help shape health and care services. In short, we want to make our engagement practice inclusive. This can only be achieved if we make it easy for people to take part. That means making engagement accessible and supporting staff across HIS and the wider system to do the same.

Part of this means considering alternative formats for our communications. Alternative formats are essential for ensuring that people who face additional communication barriers can access information and take part equitably. Alternative formats are most often used to ensure the inclusion of:

- People with learning disabilities
- People with low literacy levels
- Speakers of minority languages
- Deaf users of British Sign Language (BSL)
- People with hearing or visual impairments

It is however worth noting that by considering these groups can infer wider benefits too. For example, considering people with visual impairments may lead to audio that can be listened to by a broader group of people who find it easier to absorb information this way.

2.2 Legal and Ethical Considerations

Inclusive communication is a legal requirement, with health and social care organisations required to make 'reasonable adjustments' that enable people to access, understand, and take part in decisions about their care. All organisations that engage people should consider how to minimise any participation barriers people may experience and adapt information when requested and able to do so.

Key Legislation

The following legislation underpins the need for accessible communication:

- [Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012 \(as amended\)](#). Places a legal duty on public authorities to gather relevant evidence from people with protected characteristics to inform if and how activities are carried out.
- [The Public Sector Bodies \(Websites and Mobile Applications\) \(No. 2\) Accessibility Regulations](#)

[2018](#). Requires that all patients have access to the digital information and services they need to ensure equitable access to NHS services at every stage in their lives.

- [BSL \(Scotland\) Act 2015](#). Promotes the use of BSL in Scotland, primarily by requiring certain authorities to develop BSL plans that outline how they will promote and raise awareness of the language.
- [Patient Rights \(Scotland\) Act 2011](#) Aims to improve patients' experiences of using health services and to support people to become more involved in their health and healthcare efficiently and effectively.
- [Carers \(Scotland\) Act 2016](#). Provides a legal framework for the NHS to ensure those providing unpaid care for family and friends are supported with their own health and wellbeing. The overall aim of the act is for unpaid carers to be supported to continue to care, for as long as they choose, in better health and to have a life alongside caring.

Ethical Principles

Accessible communication is not only a legal duty but also an ethical need, and part of best practice. Ethical engagement means removing barriers so that we can communicate openly and honestly with everyone our work impacts. It is grounded in principles of:

- **Equity** – ensuring fair access to information and services for all
- **Respect** – valuing diverse communication needs and preferences
- **Dignity** – enabling individuals to engage meaningfully and independently
- **Participation** – empowering people to make informed decisions about their care and how the services they rely on are delivered.

By aligning with these principles and legal duties, HIS can ensure that our communication is inclusive of all, particularly those with [protected characteristics](#).

3. General Accessibility Principles

Accessible content ensures information is clear and usable for everyone - regardless of background, ability, or language. This section outlines key principles for both written and in-person communication to support inclusive engagement across all activities.

3.1 Written Communication Standards

As a minimum, written communications should aim for the following:

Formatting and Design

- **Font & Size:** Calibri body, minimum of 12pt.
- **Colours:** Ensure strong contrast between text and background. Avoid hard-to-read combinations like red/green. Don't rely on colour alone to convey meaning—use labels or symbols. Use tools like Microsoft's Accessibility Checker or [Accessibility Toolkit - MoodleDocs](#).
- **Capital letters:** Avoid using all capital letters in headings. They can be misinterpreted by screen readers and are harder to read for people with dyslexia or visual impairments.
- **Graphics:** Use Alt Text for all images. Keep graphics to a minimum where appropriate, especially for digital content.
- **Alt Text:** Provide a physical summary of an image for assistive devices. This is commonly known as alt text or image description.
- **Accessible hyperlinks:** Use descriptive text for web links so that screen readers can convey where the link leads.

Language and Clarity

- **Plain English:** Write and speak in a clear, straightforward way. Avoid jargon, technical terms, and acronyms—or explain them clearly if needed.
- **Readability checkers:** Use tools like [Hemingway Editor](#) to simplify language and highlight complex sentences.
- **Inclusive Language:** Use respectful, inclusive terms that avoid assumptions or offence. Refer to the [HIS Inclusive Language Guide](#) for support with up-to-date terminology.

Alternative Formats

- **Alternative Format Statement:** Include a statement about format availability near the beginning of documents (e.g. front page or contents). Standard [Accessibility statement](#).
- **Publish alternative versions at same time:** Ensure all relevant formats are released together to support equal access.
- **Multiple Formats:** Be prepared to offer Easy Read, large print, Braille, audio, BSL, and translated versions. See section on alternative formats.
- **Screen Readers:** Ensure digital content is compatible with screen readers.

Further Resources and Tools – Written Communication

- **HIS Design and publishing tempaltes:** HIS has a number of design and publishing templates available on The Source [Design and publishing templates](#).
- **HIS Inclusive Content:** HIS has more information on inclusive content on The Source: [Inclusive Content](#).
- **HIS Corporate House Style Guide:** HIS has a corporate house style guide available to staff on The Source. [Comms Full House Style](#).
- **Plain English Campaign:** There are free guides available on their website [Plain English Guides](#).
- **Scottish Government:** Scottish Government has a variety of information on communication formats on their website: [Accessible communication formats - gov.uk](#).

3.2 Inclusive Events and Meetings – Key Principles

At a minimum, the following principles should be followed when planning a meeting or event as part of your engagement.

Planning and Setup

- **Plan for accessibility early:** Ask participants about their access needs and choose inclusive venues or platforms.
- **Use inclusive spaces:** Select venues with step-free access, accessible toilets, sensory-friendly areas, good lighting and acoustics, and a hearing loop.
- **Be clear in promotion:** Advertise the accessibility features that are available (for example, ‘this is a wheelchair accessible venue’ or ‘Teams meeting with live captioning’). This means that people will know immediately that they will be included, or else be able to identify what to request.

Participation and Support

- **Support communication needs:** Provide interpreters (e.g. BSL) as required – you will need to make sure participants know they can request you book interpreters. Enable and signpost live captioning options and offer quiet spaces if the event is in-person.
- **Co-design with people who have lived experience:** Involving people with relevant experience in planning and reviewing will help identify requirements.
- **Respect personal and cultural needs:** Consider different dietary, religious and cultural requirements. For example, do not host a lunch event during Ramadan or expect good availability on a Friday evening (Shabbat) or during the Easter holidays.

Feedback and Improvement

- **Enable accessible feedback:** Offer multiple formats for sharing feedback (e.g. online, phone, speaking with facilitators on the day). Explain why feedback is important and how it will be used.
- **Review and improve:** Regularly evaluate accessibility practices and update them based on feedback received.

Further Resources and Tools – Events and Meetings

- **Healthcare Improvement Scotland** [Good Practice Meeting Standards.docx](#)
- **Accessibility Checklist:** When planning face-to-face engagement, it is vital that you check the venue is accessible to everyone that will be attending. Use this checklist to help access this: hisengage.scot/engaging-communities/participation-toolkit/accessibility-checklist/
- **Deaf Scotland published guidance:** how to make online meeting platforms accessible for people who deaf, deafblind, deafened, or hard of hearing, which is available on their website at <https://deafscotland.org/covid-19-the-communication-virus/>

4. Planning and Delivering Accessible Communication with Alternative Formats

This section aims to help staff plan, produce, and evaluate accessible communication materials that meet the needs of diverse audiences. It covers Equality Impact Assessment (EIA), format selection, budgeting, and evaluation as clear and distinct steps.

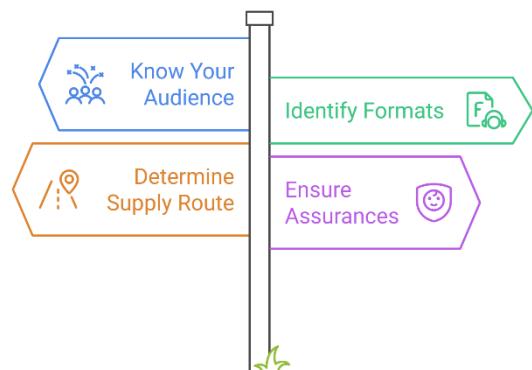
Step 1: Identify your audience and their needs

Why it matters: Understanding who you are communicating with and who you therefore need to include is the foundation for choosing the right format.

Actions:

- Doing an Equality Impact Assessment (EIA) as a first step will help to identify potential access needs—both for those involved in the engagement process and those who will have an interest in the findings.

How to create accessible engagement activities?



- If the audience is unknown, the Equality Impact Assessment (EQIA) should be able to help clarify who the audience is or should be. Consider any groups to be engaged when gathering evidence as well as the intended beneficiaries who may want to read about the outcomes.
- Consider whether your audience includes people with any of the following:
 - Learning disabilities
 - Sensory impairments
 - Low literacy
 - Language barriers
 - Unpaid caring responsibilities

Resources:

- Guidance on carrying out an EQIA: [Equality, Inclusion & Human Rights Guidance and templates](#)
- Advice and support on identifying impacted groups and the actions you could take to include them: his.equality@nhs.scot

Step 2: Define the purpose of communication

Why it matters: The purpose determines how critical the information is and what formats are most appropriate.

Ask yourself:

- What does the audience need to understand or do? For example, this could be to understand the information, attend an event or submit feedback. Knowing this will help determine the process to follow.
- Do you need to produce alternative or translated materials or consider inclusive approaches to in-person or hybrid engagement.

Step 3: Explore Format Options

Why it matters: Different audiences can require different formats to access the same information on an equal basis.

Consider offering:

- Easy Read (plain language and short sentences with supportive images)
- Large Print (16 point or larger)
- Audio or Video
- Braille
- British Sign Language (BSL)

- Versions translated into relevant community languages
- Infographics or animations
- A meeting to explain and discuss the information

Step 4: Assess resources and capacity

Why it matters: Planning ahead ensures timely and cost-effective delivery. Producing an alternative format requires resource – a paid commission, staff time or both.

Considerations:

- Have you understood the need properly and explored the best way to meet it?
- Can your team produce the required format internally, or is external commissioning needed?
- Can any existing materials be adapted?

Internal Support for Easy Read:

Healthcare Improvement Scotland's Community Engagement and Transformational Change (CETC) directorate has trained Easy Read Champions who can support staff in producing Easy Read documents. **Easy Read Champions** have completed [Disability Equality Scotland training](#) and can:

- Advise when Easy Read is an appropriate format to use
- Support with the production of short, simple Easy Read documents – for example, agendas or 1-2 pages of information.
- Provide advice on external commissioning for longer or more complex documents.

The EIHR Team and Easy Read Champions have created an **Easy Read Resource** as part of this guidance - see Appendix 1.

Step 5: Involve Users and Lived Experience

Why it matters: Co-design methods help ensure the relevance and usability of documents.

Actions:

- Engage people with lived experience to review or co-create materials.
- Test materials with the intended audience
- Use feedback from the intended audience or those with expertise to refine your content.

Resources:

- For a list of national organisations representing the range of equality groups: [Community Engagement Guide - National Equality Orgs v2.0.docx](#)
- For further advice and support about who to engage his.equality@nhs.scot
- To identify local and regional contacts: his.strategicengagement@nhs.scot

Step 6: Check Accessibility Standards

Why it matters: Complying with accessibility standards ensures our work is compatible with assistive technologies and legal standard for company webpages.

Checklist:

- Does the format meet digital and design accessibility guidelines as set out in the Web Content Accessibility Guidelines (WCAG)?
- Is your document compatible with a Screen Reader, including by [adding image descriptions](#) to any images you have used.
- Use tools like Microsoft Accessibility Checker or Moodle Toolkit

Resources:

- For advice and support, contact the HIS Communications Team: his.online@nhs.scot

Step 7: Plan Distribution and Access

Why it matters: A crucial part of accessibility is that something is easy to find and use.

Actions:

- Decide how formats will be shared (online, print, through particular services or networks).
- Ensure materials are available in the most suitable formats – this may be more than one format.
- Include an **Alternative Format Statement** early in the document where it is easy to spot – for example, on the front page. This should let people know how to request the information in a different format. This is important because you may not always identify everyone who would like to access your document and you may still receive requests for different formats after you have published the original.
- Publish all versions at the same time to ensure equal access.

Step 8: Tailor Formats to Specific Audience Groups

Once you've identified what you need, use this section to select appropriate formats for your engagement. Further guidance and resources for each audience can be found on the Accessibility Support Toolkit at section 7 of this guidance.

Audience Group	Format Guidance	Engagement Tips
People with Learning Disabilities, Low Literacy, and Cognitive Impairments	<ul style="list-style-type: none">Use Easy Read: plain language + images, short sentences, clear layout.Avoid jargon, acronyms, and complex structures.Use large fonts and high-contrast colours.	<ul style="list-style-type: none">Share materials in advance to allow time for support workers or carers to assist.Use visual aids and repeat key messages.Co-produce or sense-check materials with people who have lived experience.
Minority Language Speakers	<ul style="list-style-type: none">Provide translated materials in relevant languages.Use culturally appropriate language and imagery.Avoid idioms or region-specific references.	<ul style="list-style-type: none">Share materials digitally in accessible formats (e.g. tagged PDFs).Describe visuals verbally during presentations.Ensure navigation and signage are tactile or clearly marked.
British Sign Language (BSL) Users	<ul style="list-style-type: none">Provide BSL interpreters for live events and meetings.Include BSL-signed videos or summaries for key content.Use captioning and transcripts alongside BSL.	<ul style="list-style-type: none">Book interpreters early and confirm their availability.Ensure speakers are visible and well-lit for lip-reading.Use platforms that support video pinning and clear audio.

