

# Scottish Health Council Meeting

Thu 04 September 2025, 10:00 - 12:30

Via MS Teams

## Agenda

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10:00 - 10:20  
20 min



### 1. Opening Business

#### 1.1. Welcome and apologies


10.00-10.05      Chair  
Verbal

#### 1.2. Declaration of interests


10.05-10.10      Chair  
Paper

-  2025-09-04 - SHC - item 1.2- Declaration of Interests.pdf (2 pages)
-  2025-09-04 - SHC - item 1.2- Appendix 1- 2025-26 Register of Interests.pdf (7 pages)

#### 1.3. Draft Minutes of previous SHC meeting (15/05/2025)

10.10-10.15      Chair  
Paper  
 2025-05-15-SHC-1.3- Draft Minutes v 0.2.pdf (6 pages)


#### 1.4. Review of Action Point Register

10.15-10.20      Chair  
Paper  
 2025-09-04 - SHC - item 1.4 - Action Register (complete).pdf (3 pages)


10:20 - 11:10  
50 min

### 2. HIS Strategic Business

#### 2.1. Statutory duties of Engagement

10.20-10.40      Director/Head of Engagement Practice-Assurance Clare Morrison/Derek Blues  
Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement  
Paper  
 2025-09-04 - SHC- item 2.1 - Statutory duties of engagement (updated).pdf (8 pages)

#### 2.2. Governance for Engagement


10.40-10.50      Director/Associate Director Clare Morrison/Tony McGowan  
Ensuring HIS meets its public involvement duties  
Paper  
 2025-09-04 - SHC - item 2.2 - Governance for Engagement.pdf (3 pages)

#### 2.3. Equalities, Diversity & Inclusion


10.50-11.00 *Equality, Inclusion and Human Rights Manager Rosie Tyler-Greig*

Ensuring HIS meets its equalities duties

Paper

 2025-09-04 - SHC - item 2.3 - Equality update.pdf (2 pages)

 2025-09-04 - SHC - item 2.3 - Appendix 1.pdf (4 pages)

 2025-09-04 - SHC - item 2.3 - Appendix 2.pdf (6 pages)

### 2.3.1.

11.00-11.10 - BREAK

## 11:10 - 11:40 3. Community Engagement Business

30 min

### 3.1. Improvement Programme

11.10-11.30 *Head of Engagement Practice-Improvement Diane Graeme*


Paper


 2025-09-04 - SHC - item 3.1 - Engagement Practice - Improvement.pdf (5 pages)

### 3.2. Operational Plan Progress Report: Review of Q1

11.30-11.40 *Operations Manager Richard Kennedy-McCrea*

Paper

 2025-09-04 - SHC - item 3.2 - 2025-26 Q1 update.pdf (2 pages)

 2025-09-04 - SHC - item 3.2 - 2025-26 Q1 update - Appendix1.pdf (6 pages)

## 11:40 - 12:15 4. SHC Governance

35 min

### 4.1. Risk Register

11.40-11.55 *Director Clare Morrison*

Paper


 2025-09-04 - SHC - item 4.1 - Risk.pdf (3 pages)


 2025-09-04 - SHC - item 4.1 Risk - Appendix 2.pdf (1 pages)

### 4.2. Key Performance Indicators

11.55-12.10 *Director Clare Morrison*

Paper

 2025-09-04 - SHC - item 4.2 - KPIs cover page.pdf (2 pages)

 2025-09-04 - SHC - item 4.2 KPIs - Appendix 1.pdf (2 pages)

### 4.3. Business Planning Schedule 2025/26

12.10-12.15 *Chair*

Paper

 2025-09-04 - SHC - item 4.3 - Business Planning Schedule 2025-26 V1.1.pdf (1 pages)

## 12:15 - 12:20 5. Reserved Business

5 min

### 5.1. Service Change Sub-Committee Draft Minutes of Meeting

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

**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 Thursday 13 November 2025 10.00-12.30 via Teams

# Register of Interests

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 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.

## 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 remunerated; 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 contract which is not fully implemented where –

	<p>(a) goods and services are to provided to, or works are to be executed for, the devolved public body; and</p> <p>(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.</p>
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	<p>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:</p> <p>(a) owing or having an interest in more than 1% of the issued share capital of the company or other body; or</p> <p>(b) the market value of any shares and securities is greater than £25,000.</p>
7 - Gifts and Hospitality	A description of any gifts and hospitality received.
8 - Non–Financial Interests	<p>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 –</p> <p>(a) other public bodies;</p> <p>(b) clubs, societies and organisations;</p> <p>(c) trades unions; and</p> <p>(d) voluntary organisations</p>
9 - Close Family Members	A description of any close family member who has transactions with the devoted 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
<b>Gina Alexander</b>			
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		
<b>Emma Cooper</b>			
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 to present
9 - Close Family Members	Nil		



<b>Dave Bertin</b>			
1 - Remuneration	Nil		
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		
<b>Jamie Mallan</b>			
1 - Remuneration	Employed	Water Row Company (subsidiary of Govan Housing Association)	January 2024 – Present
	Self Employed	Freelance consultant to Reidvale Housing Association	January 2025-July 2025
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		
<b>Nicola McCardle</b>			
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
<b>Suzanne Dawson</b>			
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
<b>Nicola Hanssen</b>			
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		
<b>Michelle Rogers</b>			
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
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
<b>Clare Morrison</b>			
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		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Hospitality (One night's accommodation)	Accepted for attending National Improvement Leaders Workshop	04/03/2025
	Hospitality (One night's accommodation and train travel)	Accepted for attending Improvement in Health and Care Conference	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

**MINUTES – Draft 0.1**

**Scottish Health Council**

15 May 2025

Delta House

Glasgow

<b>Present</b>	<b>In Attendance</b>
Suzanne Dawson, HIS Non-Executive Director, Chair (SD)	Clare Morrison, Director of Engagement & Change, Lead Director (CM)
Dave Bertin, Member (DB)	Derek Blues, Head of Engagement Practice - Assurance (DBL)
Emma Cooper, Member (EC)	Sharon Bleakley, Strategic Engagement Lead (SB)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)	Richard Kennedy McCrea, Operations Manager (RKM)
Jamie Mallan, Member (JM)	Diane Graham, Head of Engagement Practice-Improvement (DG)
Nicola McCardle, Member (NMcC)	Christine Johnstone, Head of Engagement Practice-
Michelle Rogers, HIS Non-Executive Director (MR)	Lisa McCartney, Strategic Engagement Lead (LMC)
	Tony McGowan, Associate Director Community Engagement (TMG)
	Duncan Service, Employee Director (DS)
	Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
<b>Board/Committee Support</b>	<b>Apologies</b>
Susan Ferguson, Committee Secretary (SF)	Gina Alexander, Member (GA)
	Evelyn McPhail Chair of Healthcare Improvement Scotland (HIS) Robbie Pearson, Chief Executive (RP) Sybil Canavan, Director of Workforce (SC) Angela Moodie, Director of Finance, Planning & Governance Safia Qureshi, Director of Evidence & Digital Simon Watson, Medical Director & Director of Safety

<b>1.</b>	<b>Opening Business</b>
<b>1.1</b>	<b>Chair's Welcome, Introductions, Apologies</b>
	The Chair (SD) welcomed everyone to the meeting thanking everyone for making the effort to attend in person.  Apologies were noted as above.
<b>1.2</b>	<b>Register/Declarations of Interests</b>
	SD asked the Scottish Health Council (SHC) to note the contents of the Register of Interests and declare any conflicts of interest.  <b>Decision: The SHC noted the Register of Interests, and no conflict of interests were noted.</b> <b>Action(s): None</b>

1.3	<b>Draft minutes of Meeting/matters arising</b>
	<p>The SHC considered the draft minutes from the previous meeting held on 20 February 2025 and accepted them as an accurate record.</p> <p>TMG expressed a note of thanks to SF for the continued support provided to the Governance for Engagement sub-committee.</p> <p><b>Decision: The SHC approved the minutes from the 20 February 2025 meeting.</b>  <b>Action(s): None</b></p>
1.4	<b>Review of Action Point Register</b>
	<p>The SHC reviewed the Action Point Register with updates being provided for each action for assurance and /or recommendation for closure.</p> <p>CM noted the only outstanding action was 2.2, Assurance of Engagement on service change - The overlap between the CCG and GfE, and how it could be addressed.</p> <p>For assurance, it was advised that the overlap with GfE/CCG will be considered when the new Chief Pharmacist reviews the CCG process in May/June 2025.</p> <p>The SHC were advised that the SHC Annual Report for 2024/25 was now complete with all members comments included and will be presented in the Board Seminar papers.</p> <p><b>Decision: The SHC agreed with the recommended actions for closure.</b>  <b>Action(s): SF to send the final version of the 2024/25 SHC Annual report to all SHC members.</b></p>
2.	<b>HIS STRATEGIC BUSINESS</b>
2.1	<b>Engagement on Service Change</b>
	<p>The SHC was provided with an update on the key strategic issues relating to engagement on service change. Two key points from the paper were highlighted for discussion.</p> <p>Nationally determined service change on vascular care had now started with Scottish Government (SG) recommending a proposal to move from six to four vascular networks, which in turn would have the biggest impact in the Highland Region. It was noted that SG submitted the national engagement template which was considered by the SHC service change sub-committee who agreed that SG had not yet met the recommended engagement activities as set out in the guidance. HIS had written to SG to provide advice and it was noted that no formal response has been received from SG yet.</p> <p>Intelligence gathering, HIS are currently developing a new intelligence system that will be able to gather intelligence throughout HIS including arising from engagement activities undertaken. CM advised that when assuring engagement of service change, HIS may encounter concerns on quality or safety of the proposed service, in addition, there can be a public perception that HIS assures the service change itself, rather than the engagement on it. CM noted this could be a potential organisational risk and advised that the Exec Team had already discussed.</p> <p>After discussion on the impact SG's proposal of the service change to vascular care, CM provided the following response to a point raised by the SHC.</p> <p>On the recording of any learnings that had been taken from the nationally determined service change on vascular services, CM advised that there is a record of all communications, however it had not been drawn into a learning exercise as yet.</p> <p>The SHC agreed that intelligence from engagement is an important information source to feed into the developing HIS intelligence system. It reflected the need for HIS to undertake further work to</p>

