

Scottish Health Council

Thu 14 May 2026, 10:00 - 12:30

Via MS Teams

Agenda

10:00 - 10:20 **1. Opening Business**

20 min

1.1. Welcome and apologies

10.00-10.05 *Chair*

1.2. Declaration of interests

10.05-10.10 *Chair*

Paper

- 📄 2026-05-14- SHC - item 1.2 - Register of Interests 2026-27.pdf (2 pages)
- 📄 2026-05-14- SHC - item 1.2 - Register of Interests 2025-26 - Appendix 1.pdf (7 pages)

1.3. Draft Minutes of previous SHC meeting (12/02/2026)

10.10-10.15 *Chair*

Paper

- 📄 2026-02-12-SHC -item 1.3- Draft meeting minutes v0.1.docx SFCMSD (002).pdf (6 pages)

1.4. Review of Action Point Register

10.15-10.20 *Chair*

Paper

- 📄 2026-05-14-SHC- item 1.4 - Action Register.pdf (4 pages)

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

60 min

2.1. Statutory duties of Engagement

10.20-10.30 *Director/Head of Engagement Practice-Assurance Clare Morrison/Derek Blues*

Statutory duties of Engagement:

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

Paper

- 📄 2026-05-14 - SHC - Item 2.1 - Statutory duties of engagement - v02.pdf (4 pages)

2.2. Governance for Engagement

10.30-10.40 *Associate Director/Tony McGowan*

Ensuring HIS meets its public involvement duties.

Paper


- 📄 2026-05-14 - SHC - Item 2.2 - Governance for Engagement - v01.pdf (2 pages)
- 📄 2026-05-14 - SHC - Item 2.2app - Appendix 1.pdf (12 pages)
- 📄 2026-05-14 - SHC - Item 2.2app - Appendix 2.pdf (12 pages)

2.3. Equalities, Diversity & Inclusion

10.40-10.50 *Equality, Inclusion and Human Rights Manager/Rosie Tyler-Greig*

Ensuring HIS meets its equalities duties.

Paper

 2026-05-14 - SHC - Item 2.3 - EIHR - v02.pdf (2 pages)

2.4. Role of Public Partners across HIS

10.50-11.00 *Director/Associate Director Clare Morrison/Tony McGowan*

Strategic co-ordination of Public Partners across HIS

Paper

 2026-05-14 - SHC - Item 2.4 - Public Partners - v01.pdf (2 pages)

 2026-05-14 - SHC - Item 2.4app - Appendix.pdf (12 pages)

2.5. Assurance Review

11.00-11.10 *Interim Associate Director/ David McArthur*

Presentation

2.5.1.

11.10-11.20 *Comfort Break*

11:20 - 11:45 3. Community Engagement Business

25 min

3.1. Evidence Programme

11.20-11.35 *Head of Engagement Practice-Evidence /Christine Johnstone*

Evidence strategy including planned activities and research

Paper

 2026-05-14 - SHC - Item 3.1 - Engagement Practice - Evidence - v01.pdf (5 pages)


3.2. Operational Delivery

11.35-11.45 *Operations Manager/Richard Kennedy McCrea*

Operational Plan Progress Report

Paper

 2026-05-14 - SHC - item 3.2 - 2025-26 Q4 update - cover paper - v01.pdf (2 pages)

 2026-05-14 - SHC - item 3.2app - Appendix.pdf (5 pages)

11:45 - 12:15 4. SHC Governance


30 min

4.1. KPIs

11.45-12.00 *Director/Clare Morrison*

Paper


 2026-05-14 - SHC - item 4.1 - KPIs.pdf (2 pages)


 2026-05-14 - SHC - item 4.1app - KPIs Appendix1.pdf (3 pages)

4.2. Risk Register

12.00-12.10 *Director/Clare Morrison*

Paper

 2026-05-14 - SHC - item 4.2 - Risk register and Appendix 1.pdf (4 pages)

 2026-05-14 - SHC - item 4.2app - Appendix 2 - risk register extract.xlsx formatted.pdf (1 pages)

4.3. Business Planning Schedule 2026/27

12.10-12.15 *Chair*

 2026-05-14-SHC -item 4.3-Business Planning Shedule 2026-27 1.0.pdf (1 pages)

12:15 - 12:20 5. Reserved Business

5 min

5.1. Service Change Sub-Committee draft meeting notes

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

Paper

 2026-05-14 - SHC - Item 5.1 - Service Change Sub-Committee 2026-03-26 meeting note v05.pdf (6 pages)

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

5 min

6.1. 3 Key Points for HIS Board

12.20-12.25 *Chair*

12:25 - 12:30 7. Closing Business

5 min

7.1. Any Other Business

12.25-12.30 *All*

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

0 min

The next meeting will be held on:

17 September 2026 (in person)

10.00-12.30

Delta House, 50 West Nile Street

Glasgow G1 2NP

Register of Interests

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 1.2

Responsible Executive: Clare Morrison/ Director of Engagement and Change

Report Author: Susan Ferguson/Committee Support

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 (SHC).