People with Hearing Loss	<ul style="list-style-type: none"> • Use live captioning, transcripts, and amplification tools. • Ensure written materials are available and easy to follow. • Avoid background noise in recordings or venues. 	<ul style="list-style-type: none"> • Ask participants about preferred communication methods. • Choose venues with good acoustics and hearing loop systems. • Provide visual agendas and summaries.
People with Visual Impairment	<ul style="list-style-type: none"> • Offer large print, audio, Braille, and screen reader-compatible digital formats. • Use high-contrast colours and clear font styles. • Avoid dense blocks of text and decorative fonts. 	
People Who Are Deafblind	<ul style="list-style-type: none"> • Use tactile communication, Braille, and audio with haptic support. • Provide materials in multiple sensory formats. • Avoid reliance on visual or auditory-only content. 	<ul style="list-style-type: none"> • Engage early to understand individual needs. • Involve specialist support workers or interpreters. • Allow extra time for communication and feedback.

Step 9: Evaluate and Gather Feedback

Why it matters: Evaluation and feedback are essential ways of ensuring that our approach to accessibility is effective and continuously improving.

Actions:

- Engage stakeholders and community groups to review materials and format choices.
- Gather feedback using appropriate methods e.g. via email, social media, or direct engagement. Invite the views of beneficiaries about the best approach to take.
- Conduct **equality monitoring** to understand who you have heard from and where there may be gaps. Refer to EIHR guidance [20230505 HIS Equality Monitoring Template.docx](#)
- Use any findings to refine future materials and engagement strategies.

Resources:

- More support and templates can be found here [Equality, Inclusion & Human Rights Guidance and templates](#)
- The Community Engagement and Transformational Change directorate have evaluation guidance available: [Evaluating and Participation Guide Aug25](#)

Step 10: Budget and Procurement Planning

Why it matters: Plan for the financial implications of any communication support or alternative formats you need to produce.

Actions:

- Discuss requirements with your management accountant and consult the EIHR Team for indicative costs.
- Use our Finance Team's list of approved suppliers
- Follow HIS procurement procedures for any new suppliers being added
- Use only qualified BSL – English interpreters (not trainees) from the Scottish Register: [Search The Register - SRLPDC](#)
- Ensure there is no cost to participants—support provided for people to engage with HIS must be fully funded by HIS.

Resources:

- Access the latest list of approved suppliers registered on PECOS here (accurate as of July 2022): [20250707 - Equality External Supplier and Partner List V0.1.docx](#)
- Further support and advice: his.equality@nhs.scot or his.finance@nhs.scot

5. Quick Reference: Checklist and Flowchart

A practical guide to support planning and decision-making for inclusive engagement. Use this table to quickly check key steps and considerations when preparing public-facing documents and communications in accessible formats. Tick each item as completed and add notes where relevant to ensure clarity, reach, and equity in engagement.

5.1 Checklist

Steps	Task / Key Actions	Checklist
1. Know Your Audience	Identify audience needs and barriers	<input type="checkbox"/> EQIA completed <input type="checkbox"/> Audience needs identified <input type="checkbox"/> Referred to EQIA if unknown <input type="checkbox"/> Considered evidence groups <input type="checkbox"/> Pre-meeting with partners <input type="checkbox"/> Acted on audience input
2. Define Purpose	Clarify goal and importance	<input type="checkbox"/> Purpose defined <input type="checkbox"/> Criticality assessed
3. Plan Formats & Channels	Choose suitable formats	<input type="checkbox"/> Formats selected (Easy Read, BSL, etc.) <input type="checkbox"/> Multiple formats used <input type="checkbox"/> Tailored to audience
4. Assess Resources & Suppliers	Check internal/external capacity	<input type="checkbox"/> Internal capacity checked <input type="checkbox"/> External commissioning planned <input type="checkbox"/> Approved suppliers used <input type="checkbox"/> Support services confirmed
5. Involve Lived Experience	Co-design and test materials	<input type="checkbox"/> Lived experience involved <input type="checkbox"/> Materials tested <input type="checkbox"/> Feedback applied
6. Meet Accessibility Standards	Ensure digital and design compliance	<input type="checkbox"/> Assistive tech compatibility <input type="checkbox"/> Accessibility guidelines followed
7. Distribute Accessibly	Publish and share formats	<input type="checkbox"/> All formats published together <input type="checkbox"/> Alternative Format Statement included <input type="checkbox"/> Equal access ensured

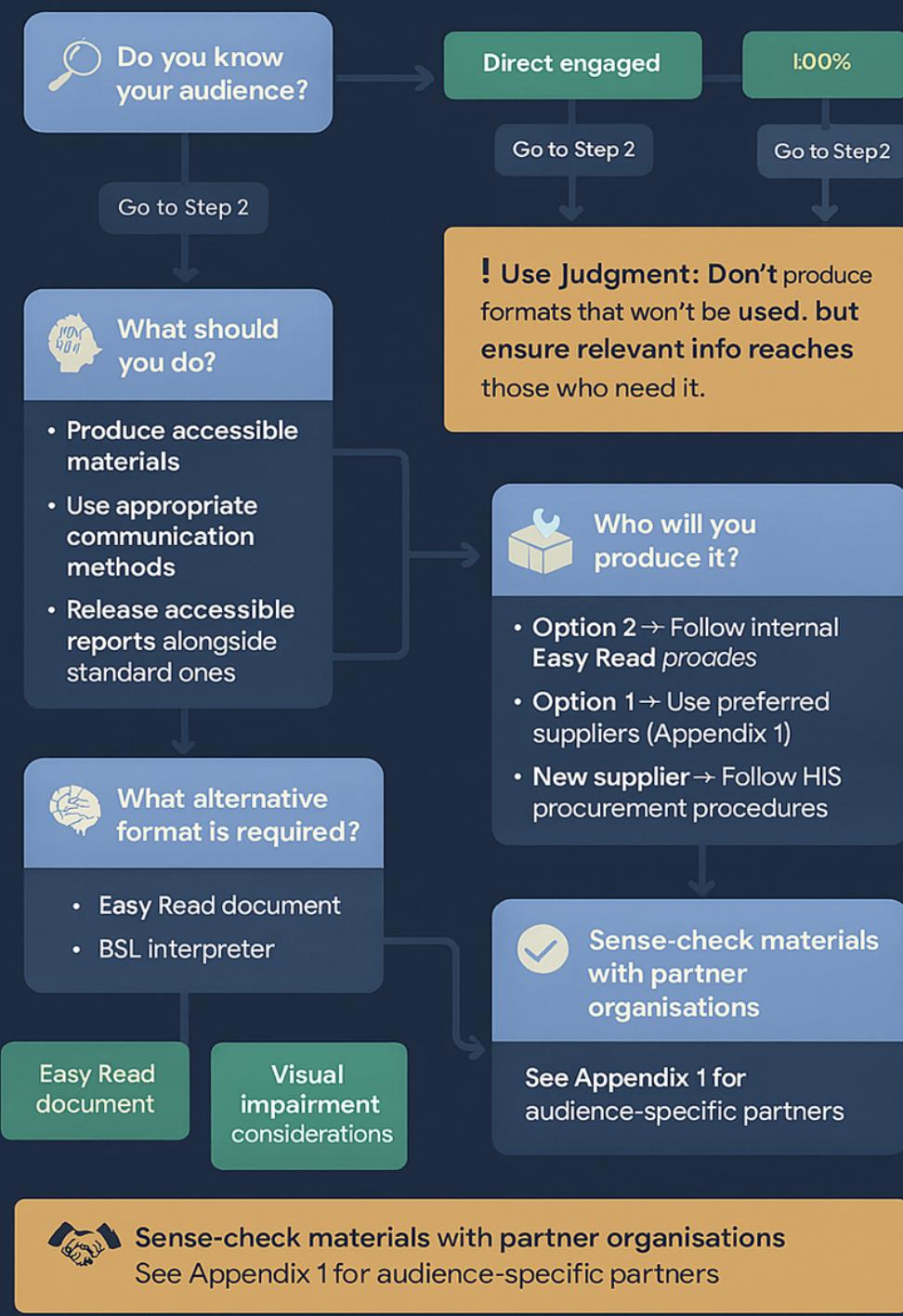
8. Inclusive Media Planning	Plan across all communication types	<input type="checkbox"/> Target audience identified <input type="checkbox"/> EQIA conducted <input type="checkbox"/> Lived experience consulted <input type="checkbox"/> Multiple channels used
Written	Ensure clarity and accessibility	<input type="checkbox"/> Plain language <input type="checkbox"/> Easy Read <input type="checkbox"/> Large print <input type="checkbox"/> Translations
Digital	Meet web and content standards	<input type="checkbox"/> WCAG 2.2 compliant <input type="checkbox"/> Alt text <input type="checkbox"/> Captioned videos <input type="checkbox"/> Mobile-friendly <input type="checkbox"/> Inclusive imagery
Audio	Provide accessible audio	<input type="checkbox"/> Transcripts <input type="checkbox"/> Clear sound <input type="checkbox"/> Speaker context <input type="checkbox"/> Multilingual options
Video	Ensure inclusive video content	<input type="checkbox"/> Subtitles/captions <input type="checkbox"/> BSL interpreter <input type="checkbox"/> Audio description <input type="checkbox"/> Diverse speakers
Face-to-Face / Hybrid Events	Ensure physical and sensory access	<input type="checkbox"/> Accessible venue <input type="checkbox"/> BSL/captioning <input type="checkbox"/> Accessible materials <input type="checkbox"/> Cultural needs <input type="checkbox"/> Quiet/sensory spaces
9. Evaluate & Improve	Gather and apply feedback	<input type="checkbox"/> Accessible feedback options <input type="checkbox"/> Multiple format forms <input type="checkbox"/> Demographic monitoring <input type="checkbox"/> Feedback use communicated
10. Budget & Procurement	Plan and confirm costs	<input type="checkbox"/> Budget planned <input type="checkbox"/> Sponsor approval <input type="checkbox"/> Finance codes agreed <input type="checkbox"/> No participant cost

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5.2 Flowchart

Accessibility Guidance Flowchart

Making Engagement Inclusive and Proportional



6. Alternative Format Statement

This statement is incorporated within HIS corporate templates [Design and publishing templates](#).

The EIHR Team recommend you use the below text at the top of all external documentation:

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999.

We will consider your request and respond within 20 days.

7. Accessibility Support Toolkit

This section provides practical resources, tools, and links to help you plan, deliver, and evaluate accessible engagement materials. These can be used to support inclusive engagement practice.

Some resources are referenced throughout the document, while others are included here as additional support.

HIS Internal Guidance, Policy and Tools

Resource	Description
Easy Read Resource Pack	Developed by the EIHR Team and Easy Read Champions to support staff producing Easy Read materials. (<i>Insert link</i>)
Good Practice Meeting Standards	Guidance for planning inclusive meetings and events. Good Practice Meeting Standards
Equality External Supplier and Partner List	Approved suppliers for translation, interpretation, and accessible formats. (<i>Insert link</i>)
CETC : Evaluating Participation A guide and toolkit for health and social care practitioners:	https://www.hisengage.scot/media/1354/shc13_evaluation_toolkit_sep13.pdf
I-hub - Engagement with people who have communication support needs	20210605 Engagement with people who have communication support needs v1.0 (002).docx

Evidencing Diversity in Public Involvement	20180403 Evidencing Diversity in Public Involvement FINAL.docx
National Equality Organisations	Community Engagement Guide - National Equality Orgs v2.0.docx

NHS Scotland Tools and Guidance

Resource	Description
Scottish Government: Interpreting, translation and transcription services framework	Interpreting, translation and transcription services framework - gov.scot (www.gov.scot)
NHS Digital Services	What user research needs to do to make digital services accessible. <ul style="list-style-type: none"> • https://digital.nhs.uk/blog/transformation-blog/2019/making-digital-services-accessible • https://service-manual.nhs.uk/accessibility/content
Public Health Scotland	National Policy Enabling equitable access to safe, effective and person-centred healthcare services through spoken, signed and written language communication support <ul style="list-style-type: none"> • interpreting-communication-support-and-translation-national-policy.pdf

Training & Further Learning

Resource	Description
Turas – Communication and BSL	Communication and BSL Turas
Other Resources for further learning?	

Online Readability Checkers

Resource	Description
Hemingway Editor	Hemingway Editor
Microsoft Editor	
Microsoft Accessibility Checker	Built-in tool for checking accessibility in Word, PowerPoint, and Excel.