	<p>develop guidance on how NHS boards/Health and Social Care Partnerships (HSCPs) should consider quality and safety standards in service change. It also recommended that HIS clearly defines responsibilities in service change to reduce public misunderstanding. Finally, SHC noted the need for the HIS strategic risk register to be updated to reflect this discussion.</p> <p><b>Decision: The SHC noted the update and accepted a Limited level of assurance</b> <b>Action(s): CM to update the HIS strategic risk register to reflect discussion on quality and safety standards.</b></p>
<b>2.2</b>	<b>Governance for Engagement (GfE)</b>
	<p>TMG provided the SHC with an update for assurance, noting that all provisional dates for 2025/26 were now in place for the GfE sub-committee to review each of the directorate's improvement plans and discuss any progress made. He highlighted that work was still in progress with regards to simplifying the Corporate Directorates' template and is confident this will be completed by the end of June 2025.</p> <p>TMG noted that he planned to take up conversation with the new Chief Pharmacist on the overlap of dimension three of Clinical and Care Governance (CCG) and GfE on his return from annual leave.</p> <p>The SHC looked forward to reviewing each directorate's progress on their improvement plans in the next round of meetings.</p> <p>Finally, a further point was raised by the SHC on the term's "care" and "social care" being used interchangeably in reports, a discussion took place about the need for greater clarity about the role of HIS in social care. The SHC proposed that this should be referred to the HIS board for discussion and noted this should cover clarity on both the role of HIS and terminology used in reports.</p> <p><b>Decision: The SHC noted the update and accepted a Moderate Level of assurance</b> <b>Action(s): None</b></p>
<b>2.3</b>	<b>Equality, Inclusion and Human Rights (EIHR)</b>
	<p>RTG provided the SHC with the key points from her paper which covered the progress of use of Equality Impact Assessments (EQIAs) which had 71 completed of the 77 programmes requiring these in Q4. Development of an Equality Mainstreaming plan, with three new delivery groups showing good staff engagement. Also noted was the Supreme Court ruling on the definition of sex in the Equality Act and advised HIS is awaiting the updated statutory code of practice and SG guidance before assessing what action is required.</p> <p>After some discussion on what impact the Supreme Court Ruling could have, it was advised that this will be decided only when HIS receive the new guidance.</p> <p>The SHC noted their interest in how the three new groups progress and look forward to further updates. They also noted the great work achieved with the EQIA progress to date.</p> <p><b>Decision: The SHC noted the progress made and accepted a Significant level of assurance.</b> <b>Action(s): None</b></p>
<b>2.4</b>	<b>Role of Public Partners</b>
	<p>TMG and RTG provided the SHC with an update highlighting the key developments for the Public Partners, (PPs) which included the development and establishment of the new HIS Volunteering Policy and Procedures, this sets out HIS's commitment to volunteering and has been very well received. It was noted that with recent recruitment there now is a cohort of 17 PPs throughout</p>

	<p>HIS. Also highlighted was the successful PP annual event held in March and the positive feedback received from the PPs themselves. It was noted that the report on the event which captured the feedback will inform some ongoing work to strengthen public involvement which included developing processes to capture and communicate impact and reviewing training resources.</p> <p>SD agreed with the success of the PP Annual event, noting the number of new PPs that were in attendance was very evident. CM wanted to endorse the success of the day noting they had received so much positive formal and informal feedback for the team. RTG noted that the PP role has been further developed and taken forward by the Public Involvement Advisor Linda Young who has received excellent feedback from staff across HIS.</p> <p>The SHC applauded the new HIS Volunteering Policy and Procedures and enquired if it included lone working. Further discussions took place on whether 17 PPs was an adequate amount, the support system that is in place for them and if remuneration had been considered in recognition of their contributions, and if they should have a presence on the SHC.</p> <p>In response to these points, TMG thanked the SHC for all their considerations and noted that getting the policy in place shows the commitment for the PPs and it will continue to evolve. He advised that remuneration for the PPs has previously been investigated but unfortunately not possible, however open to consider any solutions put forward. On lone working, advised this would need to be investigated and RTG will review this with HR, she also provided assurance to the SHC that the PPs have regular communications with the PIAs including a yearly review.</p> <p><b>Decision: The SHC noted the paper and agreed to change from Significant to Moderate assurance.</b>  <b>Action(s): RTG to check policy on the PP's lone working</b></p>
<b>3.</b>	<b>COMMUNITY ENGAGEMENT BUSINESS</b>
<b>3.1</b>	<b>Engagement Practice -Evidence Programme</b>
	<p>CJ's paper provided the SHC with an update on the proposed workplan the Evidence programme will deliver in 2025/26. It was advised that the unit's work will be concentrating on relevant topics in the SG programme for NHS reform and renewal. She noted the change of format to the SHC paper and welcomed any feedback or thoughts on it.</p> <p>SHC reviewed the proposed annual workplan of the Engagement Practice – Evidence unit and endorsed the development of the additional Citizens' Panel pulse surveys and considered topics for future Citizens' Panels and Gathering Views activities.</p> <p>The SHC was pleased to hear the proposed development of bespoke research to reduce reliance on commissions and improve knowledge on innovative engagement methods. It noted the need for high standards of quality assurance across the Evidence programme and the importance of capturing the impact of engagement work.</p> <p>With reference to the use of digital tools in engagement, CJ encouraged the SHC to inform her if they have any knowledge of digital tools that they feel would be of benefit to enhancing the suite already used in engagement.</p> <p>In response to the point raised on the use of an external agency for the research undertaken within the CP and why this not being developed internally. CJ advised that due to the volume of work involved including administration of the database and sending surveys out, it is more efficient to use a specialist research company.</p> <p><b>Decision: The SHC noted the proposed strategic direction outlined, endorsed the recommendations of the paper and were happy to accept a Moderate level of assurance.</b>  <b>Action(s): CJ to respond to GA's points on Primary Care as Gathering Views topic and</b></p>



	<p><b>bespoke research, also views about ownership of individual health records being linked with digital exclusion/inclusion.</b></p> <p><b>CJ to share details of the Citizens' Panel Operational Management/Costs to SHC.</b></p>
<b>3.2</b>	<b>Operational Plan Progress Report 2024/25</b>
	<p>RKM provided a summary of some of the impacts noted for Q4. The following highlights were noted;</p> <p>Feedback from Gathering views- initial findings from the Sodium Valproate report have already been provided.</p> <p>Assurance- Noted that we have met our public duty with respects to the Equality Mainstreaming report.</p> <p>Volunteering- Noted that the PPs are keen to communicate their impact and the difference they are making, this will be reported to the SHC.</p> <p>The SHC noted the importance of capturing the impact of the directorate's work, noting that a lot of progress has been made in this area.</p> <p>A point was raised on if there were targets for the number of public views gathered. In response it was advised that there is not a target because it would just be an arbitrary figure since numbers differ depending on the type of engagement and topic being engaged on.</p> <p>A further point was raised on the reduction of resources downloaded from the website and asked if there was anything that could be done to communicate the range of resources available.</p> <p>RKM provided the rationale for this, noting that the HIS-Engage website is currently in transition, with all the HIS websites moved onto one corporate website.</p> <p>The work on CEIM (Care Experience Improvement Model) was also recognised by the SHC.</p> <p><b>Decision: The SHC noted the content of the paper and accepted a Moderate Level of assurance.</b></p> <p><b>Action(s): None</b></p>
<b>4.</b>	<b>SHC GOVERNANCE</b>
<b>4.1</b>	<b>Risk Register</b>
	<p>CM provided an update to the SHC on the strategic risk on engagement on service change, noting that there was no change to the risk's wording, rating, or key mitigations since last meeting in Q4. She highlighted the two current issues, the reflection on the nationally determined service change and the ongoing vacancy for the Strategic Engagement Lead (SEL) in the West and was hopeful now that the HIS transformational Oversight Board had agreed a process, this would allow for a small organisational change for the members of that team to take place in the near future.</p> <p>SD requested CM to inform GA of the update with regards to the SEL vacancy.</p> <p>A discussion took place on the importance of the Risk update and how more time should be allowed for this to take place. Several suggestions were put forward on how this could be achieved. It was agreed that SD and CM would discuss this at their next meeting and agree where it should be moved to on the agenda going forward to allow more time for discussion.</p> <p><b>Decision: THE SHC noted the Risk Register and agreed a Moderate level of assurance.</b></p> <p><b>Action(s): CM to email GA the SEL vacancy update provided at the SHC meeting.</b></p> <p><b>SD and CM to include Risk and KPIs agenda slots at next 1:1 meeting.</b></p>
	<b>Key Performance Indicators</b>
	<p>The SHC were provided with an update on Q4 and year end 2024/25 KPIs. CM provided the rationale for why the engagement activities failed to meet the target, which was due to a need to</p>

	<p>redirect resource for the unplanned engagement required for the review of emergency departments in NHS Greater Glasgow and Clyde. She noted that all other KPIs were met for the directorate.</p> <p><b>Decision: The SHC noted the KPIs and accepted a Moderate level of assurance.</b>  <b>Action(s): None</b></p>
<b>4.3</b>	<b>Business Planning Schedules</b>
	<p>SD highlighted the Business Planning Schedule for 2025/26 and asked the SHC to note the contents.</p> <p><b>Decision: The SHC noted the content of the 2025/26 Business Planning Schedule</b>  <b>Action(s): None</b></p>
<b>5.0</b>	<b>RESERVED BUSINESS</b>
<b>5.1</b>	<b>Service Change Sub-Committee Draft Minutes of Meeting</b>
	<p>The draft minutes from the Service Change sub-committee meeting held on 27 March 2025 were shared with the SHC for information.</p> <p><b>Decision: The SHC noted the draft minutes from the Service change sub-committee meeting.</b>  <b>Action(s): None</b></p>
<b>6.0</b>	<b>ADDITIONAL ITEMS of GOVERNANCE</b>
<b>6.1</b>	<b>Key Points for HIS Board</b>
	<p>The following key points were agreed for reporting to the HIS Board meeting;</p> <ul style="list-style-type: none"> <li>a) Service change quality and safety and public understanding of HIS role</li> <li>b) Evidence from Engagement</li> <li>c) Clarity on social care role</li> </ul>
<b>6.0</b>	<b>ANY OTHER BUSINESS</b>
<b>6.1</b>	There were no items of any other business.
<b>6.2</b>	Meeting Closed
<b>7.0</b>	<b>DATE OF NEXT MEETING</b>
<b>7.1</b>	<b>Thursday 4<sup>th</sup> September 2025 10.00-12.30 via MS Teams</b>

Approved by: [Signature]  
Date:

[Name], Board/Committee Chair

Next meeting:

[Date and time of next meeting]

# Scottish Health Council Meeting Action Register

Minute ref	Report Heading	Action point	Timeline	Lead officer	Current Status
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	<b>Recommend for closure</b> 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	<b>Recommend for closure</b> Entered on risk register on 22/05/2025
SHC Meeting 15/05/2025 2.4	Role of Public Partners	RTG to check policy on the PP's lone working	September 2025	RTG	<b>Ongoing</b> 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 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	<b>Recommend for closure</b> 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	<b>Recommend for Closure</b> 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	<b>Recommend for Closure</b> 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	<b>Recommend for Closure</b> Discussed moving further up the agenda but agreed the earlier items are needed to inform the discussion on risk/KPIs. Additional time allocated.
SHC Meeting 20/02/2025 2.1	Engagement on Service Change	CM to write to Consumer Scotland to seek clarity on overlap with existing statutory duties.	May 2025	TMG/RTG	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025 2.1	Engagement on Service Change	CM to contact JI to arrange meeting with SG sponsors to discuss Consumer Duty.	May 2025	CM	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025 2.2	Engagement on Service Change	CM to provide NH with an update on assessing how we work with charities as consumers.	May 2025	CM	<b>Closure agreed 15 May 2025</b>

SHC Meeting 20/02/2025 2.2	CM and TMG to consider how the overlap between the CCG and GfE could be addressed.	CM and TMG to consider how the overlap between the CCG and GfE could be addressed.	May 2025	CM/TMG	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025 2.3	Equality, Inclusion and Human Rights (EIHR)	TMG/RTG to reflect and discuss with Staff Governance Committee, the wording on (page 8) referencing 'increasing the number of employees by 5%'.	May 2025	TMG/RTG	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025 3.2	Engagement Practice-Improvement Programme	TMG to send details of Volunteers Practitioners Network (VPN) to DB	May 2025	TMG	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025 3.5	Operational Plan Progress Report 2024/25	RMK to review the resource downloads form the Q3 Operations report and respond back to NH with the findings via SF.	May 2025	RMK/SF	<b>Closure agreed 15 May 2025</b>
SHC Meeting 20/02/2025	Draft Annual Report 2025/26 and Terms of Reference; Scottish Health Council, Service Change and Governance for Engagement Subcommittees	SD & CM to discuss capturing the contribution of the Sub-committees on the report.	May 2025	SD/CM	<b>Closure agreed 15 May 2025</b>
		CM to include the learnings in bullet (b) and the standardisation of the reporting. b)Further suggestions to include in the report were; under learnings, include the decision to change to annual scrutiny of work programmes in line with other governance committees	May 2025	CM	

# Statutory Duties of Engagement

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 2025

**Agenda item:** 2.1

**Responsible Executive** Clare Morrison, Director of Engagement and Change

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

### 2.1 Single Authority Models

Scottish Government has asked three locations (Argyll & Bute, Orkney and the Western Isles) to develop plans to implement Single Authority Models. Although there is a national policy driver, there will be no structure defined nationally – it is for local systems to define – and therefore this does not fit within the “nationally determined service change” guidance.