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 aligns to this approach.

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

Annika Joy, new SHC member has been added from 1st March 2026.

Craig Allan, new SHC member has been added from 1st March 2026.

Emma Cooper has declared a change to her surname on 24th April 2026 now Cooper-Hobart.

3. Recommendation

The SHC is asked to approve the Register of Interests for publication on the Community Engagement website. It is recommended that the SHC 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 SHC 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 January 2026

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> <ul style="list-style-type: none"> (a) Remuneration received by virtue of being – <ul style="list-style-type: none"> (i) employed or self-employed; (ii) the holder of an office; (iii) a director of an undertaking; (iv) a partner in a firm; (v) appointed or nominated by my public body to another body; or (vi) engaged in a trade, profession or vocation or any other work. (b) Any allowances received in relation to membership of any organisation; (c) The full name and details of the nature of the business, organisation, undertaking, partnership or other body; (d) The nature and regularity of the work that is remunerated; and (e) The name of the directorship and the application of the applicable business
2 - Other Roles	<p>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.</p>

3 - Contracts	A description of the nature and duration, but not the price of, of a contact which is not fully implemented where – (a) goods and services are to be provided to, or works are to be executed for, the devolved public body; and (b) any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.
4 -Election Expenses	A description of, and statement of, any assistance towards election expenses relating to election to the devolved public body.
5 - Houses, Land and Buildings	A description of any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body.
6 - Shares and Securities	A description of, but not the value, shares and securities in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body and: (a) owing or having an interest in more than 1% of the issued share capital of the company or other body; or (b) the market value of any shares and securities is greater than £25,000.
7 - Gifts and Hospitality	A description of any gifts and hospitality received.
8 - Non-Financial Interests	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body, including without prejudice to that generality membership of or office in – (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations
9 - Close Family Members	A description of any close family member who has transactions with the 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
Gina Alexander			
1 - Remuneration	Employment	I am a self-employed facilitator	
2 - Other Roles	Board Member	Stirling Carers Centre	December 2022 to Present
	Mentor	MCR Pathways	January 2021 to present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Emma Cooper-Stobart			
1 - Remuneration	Employment at Scottish Land Commission	Scottish Land Commission Non-departmental public body Role: Head of Land Rights & Responsibilities	May 2020 to present
2 -Other Roles	Nil		
3 - Contracts	Nil		
4 -Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Convener at Friends at the End	Friends at the End Registered SCIO Supports & promotes end-of-life choice, including assisted dying- Non remunerated	December 2020 - present
9 - Close Family Members	Nil		
Dave Bertin			
1 - Remuneration	Nil		

Item 1.2
Appendix 1

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

Annika Joy			
1 - Remuneration	Employment	Self Employed Consultant	
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	Co-Chair	Just Right Scotland	November 2019-Present
	Member	Scottish Government National Suicide Prevention Advisory Group - unremunerated	
9 - Close Family Members	Close friend	For transparency, noting close friend is a Unit Head in CETC directorate within Transformational Change.	

2. NON-EXECUTIVE BOARD MEMBERS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2025/26
Suzanne Dawson			
1 - Remuneration	Nil		
2 - Other Roles	Member of Law Society of Scotland Admissions Sub-Committee	Regulation of Scottish legal trainees	1/3/19 – present
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Director and Charity Trustee, Eastgate Theatre & Arts Centre	Community cultural venue	1/3/19 to 11/09/2023

	Charity Trustee, Borders Further Education Trust	Grant decisions made for further education projects in the Scottish Borders	1/3/19 to 28/09/2023
	Fellow of Chartered Institute of Marketing	Professional membership organisation	1/3/19 to 28/09/2023
9 - Close Family Members	Brother employed by NHS Borders	Administrative post	1/3/19 to 28/09/2023
Nicola Hanssen			
1 - Remuneration	Director of Hensikt Consulting		1/8/21 to present
2 - Other Roles	Nil		
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		
Michelle Rogers			
1 - Remuneration	Contractor - Clackmannanshire Council, local authority Community	Community Justice Coordinator	1/9/22 to 4/8/24
	Employee - Clackmannanshire Council, local authority	Community Justice Coordinator	5/8/24 to present
	Panel Member for Redress Scotland.	This is an independent body which makes decisions about applications to Scotland's Redress Scheme.	04/08/2025 to present
2 - Other Roles			
3 - Contracts	Nil		
4 - Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non-Financial Interests	Nil		
9 - Close Family Members	Nil		