Other External Resources and Tools

Resource	Description
Alzheimer's Society' - emotional touchpoints'	Emotional Touchpoints Alzheimer's Society (alzheimers.org.uk)
Moodle Accessibility Toolkit	Helps identify and fix accessibility issues in digital learning content. Accessibility Toolkit - MoodleDocs
Scotland's Inclusive Communication Hub	Resources and guidance for inclusive communication across sectors. Home Page - Welcome to the Inclusive Communication Hub
Disability Information Scotland	Tips and tools for creating accessible forms and documents. Making Information Accessible - Disability Information Scotland
MENCAP	Guidance on communicating with people with learning disabilities. Communicating with people with a learning disability Mencap
Hootsuite's lists 9 things we can all do to make sure that our social media posts are as accessible as possible	Digital Engagement Inclusive Design for Social Media: Tips for Creating Accessible Channels
Health and Social Care Alliance - Engaging people with lived experience: October 2022	Engaging people with lived experience: best practice, chal... Best practice, challenges, and opportunities

Additional tools and resources for Deaf BSL Users

Resource	Description
The Scottish Register of Language Professionals with the Deaf Community Always book qualified interpreters	<ul style="list-style-type: none"> Scottish Register SRLPDC (thescottishregister.co.uk)
BSL (Scotland) Act 2015	All public sector bodies have a requirement to develop action plans to promote the use of BSL in their services. requires that all patients have access to information and services they need to ensure equitable access to NHS services at every stage in their lives. To ensure equitable access to services, access to BSL users interpreting provision is key as well as promotion of BSL as a language. https://www.legislation.gov.uk/asp/2015/11/contents/enacted

Additional tools and resources – Dementia

Resource	Description
Resources created as part of the Dementia Engagement and Empowerment Project (DEEP).	DEEP Resources - DEEP (dementiavoices.org.uk)
Dementia-friendly group discussions	https://www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/research-methods/tips-dementia-friendly-group
Communication and dementia	https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/tips-for-communicating-dementia
Deaf Scotland Guidance on online meeting platforms accessible	https://deafscotland.org/covid-19-thecommunication-virus/

Additional tools and resources for Visual Impairments

Resource	Description
Deafblind Scotland	Deaf Scotland have published guidance on how to make online meeting platforms accessible for people who deaf, deafblind, deafened, or hard of hearing. https://deafscotland.org/covid-19-thecommunication-virus/

Additional tools and resources for Disabled People

Resource	Description
Inclusion Scotland	https://inclusionscotland.org/news/inclusion-scotlands-guide-to-remote-working-and-online-meetings
MENCAP - communicating with people with learning disabilities	https://www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability
Disability Equality Scotland – Scotland's Inclusive Communication Hub	https://inclusivecommunication.scot
Disability Information Scotland	Resources on creating simple and accessible forms/information.

	https://www.disabilityscot.org.uk/making-information-accessible/training-resources-publications
Disability Rights UK – Youtube video – tips on how to engage with disabled people	https://www.youtube.com/watch?v=pv1jAp3Tz_s

Additional tools and resources for engaging with minority language speakers

Resource	Description
BEMIS - How to Engage with Ethnic Minorities and Hard to Reach Groups	https://bemis.org.uk/wp/wp-content/uploads/2013/10/how-to-engage-em-htr-groups.pdf

8. Definitions

This document uses a range of different terms that are further explained here.

Translation	The conversion of written text from one language to another. The word translation is used to refer to the preparation of other language publications (including written, audio-visual, electronic and other media) for people who use something different from the majority spoken language to communicate. This group does not have equal access to publications presented only in standard English and includes anyone who communicates in a minority language, including British Sign Language.
Translator	Person or programme that translates.
Interpreting	Defined as the oral transmission of meaning from one language to another that is easily understood by the listener/receiver. This includes the conversion of spoken language into British Sign Language (BSL), which is a recognised language in its own right.
Interpreters	Someone who is (at least) bilingual and has the ability and training to be able to work between two languages and facilitate communication between people.

Easy Read	<p>An accessible format that makes written information easier to understand. The Easy Read format is easy to understand because it uses simple, jargon-free language, shorter sentences and supporting images.</p> <p>Easy Read documents will not meet the needs of everyone who has difficulties in reading and understanding written information.</p> <p>Easy Read documents will:</p> <ul style="list-style-type: none"> • allow some people to access the information independently • provide a useful tool for support workers when working with individuals or groups • enable people to make their own choices <p>Easy Read documents are just one way of helping people understand information. Other ways include:</p> <ul style="list-style-type: none"> • having a conversation. • film (DVD or internet sites like YouTube) • audio recordings (CD, MP3)
Plain English	<p>Communication your audience can understand the first time they read or hear it. It avoids the use of jargon and overly complex phrasing.</p> <p>Using plain English in the first instance makes it easier to translate or interpret later.</p> <p>http://www.plainenglish.co.uk/how-to-write-in-plain-english.html</p>
Communication support	<p>Support provided to individuals who have difficulties in understanding spoken or written communication and/or in expressing themselves clearly either through speech or in writing. These difficulties can be related to, for example, learning disabilities, hearing or speech impairments and some neurological conditions.</p>
Braille	<p>A tactile reading and writing system used by people who are blind, Deafblind and visually impaired who cannot access print materials. It uses raised dots to represent the letters of the print alphabet. It also includes symbols to represent punctuation, mathematics and scientific characters, music, computer notation and community languages.</p>
British Sign Language (BSL)	<p>The first, only or preferred language of many people who are Deaf. It is a registered language in its own right, with its own grammar and syntax. It is a visual-gestural language which bears little resemblance to English.</p>

	Translation of a document into BSL requires the production of a BSL video version to ensure that it is accessible to people who are Deaf who use this language. BSL videos should also include subtitles or closed captions as standard. Subtitles can also help people who have difficulty processing auditory information - for example, some people with autism or dyspraxia.
BSL/English interpreter	Someone who is bilingual and has the qualification to be able to work between the two languages (English and British Sign Language) and facilitate communication between people. Some interpreters may be trainees and working towards their qualification, however only a qualified interpreter should be used for HIS purposes.
Tactile BSL	This is used by people who are Deafblind. It is a form of British Sign Language that uses touch (hands-on) as a medium to communicate.
Deaf, blindness or dual sensory impairment	People who are Deafblind can neither see nor hear, to the extent that their communication, mobility and access to information is significantly impaired. Some Deafblind people have enough sight to use BSL interpreters, whereas others do not and use tactile or manual sign.
Electronic and manual note takers	Note-takers work with people who are deaf or hard of hearing and who are comfortable reading English. The electronic note taker types a summary of what is being said on a computer and this information appears on the deaf person's screen. Please note: not all D/deaf people are able to read or understand written English and if they can it may not be their first or preferred language. Always check with the person.
Lip speaking/reading	Lip speakers repeat what is being said without using their voice. They produce the shape of words clearly with the flow, rhythm and phrasing of speech. They use natural gestures and facial expressions to help the person who is lip reading to follow what is being said. Making sure the faces of speakers are visible will help lip-readers.
Moon	The Moon system of embossed reading is a writing system for blind people. The Moon alphabet has embossed shapes which can be read by touch. Some of the Moon letters resemble the letters of the Latin alphabet, or other simplified letters or shapes. The Moon alphabet is easier to learn than Braille, particularly for people who lose their sight later in life. You can find more information here: https://www.sense.org.uk/informationandadvice/communication/moon/

Remote/online interpreting	Video interpretation uses a face-to-face interpreter in a fixed geographical point accessed through video technology. The service requires a camera and mic on the receiving device, such as a computer, tablet or phone. It can be used for spoken languages as well as sign language.
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9. Engagement in development of this guidance

The Equality, Inclusion and Human Rights (EIHR) Team developed this guidance to support staff in carrying out engagement exercises inclusively, ensuring we have considered how to provide engagement materials that are accessible to the diversity of Scotland's communities.

We have consulted internally staff about their needs for guidance around accessible formats. We have also collaborated closely with external colleagues who provided expertise and guidance.

Our thanks to the British Deaf Association, People First Scotland and Disability Equality Scotland.

For further advice, support or any queries - please contact us at: his.equality@nhs.scot

Easy Read Communication: Staff Resource Pack

Accompaniment to the Accessible Engagement staff guide

October 2025

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1. Introduction to Easy Read

Easy Read is a method of providing information to people with learning disabilities or reading difficulties. It involves the use of short sentences, plain language and clear images.

This resource pack has been developed by the Equality, Inclusion and Human Rights team (EIHR) in collaboration with Healthcare Improvement Scotland's (HIS) Easy Read champions. It aims to support HIS staff who may be considering Easy Read versions of their communications and engagement materials.

If you want to discuss Easy Read or have any questions about this resource, please contact the EIHR Team: his.equality@nhs.scot.

1a. What, who, why and when?

In this section we explain Easy Read in more detail, alongside the reasons you might decide to use the format.

What is Easy Read? Easy Read is a method of presenting information to people with learning disabilities or reading difficulties. It involves using short sentences, plain language and clear images. Easy Read is important because it can help ensure that everyone has access to the information they need.

Difference between Plain English and Easy Read: Plain Language is clear, informal writing designed for anyone with reading age of between 9–11 years. It is used for the everyday reader, to make information easy to understand. Easy Read is for people who experience more significant challenge reading or understanding written text. In summary,

Easy Read:

- Has lots of white space between very short sentences
- Only includes key information—documents should be no longer than 15-20 pages
- Avoids complex punctuation
- Uses images to support the text
- Is often designed to be read with a support person.

Plain Language:

- uses longer sentences and paragraphs
- keeps all details in
- uses standard punctuation

- does not rely on images.

Who is Easy Read for? It is primarily used for people with learning disabilities. Its clarity and brevity can however mean it is also helpful for other people, for example,

- people with low literacy levels
- people whose first language is not English
- people who need to read information quickly
- people with attention regulation differences.

When Should You Use Easy Read?

Easy Read formats are essential when communicating with people who have learning disabilities or other challenges such as low literacy levels. You should use Easy Read when your audience includes individuals who may struggle with standard written communication – whether this is known already or anticipated. Completing an Equality Impact Assessment (EQIA) will be able to assist you in making this judgement.

Why Does It Matter? Accessibility, Inclusion and Legal Obligations.

Ensuring accessibility and inclusion is not only a matter of social responsibility, but also a legal requirement under the [Equality Act 2010](#) in the UK and Scotland. This legislation protects disabled people from discrimination. It requires that organisations take a proactive approach to identifying and removing barriers; and that we make reasonable adjustments for individuals when requested.

Beyond our legal requirement there are also good practice reasons to use Easy Read:

- accessible services can support more people, including the 14 million disabled people in the UK and Scotland—over 20 % of the population
- designing for accessibility often improves usability for everyone
- demonstrating a commitment to inclusion enhances brand reputation and builds trust, and
- embedding inclusive practices helps organisations stay ahead of policy and technological changes.

2. Support available to HIS Staff

2a. The role of the Equality, Inclusion and Human Rights Team and the HIS Easy Read Champions

Within HIS, a small group of staff who are part of the Community Engagement and Transformational Change (CETC) Directorate have received specialist training from Disability Equality Scotland in creating Easy Read materials. These staff members have developed valuable knowledge and experience in accessible communication and are happy to share this as capacity allows. Contact details are available on the [source](#) page.

If you are unsure where to start, the EIHR Team and Easy Read Champions are available to support you with:

- Initial advice and guidance
- templates and examples of internal and external Easy Read reports
- access to the [Photosymbols](#) image library and links to other libraries and image banks, via contact with the EIHR Team
- a list of commonly used Easy Read words and images based on previous work
- proof-reading and feedback on your draft materials
- support or collaboration in drafting short Easy Read documents (this will depend on staff capacity)
- support with external commissioning and training on Easy Read, and
- links with our Engagement Advisors (Community) as well as contact details for external partners to help you gather feedback on materials from the communities that will use them.

2b. The Role of the HIS Communication Team

You will also need to work with your contact in the Communications Team for advice and assurance that all Easy Read materials comply with HIS policy, including:

- branding guidelines
- HIS corporate style guide
- HIS template guide
- digital accessibility, and
- Communications Team processes.

3. Easy Read staff toolkit: Planning your Easy Read Document

3a. Start by assessing whether an Easy Read version is needed

Creating Easy Read materials helps make information clearer and more accessible. While it can take time and resources to create, it is a practical way to meet equality duties and best practice.

Easy Read is not just about compliance – it is about making sure everyone has the chance to understand and take part in our work. By using Easy Read formats, we can help more people to engage with important information and feel empowered to participate. Below are some key questions to consider:

Who Is the Information For?

- Does your audience include people with learning disabilities or who may have low literacy levels? Also consider carers, support workers or family members who may assist people to engage with information
- Are there any other groups who would benefit from a simpler form of communication?

Is Easy Read the best format?

- Would another accessible format (e.g. animation, infographic or video) be more effective?
- What formats can your team realistically produce with current skills and resources?

If unsure, consult with the EIHR Team, Easy Read Champions, Communication Team or stakeholder groups.

How will the information be shared?