Scottish Government expects a joint position between the local NHS board, Council and IJB in September 2025 on the direction of travel for a single administrative and governance structure (not services provided). After this, it expects further development and refinement leading to a preferred model by December 2025.

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 a local authority. HIS has suggested to Scottish Government that we work collaboratively with COSLA to develop and test this guidance. Alongside this, HIS must be clear about any potential assurance role it has in this area.

## 2.2 Quality and safety in service change

It is possible that through the discharge of our statutory duty to assure engagement, HIS can become aware of service changes where there are concerns about the quality or safety of the proposed service. Although HIS has a strong assurance focus on the quality and safety of existing services, it does not have an assurance role for *prospective* quality and safety risks. Therefore, there is a risk that HIS is aware of prospective concerns but does not act on them. This is captured on the strategic risk register (see risk paper).

It was agreed that HIS should develop guidance to support health and care bodies to better consider quality and safety within service change decisions. A scoping exercise was conducted in July 2025 across HIS to define content for the guidance. This identified that new clinical governance standards are in development and that these, in combination with the updated HIS Quality Management System and Essentials of Safe Care, will capture the quality and safety considerations required.

Therefore, HIS will develop a simple signposting document that defines the key quality and safety considerations, and links to existing HIS guidance for more information. This will enable a more proactive approach to signposting quality and safety considerations by the assurance of engagement team, while avoiding creating a new process/guidance or role. In addition, any future concerns identified will be fed into the HIS safety intelligence system.

This issue relates to quality and safety, and therefore is a matter for the HIS Quality and Performance Committee. A paper providing more detail has been submitted to its August meeting, and is attached in Appendix 2 for information for SHC members.

## 2.3 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 where there is a recognition that the current service model in Scotland has reached crisis point.

HIS met with representatives from the Scottish Government National Planning team on 13 February 2025 to provide advice and support on stage 1 of the nationally determined service change guidance. HIS received a mapping exercise from Scottish Government setting out the activity undertaken at stage 1 in March 2025 and responded with significant comments, setting out recommended further actions. A follow up letter offering further support was sent but no reply was received.

This was escalated on 11 June 2025 which led to a meeting with colleagues from Scottish Government on 18 June 2025. A response to our letter from Paula Speirs, Deputy Chief Operating Officer, NHS Scotland, noted Scottish Government's commitment to progressing with the actions recommended, and an invitation to have a HIS representative join the Implementation Group for this work to ensure there was a focus on meeting the engagement guidance.

A communications and engagement workstream was developed as part of the wider implementation plan and a proposal to implement the Target Operating Model (TOM) was approved by NHS Board Chief Executives on 9 July 2025. The engagement activity required will fall to the Service Oversight Group being established and will include representation from HIS.

Reporting of progress in relation to engagement will continue to be brought to SHC service sub-committee members (next meeting 23 October 2025).

### **Children and Young People Gender Identity Services**

Work on the second of the nationally determined service changes 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.

Currently, children and young people who are experiencing gender-related distress or gender incongruence are seen at the Young People's Gender Service in NHS Greater Glasgow and Clyde. This is the only specialist service in Scotland, and it supports people from all over the country. Demand for the service has grown significantly, with more people reaching out for support than ever before, which has led to longer waiting times.

A new model of care is being developed to provide support which is closer to home with reduced waiting times and includes advice and support from trusted people in local areas (including GP and school staff) with further advice and support provided by local healthcare professionals. More specialist care will be provided at a regional centre where experts will work with children and young people to understand individual needs and create a suitable care plan.

This new model focuses on mental health, wellbeing, and emotional support to help people feel safe, heard, and supported. It is important to note that any new service will not offer puberty blockers or gender-affirming hormones for new patients as a standard treatment. This follows the publication of the Cass Review in April 2024, and the Scottish Government confirming that it would adopt the review's recommendations in September 2024.

It is important to note that the survey is only the first stage of the engagement activity and NSS wrote to Scottish Government on 18 July 2025 noting that further work to meet the stage 1 engagement activity set out in the 31 October 2024 guidance was required. The survey closed on 08 August 2025, and the feedback will be used to help shape the TOM. Reporting of the findings and the plans for further Stage 1 engagement will be brought to sub-committee members at the next meeting on 23 October 2025.



## 2.4 Major Service Change and *Planning with People*

The HIS major service change guidance and template have been combined, and the new combined version will be published in September 2025. Next steps are to make progress with developing alternative objective approaches to assess impact and probability for service changes, which are viewed as measurable and helpful by all stakeholders. Work around the consideration of potential options around a service change ‘appeals’ process has been discontinued at this time.

HIS is committed to reviewing the *Planning with People* “question and answer” content developed for NHS Boards and Health and Social Care Partnerships to prepare materials that could be used with members of the public and third sector organisations. This work has progressed over recent weeks and a draft public facing Frequently Asked Questions document has been prepared along with a new *Planning with People* animation (aimed at the public) for launch together in the coming weeks.

## 2.5 Service changes

There are currently 70 service changes being supported by the 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 to Murray Royal Hospital**

Michael Marra MSP, wrote to the HIS Chief Executive on 18 June 2025, expressing concerns regarding engagement around implementation of the 2018 decision to transfer in-patient Learning Disability Services from the Strathmartine Centre in Dundee to Murray Royal Hospital in Perth. Mr Marra also asked about the role of HIS regarding the application of the *Planning with People* (2024) guidance.

In correspondence with Mr Marra, HIS advised that when the original decision was taken, the relevant guidance in place at the time (CEL 4 2010) did not provide for a statutory role for HIS in changes led by IJBs. HIS also confirmed that the revised *Planning with People* guidance, published in May 2024, brought service changes led by IJBs within scope of our assurance of engagement responsibilities. However, HIS does not have the authority to retrospectively apply this guidance to decisions made prior to its publication.

NHS Tayside asked for HIS advice on communication and engagement about the ward moves in 2024 and we have provided advice and remained in contact with them. They have been following our recommendations and engagement is continuing to take place with patient, families, and staff.

Mr Marra expressed his dissatisfaction in the media. On 20 August 2025, Robbie Pearson and Clare Morrison met with Mr Marra. Further clarity about the role of both HIS and NHS boards was provided. Mr Marra believes there are material changes to the original service change and HIS has agreed to consider if this is the case. In addition, Mr Marra reported concerns that patients and families are not being fully informed about the planned service change, and HIS agreed to review this.

## **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.

The provisional timescale has not yet been agreed, but the two options being considered are to either complete option appraisal, consultation and internal governance reporting by the end of 2025, or if this is not possible then they will aim to complete by June 2026.

At our liaison meeting in July, NHS GGC outlined the timeline challenges they faced in terms of the approval for their option appraisal development through their governance structures (including six IJBs) and carrying out the public consultation before the May 2026 Scottish Parliament elections purdah period begins.

Our current view is that it would appear to be very challenging for them to complete a 3-month consultation period and include consideration of the publication of our major service change report prior to the expected purdah period (late March 2026).

### **North Ayrshire HSCP: Woodland View, Ward 7A – Neuro Developmental Disorders (NDD)**

HIS became aware of the IJB decision to close this 7-bedded NDD Assessment and Treatment ward via media coverage on 02 July 2025. Further information received from the North Ayrshire HSCP has indicated that this is a temporary change on safety and quality grounds, and a wider review of the service (including in-patients) is planned. To date there has been individual engagement with each of the six current in-patients and their families / guardians (none of these patients are actively receiving assessment / treatment and all have a delayed discharge).

## **3. Recommendation**

SHC members are asked to:

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

It is recommended that SHC members accept 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 particularly related to the rapidly changing environment and the need to respond at pace to the development of Single Authority Models. It is recommended that there could be a higher level of Assurance for our ongoing work in service change.

## **4. Appendices**

Appendix 1: Guidance on quality and safety in service changes (QPC paper)

## Appendix 1:

# Guidance on quality and safety in service changes

**Meeting:** Quality and Performance Committee

**Meeting date:** 27 August 2025

**Agenda item:** tbc

**Responsible Executive:** Clare Morrison, Director of Engagement & Change

**Report Author:** Clare Morrison, Director of Engagement & Change

**Purpose of paper:** Assurance

## 1. Purpose

This paper summarises the planned approach to mitigate a strategic risk that HIS becomes aware of concerns about the quality and safety of proposed services through its assurance of engagement role. QPC is asked to take a moderate level of assurance on the identified way forward.

## 2. Executive Summary

HIS has a statutory duty to assure engagement on proposed service changes.<sup>1</sup> Through this function, HIS has become aware of service changes where there are concerns about the quality or safety of the proposed service. Although HIS has a strong assurance focus on the quality and safety of existing services, it does not have an assurance role for *prospective* quality and safety risks. Therefore, there is a risk that HIS is aware of prospective concerns but does not act on them. This is captured on the strategic risk register (titled “Service change – quality and safety”).

In response, the Executive Team agreed that HIS should develop guidance to support health and care bodies to better consider quality and safety within service change decisions. This guidance would be provided when delivering HIS’s statutory duty on engagement on service change but not assured. The guidance would also be embedded within the Scottish Approach to Change. The guidance must be clear that it is health and care bodies’ responsibility to ensure that the services they provide, or plan to provide, meet quality and safety standards.

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<sup>1</sup> [Public Services Reform \(Scotland\) Act 2010](#) and [National Health Services Reform \(Scotland\) Act 2004](#)

A scoping exercise was conducted in July 2025 across HIS to define content for the guidance. This identified that new clinical governance standards are in development and that these, in combination with the updated HIS Quality Management System and Essentials of Safe Care, will capture the quality and safety considerations required.