- How will the information be distributed and easy to access?
- Can the information be put into other formats if requested?

If Easy Read is the right format:

Once you have confirmed that Easy Read is the right format, you will need to decide whether to produce it internally or commission it externally.

Commission externally when:

- the document is long (typically over 8–10 pages)
- your team lacks time, capacity or expertise to produce an Easy Read document
- you need specialist support with layout, imagery or user testing.

Produce internally when:

- the document is short and straightforward (under 8 pages)
- you have limited time or budget, and
- your team has basic skills in Easy Read or can access those who do.

Remember to plan ahead ...

Easy Read production often takes longer than expected, especially when developed alongside a standard version. Build in extra time for drafting, reviewing and testing.

3b. Writing the contents – steps for internally produced Easy Read documents

Getting Started: who to speak to

- contact the EIHR Team and Communications Team early for advice and guidance
- agree on the role of Easy Read Champions – support will vary depending on team capacity and expertise. Contact his.equality@nhs.scot to access this support
- use the guidance in this toolkit to help you get started.

Designing Your Communication

Content:

- Prioritise key messages by focussing on what the reader needs to know and what actions they need to take. Highlight sections in your standard document to pull out this information
- review previous internal and external examples (see section 5)
- consider your audience to have a reading ability aligned with Primary 4 (up to age 9). This is about their reading skills, so be mindful that their lived experience is likely to be broader, and
- avoid unnecessary detail. Summarise complex sections and remove technical or background information unless essential.

Layout and Design:

The EIHR Team can provide a template layout for your document, but here are the general rules to follow:

- Have a cover page with a title and use the Easy Read symbol
- When longer than 5 pages, consider providing a contents page
- use a table to support your layout – 2 columns, where images are in the left column and text is in the right column (you can make the table borders invisible once you have finished)
- use plenty of white space
- ensure high contrast between text and background colour

- one idea per sentence
- use short sentences and paragraphs
- use bullet points or numbered lists for clarity
- left align text (do not justify text)
- use clear headings to help readers navigate the document easily
- use plain, simple language
- use active voice
- avoid jargon, acronyms, and complex terms (or explain them clearly)
- use large, clear fonts (e.g. Calibri, minimum 16pt) and
- do not use all capital letters

Use of Images:

- use images to support the text, not just to decorate. Ensure the images are meaningful and directly related to the idea in the sentence
- all images should include descriptive alt text to support screen reader accessibility
- place images to the left of the text which they relate to (this is because we read left to right)
- avoid using any additional images—only use images with direct relevance to the text and.
- links to image libraries and support.

Review and Feedback

- use the checklist provided in this pack to review your decision and contents
- share your draft with Easy Read champions and the Comms Team for feedback and comments
- test and use Readability checkers (link to resources). Consider using our own volunteers for readability (People Experience Volunteers / Public Partners)
- test the document with people with learning disabilities or who are part of your target audience to ensure it is accessible. Engagement Advisors (Community) can support with contacts where needed
- ensure accessibility. Make sure the document works well with screen readers and can be printed clearly. The Communications Team can support you with this.

Approval and Publishing

- follow your directorate's sign-off process to get approval for your Easy Read document. This should include checking with the Communications Team, and
- publish the Easy Read version alongside any standard version you produce to make sure it is easy for people to find.

Champs Top Tips No1

Don't soften what you are trying to say.... Don't overthink!

Champs Top Tips No2

Read it aloud to a colleague – edit and be ruthless!

Champs Top Tips No3

Ask yourself: Who is the reader? What does the reader need to know? What do you want the reader to do.

Champs Top Tips No4

Use examples that the reader will be familiar with e.g. using a bus rather than a car. If possible, use personal examples that readers could relate to.

3c. Steps for externally commissioning an Easy Read report

Select a Trusted Provider.

- Choose an organisation with a strong track record in Easy Read production - refer to the **partner organisation list** at Section 5 below or consult the **EIHR Team** for recommendations
- confirm the provider adheres to recognised standards such as:
 - [Accessible information standard](#)
 - [Plain English Campaign](#)
- Obtain approval for the work and associated costs from your budget holder.

Agree on Scope and Format

- Specify what sections or content need to be translated from your standard report into Easy Read
- discuss layout preferences (e.g. use of Photosymbols, font size and spacing), and
- ask whether the provider includes user testing as part of their process.

Provide Source Material and Context

- share the original report or content in full, and
- include background information, key messages and any sensitive topics to be handled carefully.

Set Clear Timelines and Milestones

- agree on delivery dates for drafts and final versions and,

- build in time for internal review and community testing.

Review Drafts Internally

Check for:

- accuracy of information
- clarity and simplicity of language
- appropriate use of images and layout
- ensure it reflects HIS tone and values, and
- work with Engagement Advisors (Community) or relevant community groups for support.

Approval and Publishing

- ensure all feedback has been incorporated
- follow your internal sign-off process, including communications approval, and
- publish the Easy Read version alongside the standard version on the website or HIS channels.

DRAFT

4. Resources for Easy Read Materials

4a. Tools and Readability Checkers

Free readability checkers—to help assess the reading skills you can use the following:

- [Flesch-Kincaid Grade Level \(American Grade Indicator\)](#)
- [www.textcompare.org/readability](#)
- [The Five Finger test](#)
- [SMOG Test / Gunning Fog Index](#)
- [Hemingway Editor](#)

4b. Language and Style Support

Helpful references for simplifying language:

- Cambridge Dictionary and Thesaurus—[Cambridge Dictionary | English Dictionary, Translations and Thesaurus](#)
- Plain English Campaign—Alternative word lists and free guides [The A - Z of alternative words](#)

4c. Style Guides

Helpful references for styles:

- [Accessible communication formats - GOV.UK](#)
- [Easy Read library | Mencap](#)
- NHS England: Learning Disability Access Comms Guidance—[LearningDisabilityAccessCommsGuidance.pdf](#)

4d. User Feedback and collaboration

CETC Directorate's Engagement Advisors (Community) – If you need support to test your document with lay people or people with lived experience, you could ask our Engagement Advisors (Community) to support with this. Contact details are available on our [Volunteer Source Page](#).

4e. Image Libraries

- [Photosymbols](#)—The EIHR Team and Easy Read Champions can work with you for access to this image library.
- [Image Bank - Learning Disability Service](#)

4f. Examples

External Examples of Easy Read:

Here are links to some examples of internally produced Easy Read reports

- NHS Inform: [Easy Read | Translations How we use your information: easy read](#)
- Scot Gov—Guide to Cervical Cancer Screening
[CSP05 easy guide to cervical screening July 25.pdf](#)
- [Bairns' Hoose – children and young people: participation and engagement plan - easy read - gov.scot](#)
- Prepared for CETC by Disability Equality Scotland [gpv organ donation easy read sept18.pdf](#)

Internally produced examples of Easy Read:

Here are links to some examples of internally produced Easy Read reports. There may be other examples we can share and the EIHR Team can support this.

- [NHS-Greater-Glasgow-and-Clyde-Emergency-Department-Review-Easy-Read-Summary-March-2025.pdf](#)

5. Partner organisations for Easy Read support

These organisations offer expert support to create accessible Easy Read materials, including:

- staff training in Easy Read approaches
- awareness sessions and,
- professional support with producing Easy Read documents.

Working with them can make your communications clearer, more inclusive and more effective.

Organisations		Information	Cost
People First Scotland	Easy Read—people with learning disabilities	Tailored training delivered from both the development worker and their members. This can be around awareness of Easy Read. People First (Scotland) - People First (Scotland)	No cost (unless substantial and resource intense)
Disability Equality Scotland	Easy Read. translation service. Easy Read Training and workshops	Easy Read - Disability Equality Scotland Shona McEwan or Lucy Gibbons Easy Read Worker T: 0141 378 6783 Easy Read Translation service Can work with you to convert your information into Easy Read. Easy Read Training The course is delivered online through five 90-minute modules where you are introduced to the skills to format and create an Easy Read version of a document.	Costs of translation range depending on complexity and length of reports. Cost from £500 per person.

6. Appendix

6.1 Easy Read Checklist – Internally produced Easy Read documents

Use this quick checklist to decide if an Easy Read version is needed and then to ensure it meets accessibility standards and procedures.

Stage 1: Decision and Planning

- Is an Easy Read version needed? (Consider your audience)
- Have I consulted EIHR or Easy Read champions and Comms?
- Will this be produced internally or commissioned to an external stakeholder?

Stage 2: Internal Production Checklist

- Have I used plain, simple language throughout?
- Is each sentence short and focused on one idea?
- Have I explained any more complex words or avoided them?
- Are images meaningful and directly related to the text?
- Is the font size at least 16pt and easy to read?
- Is there enough white space between lines and sections?
- Have I formatted for wider accessibility? eg included Alt Text in the images
- Have I used clear titles and headings?
- Is the layout consistent and uncluttered?

Stage 3: Testing and Approval

- Have I used a readability checker?
- Have I tested with someone from the target audience?
- Has the document been reviewed by HIS Easy Read champions? Have I considered testing the document with our Public Partners or People's Experience volunteers?
- Have I shared the document with my Comms Team contact?
- Have all the final approvals been received? Eg audience, directorate, Comms
- Has the distribution method been agreed? Eg digital, paper

6.2 Easy Read Checklist for Commissioning

Use This Checklist When Working With an External Provider to Ensure Quality, Consistency and Accessibility.

Stage 1: Selecting a Provider

- Have I chosen a provider with proven experience in Easy Read production?
- Have I checked the partner organisation list or consulted the EIHR Team?
- Have I confirmed the provider follows recognised standards (eg Accessible Information Standard, Plain English)?
- Have I secured agreement for the work and budget from my line manager?

Stage 2: Defining Scope and Format

- Have I clearly specified which sections/content need to be translated into Easy Read?
- Have I discussed layout preferences (eg Photosymbols, font size, spacing)?
- Have I asked whether the provider includes user testing?

Stage 3: Providing Source Material

- Have I shared the full original report or content?
- Have I included background information and key messages?
- Have I flagged any sensitive topics that require careful handling?

Stage 4: Setting Timelines

- Have I agreed on delivery dates for drafts and final versions?
- Have I built in time for internal review and community/user testing?

Stage 5: Reviewing Drafts

- Have I checked for accuracy, clarity and appropriate use of images?
- Does the draft reflect our organisation's tone and values?
- Have I involved CETC Engagement Advisors or relevant community groups?

Stage 6: Final Approval and Publishing

- Have all feedback and revisions been incorporated?
- Has the document been approved by internal communications and sign-off leads?
- Is the Easy Read version published alongside the standard version on appropriate platforms?

Keeping inclusion at the heart of what we do

Edition 3 – October 2025

Welcome Back

This is the third inclusion bulletin from the Equality, Inclusion and Human Rights (EIHR) Team. As we enter **Black History Month**, the focus of this bulletin will be to showcase our commitment to celebrating diversity and promoting inclusion.

In this edition:

- Celebrating Black History Month and our anti-racism commitment.
- Key Equality Dates for October and November
- Updates from our Staff Equality Networks, and
- Our Learning and Resources.

Need advice or want to share good practice? Just want to connect? We're here for you.

His.equalities@nhs.scot

Rosie, Jackie, Linda, Suzi, Iain and Paula

Equality, Inclusion and Human Rights Team

Key Equality Dates for your Diary

October 1 – 31: Black History Month

October 1: Anniversary of the introduction of the Equality Act.

October 10: World Mental Health Day

October 18: National Menopause Day

October 21: Diwali (Hindu)

November 16: Start of UK Disability History Month (ends December 16)

November 25: International Day for the Elimination of Violence Against Women

Celebrating Black History Month: 1–31 October 2025

This October, we're proud to mark Black History Month as part of our ongoing commitment to celebrating diversity and fostering inclusion. It is a time to celebrate the achievements, culture, and contributions of Black people in the UK and internationally. In healthcare, it's also a moment to reflect on the inequalities that persist and the work we must do to create a fairer, more inclusive system for all.

Throughout the month, we encourage all staff to:

- share reflections and personal stories with colleagues to help build understanding and connection
- take time to read, learn, and explore the rich history and contributions of Black communities
- join upcoming discussions and learning sessions to deepen awareness and support toward racial equity.

Explore Black History Through Time: Interactive Timeline Display

As part of our commitment to diversity and inclusion, we're sharing an Historical Timeline Display that highlights key events, movements and influential figures in Black history. This visual includes:

- landmark moments such as the Civil Rights Movement, Windrush generation, and Black Lives Matter
- trailblazers in politics, science, arts, and activism
- stories of resilience, leadership, and impact that continue to shape our society and,
- Stories of **resilience, leadership, and impact** that continue to shape our society.