Despite current guidance and mechanisms being in place, the ongoing identification of concerns about proposed service changes demonstrates the need for clearer signposting to relevant guidance. Therefore, the planned approach is to develop a simple signposting document that defines the key quality and safety considerations, and links to existing HIS guidance for more information. This will enable a more proactive approach to signposting quality and safety considerations by the assurance of engagement team, while avoiding creating a new process/guidance or role. In addition, any future concerns identified will be fed into the HIS safety intelligence system.

### Planned content of signposting document

The signposting document will highlight the following key quality and safety considerations, and link to the relevant guidance (referenced below where currently available):

#### Domains of quality

The six domains of quality were defined in 2001 by the Institute of Medicine<sup>2</sup>. The HIS strategy<sup>3</sup> in 2023 added a seventh domain. These describe how health and care services should be:

- **Safe** – avoiding harm and ensuring individuals feel safe
- **Effective** – providing evidence-based care with a clear benefit
- **Person centred** – responding to individual needs
- **Accessible and timely** – avoiding delays to accessing care
- **Equitable** – providing equity of outcomes for everyone
- **Efficient and preventative** – avoiding unwarranted variation and waste
- **Integrated** – ensuring care is joined up.

#### Essentials of safe care

The Essentials of Safe Care<sup>4</sup> were produced by HIS as drivers of safe delivery of care in all settings. They are:

- **Person centred** systems and behaviours are embedded for everyone
- **Safe communication** within and between teams
- **Leadership** to promote a culture of safety at all levels
- **Safe consistent clinical and care processes** across health and care settings.

#### Quality management systems

Quality management systems provide a framework to underpin an organisation's approach to delivering high quality health and care services. The HIS quality management system<sup>5</sup> defines the following key enablers of quality:

- **Clear vision and purpose** – succinctly defining the what, why and how

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<sup>2</sup> Institute of Medicine. [Crossing the Quality Chasm](#)

<sup>3</sup> Healthcare Improvement Scotland. [Our strategy 2023-28](#)

<sup>4</sup> Healthcare Improvement Scotland. [Essentials of Safe Care](#)

<sup>5</sup> Healthcare Improvement Scotland. Updated QMS to follow – not published yet

- **Leadership and culture** – forging a culture of collaboration, trust, inclusion, transparency and empowering people
- **People-led** – ensuring people are at the heart of the design and delivery of services
- **Process rigour** – using deliberate, systematic and structured approaches to ensuring high quality, reliable outcomes.

It also describes the core components of planning for quality, improving quality, maintaining quality, learning and quality assurance. The updated HIS quality management system is expected to be published in September 2025.

### Clinical governance standards

New HIS clinical governance standards<sup>6</sup> are in development. They aim to provide assurance that organisations are providing high quality and safe healthcare in line with best practice, national policy and legislation. They cover seven areas:

- **Staffing and staff management** – leadership, oversight and staffing levels in clinical services
- **Clinical audit and quality improvement** – use of data and intelligence to monitor and improve quality and safety
- **Clinical effectiveness** – care is timely, personalised and evidence-based
- **Risk management and safety** – services respond to concerns, risks and near misses
- **Education and training** – staff skills, training and support to provide safe, effective and person-centred care
- **Service user and patient involvement** – involving people and communities in the design and delivery of services
- **Data and information** – safe and secure systems for storing and sharing personal data.

These standards are in development and some changes are expected; a final version is expected to be published in March 2026.

## 3. Recommendation

It is recommended that QPC accepts a Moderate level of assurance that the creation and use of a signposting document will reduce this strategic risk.

**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 rationale for this level of assurance is that the success of the signposting document in mitigating the risk will only be known once it is tested in practice.

## 4. Appendices and links to additional information

Links to additional information are provided in reference footnotes on page 2 and 3.

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<sup>6</sup> Healthcare Improvement Scotland. [Draft clinical governance standards](#)

# Governance for Engagement

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 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 Cycle 3 of the Governance for Engagement process. It summarises key developments since the last report including directorate improvement plan monitoring, outcomes of the sub-committee's meeting to review the Community Engagement & Transformational Change (CETC) directorate's progress, ongoing work to tailor the self-assessment process for HIS corporate directorates, and alignment with HIS Clinical & Care Governance.

## 2. Executive Summary

The Governance for Engagement process, overseen by a sub-committee of the Scottish Health Council, provides a structured mechanism for reviewing how HIS directorates meet their statutory duties for engagement and equalities. It uses a 'supportive scrutiny' model built around constructive dialogue with Directors and their teams, underpinned by the [Quality Framework for Community Engagement & Participation](#).

### Cycle 3 progress and developments

**Monitoring of directorate improvement plans:** Dates for 2025/26 sub-committee reviews have been confirmed, giving directorates clarity on when they will report back. This allows time to gather relevant evidence and prepare for meaningful discussion. The CETC directorate was the first to test the new improvement progress template, demonstrating tangible progress in clarifying directorate purpose, strengthening internal communications, embedding updated equality impact assessment processes, and advancing the Engagement Practice Learning & Improvement System for launch in November 2025. Feedback from the sub-committee included the need to:

- Make the role and influence of lived experience more explicit in planning and reporting;
- Clarify CETC's scope, especially in relation to NHS Board governance; and
- Explore refinements to the current Red-Amber-Green (RAG) status model of reporting to the sub-committee to better capture momentum and depth of progress.

**Tailored self-assessment for HIS corporate directorates:** In response to feedback gained during Cycle 3, work continues on developing a proportionate version of the Quality Framework self-assessment tool that reflects corporate directorates' functions. This aims to maintain relevance while ensuring rigour. Completion is anticipated in October / November 2025.

**Alignment with HIS Clinical & Care Governance:** Recognising overlap with Dimension 3 of the Clinical & Care Governance framework (engagement and person-centred care), work is underway to explore integration opportunities. The HIS Chief Pharmacist is leading a review of Clinical & Care Governance, with workshops over summer 2025. Potential changes include using quarterly Clinical & Care Governance updates from directorates to inform Governance for Engagement monitoring, reducing duplication, and strengthening continuous assurance.

### **Risks and considerations**

- Organisational: Without an effective Governance for Engagement process, HIS risks inconsistent approaches to engagement and limited assurance on equalities compliance.
- Clinical & Care Governance: Closer alignment will strengthen assurance across all directorates and functions.
- 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](#).

The process continues to mature, maintaining a balance between developmental support and accountability.

## **3. Recommendation**

The Council is asked to:

- Note the updates on progress in the Governance for Engagement process; and
- Endorse ongoing work to align with HIS Clinical & Care Governance and to finalise the corporate directorates' self-assessment approach.

It is recommended that the SHC 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 Governance for Engagement process is well-established and operating effectively, as evidenced by positive sub-committee feedback on the CETC directorate's progress and the adoption of structured improvement progress monitoring. Controls are in place and functioning, with constructive engagement between the sub-committee and directorates. However, residual risks remain while further adaptations are developed – specifically, the need to refine progress monitoring statuses, finalise the tailored self-assessment for corporate directorates, and conclude alignment with the HIS Clinical & Care Governance framework. These developments are in progress but not yet complete, hence a **MODERATE** assurance level is recommended.

#### **4. Appendices and links to additional information**

None.



# Equality, Inclusion and Human Rights

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 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 (EHIR) team within the Engagement Practice – Assurance Programme continues to oversee Healthcare Improvement Scotland (HIS) meeting legal and good practice standards in relation to equality, inclusion and human rights.

## 2. Executive Summary

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 EHIR team monitors compliance with this. At the end of quarter 1, most HIS programmes requiring an equality impact assessment (EQIA) had one in place. Out of a total of 79 eligible work programmes, 72 have a full EQIA in place while a further 2 have undertaken a screening assessment to determine next steps and 5 need to begin an assessment. The organisation again exceeded its 90% completion target, achieving 91% (there is a proposal to increase this target to 100%, see paper 4.2). This is a 4% reduction in completion compared to the previous quarter and can be attributed to programmes being started or revised and still in the early stage of development.

As part of its Equality Act duties, HIS must also publish and report on a set of equality outcomes every two years. We published four new equality outcomes in April 2025, including an anti-racism plan that is additionally required by the Scottish Government. As a considerable proportion of equality outcome activities relate to the HIS workforce, a verbal update was provided by the Director of People and Workplace to the Staff Governance Committee on 6 August 2025. This highlighted key current activities, including: the development of an anti-racism leadership statement with the Chair, Chief Executive and Employee Director; Pride Month activities; and an evaluation of our reasonable adjustment passport.

Through the CETC directorate, HIS is currently contributing to two Scottish Government groups aimed at strengthening equality and human rights across the public sector:

- Human Rights Capability Building Working Group, which aims to improve awareness, understanding and practice across the public sector for the purpose of advancing human rights now and laying the groundwork for new human rights duties in the future (Appendix 1).
- Public Sector Equality Duty Improvement Stakeholder Reference Group, which will contribute to Scottish Government proposals for improving the effectiveness of the PSED in Scotland. Here, we share representation of NHS Special Boards with the Scottish Ambulance Service (Appendix 2).

The EIHR Team have been working to improve the equalities offer to colleagues in HIS and positively impact how we engage with each other and the communities we serve. After launching over the summer, the team have now published two editions of an 'Inclusion Bulletin'. This will be a bi-monthly offering with all the latest news around equalities, inclusive engagement and staff equality network activities. The team are additionally working on several pieces of guidance, development and training that are due to be completed by quarter 3, with an update anticipated at the Council's next meeting:

- Accessible and Inclusive Engagement Guidance
- Guidance to support Easy Read publications
- Guidance to support lived experience participation, including an approach to remuneration
- Equality and Diversity training for HIS volunteers (pilot).

### 3. Recommendation

Scottish Health Council members are asked to note the ongoing work described above.

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.

This assurance level is recommended because there remains a moderate amount of residual risk associated with demand for some of the resources identified above, coupled with minor delays to target completion timescales due to staff capacity. It also relates to the development of guidance supporting lived experience participation and remuneration, which colleagues across HIS are keen to confirm as a shared approach. The team remain able to provide a support offer in these areas and the further action that is required is being progressed as a current priority.

### 4. Appendices and links to additional information

- Appendix 1: Human Rights Capability Building Working Group Terms of Reference
- Appendix 2: Public Sector Equality Duty Improvement Stakeholder Reference Group Terms of Reference

## Human Rights Capability Building Working Group Terms of Reference

### Purpose

1. The purpose of the group is to inform and review the s' delivery of human rights capability building activities undertaken by the Scottish Government and others. The group will provide views on good practice activities that support the public sector and others to improve awareness, understanding and practice to advance human rights now, laying the groundwork for new duties in the future via a Human Rights Bill.
2. This is intended to be a voluntary, time-limited Working Group. Membership does not constitute a public appointment.