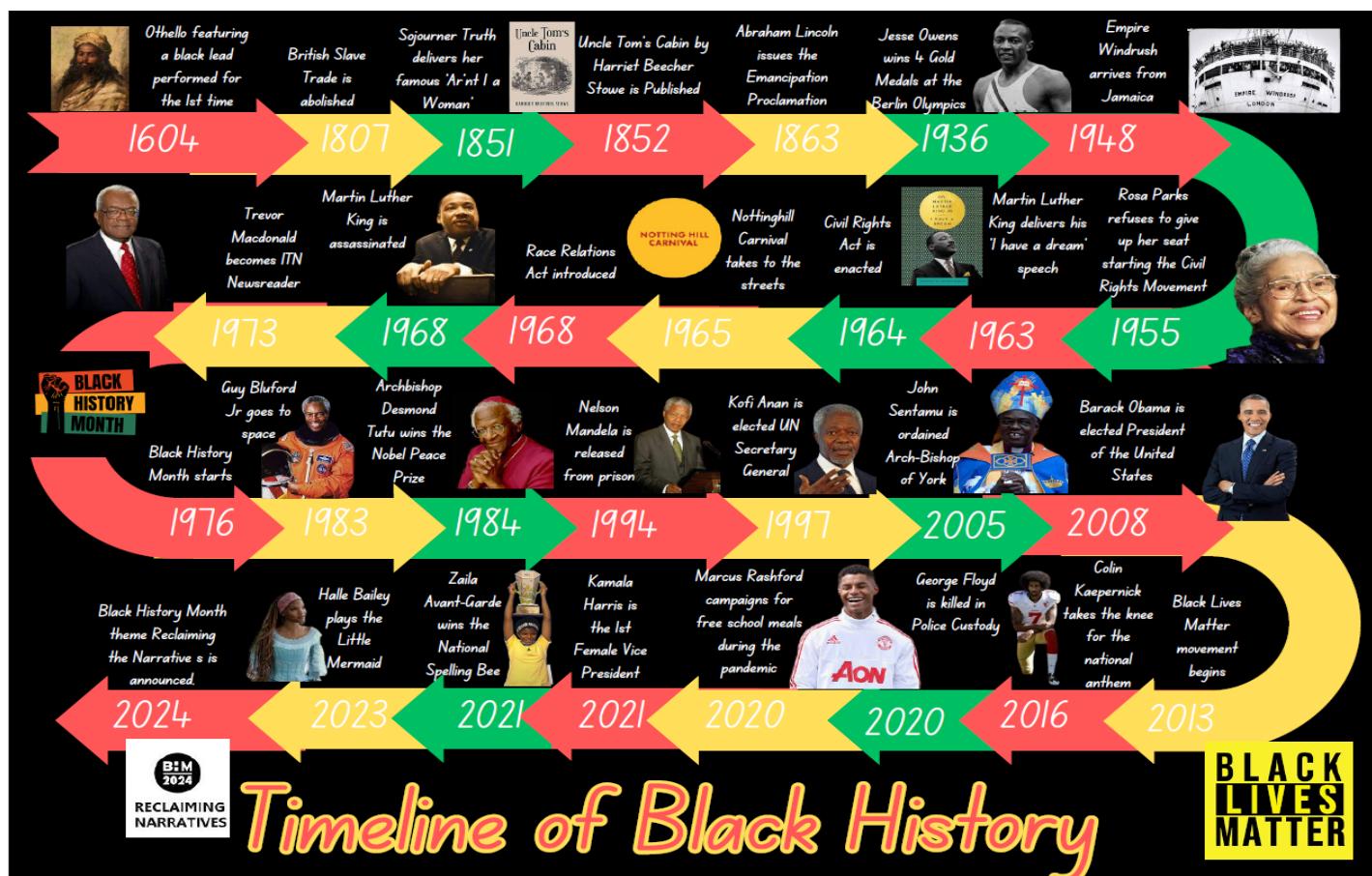


Image Description: Timeline of key moments in Black History for Black History Month from 1604 - 2024

Further Learning: Stories Worth Sharing

Take some protected learning time, grab a coffee, and explore these powerful stories and resources:

Historical Figures & Stories:

- [African nurses - The National Archives](#)
- [James McCune Smith: An Outcast from the Land of the Free - Historic Environment Scotland Blog](#)
- [Agnes Yewande Savage | UncoverED | Global](#)
- ['A quiet revolutionary': the NHS's first Black matron | RCN Magazine | Royal College of Nursing](#)

Contemporary Voices:

- [In conversation with Dame Elizabeth Anionwu | RCN Bulletin | Royal College of Nursing](#)
- [Black History Month – Basil Ndikom, Specialist Biomedical Scientist – News & Media](#)

Article summarizing a few figures:

- [Celebrating black pioneers throughout healthcare history | Skills for Health](#)

Spotlight from our Race and Ethnicity staff network and Black History Month

At Healthcare Improvement Scotland, we're committed to anti-racism. Our Anti-Racism Action Plan is being delivered by a cross-directorate group of staff, working together to challenge systemic racism and embed inclusive practices across our organisation. This work is supported by our Equality, Inclusion and Human Rights team, and we encourage everyone to get involved.

One way to do this is by joining the Race and Ethnicity Network (REN) - a supportive space for minority ethnic colleagues and allies to connect, share experiences, and shape change. REN is open to all staff and can be joined via the [Teams channel for allies](#) and for [minority ethnic peer support](#).

What's coming up from the Race and Ethnicity Network (REN)

This October, REN will be spotlighted in the All-Staff Huddle, where we'll be raising awareness of race equality in healthcare. We hope to be able to share staff stories and lived experiences so keep an eye out for these. We invite you to:

- support REN by joining the conversation and amplifying diverse voices as a minority ethnic peer member or as an ally
- represent your directorate in the Anti-Racism Plan activities and help drive meaningful change
- take part in the HIS Discovery Conversation on staff networks, hosted by the Equality, Inclusion and Human Rights team - an opportunity to share ideas and help shape the future of inclusion at HIS. Get in touch with the team for more information.

Staff Equality Networks

Celebrating, supporting, and amplifying staff voices across HIS

Race and Ethnicity Network - Supporting racial equity and amplifying diverse voices

Next network meeting: 18 November at 9:15am [Click here to join the meeting](#)

To join the MS Teams Channel for the network, visit [Join Network](#)

PRIDE Network - Championing LGBTQ+ inclusion and visibility

Next social drop-in: 15 October at 1pm [Click here to join the meeting](#)

To join the MS Teams Channel for the network, visit [Join Network](#)

Disability Network - Creating accessible spaces and championing disability inclusion

Next network meeting: 28 October at 11am [Click here to join the meeting](#)

To join the MS Teams Channel for the network, visit [Join Network](#)

Carers Network - Supporting staff with caring responsibilities

Next Caring Cuppa date: 4 November at 4pm [Click here to join the meeting](#)

To join the MS Teams Channel for the network, visit [Join Network](#)

Sharing Practice: Inclusive Engagement Across HIS

Real stories and case studies from teams across.

Listening to Communities: Shaping Our Anti-Racism Plan

As part of Healthcare Improvement Scotland's commitment to anti-racism, we carried out focused engagement with minority ethnic communities to help shape our organisational plan.

Following a Scottish Government request in March 2024, all NHS Scotland organisations were asked to develop anti-racism plans informed by the voices of staff and communities. HIS worked closely with its Race and Ethnicity Network (REN) and engaged with 16 individuals from diverse backgrounds to better understand their experiences of NHS services and what matters most to them.

This engagement helped identify key recommendations that have now been built into the HIS anti-racism action plan.

Jackie Weir, from the EIHR Team, said:

"It was important for us to hear directly from communities - not just about challenges, but about what meaningful change looks like in practice."

We're proud to share this example of inclusive practice and encourage others to continue engaging with communities to shape equitable healthcare.

[Gathering Views - HIS Anti Racism Plan](#)

The EIHR Learning Lounge

Your space for knowledge, reflection, and team growth

Be the change: how to lead with accountability and anti-racism – Watch on demand

<https://www.kingsfund.org.uk/events/anti-racist-practice-at-work>

The free online event with Anne-Marie Archard and Professor Joy Warmington, explored practical ways to embed anti-racist practices at work, especially during times of change. This interactive session offered actionable insights from the [Activate anti-racism leadership Course](#), with space for discussion and Q&A. Whether you're starting or deepening your journey, we hope this conversation leaves you inspired to lead with equity.

Every action - no matter how small - helps build a more inclusive workplace.

Role of Public Partners

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 2.4

Responsible Executive/Non-Executive Clare Morrison, Director of Engagement and Change

Report Author: Tony McGowan, Associate Director of Community Engagement

Purpose of paper: Assurance

1. Purpose

To provide information about the ways in which Public Partner volunteers continue to effectively support a variety of teams and committees across Healthcare Improvement Scotland (HIS); and how Public Partners are themselves receiving the right support to carry out their roles.

2. Executive Summary

Current cohort and recruitment

The Public Partner volunteer role is about bringing a public perspective to Healthcare Improvement Scotland's work. This is achieved through Public Partners contributing to activities where it has been identified that a public perspective will help promote quality in delivery. This can range from membership of committees to reviewing public-facing communications.

Public Partner volunteers are recruited and managed by the Equality, Inclusion and Human Rights (EIHR) Team. We currently have 17 Public Partners working across teams in the Evidence and Digital Directorate and the Quality Assurance and Regulation Directorate; as well as the Quality and Performance Committee and, going forward, the Succession Planning Committee. External recruitment is ongoing for one new Public Partner role on the National Cancer Medicines Advisory Group (Appendix 1). It is anticipated this appointment will be confirmed during the first week of November following structured conversations with interested individuals.

HIS support for Public Partners

During September 2025, the EIHR Team piloted an equality and inclusion session for Public Partner volunteers. This was attended by a small cohort of four volunteers following feedback on potentially useful content from the wider group. The session was well received with participants reflecting in the evaluation that they:

- “emerge with reassured confidence that HIS remains on a sympathetic, tolerant and accepting track”
- “liked the way everything was presented which was easy to understand and the fact that it was a two way process was really useful allowing me to learn from colleague public partners as well”.

As this was a pilot, the EIHR team plan to develop the session and widen the offer to People’s Experience Volunteers. One suggestion for improvement was to consider repeating the session with a different audience made up entirely of people with lived experience across one or more of the protected characteristics. The team will explore this suggestion as a means of checking and finessing the session’s content.

Provision of HIS laptops to Public Partners

Recent work has been undertaken to expedite the provision of HIS laptops to Public Partners, including those recruited earlier this year who do not currently have HIS IT equipment to support them in their role. This has been a longstanding issue, with Public Partners resorting to use their own equipment in order to read documents and respond to emails. After escalation to the Associate Director of Community Engagement, HIS IT colleagues have confirmed they will deliver Public Partner IT requirements over a six-week period starting in November 2025. Interim measures to ensure proper management of HIS documents have been advised by IT leads and communicated with Public Partners and volunteer managers.

Opportunities to promote the Public Partner role

Two exciting opportunities to promote the role of HIS Public Partners are currently planned for. HIS was asked to nominate an exceptional member of our team to attend Scotland’s Health Awards 2025. Public Partner Claire Fernie (Scottish Health Technologies Group) received this nomination via the Chief Executive, and we are delighted that she accepted. We are currently planning for the HIS Annual Review due to take place on 15 December 2025. The overall programme includes a dedicated one-hour session with patients, service users, carers and members of the public. This will be an opportunity to speak to a range of themes which demonstrate how people’s voices are at the heart of HIS’ work. Public Partner Adam Gaines (Scottish Medicines Consortium) will talk about both the support received by Public Partners and the impact they have.

3. Recommendation

The Council is asked to:

- Note the updates provided within the paper.

It is recommended that the Council accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

The EHHR Team continue to demonstrate effective systems and processes to support Public Partners and the teams they work with across HIS. Positive feedback from both Public Partners and staff highlights the value, visibility and consistency of this support.

While some risk remains due to delays in providing HIS laptops to all Public Partners, this issue has been escalated appropriately, and an agreed implementation plan is now in place with HIS IT colleagues. The associate risks – particularly around access, confidentiality, and continuity – are being managed through interim controls and clear communication. Once the IT project is completed, this will further strengthen assurance around the overall effectiveness of Public Partner support arrangements.

4. Appendices and links to additional information

- Appendix 1: NCMAG Public Partner role

National Cancer Medicines Advisory Group (NCMAG) Programme

NCMAG Public Partner Role Specification

About NCMAG

The overall aim of the Healthcare Improvement Scotland National Cancer Medicines Advisory Group (NCMAG) Programme is to improve patient outcomes, reduce inequity of access, and improve effectiveness and efficiency of process for the safe implementation of off-label and off-patent uses of cancer medicines. The work programme will be driven by clinical need in consultation with SGHD National Cancer Recovery Group and cancer clinicians within NHSScotland.

When considering a new medicine the NCMAG Council looks at:

- How well the medicine works.
- Which patients would benefit from it.
- Whether it is as good or better than medicines the NHS already uses to treat the condition.
- Whether it is good value for money.

Understanding the experiences of patients, their families and carers is a key element in our decision-making process, in addition to understanding key considerations around the clinical and economic case for the use of a medicine. This enables Council members to make a fully informed decision on whether or not to support a proposal for use of an off-label or off-patent medicine.

Public partners are volunteers who support Healthcare Improvement Scotland's work by bringing a public perspective and helping us make sure that people affected by decisions are involved in those decisions.

Further information about NCMAG can be found here: [NCMAG Programme Webpage](#)

Public Partners Role and Responsibilities

- Comply with the roles and responsibilities of individual members of the NCMAG Council. Please refer to latest NCMAG Council Terms of Reference available on Healthcare Improvement Scotland NCMAG webpage.
- To consider the work and outputs of the group from the public perspective
- Advise on how the work of the group should be communicated to the public and patient groups where relevant
- To ask questions of clinical experts on the group to ensure the work remains relevant from the public perspective
- To make certain that decision-making is consistent and transparent, and to ensure public facing materials are accessible and comprehensible.
- Advice may also be provided on possible wider inclusive consultation with patient groups and

suggestions for such activity considered by NCMAG.

- As a full member of the NCMAG Council, you are expected to participate in the consensus-building discussion on every medicine that is considered.
- There may be the opportunity to attend external events, such as conferences and training events, to promote the role of a Public Partner working in NCMAG. This is not a core requirement, it will be subject to your availability, and in line with the requirements of the NCMAG Work Programme.

Membership and Commitment to NCMAG Council

The NCMAG Public Partner role has a **three-year term**. A second term may be offered if mutually agreeable and in line with NCMAG requirements and public partners remaining term with Healthcare Improvement Scotland.

Public Partners are required to:

- Attend each quarterly NCMAG Council meeting, which can last up to 3 hours and takes place in the mornings on Thursday's as per dates planned by NCMAG team up to 4 times a year.
- To read papers in advance of attending NCMAG Council meetings, in order to be able to make an informed contribution. A significant amount of preparation time is required for attendance at these meetings due to the large number of papers. Papers are distributed approximately one week in advance via email communication.
- To notify NCMAG Team of availability for all planned meetings to ensure quorum is met.

Skills, Knowledge and Experience Required

No formal qualifications are necessary, but it may help if you have some of the following:

- The ability to take in and understand information quickly and effectively.
- The ability to express ideas concisely and ask challenging questions.
- The ability to share your views clearly and sensitively from a public perspective.
- Sound judgement and ability to weigh evidence in order to reach an objective and impartial conclusion.
- The desire and willingness to work with the NCMAG Team.
- A general interest in improving patient experience of healthcare.
- An understanding of the potential impact of inequalities on health.
- Experience of participating in committees, council or formal meetings.

Support and Training

- NCMAG Public Partner induction to NCMAG Programme includes spending time with relevant members of the NCMAG team to provide you with a general introduction of the work of NCMAG Programme, related groups and processes before starting your role.
- You will be fully supported by the NCMAG Team and are encouraged to seek support if you feel unable to carry out a task or need to discuss any aspect of your role by contacting the NCMAG Team who can arrange appropriate assistance.
- We will seek to provide any required training and you will not be expected to do anything that you feel unable to.
- The language used in the meeting papers may be scientific, medical and technical. As a Public Partner

you are not required to understand all aspects of the research methodology and approaches used. You will be provided with support to help you in understanding these sufficiently to allow you to contribute from a public perspective. The NCMAG Team will engage with Public Partners in the form of briefing calls/pre-meetings ahead of NCMAG Council meetings. This will provide an opportunity to go over the papers and for Public Partners to ask questions and clarify any aspects of the work.

Meetings

- All meetings will aim to be accessible and inclusive. Individual access and support needs will be discussed in advance and met accordingly. NCMAG meetings will routinely be held virtually and it is important to recognise that group membership will be drawn from across Scotland (north, west and east regional cancer networks).
- The Public Partner should notify the NCMAG team of their needs in order to make appropriate arrangements.

Declarations of Interest and Confidentiality

- All NCMAG Council members and NCMAG staff are required to make a full declaration of interest on appointment and annually thereafter, in accordance with our code of practice on declarations of interest. Members are also required to declare relevant interests at meetings, regardless of whether those interests have previously been declared to NCMAG.
- Please observe confidentiality in respect of all information shared with you in relation to NCMAG processes and take steps to ensure it is not breached, therefore please ensure that all information is treated in the strictest confidence and confidentiality is always maintained and adhered to.

Expenses

- Expenses and other support will be provided in line with Healthcare Improvement Scotland (HIS) policy. The policy and expenses claim forms can be made available upon request.
- Any expenses forms should be submitted no more than three months from the date of travel or accommodation.

NCMAG Team Contact

NCMAG Programme Team
Email: his.ncmag@nhs.scot

Engagement Practice - Assurance

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 3.1

Responsible Executive Clare Morrison, Director of Engagement and Change

Report Author: Derek Blues, Head of Engagement Practice – Assurance

Purpose of paper: Discussion following a presentation at the meeting

1. Purpose

The Community Engagement & Transformational Change Directorate discharges Healthcare Improvement Scotland's (HIS) statutory duties in relation to supporting, ensuring and monitoring of engagement. The purpose of this paper is to provide the Scottish Health Council with an update on the work of the Engagement Practice – Assurance Unit work to support key strategic issues relating to the statutory duties of HIS.

2. Executive Summary

The Engagement Practice – Assurance Unit consists of three workstreams as noted below:

- Assurance of engagement in service change;
- Equalities Inclusion and Human Rights; and
- Strategic Engagement (including communities)

Assurance of Engagement in service change workstream

Item 2.1 provides an overview of the work of the engagement in service change team including details of the service changes currently being supported, work to support development of a single authority model in Argyll & Clyde, Orkney and Western Isles and the support for nationally determined service changes.

Equalities, Inclusion & Human Rights workstream

The EIHR team continues to oversee the work to ensure that Healthcare Improvement Scotland (HIS) are meeting legal and good practice standards in relation to equality, inclusion and human rights.

Item 2.3 sets out the detail of this work including a summary of EQIA compliance across HIS (96% compliance) and progress with four new equality outcomes, including the outcome that HIS staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system. We also published a connected anti-racism plan. These jointly meet requirements under the Equality Act 2010 (Specific Duties) (Scotland)

Regulations 2012 and the Scottish Government requirement for all NHS Scotland bodies to have an anti-racism plan in place.

Strategic Engagement and Community Support workstream

The Strategic Engagement Lead (SEL) role focuses on building and maintaining relationships with senior leaders in NHS boards and HSCPs across Scotland, discussing a range of engagement topics (which can include service change, engagement strategies etc) and sharing information on work programmes from across the wider organisation.

Almost all of the NHS boards are connected with the SELs (including the national boards) and many of the HSCPs are connected too. Establishing relationships where there is currently no contact is a priority for the remainder of the 2025/26 period. There have been a number of requests for presentations and discussion sessions on “back to basics” engagement tools or [Planning with People](#) (2024). These sessions have been very well received, with subsequent requests for follow up discussion with individual participants.

The work of the Engagement Advisors (Communities) is focused on communities across Scotland. These might be geographical communities or communities of interest or demographics. During 2024/25 the team took a thematic approach to their work, building relationships with groups such as unpaid carers, black and minority ethnic (BME) groups, young people and LGBT groups. For the remainder of 2025/26 the team are concentrating on geographical areas, providing introductory meetings with a range of groups within each area across Scotland. To celebrate the first year of the EAC role, an annual report was published and shared with the groups involved.

The EAC team also provide support to the People’s Experience Volunteers (PEVs). This support includes maintaining contact and relationship building, forwarding on opportunities for involvement in a range of HIS work programmes and providing feedback on the difference their contribution has made. The first update of a regular update bulletin was recently sent to the volunteers.

Risks and considerations

- Organisational: The workstreams within the Engagement Practice – Assurance Unit help ensure HIS meets its own statutory responsibilities with respect to equalities, and Boards’ statutory duties with respect to meaningful engagement in service change, in line with the [Planning with People](#) (2024) guidance.
- Clinical & Care Governance: The assurance of meaningful engagement in service change supports high quality health and social care. Within HIS, equality and other impact assessments help ensure work programmes are properly informed and responsive to the needs of all protected characteristics communities, and particularly marginalised groups where health inequalities are a critical issue.
- Stakeholder considerations and engagement: Improved visibility of public voice and lived experience impact within equalities work and service changes enhances transparency and confidence.
- Equality and diversity: Our Unit’s workstreams support both HIS’ and Boards’ compliance with the [Public Sector Equality Duty](#), [Fairer Scotland Duty](#), and [HIS Board Equality Outcomes](#).

3. Recommendations

Scottish Health Council Members are asked to:

- Consider and discuss the ongoing work for all aspects of the Engagement Practice – Assurance Unit's workstreams

It is recommended that the Council accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

4. Appendices

None

2025-26 Operational Plan Q2 Progress Report

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 3.2

Responsible Executive: Clare Morrison, Director of Community Engagement

Report Author: Richard Kennedy-McCrea, Operations Manager

Purpose of paper: Discussion

1. Purpose

This paper provides the Council with an update on the Directorate's progress with our work outlined in the Operational Plan for 2025-26, particularly noting impacts from Q2. The Council is asked to discuss the contents of the paper.

2. Executive Summary

The Community Engagement & Transformational Change directorate provides a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas as set out in its 2023-28 Strategy. Our Governance for Engagement approach helps to ensure engagement across the organisation is high-quality, proportionate and meets the needs of service providers and users. We also provide a wealth of advice and resources to the wider health and care system, in line with our vision of becoming the go-to place for engagement evidence, improvement and assurance.

This update report describes how our work has contributed to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

During Q2 our staff demonstrated progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

A revised edition of our guide to [*Evaluating Participation*](#) has been well-received and was among the most-downloaded resources from our website this quarter. The guide provides practical advice and templates to enable services to evaluate their own engagement activity.

Our delivery of presentations and facilitated discussion sessions on a range of topics to diverse audiences of professionals – often requested by services at short notice – has received positive feedback and multiple invitations to deliver follow-up sessions.

An evaluation of the role of our Engagement Advisors (Community) after a full year in post describes both their activity and impact. Through over 200 meetings and participation in over 30 local networks, we have gathered insights into local challenges faced by diverse communities and uncovered inspiring examples of groups developing their own solutions.

3. Recommendation

The Council is asked to note and discuss the content of the 2025-26 Quarter 2 Update.

It is recommended that the Council accepts the following Level of Assurance:

Moderate: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

The outcomes and impacts described in the Appendix relate to work already completed in previous quarters and years. We have established processes in place to proactively seek and record feedback from external stakeholders across most of our teams. There remains a residual risk that we do not hear about every positive impact, particularly for the longest-term outcomes which may take several years to become apparent.

4. Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2025-26 Quarter 2 Update

Quarter 2 Update: July – September 2025

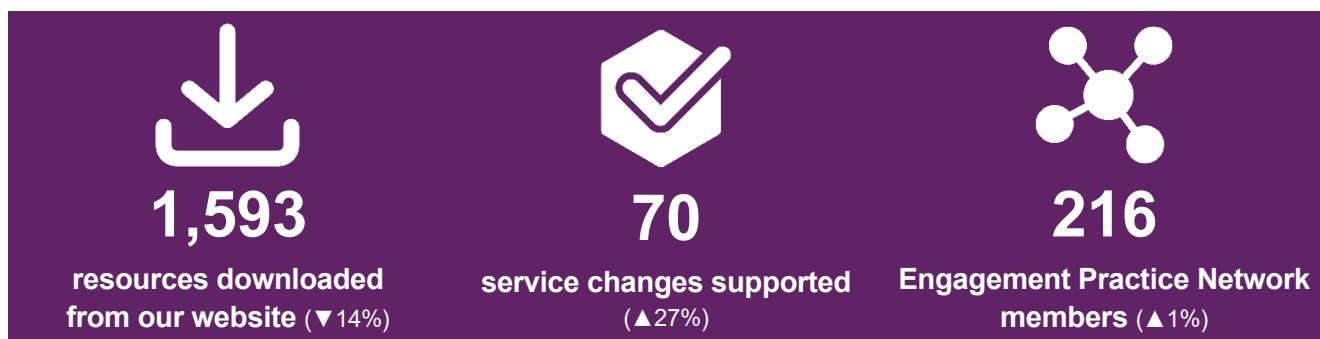
This progress report describes the impact of our work noted between July and September 2025. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **building capacity** – equipping people with the knowledge, skills and tools they need for meaningful engagement
- **raising awareness** – publicising the positive impact of community engagement and our work
- **increasing diversity and inclusion** – understanding and overcoming barriers to engagement, making sure all voices are heard

We recognise that impact takes time, particularly for medium- and long-term outcomes, and the differences described below can often be attributed to work carried out in previous months or years.

Building capacity

We equip people with the knowledge, skills and tools they need for meaningful engagement. This includes both professionals who have a duty to carry out engagement or to support volunteering, and community groups and individuals who wish to get involved in health and care.



Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering

In August 2025 we published a revised guide to [Evaluating Participation](#). This will support health and care services to develop effective frameworks for evaluating their engagement with communities and offer tools and templates that can be adapted for a range of projects. The guide was one of the most-downloaded resources from our website, along with an application form and information pack for the CEIM Leaders programme. Resources were downloaded from our **website** a total of 1,593 times during Q2.