### Context

3. The 2024/25 Programme for Government reaffirms the Scottish Government's commitment to strengthening the implementation of human rights – both with a view to improving the realisation of rights now and to lay the groundwork for future introduction of a Human Rights Bill. A draft strategic delivery plan was produced in December 2024 which detailed planned work until March 2026.
4. Alongside the further development of Human Rights Bill proposals this will include advancing actions outlined in Scotland's second national human rights action plan (SNAP2) which sets out a path for developing Scotland's human rights culture. The SNAP Leadership Panel's recent prioritisation exercise identified capability building as a priority action and this will be the primary area of focus for the Working Group. Activities will draw on the learning of recent incorporation exercises, and in particular the preparatory work done to support the effective implementation of duties in the UNCRC (Incorporation) (Scotland) Act 2024.
5. The Scottish Government is developing an Equality and Human Rights Mainstreaming Strategy which will provide a framework so that the Scottish Government and wider public sector can apply a consistent and impactful focus on equality and human rights in everything they do. The Mainstreaming Strategy will set out a framework for action against six identified key drivers of change, one of which is enhancing capability and culture. This Working Group will seek to support action in a way that is coherent and consistent with this driver and the Strategy.
6. In order to undertake this work, the Scottish Government is refreshing its human rights engagement structures and standing groups to ensure they are best suited to support delivery of these priorities and make best use of the collective resources and capacity. As such, the previous engagement structures and standing groups, including the Advisory Board, Public Sector Leadership Board (formerly known as the Executive Board), and the Core and Wider

Implementation Working Groups, have been brought to a close. This Capability Building Working Group therefore forms part of the new engagement structures and standing groups, though the insights and learning from previous discussions will be carried forward.

## Objectives

7. The objectives of the Working Group are to:

- (i) support and promote collaboration in relation to human rights capability building across Scotland;
- (ii) provide views on the Scottish Government's long-term human rights capability building objectives;
- (iii) provide views on priority interventions identified by the Scottish Government that may advance capability building objectives in the period up to May 2026, and receive management updates on delivery. It will look to build awareness, understanding and practice around international treaty standards and concepts proposed through a forthcoming Human Rights Bill, particularly amongst public bodies.
- (iv) identify gaps in human rights knowledge, skills or practice amongst duty-bearers, civil society and rights-holders, and suggest further interventions that can help to address those in time; and,
- (v) review emerging evidence from Scottish Government and other sources, and support ongoing knowledge exchange.

## Status and membership

- 8. The Working Group is a voluntary and time-limited group established to deliver the objectives defined at paragraph 7 above. Membership will be drawn from those with expertise of human rights capability building across Scotland. Refer to Annex A for a full list of members.
- 9. Membership of this Working Group does not constitute a public appointment. There will be no remuneration, financial or otherwise, for the time of members participating in this Working Group. Members are selected in recognition that informing the work to develop and deliver human rights capability building is a relevant aspect of their existing work and role for which no additional payment is required.

## Attendance

- 10. The Working Group will be convened by the Scottish Government and chaired by Scottish Government officials. Members are expected to attend meetings (which will usually be conducted via Microsoft Teams) however in exceptional circumstances representatives will be accepted.
- 11. Other attendees may be co-opted to attend meetings as considered appropriate on an *ad hoc* basis, such as to present relevant information, facilitate discussions or similar.

12. Additional members and observers can be added to the Working Group to address gaps in the membership, if required, subject to agreement from the Chair.
13. Observers are invited to attend meetings, participate in writing and during discussions but will not have decision-making or recommendation powers.

### **Lived Experience**

14. The Working Group discussions will be informed by lived experience of human rights issues and implementation. The Scottish Government created a Lived Experience Board comprised of members of the public with experience of facing barriers to accessing their human rights. Over 2022-24, the Board produced 14 reports providing personal accounts, reflections, advice, and recommendations on the proposed Human Rights Bill and what they want it to achieve. Insights from these reports in relation to capability building should inform the Working Group's discussions and decision-making. To aid this, Scottish Government officials will ensure that relevant material is used in discussions and materials prepared for and by the Working Group.

### **Frequency**

15. The Working Group will agree a meeting schedule at their first meeting, likely meeting every 2 to 3 months until conclusion of their objectives.

### **Life cycle**

16. The Working Group will conclude its work in March 2026, with the potential to extent this lifetime should the Scottish Government require further engagement against the objectives defined at paragraph 5.

### **Secretariat**

17. Secretariat functions will be provided by Scottish Government officials, with papers agreed in advance between the Chair and, where appropriate, other members with an interest in the topic.
18. Papers will be circulated by the secretariat, with the aim that members have at least one week to review prior to meetings. Members will be encouraged to comment via correspondence between meetings, as appropriate.
19. Minutes will be taken by the secretariat and issued for clearance prior to the next scheduled meeting. Once approved by the group, minutes will be uploaded to the Scottish Government website, alongside these Terms of Reference and a list of members of the Working Group.

20. All papers, documents and other materials developed by or on behalf of the Working Group will be stored within the Scottish Government's electronic records and document management system.

### **Accountability, reporting and governance**

21. Scottish Government officials will remain accountable to Scottish Ministers, in line with normal Civil Service arrangements. Members of the Working Group will retain their own accountability.
22. The Working Group will comply with the Freedom of Information (Scotland) Act 2002 (FOISA) and the Environmental Information (Scotland) Regulations 2004 (EIRs). Papers for the meetings will be shared with the Capability Building Working Group members by email.
23. The Working Group will provide insights on an advisory basis. The Working Group secretariat will provide periodic updates to a Human Rights Oversight Board as well as the SNAP2 Leadership Panel and other stakeholders with an interest in the project as needed.

### **Review**

24. The terms of reference will be reviewed and agreed by the Working Group at their first meeting.
25. The terms of reference can be reviewed periodically at the instigation and agreement of the Chair.

**TERMS OF REFERENCE: PUBLIC SECTOR EQUALITY DUTY (PSED)  
IMPROVEMENT STAKEHOLDER REFERENCE GROUP  
V1. - July 2025**

These Terms of Reference serve to provide structure and clarity regarding the Group's objectives, operations, and expectations. They are intended to facilitate productive collaboration while ensuring all members have a shared understanding of the group's remit and ways of working. The Scottish Government may amend these Terms of Reference in consultation with members as the work progresses.

## **Purpose**

1. The purpose of the Group is to engage and seek input from members on proposals for improving the effectiveness of the PSED in Scotland. Feedback from members will help to inform and shape proposals.
2. The Group's overall aim will be to inform proposals for improvement to the overall approach to PSED, including the regulatory framework, and non-regulatory drivers of change, that support listed authorities' efforts to achieve the three needs of the PSED general duty: those of advancing equality, reducing inequality and fostering good relations.
3. This is intended to be a voluntary, time-limited group. Membership does not constitute a public appointment.

## **Context**

4. The 2025/26 Programme for Government (PfG) reaffirms the Scottish Government's commitment to strengthening the implementation of equality and human rights. The PfG outlined a commitment for Scottish Government to consult on and publish a framework to embed equality and human rights across the Scottish Government and the wider public sector. This framework – the Mainstreaming Strategy- will also include an action plan and toolkit, setting out practical steps to progress this ambition. This is to be complemented by action to enhance the effectiveness of the PSED.
5. The PSED is a duty on public bodies, and those carrying out public functions, which was created by section 149 of the Equality Act 2010 ('the Act') and came into force in April 2011. It requires public authorities to have due regard to the need to advance equality, eliminate discrimination, and foster good relations between different groups of people. As the PSED itself is reserved, it cannot be changed by the Scottish Government; meaning we cannot, for example, add new protected characteristics beyond those already included in the Equality Act 2010.
6. Although the Equality Act 2010 is largely reserved, Scottish Ministers have used their powers to support compliance with the PSED by placing detailed requirements on Scottish public authorities through regulations.
7. These regulations are the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, known as the Scottish Specific Duties. These duties were first



passed in 2012, and have been subject to a number of amendments since. One of the original regulations (6A) was repealed, as it was non-operable. All of the specific duty regulations must legally support better performance of the general equality duty, and must be within devolved competence, which can limit what can be included in these regulations.

8. The Scottish Government has committed to a phased approach to improving the operation of PSED in Scotland. Our aim is to maximise the positive impact of the PSED regulatory framework on people's lives, within the limits of devolved competence. We seek to do this in recognition of the fact that PSED is one driver for equality in Scotland among many; and that wider mainstreaming efforts are key to making change for the people who are the most disadvantaged, excluded or marginalised in Scotland.
9. Following extensive consultation and engagement on a range of improvement proposals under consideration at that time, the former Minister for Equalities, Migration and Refugees issued [stakeholder communications](#), on 4 October 2023, to outline the next steps in improvements activity to enable better performance of PSED in Scotland.
10. Since that 2023 update, the Minister for Equalities has issued various updates on PSED related activity; and the Scottish Parliament's Equalities, Human Rights and Civil Justice Committee has held an inquiry into the operation of PSED in Scotland, the outcome of which is awaited.

## Objectives

11. The objective of the Group is to engage constructively with members in shaping the Scottish Government's proposed PSED improvement activity aimed at improving the operation of the PSED framework in Scotland. In the first instance, this will be by specifically informing the production of the Scottish Government's next report on future PSED improvement proposals due to be published by December 2025, as required under Regulation 12 of the Scottish Specific Duties.

## Status and membership

12. The Group is a voluntary and time-limited group. Membership will be drawn from those with experience and expertise in improving the operation of the PSED in Scotland and/or in advancing equality with awareness of the impact of the PSED and the Scottish Specific Duties. Members will represent listed authorities and equality advocacy organisations from the third sector.
13. Membership of the Group does not constitute a public appointment. There will be no remuneration, financial or otherwise, for the time of members participating in the Group, as members are all salaried by their supporting organisations; and as such the time asked of members will be limited. Members are also not subject to other terms and/or conditions such as length of tenure or notice periods. Members are selected in recognition that informing the work to improve the



effectiveness of the PSED in Scotland is a relevant aspect of their existing work and role, for which no additional payment is required.

14. A representative from the Equality and Human Rights Commission Scotland office may be invited to attend the Group from time to time, to provide support and advice, but as an independent statutory body with monitoring and regulatory functions (in compliance with the Paris Principles<sup>1</sup>), the EHRC will not have any ownership of the outputs or be a member of the Group.

## **Attendance**

15. The Group will be convened and chaired by the Scottish Government's Deputy Director for Mainstreaming and Inclusion. Members should prioritise attending meetings (usually to be conducted via Microsoft Teams) personally. In exceptional circumstances, proxy representatives may be accepted. If neither attendance nor proxy representation is possible, members should send apologies in advance.
16. Other non-members may be co-opted to attend meetings as considered appropriate on an ad hoc basis, such as to present relevant information.
17. Members have been deliberately selected to represent their respective sectors and organisations and are expected to act as bridges to their wider networks. As part of their contributions members should engage with their networks to gather perspectives and bring these views back to the Group. Where wider input is needed from a particular sector, the existing representative member should facilitate this consultation rather than requesting additional permanent members from the same organisation or sector.
18. Additional members can be added to the Group to address gaps in membership, if required, subject to agreement between the Chair and current members.

## **Frequency and Lifecycle**

19. The Group will agree a meeting schedule at the first meeting. During the first phase the Group will initially meet every 4 to 6 weeks, to inform and shape a report into future proposals for PSED improvement activity in Scotland which will be published in December 2025.
20. Following this first phase there will be potential to extend the life cycle of the Group to support further engagement with members on the progress of PSED improvement activity in Scotland. This will also depend on members' willingness to engage beyond the date stated above.

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<sup>1</sup> The Paris Principles (officially known as the "Principles relating to the Status of National Institutions") are a set of international standards adopted by the United Nations General Assembly in 1993 that provide the framework for what National Human Rights Institutions (NHRIs) should be and how they should operate.