The **CEIM Leaders** Cohort 6 graduation took place in August 2025, with 7 participants successfully graduating. Due to adverse weather, the session was adapted at the last minute to a virtual format. An additional virtual graduation was held in October 2025, for 3 CEIM Leaders who were unable to attend in August.

Phase 1 (HIS and NHS Forth Valley) of training on configuration of the new **volunteer management system** is complete. Phase 2 training has now commenced with NHS Greater Glasgow & Clyde and NHS Tayside. A session in August 2025 was attended by 4 volunteer managers, who rated the training received 100%.

Health and care services can demonstrate compliance with policy and legislation

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q2, the team monitored and supported 70 service changes across all board areas. Of these, 40 are currently active and 30 are on hold, mostly pending decisions about Scottish Government capital funding.

Appropriate Data Protection Impact Assessment (DPIA) has been completed for the new **volunteer management system**. This ensures the system complies with information governance requirements and that the personal data of individual volunteers is safeguarded. Individual NHS boards will complete their own DPIAs as they join the programme.

At the end of Q2, 96% of external-facing programmes across HIS had an **Equality Impact Assessment** (EQIA) in place or in progress. Work is currently underway to assess outstanding support needs in each directorate.

Our staff build an evidence base of good practice in community engagement and volunteering and support a learning network for engagement

The **Engagement Practice Network** currently has 216 members. Throughout Q2, 141 (▲2%) members have been active on the MS Teams channel. Following feedback from Network members in April 2025, three new communities of practice have been established to provide more focused content:

- Improving Engagement: a space where anyone leading or supporting engagement can strengthen their engagement practice and skills;
- Service Change (Engagement): a space where NHS board and Integration Joint Board staff leading service change can build their understanding regarding statutory duties and consider how to apply national guidance; and
- Evidence for Engagement: a space where practitioners, researchers and policy makers can advance innovation and impact in engagement and participation through research.

Session 3 of the **CEIM Leaders' Peer Network** was held in July 2025, receiving a 100% satisfaction rating from 8 participants. The agenda included discussion of CEIM national outcomes, a refresher on the Quality Improvement journey, promotion of the QI Pathways learning modules on TURAS and agreement to set up an MS Teams channel to support leaders' networking.

A further meeting of the CEIM Leaders' Peer Network was held with 9 people in September 2025. Lisa Maynard, Care Inspectorate and Paula Quinn, Scottish Social Services Council, co-hosted the session, at which Dr George Fernie, Senior Medical Reviewer and HIS Caldicott Guardian, presented on the Caldicott Principles and responded to questions from CEIM Leaders. Session satisfaction rating was 84% positive.

People and communities are empowered to participate in health and care

Evaluation of a pilot **Voices Scotland** session held at the end of June 2025 on “What is community engagement in the NHS?” found that participants rated the session 88% for content and 92% for delivery. 78% said they had increased their knowledge as a result. Suggested improvements included more time for discussion on the activities and sharing practical examples. The pilot also showed that the Voices Scotland programme is more relevant for staff in boards and partnerships, and that there is a need for something with a stronger emphasis on the needs of communities. This is currently in development.

Over the past year, our **Engagement Advisors (Community)** have built strong relationships across Scotland, connecting with communities to gather meaningful insights into their experiences with health and social care. Through 217 introductory meetings, participation in 34 networks, and presence at local events, the team has helped amplify community voices and promote involvement in Healthcare Improvement Scotland's work. The insights gathered reflect what communities are experiencing – from challenges with accessing services and mental health support, to the pressures faced by unpaid carers and the impact of poverty. We've also seen inspiring examples of local groups coming together to create solutions that work for their communities. The voices and stories will actively inform how we engage with communities, helping to ensure our work remains relevant, inclusive, and rooted in real-life experiences.

Raising awareness

We publicise the positive benefits of high-quality and meaningful community engagement, share examples of how volunteers contribute to the NHS and help stakeholders to understand our role.



Stakeholders have an increased awareness of good engagement and volunteering practice

In September 2025 we hosted a **webinar** where staff from NHS Borders described the engagement they had carried out about their future organisational strategy. Using a variety of methods, they successfully engaged with 1,000 people, including 700 members of the public. Feedback from the 64 participants was positive, with an average rating of 86% (▲2%). A [recording of the webinar](#) is available on the HIS website.

During Q2 we have been invited to deliver **presentations and discussion sessions** with staff in boards and partnerships – including 35 Allied Health Professional leads in Ayrshire & Arran, 30 Dementia Post Diagnostic Support leads from across Scotland, and 13 senior HSCP leaders in the Western Isles. The sessions have been positively received, with written feedback describing the sessions as “inspiring” and “thought provoking”. Subsequent requests for follow-up sessions have further indicated how valuable attendees found them.

Stakeholders have an increased awareness and understanding of our role, work and impact

The second edition of the **What Matters To You?** (WMTY) newsletter was sent to 1,098 stakeholders in July 2025, showcasing the **Jane Davies Award for Person-centred Practice** prize winners, and the national WMTY short film that was released for WMTY Day in June 2025. We received the following feedback from the Professional Nurse Lead at Queen's Nursing Institute Scotland:

"I just wanted to say how much I enjoy reading your newsletter. The video from Ninewells around WMTY really inspiring, I've long been a believer in the power and poignancy of this simple question, and this was a great reminder of its value... I just wanted to say thanks."

In Q2, runners-up awards of the Jane Davies Award were presented to Motherwell Health and District Nursing Team and to Elaine Beswick (Senior Care Co-ordinator, Complex Care West, Dumfries & Galloway HSCP). Media coverage of the award included the [Daily Record](#), [Glasgow Times](#), [DnG24](#), Motherwell Times, Wishaw Press, [Dumfries Courier](#) and Dumfries News. The award was also mentioned in a [Parliamentary Question](#) in August 2025, lodged by Emma Harper MSP to congratulate Elaine Beswick: a very positive endorsement of this meaningful award and recognition of Elaine's practice. Finalist certificates were sent to 5 teams from Lanarkshire, Glasgow, Fife and Ayrshire.

During Q2 our Assurance team supported communications from the HIS Chief Executive to Michael Marra, MSP for North-East Region, to explain **our role in providing advice and support** for service change engagement. Our correspondence helped to clarify that our role in changes led by integration joint boards – as opposed to changes led by NHS boards – only stems from [Planning with People](#) (2024) guidance. Decisions taken before that date, including to transfer in-patient learning disability services within Tayside in 2018, lay outside our remit. We do not have the authority to retrospectively apply current guidance to decisions made prior to its publication.

Increasing diversity and inclusion

We provide more opportunities for people to get involved in health and care, identify and overcome the barriers that prevent effective engagement, make sure all voices are heard and track the influence which people's views and experiences have had on policy and practice.



People have increased opportunity to share their views and experiences

The 16th survey of the **Citizens' Panel** took place between June and August 2025 and focused on experiences of care through local GP/medical practices, continuity of care, the Duty of Candour and the Charter of Patient Rights and Responsibilities. A total of 659 responses were received, equivalent to a response rate of 60%. This will support statistically robust analysis at a national level. We are drafting

conclusions and recommendations for Scottish Government policy leads, aiming to publish the findings in November 2025.

Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

Our Equality, Inclusion and Human Rights Team have been carrying out an evaluation of our four **staff equality networks** (for carers, disability, pride and race & ethnicity). Feedback from 56 survey responses and 15 interviews is being analysed to identify improvement actions for each network. The aim is to improve staff experience of engaging in the networks and ensure they positively influence HIS work.

The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

Feedback received from members of the public on a draft Charter for the National Care Service (May 2024) has informed the latest version of the Charter which was issued by Scottish Government for further user testing in September 2025.

The Scottish Government's [consultation on draft updated chronic pain prescribing guidance](#), which ran in September and October 2025, refers (p53) to findings from our [Gathering Views on Chronic Pain report](#) (published in February 2023) and recommends (p143) our [Quality Framework for Community Engagement and Participation](#) for supporting community engagement.

Risk register

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 4.1

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Clare Morrison, Director of Engagement & Change

Purpose of paper: Assurance

1. Purpose

At each meeting, the Scottish Health Council considers the strategic risks relating to its remit. This paper provides an update on two relevant risks.

2. Executive Summary

Robust risk management is an essential strategic objective and therefore assurance of risk management is a key function of HIS governance committees.

HIS retains a strategic risk register which is scrutinised in full by the HIS Audit & Risk Committee. In addition, individual risks on the strategic register are scrutinised in detail by relevant committees. SHC has been assigned the risk on engagement on service change. SHC is also provided for information the risk on quality and safety concerns arising from service changes: this risk is assigned for scrutiny to the HIS Quality & Performance Committee.

Service change - engagement

The risk is identified as:

“There is a risk that financial and workforce pressures, along with NHS reform and renewal, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, HSCPs and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.”

Key mitigations for this risk are:

- Revised *Planning with People* guidance published in 2024.
- Regular meetings with NHS boards and health and social care partnerships.

- Regular meetings with Scottish Government about national service changes, NHS renewal plans and the application of *Planning with People*.

Current updates relating to this risk are:

- Updated [guidance on major service](#) was published in September 2025. Further resources for members of the public and third sector organisations on *Planning with People* are planned for launch in November 2025.
- An organisational change process to resolve the long-term Strategic Engagement Lead vacancy was completed in September 2025.
- The first two nationally determined service changes are now under review (vascular services, and children and young people gender identity services) which is the first test of the nationally determined service change guidance (see agenda item 2.1).
- HIS regularly meets with Scottish Government to discuss engagement on the NHS Service Renewal Framework.

Service change – quality and safety

The risk is identified as:

"There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change but does not have a statutory role to act on prospective concerns. In particular, such concerns may be identified while HIS carries out its statutory duty to assure engagement on service change which results in a risk to HIS of public and staff misunderstanding of HIS' role. Furthermore, there is a risk of harm to patients if potentially significant quality and safety concerns are not appropriately scrutinised."

Key mitigations for this risk are:

- Develop a signposting document to bring together existing guidance relating to quality and safety considerations in service change.
- Add this signposting document to the Scottish Approach to Change and proactively signpost to it when providing advice on engagement in service change.
- Define how to feed the intelligence gathered from engagement into the new HIS intelligence system.
- Define the role and responsibilities of HIS in service change, and the responsibilities of NHS boards/HSCPs.

Current updated relating to this risk are:

- Scoping of the signposting document across HIS has been undertaken to agree the key components: Domains of Quality, Essentials of Safe Care, Quality Management Systems and the draft Clinical governance standards.
- An initial draft of the signposting document was developed in October 2025. This will now be developed and refined involving engagement across HIS and then a final draft will be taken to the Quality & Performance Committee for approval.

3. Recommendation

It is recommended that the SHC accept the following level of assurance:

Moderate: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This level of assurance is recommended because these risks are regularly reviewed and actively managed, however a residual level of risk remains.

4. Appendices and links to additional information

Appendix 1: Definitions of risk used by HIS

Appendix 2: Extract of the HIS Strategic Risk Register

Appendix 1: Definitions of risk used by HIS

The following definitions are used by HIS in preparing the strategic risk register:

Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume the event will happen – only in exceptional circumstances
2	Unlikely	Not expected to happen but definite potential exists
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility this could occur
5	Almost certain	Expected to occur frequently / in most circumstances

Impact definitions

Score	Description	Descriptor
1	Negligible	Rumours, no media coverage Little effect on staff morale Unlikely to be regulatory challenge
2	Minor	Local media coverage in short term Minor effect on staff morale/public attitude Could be regulatory challenge but defended
3	Moderate	Local media coverage with long term adverse publicity Significant effect on staff morale and public perception of organisation Could be regulatory challenge and need to be defended
4	Major	National adverse media publicity for less than 3 days Public confidence in organisation undermined Use of service affected Moderate breach of legislation
5	Extreme	National and international adverse media publicity for more than 3 days Court enforcement Public Inquiry Major breach of legislation with extreme impact

Risk Title	Risk Category	Appetite	ID	Committee assigned to	Date Raised	Risk Director	Risk Description	Inherent Risk Sco	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk sco	Appetite Status
Service Change - engagement	Strategy	Open	9	SHC	24.11.2021	Clare Morrison	There is a risk that financial and workforce pressures, along with NHS reform and renewal, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, HSCPs and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting). Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HIS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. In December 2024, we produced guidance on non-compliance with Planning with People. We published updated guidance on major service change in September 2025 and we plan to publish new resources for the public in November 2025. In 2024, we implemented a new structure comprising Strategic Engagement Leads and an Assurance of Engagement Programme to enhance our assurance processes, both of which have improved our earlier awareness and scrutiny of service changes in the system. We resolved our issue around a vacant Strategic Engagement Lead through organisational change in September 2025. The first two nationally determined service changes are now under review (vascular services and children and young people gender identity services) which is the first test of our new guidance. We are providing advice to Scottish Government about its engagement on both of these service change on a regular basis (last updated November 2025). We are currently discussing with Scottish Government engagement on the NHS Service Renewal Framework (ongoing).	4	3	12	In
Service change – quality and safety	Strategy	Open	17	QPC	22.05.2025	Clare Morrison	There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change but does not have a statutory role to act on prospective concerns. In particular, such concerns may be identified while HIS carries out its statutory duty to assure engagement on service change which results in a risk to HIS of public and staff misunderstanding of HIS' role. Furthermore, there is a risk of harm to patients if potentially significant quality and safety concerns are not appropriately scrutinised.	16	HIS has developed the Scottish Approach to Change which defines a framework for achieving high quality change. We will add to the framework specific guidance on how to consider quality and safety standards in service change; we will then provide this when assuring engagement on service change. More broadly, we will explicitly define how to feed the intelligence gathered from engagement into our new HIS intelligence system. We will also clearly define our role and responsibilities in service change, and the responsibilities of NHS boards/HSCPs.	Discussed at ET, SHC and RTC Oversight Group in May 2025. Scottish Government made aware of assurance gap in June 2025 and endorsed plan to produce guidance. Potential guidance scoped across HIS in July 2025. This identified that new clinical governance standards are being developed and that these, in combination with the updated QMS and Essentials of Safe Care, define the quality & safety considerations required. However, the ongoing concerns being identified demonstrates the need for better awareness of relevant guidance. Therefore a signposting document will be created defining the key quality & safety considerations and linking to the relevant guidance. This will be proactively signposted by the Assurance of Engagement team and within the Scottish Approach to Change. An update was taken to QPC in August 2025 and the Scottish Health Council in September 2025 and agreed to progress. An initial draft is currently in production (October 2025) and further engagement across HIS is required in November 2025. It is anticipated this risk will reduce once the signposting guidance has been developed (to complete once clinical governance standards are available).	4	4	16	In

Key Performance Indicators

Meeting: Scottish Health Council

Meeting date: 13 November 2025

Agenda item: 4.2

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Clare Morrison, Director of Engagement & Change

Purpose of paper: Discussion

1. Purpose

HIS tracks Key Performance Indications (KPIs) at both corporate and committee level. This paper updates the Scottish Health Council on the corporate KPIs at the end of Q2. The Council is asked to note and discuss the two committee-level KPIs that sit under its remit.

2. Executive Summary

The Scottish Health Council tracks the following KPIs on a quarterly basis:

Voices & Rights of People & Communities	2024/25 actual	2025/26 target	Quarterly target	Q1 result	Q2 result
Governance for Engagement % of Directorates with improvement plans agreed and actions / impacts reported on	100%	100%	Meetings scheduled for Q2 (target 43%) and Q3 (target 100%)	n/a	29%
Equality impact assessment % of relevant projects/programmes with an initial screening and/or full assessment completed	95%	100%	90% (Q1); 95% (Q2); 100% (Q3-4)	91%	96%

Please also note the corporate KPIs for Citizens' Panel / Gathering Views reports and supported service changes, which are included for information in Appendix 1.

During Q2, two out of the planned three directorates presented their annual update to the Governance for Engagement sub-committee. The third directorate requested an extension due to internal leadership capacity challenges within the team; their update will be considered with the remaining directorates in Q3. A tailored self-assessment tool for use by HIS corporate functions is reported separately in item 2.2.

For equality impact assessment (EQIA) we measure the percentage of relevant HIS programmes with at least an initial screening completed. By 'relevant programme' we mean any external-facing programme that is currently live. At Q2, this was 76 programmes across HIS. An initial screening should be carried out wherever appropriate to determine where any negative impacts are anticipated. If so, a full impact assessment is required. More detail about the EQIA process, and how we measure compliance for the KPI, is provided in Appendix 2.

3. Recommendation

The Council is asked to discuss the KPI report.

It is recommended that the Council accepts the following Level of Assurance:

Moderate: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Although one of the KPIs has not been met in this quarter, plans are in place to address the shortfall and we anticipate being on track in Q3.

4. Appendices and links to additional information

- Appendix 1: Quarter 2 performance report for the corporate KPIs
- Appendix 2: Measuring the equality impact assessment KPI in Healthcare Improvement Scotland

Appendix 1: Corporate KPIs for end of Q2 2025/26

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Comments
Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	1,100	800	650	600	600	Quarterly targets: Q1 600, Q2 650, Q3 750, Q4 800 Data collection for Q2 ongoing. Boards are facing challenges using the funding to secure staff beyond March 26 which is slowing recruitment processes and will limit capacity of services. Re-assurance from Scottish Government on strong likelihood of recurrent funding has not been sufficient to enable Boards and HSCP to recruit beyond the current financial year. This makes short term contracts H@H less attractive to staff leading to vacant posts making it difficult to meet the target for 2025/26.
Frailty Teams	Hospital sites with access to specialist staff in frailty teams	3 Boards	100%	70%	40%	87%	
Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	35%	70%	40%	40%	50%	
People	Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	-	8	1	1	0	Delays in topic confirmation and extended engagement periods. Activity being accelerated through a revised schedule: CP16 reporting in Nov 2025, CP17 and a Pulse Survey commencing before Christmas, and two new Gathering Views projects starting in Q3. This will bring delivery back on track by Q4.
National Position Statements	Delivery of national evidence statements on major priority areas	-	2	-	N/A	1	
Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	100%	80%	50%	50%	50%	

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Comments
Sickness Absence Reduction	In line with national target	4.2%	4%	4%	3.3%	3.3%	
Recurring Savings	As approved in budget	£1.3m	£1.5m	£0.375m	£0.1m	£0.4m	Recurring savings behind target at Q2 as we have only identified £1.3m of expected recurring savings for the year versus target of £1.5m, with some of the savings' schemes not yet fully planned and expected to be delivered in H2. We expect to achieve the full savings target due to additional non-recurring savings.
NHS Inspections	Number of onsite inspections carried out	24	3	5	3	7	
Independent Healthcare Inspections	Number of registered services inspections undertaken	96	129	32	28	35	
New Medicines Advice	% of decisions communicated within target timeframe	80%	85%	85%	50%	71%	SMC continues to receive an increased volume of monthly submissions in comparison to this time last year. This will have a negative impact on KPIs throughout 25/26.
Service Change Engagement	Number of NHS board/IJB service change engagement plans influenced by advice and assurance	68	60	60	51	70	
Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting and engagement	81%	100%	80%	80%	79%	15/19 boards were complete (79%) Q2 using a test of change process of deep dives. The aim is to reach the 80% target Q3. Annual target split Qs1-3 80%, Q4 100%.
Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	12	3	3	3	
Adverse Events	% NHS boards sharing learning summaries with HIS	-	100%	25%	0%	0%	Annual target split Q1 0%, Q2 25%, Q3 50-75%, Q4 100%. There was a delay in the Scottish directive letter being sent out and it was finally circulated on 29 September. The % of learning summaries received should increase

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Comments
							during Q3 and annual target still expected to be achieved by year end.
Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	100%	
High Quality & Safe Healthcare	Deliver inspection of Child and Adolescent Mental Health Services and national inpatient unit	-	4	2	1	2	
	Publication of new national standards for clinical & care governance	-	Q4	Q4	N/A	N/A	

Item 4.2 Appendix 2

Measuring the equality impact assessment KPI in Healthcare Improvement Scotland

For equality impact assessment (EQIA) we measure the percentage of relevant HIS programmes with at least an initial screening completed. By 'relevant programme' we mean any external-facing programme that is currently live. At Q2, this was 76 programmes across HIS.

Per the [Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#), HIS must consider the equality impact of any new or revised work. Our EQIA KPI provides assurance that HIS is complying satisfactorily with the requirement to assess its work. We have set an annual target at 100% because meeting this requirement is not optional, and we should therefore not aim for anything less than full compliance.

Assessments we undertake should be proportionate to the work. We therefore make available an initial screening exercise to help teams determine whether a more detailed assessment is required. Where a team has completed an initial screening and is actively receiving support and advice from the Equality, Inclusion and Human Rights (EIHR) team, we consider the team to be actively complying with the duty even although they may still have steps to complete.

The EIHR team monitors the ongoing status of programme's compliance and is in regular contact with teams about their anticipated next steps. This means that we do not let programmes undertake a screening only and avoid further work where this is recommended. Regular reviews enable the EIHR team to support programmes that indicate they have not yet started the EQIA process. Most often this is due to capacity issues, where teams are aware of the need to undertake an EQIA but do not currently have sufficient resource to progress. In such cases, indicative timescales are provided and the EIHR team updates the status when this changes.

The criteria we ask each programme to self-assess against is as follows:

- '0' where equality has not been considered within the work. Screening has not been completed and there is no EQIA available.
- '5' where equality has been considered. Screening has been completed and the need to carry out a full EQIA identified, but this EQIA has not yet been progressed.
- '10' where screening has been completed and / or a full EQIA is in place - meaning in progress, informing actions or complete. The EQIA may have been carried out by a partner or commissioning organisation where relevant.
- A score of '10' is also applied where the work is routine. Distinct policies, projects or programmes cannot be identified and EQIA considerations cannot be applied.

Internal work

The EIHR team does not currently monitor the EQIA status of internal policy and guidance for staff. The Partnership Forum policy sub-group requests, and provides scrutiny of, EQIAs that accompany staff policy and guidance. The EIHR team provides advice and support for EQIAs relating to internal work. The team is currently involved in the local impact assessment for the new national Once for Scotland policies.

More about the EQIA process

An initial screening is completed using an electronic form that is sent directly to the EIHR team. Teams indicate whether the work is anticipated to have a negative impact on named groups. They also share any supporting evidence used in their initial assessment. The screening question is:

Are there any groups of people you know to have specific needs or who have experienced discrimination or unequal treatment in this area; or who you think could be disadvantaged by the work in some way? For example, this might be because the work will affect the social or economic determinants of health or how people will access healthcare. It could include things like your beneficiaries having varied access needs to take account of poor past experiences that could impact how they respond to your work, or a reduction in services if your plans go ahead.

Where the screening response tells us that one or more group may be impacted, a full assessment is advised. A template which includes guidance is provided for this, and teams can contact the EIHR team for further advice and support as they complete their assessment. Where a screening indicates that no groups are impacted (and a full assessment is therefore not advised) this is reviewed by the EIHR team. If the EIHR team concludes that the decision should be reviewed or changed, the person who submitted the form is contacted for further information and to discuss the assessment and next steps.

Impact

Since we started monitoring EQIA compliance as a corporate KPI, we have seen a 40% increase in the compliance we are able to report. The process has given the EIHR team a better understanding of the range of HIS programmes and supports regular communication with teams across the organisation.

One of the ways we can build compliance and quality in EQIAs is by getting to know teams, their work programmes and their specific requirements. For example, one of the teams in the Evidence directorate was unclear about whether each new guideline required an individual assessment, and how they might frame their actions. Through discussion, we were able to build colleagues' understanding about the importance of meaningful impact assessment, and to explore the specific evidence and patient experiences in a range of clinical areas. We agreed the team would complete a separate screening form for each new guideline topic so we're brought into the discussion early and can help shape things if needed.

Rosie Tyler-Greig
Equality, Inclusion and Human Rights Manager

28 October 2025

Council Business	Lead Officer	15.05.25	04.09.25	13.11.25	12.02.26	
HIS STRATEGIC BUSINESS						
Engagement on Service Change:						
Strategic considerations on HIS's statutory duty to assure NHS boards' /JIBs' duties on public involvement	Director/Head of Engagement Practice-Assurance					Note: includes strategic engagement high level report
Governance for Engagement:						
Ensuring HIS meets its public involvement duties	Associate Director					Note: Annual Review overview/public involvement included on Agenda 13/11/2025
Equalities, Diversity & Inclusion:						
Ensuring HIS meets its equalities duties	Equality, Inclusion and Human Rights Manager					
Role of Public Partners						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
HIS Integrated Planning						
HIS annual delivery planning for 2026-27						
COMMUNITY ENGAGEMENT BUSINESS						
Evidence Programme						
Evidence strategy including planned activities and research	Head of Engagement Practice-Evidence					
Improvement Programme						
Improvement strategy including learning system, innovation and volunteering	Head of Engagement Practice-Improvement					
Assurance Programme						
Service change activity	Head of Engagement Practice-Assurance					
Strategic Engagement						
Engagement across Scotland: maintaining and building local relationships	Strategic Engagement Leads					Note: overview to be included in strategic business item
Operational Plan Progress Report	Operations Manager					
SHC GOVERNANCE						
Draft Annual Report 2025/26 & Council Terms of Reference	Chair					
Key Performance Indicators	Director					
Risk Register	Director					
Business Planning Schedule 2025/26	Chair					
Proposed Business Planning Schedule 2026/27	Chair					
Corporate Parenting Action Plan /Report	Equality, Inclusion and Human Rights Manager					
Equality Mainstreaming Report Update	Equality, Inclusion and Human Rights Manager					
RESERVED BUSINESS						
Service Change Sub-Committee meeting notes	Head of Engagement Practice-Assurance					
ADDITIONAL ITEMS of GOVERNANCE						
3 Key Points for HIS Board	Chair					
CLOSING BUSINESS						
AOB	All					