One key aspect of the Paris Principles is Independence. NHRIs must be established by law with a clear mandate and be independent from government control, both financially and operationally.

## **Secretariat**

21. Secretariat functions will be provided by Scottish Government officials from the PSED Improvement Team.
22. Papers will be circulated by the secretariat prior to meetings and members will be encouraged to contribute evidence, information and views via correspondence between meetings, as appropriate.
23. Minutes will be taken by the secretariat and issued for clearance prior to the next scheduled meeting.
24. All members are expected to review papers in advance of meetings and to come prepared to contribute to discussions. The Secretariat will be responsible for sharing papers in advance of meetings, and distributing minutes and actions following each meeting.
25. All papers, documents and other materials developed by or on behalf of the Group will be stored within the Scottish Government's electronic records and document management system.
26. Members should treat working documents as confidential until formally published. Draft materials should not be shared outside the Group without prior agreement from the Chair or the Secretariat. Members should be mindful of data protection requirements when handling any materials.

## **Accountability, reporting and governance**

27. Scottish Government officials will remain accountable to Scottish Ministers, in line with normal Civil Service arrangements. Members of the Group will retain their own accountability.
28. The Group will comply with the Freedom of Information (Scotland) Act 2002 (FOISA) and the Environmental Information (Scotland) Regulations 2004 (EIRs). Papers for the meetings will be shared with the Group members by email. This means information may be disclosed in response to FOI requests unless an exemption applies. Members should be aware that emails and documents they contribute may be subject to these regulations. The Scottish Government will manage any FOI requests relating to the Group's activities.

## **Review**

29. The terms of reference will be reviewed and agreed by the Group at the first meeting.
30. The terms of reference can be reviewed periodically at the instigation and agreement of the Chair or the Secretariat.

## Ways of Working

31. For the purposes of clarity and to ensure engagement can be as productive, inclusive and accessible as possible, the following guideline around 'ways of working' have been outlined below.
32. It is envisioned these meeting will mostly take place online (via Microsoft Teams) to accommodate the regional spread and varying time commitments and responsibilities of members.
33. The following meeting etiquette guidelines for online meetings are proposed:
  - a. It is requested that all members remain on mute unless presenting or called to speak by the Chair. This helps to avoid background noise and distractions as well as making it easier to hear the speaker.
  - b. If a member wishes to speak they should do so using the 'raise hand' function found in the top toolbar of Microsoft Teams calls.
  - c. To support inclusive communications such as British Sign Language interpretation or the use of Palantypists. Members should speak clearly and at a steady pace.
  - d. In line with best practice, all meetings will include a short break of 5-10 minutes every hour.
  - e. While using the chat function to ask questions, make comments and share links to helpful resources is encouraged, it is requested that members try to avoid creating a separate discussion in the chat.
  - f. It should also be noted that it may not be possible to respond to all questions and comments in the chat in real time (unless this is part of a specifically requested accessibility adjustment), but the secretariat will endeavour to do so after the meeting.
34. To support a more hybrid approach to collaboration with partners there may be opportunities for in person meetings from time to time with the option for members to join remotely if they so wish. Members will be notified of any proposed in person meetings well in advance. Attendance will be encouraged but will not be mandatory.
35. There may also be instances where views from members are sought via email, in-between meetings, and general consensus or request for comment may be required. Members are asked to respond to these emails at the earliest opportunity in line with any set deadlines outlined.
36. Both for online and in person meetings – as well as email exchanges - the secretariat will endeavour to put in place any accessibility adjustments as requested, to enable full participation of members.
37. This is not an exhaustive list and new points may be added to the 'ways of working' section if agreed by the Group.

## ANNEX A – PROPOSED MEMBERSHIP AND SECRETARIAT

Name	Organisation
Nick Bland (Chair)	Scottish Government
Simon Cameron / Catherine Whitaker	COSLA
Caroline McKellar	City of Edinburgh Council and SPDS (Society of Personnel and Development Scotland)
Emma Chattington	Orkney Island Council and SPDS (Society of Personnel and Development Scotland)
Pamela Roccio	West Lothian Council and the Scottish Councils Equality Network (SCEN)
Eilidh Fulton / Catherine Canning	Scottish Funding Council
Jillian Mathews	Audit Scotland
Nicky Page	Police Scotland
Louise Gilbin	Non-Departmental Public Bodies Forum (NDPB) Equalities Forum and Scottish Environmental Protection Agency (SEPA)
Rosie Tyler-Greig (NHS Healthcare Improvement Scotland) / Coralie Colburn (SAS)	NHSS Equality and Diversity Leads Network - Special Boards
Laura Hutchinson (NHS Lothian) / Hina Sheikh (NHS Lanarkshire)	NHSS Equality and Diversity Leads Network - Territorial Boards
Lindsey Millen	Close the Gap
Grainne McGinn / Pauline Nolan	Inclusion Scotland
Carol Young	CRER (Coalition for Racial Equality and Rights)
Erin Lux	Equality Network

### Secretariat - Scottish Government Officials

Name	Job title
Jenny Kemp	PSED Improvement Team Leader
Philip Heritage-Vivers	PSED Improvement Policy Manager
Jack Easton	PSED Improvement Policy Manager

# Engagement Practice Improvement

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 2025

**Agenda item:** 3.1

**Responsible Executive:** Clare Morrison, Director of Engagement and Change

**Report Author:** Diane Graham, Head of Engagement Practice Improvement

**Purpose of paper:** Awareness

## 1. Purpose

This paper sets out the strategic direction of the Engagement Practice Improvement Unit for 2025/26. It outlines key programmes of work, development priorities, and emerging concepts for future exploration, aligned with NHS Scotland's renewal agenda.

Its purpose is to provide assurance to the Scottish Health Council that the Unit is operating in accordance with national priorities, contributing to organisational improvement, and strengthening capabilities that support meaningful involvement of people and communities in shaping change, driving improvement, and informing decision-making.

## 2. Executive Summary

### Strategic context and drivers

Established in 2024 as part of the HIS Community Engagement & Transformational Change (CETC) directorate, the Engagement Practice Improvement Unit aims to lead improvements in the engagement and volunteering practices of health and social care services in Scotland. It was created in response to ongoing system challenges, including limited and inconsistent public involvement in change and decision-making, lack of awareness and application of engagement-related legislation and guidance, underinvestment in engagement roles, skills and expertise, and a lack of strategic prioritisation of effective engagement in change processes.

These issues have contributed to missed opportunities to place the voice of people at the centre of change and improvement.

### Engagement Practice Improvement Unit - strategic priorities

During 2025/26, the Engagement Practice Improvement Unit is focusing on three strategic areas aligned with national frameworks including the [Service Renewal](#) Framework, the [Population Health](#) Framework, [Operational Improvement Plan](#) 2025, and the [HIS Strategy 2023-28](#). These

priorities support a shift toward more inclusive, person-centred services and in response, the Unit aims to embed a culture of meaningful engagement, strengthen cross-sector partnerships, and drive improvements in outcomes by enabling more responsive, equitable, and people-led service change. The three strategic priorities are (detail on the workplan is provided in Appendix 1):

**1. Strategic Priority: Transforming volunteering in NHS Scotland**

The **Volunteering Transformation Programme** is building national volunteer management capabilities and supporting more inclusive, volunteering services. This priority supports the HIS Strategy and Scottish Government priorities by improving volunteer experiences, significantly improving the quality of volunteering data, and implementing a national Volunteer Management System (VMS) across all NHS boards. Success is being measured by system-wide VMS adoption, improved staff and volunteer experience, and increased confidence and capability among volunteer managers, contributing to a more responsive and equitable health system.

**2. Strategic Priority: Building engagement capability for people-led change**

The **Engagement Practice Learning and Improvement System** is currently being developed for launch in November 2025. It will strengthen how health and social care services engage with people and communities. This priority supports the HIS Strategy and Scottish Government priorities by building staff capability, leadership, and confidence to embed meaningful engagement in change and decision-making. This work will impact skills and confidence in leading engagement in change, will support improved engagement quality, and demonstrate change in engagement practices within health and social care services. Success will be reflected by increased practitioner skills and evidence of improved outcomes for people and communities gathered through learning system impact evaluation, change measurement within a collaborative group, case studies and survey data. We are also ensuring full alignment with the [Planning with People](#) (2024) guidance, and with the developing [Scottish Approach to Change](#) being led by HIS.

**3. Strategic Priority: Enabling responsive, high-quality engagement in change and improvement across health and social care**

The **Engagement Practice Responsive Support function** is providing tailored, responsive support to improve the quality and consistency of engagement across Scotland's health and social care system. This priority supports the HIS Strategy and Scottish Government priorities by integrating lived and living experience and community engagement with practical improvement approaches, ensuring people are meaningfully involved in shaping change, through targeted support aligned to local and strategic priorities. As the year progresses, the Unit will influence how engagement is embedded in reform processes, strengthen the quality of engagement activities, and build capacity for inclusive, person-centred improvement. Success will be measured by the reach and impact of support provided, improvements in engagement practice, and evidence of people's voices shaping decisions and outcomes.

**Governance and oversight**

Governance and advisory groups are guiding the strategic direction of the Engagement Practice Improvement Unit, ensuring activities are high-quality, aligned with national priorities, and focused on long-term outcomes. Their role includes identifying and managing risks, particularly around equity, participation, and system readiness, and supporting adaptive decision-making. More specifically:

- **Scottish Health Council:** strategic oversight and assurance relating to the Unit's strategic priorities, delivery, and impact.
- **HIS Executive Team:** Executive-level scrutiny and risk oversight.
- **CETC Directorate Leadership Team:** operational leadership and continuous improvement direction.
- **National Advisory Board / Strategic Partners Group (To be established):** guiding alignment with national operational priorities in the health and social care system and supporting cross-sector collaboration.
- **National Expert Working Group (To be established):** supporting the co-design of programme activities and tools, advising on system impact evaluation, supporting system engagement and evaluation.

### **Potential future strategic priorities**

The Engagement Practice Improvement Unit will continue to evolve its priorities to meet the changing needs of Scotland's health and social care system, with a future focus on innovation, equity, and impact.

Future areas of focus may include how we might pilot digital tools, such as AI-assisted feedback to expand inclusive engagement. Equity-focused engagement approaches to help reach under-represented groups, guided by lived experience. Establishing new metrics that will strengthen how we measure engagement quality and impact.

We will also consider how we co-design more of our resources with communities, staff, and volunteers to ensure relevance, and develop an agile support model that will enable more timely engagement input into emerging priorities. These innovations will position engagement as a key driver of inclusive, measurable, and people-led transformation moving forward. They will also help position the division, the wider directorate, and HIS as a consistent and reliable source of engagement and equalities expertise and system leadership.

## **3. Recommendation**

The Scottish Health Council is asked to:

Note and discuss on the contents of this report.

It is recommended that the Scottish Health 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 assurance rating is assessed as moderate because the Unit has clear strategic priorities, established (and developing) governance and oversight arrangements, and delivery plans aligned to national frameworks, providing reasonable confidence in direction and control. However, aspects of the Unit's work continue to be under development or at an early stage of implementation, and there are dependencies on wider system engagement and resources, meaning some residual risk remains at present.

## 4. Appendices and links to additional information

### Appendix 1 – Engagement Practice Improvement Unit summary workplan supporting strategic priorities

The key components of how we will deliver this work are:

#### 1) Volunteering Transformation

- Implement and support the rollout of the new digital Volunteering Management System for NHS Scotland.
- Strengthen volunteer roles by providing clear guidance on improvement and engagement activities.
- Promote inclusive volunteering opportunities and ensure appropriate recognition for volunteer contributions.

#### 2) Engagement Practice Learning and Improvement System (EPLIS)

- Establish a national learning infrastructure that connects professionals across health and social care in Scotland. Aligning all activities with the Scottish Approach to Change.
- Facilitate shared learning through communities of practice, webinars, and digital resources.
- Develop and maintain HIS Learning System webpages to provide accessible, up-to-date engagement support and learning content.

##### a) **Engagement Practice Learning Programmes**

- Co-design and launch a foundational eLearning programme with NES via the TURAS platform, covering core principles, planning, tools, and methods for engagement.
- Design and deliver a structured learning programme for practitioners and leaders, focusing on advanced practice areas such as co-production, inclusive engagement, impact evaluation, and leadership.
- Offer blended learning formats including workshops, peer learning sessions, coaching, and curated resources.
- Build a sustainable community of practice to support ongoing learning, reflection, and innovation.

##### b) **Engagement Practice Network (EPN)**

- Review and relaunch the national Engagement Practice Network to connect practitioners across health and social care.
- Establish three communities of practice within the network:
  1. Improving Engagement
  2. Participation Research
  3. Service Change
- Facilitate regular learning events, peer exchanges, and collaborative projects across the communities. Enabling cross-sector collaboration and shared learning to strengthen engagement.
- Provide quality assurance and programme oversight and evaluation of the impact of the network.

##### c) **HIS Learning System Website Development**

- Create an accessible digital learning platform hosted on the HIS website.



- Provide resources on engagement principles and practice, learning opportunities, the Engagement Practice Network, the Participation Toolkit, and examples of good practice.

**d) Continued development of the Participation Toolkit**

- Conduct a comprehensive review of the toolkit.
- Update content to reflect current best practices, inclusive approaches, and digital tools.
- Promote the toolkit use across HIS and partner organisations.

**e) Engagement Practice Improvement Collaborative**

- Co-design a change package with stakeholders to support health and social care organisations in embedding effective engagement.
- Launch a learning collaborative using the change package, quality framework, and learning system resources.

**f) What Matters to You? Programme**

- Continue to grow and evolve the programme to deepen person-centred conversations.
- Support implementation across sectors with refreshed resources and training. Capturing impact stories to inform practice and policy.
- Continue to support the Jane Davies award for person-centred care to ensure recognition and support for good practice and innovation.

**g) Care Experience Improvement Model Leaders Peer Network**

- Foster a peer learning network across health and social care.
- Provide leadership development focused on improving care experiences. Equipping leaders with tools to engage meaningfully and drive change.

**3) Engagement Practice Responsive Support**

- Develop a structured support pathway for teams in HIS and NHS Scotland to seeking engagement advice and practical support, where appropriate.
- Provide tailored guidance, coaching, and tools to enable effective engagement planning and delivery, aligning with the *Planning with People* guidance.
- Integrate internal support mechanisms for HIS staff to ensure consistency and quality of engagement in their work.

**a) Internal HIS Responsive Support and Advice**

- Strengthen capacity to provide timely, expert engagement support to internal programmes within HIS.
- Create a centralised advice hub and knowledge base.
- Monitor and evaluate support requests to inform continuous improvement.

# 2025-26 Operational Plan Q1 Progress Report

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 2025

**Agenda item:** 3.2

**Responsible Executive:** Clare Morrison, Director of Engagement & Change

**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 Q1. 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 Q1 our staff demonstrated progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

Through workshops, training and webinars, we build the understanding and confidence of professionals and community groups so that they are better equipped to carry out meaningful engagement. Our Care Experience Improvement Model (CEIM) Leaders programme completed its sixth cohort of training in Q1. A leader from Cohort 2 won the Care Learning award of the year at the Scottish Care 2025 awards, citing participation in CEIM as a contributing factor.

Our work to gather experiences and views from the public has received significant print and broadcast media attention, particularly our Citizens' Panel report on medicines safety. Tangible impacts on policy and practice from reports published last year continue to be recorded.

Our awarding of the second annual Jane Davies Award for Person Centred Practice recognised the work of Ayisha Azam, a senior improvement advisor from NHS Greater Glasgow & Clyde, for her to support families and young people facing a range of challenges.

The quality of our support and advice during service changes was appreciated, with positive feedback received from Angus Health & Social Care Partnership.

### 3. Recommendation

The Council is asked to note and discuss the content of the 2025-26 Quarter 1 Update.

It is recommended that the Council accepts a **MODERATE** 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 1 Update

## Quarter 1 Update: April – June 2025

This progress report describes the impact of our work noted between April and June 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

Resources were downloaded from our **website** a total of 1,863 times during Q4. The most-downloaded resources were an information pack and application form for the CEIM Leaders programme and the report on the 14th Citizens' Panel survey.

Cohort 5 of the **Care Experience Improvement Model (CEIM) Leaders programme** graduated at the start of April 2025. Each of the new CEIM Leaders gave a short presentation on their learning, what they have done to progress their coaching role so far and their future plans for implementing CEIM within their organisation. Graduates received a certificate of completion and coaching packs.

Cohort 6 of the CEIM Leaders programme ran over 3 days in June 2025, with 17 participants. Feedback from participants was very positive:

- 91% overall positivity rating for the programme
- 90% of participants reported confidence in applying their learning to practice
- 100% agreed the programme was a good use of their time (80% strongly agreed, 20% agreed)
- 100% would recommend the programme to a colleague (73% strongly agreed, 27% agreed)
- 87% said they were 'very likely' and 13% 'likely' to change or improve their practice as a result.

One of the participants said: "Engagement is a big issue at my service, whether this is getting service users to engage in direct support, improving skills or getting them to events/clubs/for a walk etc. This will be my main focus, as well as supporting staff to find the drive to push these things to happen and realize that this is just as important as the paperwork and other jobs around the service."

One of the Cohort 2 Leaders and Peer Network case study writers, Justin Rusk from Alltogether Care Services, won the Care Learning award of the year at the Scottish Care 2025 awards. Justin's work around CEIM contributed to his success.

During Q1, 3 **Volunteer Information System** training sessions were delivered to staff from NHS Dumfries & Galloway and NHS Greater Glasgow & Clyde.

## 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 Q1, the team monitored and supported 51 service changes across all board areas. Of these, 39 are currently active and 12 are on hold, mostly pending decisions about Scottish Government capital funding.

## Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve

Work on the new **Volunteer Management System (VMS)** continued apace during Q1. The Project Board was re-established and adopted its Terms of Reference. A standard registration form was drafted, and initial work began on customisation of the platform with standardised elements. Test sites have been built for NHS Forth Valley, with 5 staff participating in the first pilot session, and HIS. A demonstration of the new system was delivered to 9 HIS staff as part of Volunteers' Week.

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

Membership of the **Volunteer Practitioners' Network** remained stable at 96 in Q1. Requests have been received to open the membership up to third sector partners. A Volunteer Managers' Coffee Catch up was held in June 2025 with attendees from NHS Tayside, NHS Dumfries & Galloway and NHS Fife.

The **Engagement Practice Network** currently has 213 members. Throughout Q1, 138 (▲12%) members have been active on the MS Teams channel. A "Reflect and Enhance" session in April 2025 was attended by 14 people. Feedback indicated that members value connecting with peers, sharing experiences and

accessing resources and information sessions. Identified areas for improvement included clearer and more regular communication, a centralised resource hub, a clearer articulation of the network's purpose and member interests, more training opportunities, and increased cross-network collaboration. Several actions are being taken forward to strengthen the network's value, relevant and impact, including:

- a new registration process to capture member interests
- reviewing and refreshing existing membership
- clarifying the network's purpose and benefits
- targeted opportunities for skill development and collaboration
- new training content and a calendar of events, and
- expanding membership to include third and private sector.

## People and communities are empowered to participate in health and care

A revised version of our **Voices Scotland** training programme was tested with 26 members of community groups in June 2025. The session covered 'What is community engagement in the NHS?' Feedback from attendees was positive with useful suggestions for improvements. The Engagement Advisors (Community) will apply the learning from this test session to develop a new community learning programme, working with colleagues in the Engagement Practice – Improvement Unit.

## 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 May we hosted a **webinar** with colleagues from NHS Tayside on the topic of "Involving people in how we communicate change". The presenters described how they had worked with diabetes patients to develop a range of communications materials which successfully described upcoming changes to the way services were being delivered. A [recording of the webinar](#) is available on our website. Feedback from the 82 participants was positive, with an average rating of 4.3 out of 5. Future webinars are planned for every other month starting in September and will explore how evidence from engagement informs and influences change.

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

Following 70 nominations for the **Jane Davies Award for Person Centred Practice** from across Scotland Jane's family chose as the 2025 recipient Ayisha Azam, Senior Improvement Advisor at NHS Greater Glasgow & Clyde. Ayisha leads the Glasgow Health & Social Care Partnership (HSCP) Family Wellbeing Hub, a citywide resource based in Maryhill that supports parents and carers of children and young people facing challenges such as mental health issues, neurodiversity, school avoidance and bullying. What began as a peer support group has evolved into a comprehensive, person-centred model. Ayisha created a safe, non-judgemental space for families to share experiences. By listening closely, she developed tailored support pathways and built strong partnerships with statutory and third sector services.

Positive feedback was received from Angus Health & Social Care Partnership following advice and support provided by our **service change team** during the Angus Minor Injury and Illness Review:

"Reassurance was provided that we were on the right track. It was very helpful receiving email confirmation detailing key points following our meetings. The project was very much in the public eye and so it was very helpful to receive the statement from HIS that the approach was undertaken was proportionate and HIS were satisfied that it met with their recommendations, which are in line with the Planning with People guidance."

A [short film about What Matters To You?](#) was developed in partnership with NHS Tayside, Scottish Government and Health and Social Care Alliance Scotland and published to coincide with WMTY Day on 03 June 2025. To date it has been watched over 900 times.

The [15<sup>th</sup> report of the Citizens' Panel](#), covering medicines safety, long term conditions and pre-conception health and care, was published in June 2025. The report attracted significant media interest, following press releases that highlighted the risk of patients using online searches and artificial intelligence for medicines information, and the lack of public awareness of the Yellow Card Scheme. Press coverage included BBC Radio Scotland's [Good Morning Scotland](#) (07 August 2025), [STV online](#), the [Daily Mail](#) and the [Inverness Courier](#). Coverage also appeared in Forres Gazette, Grampian Online, Ireland Live, John O'Groat Journal, Northern Scot, Ross-Shire Journal, Strathspey and Badenoch Herald, North Edinburgh News, Metro, Press and Journal, and Courier and Advertiser.

We presented three **posters at the NHS Scotland event** in May describing the importance and impact of our work. The poster describing [gathering public views on implanted medical devices](#) was one of the top-scoring submissions, with the other posters covering [public views on digital health and care](#) and the [Citizens' Panel](#). Our posters were viewed over 170 times via the online portal were favoured by 8 attendees.

# 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

Three more interviews with patients about their experiences taking **Sodium Valproate** were held in Q1, taking the total number of people engaged to 11. Work has started on drafting the report including analysis of findings and identifying conclusions and recommendations. Discussions will be held with the Area Drugs and Therapeutics Committee Collaborative (ADTCC), who commissioned the study, about the next steps.

The 16th survey of the **Citizens' Panel** was sent to over 1,000 panel members in June. The survey asks members' views on:

- their GP/medical practice
- continuity of care – the ability to see the same professional or group of professionals over time
- the Duty of Candour – what services must do when something goes wrong, and
- the Charter of Patient Rights and Responsibilities

Findings are due to be published in November 2025.

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

Our Equalities, Inclusion and Human Rights team supports teams across Healthcare Improvement Scotland to ensure their work takes account of the needs of a diverse range of communities. An **equality impact assessment** (EQIA) prompts teams to consider the potential positive and negative impacts of their work on each of the protected characteristics described in equalities legislation. At Q1, most HIS programmes which require an EQIA have one in place – 91%. This is a 2% decrease on the previous quarter, due to new programmes starting and yet to complete their initial screening.

A refresh of the membership of the **Citizens' Panel** was completed in May 2025, with 120 new members recruited. A periodic refresh helps to maintain the numbers of active members and ensures the appropriate representation of views from younger people, Black, Asian and Minority Ethnic people and people living in social rented housing.



## 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

**Citizens' Panel 13** (published May 2024) asked for views on NHS sustainability and climate. The Senior Responsible Officer for the Sustainable Care workstream at NHS Scotland welcomed the findings as demonstration that the people of Scotland care about the environmental impact of healthcare. Our report has given credibility to this programme of work, allowing policymakers to see what matters to the public when balancing patient care and safety with environmental sustainability.

Specific impacts so far include informing work to encourage a change in how asthma inhalers are prescribed, linking good patient care with climate goals; inspiring a reassessment of sustainability in clinical education; a reworking of pharmacy guidance by the Therapeutic Prescribing Team, noting public preference in the which medicines are procures and prescribed; and directly informing guidance such as the Green Theatres Programme guide on lean surgical trays, Quality Prescribing: The Polypharmacy Guide and guidance for Immediate Sequential Bilateral Cataract Surgery.

Citizens' Panel 13 also sought views on how people want to access services. Its findings are part of the evidence base used to support the "Community Principle" in the Scottish Government's [Service Renewal Framework](#) for the health and care service (published in June 2024). This describes how people need to be able to access more services and support in the community.

**Citizens' Panel 14** (published November 2024) gathered views on Realistic Medicine and Value Based Health and Care. The results were shared with key stakeholders including all health boards across Scotland with advice to review the recommendations and implement associated actions locally. We will follow this up with health boards; the medical director from NHS Forth Valley has already told us that the report gave their Board "significant reassurance" in the development of their Value Based Health and Care work. The findings were included in the [Realistic Medicine workforce survey](#) and [Realistic Medicine Casebook](#) published in May 2025. The workforce survey in turn informed the Population Health Framework and Service Reform Framework, published in summer 2025, which set out changes to the way care is delivered in Scotland and how the system will be made more sustainable.

Citizens' Panel 14 is quoted within the Scottish Government's [Service Renewal Framework](#). In a section about population planning for health and social care services, the framework states: "Encouragingly, the results of the latest survey (June-September 2024) of the Citizen's Panel for health and social care showed that 84% of respondents agreed they were willing to travel further for specialist services such as surgery if it resulted in better outcomes for them."

**Citizens' Panel 15** (published June 2025) has already attracted much media attention, as described above. Senior staff in the Scottish Government's Children and Families Directorate have welcomed the alignment of public views on preconception health with the focus on reducing health harming risks during preconception and in pregnancy described in the Population Health Framework. They said: "CP15 findings give us the evidence that has been missing on what people think when we talk about preconception, so will be invaluable as we progress."

Through May and June 2025 our Evidence unit **collated and synthesised** the feedback from previous Gathering Views and Citizens' Panel reports to inform thematic work across the wider organisation. Two of the reports helped inform senior leadership discussions with external stakeholders on NHS Inform and patient safety. One report informed the HIS response to a Scottish Government consultation on long term conditions. The final report helped to inform a definition of perinatal healthcare for use within HIS. These themed exercises were a great example of making effective use of previously gathered feedback and underscore the value of community engagement for informing our work.

# Risk register

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 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 change is planned for publication in September 2025 (see agenda item 2.1).
- An organisational change process to resolve the long-term Strategic Engagement Lead vacancy began in August 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.”*

An update on progress with mitigating this risk is provided in agenda item 2.1.

## 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	Appetite	Risk M	Committee	Date Raised	Risk Director	Risk Description	Inherent Controls & Mitigations	Current update	Impact score	Likelihood	Residual score	Risk Active
Service Change – engagement	Open	1163	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 plan to publish updated guidance on major service change in September 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 continue to have a risk around one of our Strategic Engagement Lead posts being vacant since May 2024 which has resulted in our awareness of service changes in some locations being significantly reduced. We started an organisational change process in August 2025 to resolve this. 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 August 2025). We are currently discussing with Scottish Government engagement on the NHS Service Renewal Framework (ongoing, August 2025).	4	3	12	Active
Service change – quality and safety	Open	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 is developing the Scottish Approach to Change which defines a framework for achieving high quality change. We will develop and 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 produced 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 will be taken to QPC in August 2025. It is anticipated this risk will reduce once the signposting guidance has been developed.	4	4	16	Active

# Key Performance Indicators

**Meeting:** Scottish Health Council

**Meeting date:** 4 September 2025

**Agenda item:** 4.2

**Responsible Executive:** Clare Morrison, Director of Engagement & Change

**Report Author:** Richard Kennedy-McCrea, Operations Manager

**Purpose of paper:** Decision

## 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 Q1. The SHC is asked to discuss and agree the wording of additional KPIs which it will track.

## 2. Executive Summary

Since 2024/25, all HIS governance committees have been assigned some KPIs to monitor on a quarterly basis.

The proposed KPIs for the SHC to track in 2025/26 are:

Voices & Rights of People & Communities	2024/25 actual	2025/26 target	Quarterly target	Q1 result
<b>Governance for Engagement</b> % of Directorates with improvement plans agreed and actions/impacts reported on	100%	100%	Meetings scheduled for Q2 (target 50%) and Q3 (target 100%)	n/a
<b>Equality impact assessment</b> % of relevant projects/programmes with at least an initial screening completed	95%	100%	100%	91%

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

The Governance for Engagement metric for last year aimed to support 100% of directorates to assess their engagement and identify improvement actions. During 2025/26 the Governance for Engagement process will assess the *impact* of these actions.

The 90% target for work programmes across the organisation to have in place an equality impact screening was comfortably achieved in 2024/25. We propose to increase the target to 100% this year, recognising there will be a time lag for new projects completing the required paperwork.

### 3. Recommendation

The SHC is asked to consider the KPI report and to agree the wording of the committee-level KPIs that will be tracked this year.

It is recommended that the SHC accepts a **Moderate** Level of Assurance given that the proposed KPIs for this year are more ambitious and build on the successful delivery of last year's.

**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 and links to additional information

- Appendix 1: Quarter 1 performance report for the corporate KPIs

## Appendix 1: Corporate KPIs for end of Q1 2025/26

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Comments
Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	1,100	800	600	600	
Frailty Teams	Hospital sites with access to specialist staff in frailty teams	3 Boards	100%	40%	40%	
Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	35%	70%	20%	40%	
People	Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	-	8	1	1	Had planned 2 full Citizens Panel surveys, 2 Pulse Surveys, and 4 Gathering Views. Delays have been experienced with Gathering Views but despite, this we anticipate delivering the full 4 exercises (including 2 related to the Population Health Framework), and maintaining delivery of the Pulse Surveys by working with our external provider.
National Position Statements	Delivery of national evidence statements on major priority areas	-	2	-	N/A	
Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	100%	80%	50%	50%	
Sickness Absence Reduction	In line with national target	4.2%	4%	4%	3.3%	
Recurring Savings	As approved in budget	£1.3m	£1.5m	TBC	£0.1m	Indicative figure based on YTD travel and events underspend and savings from not backfilling roles pro-rated YTD. Work required to fully track savings made to date
NHS Inspections	Number of onsite inspections carried out	24	3	3	3	
Independent Healthcare Inspections	Number of registered services inspections undertaken	96	129	32	28	28 inspections (22% of 129 inspections) in Q1. Staff capacity impacting on the number of inspections being undertaken. Delivering



KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Comments
						statutory function with a continued focus on high priority activities. Anticipate being back on track Q3
New Medicines Advice	% of decisions communicated within target timeframe	80%	85%	85%	50%	The number of deferred assessments at time of submission delayed work starting. Internal KPI on based on when team commences assessment of a submission is sitting at 83% meeting turnaround time. Significantly higher than usual number of submissions received in Q1 (39; half of the total number received in 24/25) which will impact KPI later in 25/26.
Service Change Engagement	Number of NHS board/IJB service change engagement plans influenced by advice and assurance	68	60	60	51	39 active service changes; 12 put on hold by NHS board/ HSCP
Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting and engagement	81%	100%	100%	80%	80% of Boards had calls in Q1 with remainder happening in July 2025. The shortfall in calls for Q1 was due to challenges with scheduling rather than lack of engagement with all remaining boards having confirmed appointments.
Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	12	3	3	
Adverse Events	% NHS boards sharing learning summaries with HIS	-	100%	0%	0%	
Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	
High Quality & Safe Healthcare	Deliver inspection of Child and Adolescent Mental Health Services and national inpatient unit	-	4	1	1	
	Publication of new national standards for clinical & care governance	-	Q4	Q4	N/A	

Proposed Scottish Health Council: Business Planning Schedule 2025/26 V1.0

Council Business	Lead Officer	15.05.25	04.09.25	13.11.25	12.02.26	
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HIS STRATEGIC BUSINESS

<b>Engagement on Service Change:</b>						
Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement	Director/Head of Engagement Practice-Assurance					Note: includes strategic engagement high level report
<b>Governance for Engagement:</b>						
Ensuring HIS meets its public involvement duties	Associate Director					
<b>Equalities, Diversity &amp; Inclusion:</b>						
Ensuring HIS meets its equalities duties	Equality, Inclusion and Human Rights Manager					
<b>Role of Public Partners</b>						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
<b>HIS Integrated Planning</b>						
HIS annual delivery planning for 2026-27						

COMMUNITY ENGAGEMENT BUSINESS

<b>Evidence Programme</b>						
Evidence strategy including planned activities and research	Head of Engagement Practice-Evidence					
<b>Improvement Programme</b>						
Improvement strategy including learning system, innovation and volunteering	Head of Engagement Practice-Improvement					
<b>Assurance Programme</b>						
Service change activity	Head of Engagement Practice-Assurance					
<b>Strategic Engagement</b>						
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					
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ADDITIONAL ITEMS of GOVERNANCE

3 Key Points for HIS Board	Chair					
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CLOSING BUSINESS

AOB	All					
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