3. EXECUTIVE DIRECTORS

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

Scottish Health Council Minutes – Draft 0.1

Meeting of the Scottish Health Council

10.00am -12.30pm 12th February 2026

Attendance

Present

Suzanne Dawson, HIS Non-Executive Director, Chair (SD)

Dave Bertin, Member (DB)

Emma Cooper, Member (EC)

Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)

Jamie Mallan, Member (JM)

Michelle Rogers, HIS Non-Executive Director (MR)

In Attendance

Clare Morrison, Director of Engagement & Change (CM)

Derek Blues, Head of Engagement Practice - Assurance (DBL)

Evelyn McPhail Chair of Healthcare Improvement Scotland (EMcP)

Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)

Tony McGowan, Associate Director Community Engagement (TMG)

Apologies

Christine Johnstone, Head of Engagement Practice -Evidence (CJ)

Diane Graham, Head of Engagement Practice – Improvement (DG)

Duncan Service, Employee Director (DS)

Gina Alexander, Member (GA)

Richard Kennedy McCrea, Operations Manager (RKM)

Robbie Pearson, Chief Executive (RP)

Meeting Support

Susan Ferguson, Committee Support

1. Opening Business

1.1 Welcome and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

1.2 Declaration of Interests

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

A change was noted to remove EC's employment with the Land Commission from the Register of Interests with immediate effect.

No conflicts of interest were declared.

Decision: SHC noted the Declaration of interests.

Action: SF to update the Register of Interests to reflect the removal of EC's Land Commission employment.

1.3 Minutes of previous Meeting

The draft minutes from previous meeting of 13 November 2025 were approved as an accurate record.

Decision: The SHC approved the minutes from the SHC meeting held on 13 November 2025

Action: None

1.4 Review of Action Register

The SHC reviewed the Action Register and were advised that all Public Partners were now in receipt of IT equipment and noted all other relevant actions would be covered off in the agenda.

Decision: The SHC noted the Action Register, after raising a query on SHC members IT equipment, it was agreed that this would be added as an action to the register with an update provided at next meeting.

Action(s):

1. SF to check with IT to establish if any progress has been made with SHC Members' IT equipment.
2. TMG to circulate an update on the Volunteering Management System when available to the SHC.

2. HIS Strategic Business

2.1 Statutory duties of Engagement

The SHC received an update on the draft interim guidance for sub-national planning, noting its importance to address the lack of clarity regarding whether engagement responsibilities sit with sub-national units or NHS Boards, which risks engagement being missed or duplicated. They welcomed the early positive engagement with sub-national groups and confirmed that Scottish Government was supportive of the interim guidance. Also discussed, was the progress on nationally determined service changes, and the forthcoming launch of the MyCare app noting that digital exclusion must be considered. It was also noted that work continues on guidance to support joint engagement within emerging single authority models. Following a discussion on the assurance level

for the paper, the SHC agreed that, while the external environment remains uncertain, all reasonable actions are being undertaken by HIS and therefore moderate assurance should be recorded.

Decision: The SHC approved the Interim Guidance on engagement for sub-national planning units and acknowledged thanks to all who were involved in this piece of work.

The SHC agreed that a **Moderate** level of assurance would be recorded, recognising that while external risks remain, the organisation is taking all reasonable steps within its remit.

Action: None

2.2 Governance for Engagement (GfE)

TMG provided an update on progress with Cycle 3 of Governance for Engagement, noting that the final review stage is approaching and that directorates are preparing evidence-based updates against the improvements they previously committed to. It was noted that preparations for Cycle 4 are underway, which will include a refresh of the self-assessment tool which is outcome-focused and informed by learning from this cycle. He highlighted that work continues to align the process with the emerging Clinical and Care Governance framework to reduce duplication and support more regular, streamlined assurance.

Decision: The SHC noted the ongoing development of alignment with Clinical Care Governance to ensure the new governance arrangements are workable avoid duplication and accepted **Moderate** level of assurance for this paper.

Action: None

2.3 Equalities, Diversity and Inclusion

RTG provided the SHC with an update confirming that of the 75 HIS external facing work programmes, 73 had a full equality impact assessment in place, one had completed the screening for an equality impact assessment and one was being followed up. It was noted work was underway to gather and share good-practice examples with Scottish Government.

She noted the progress on the Anti-Racism Plan, with staff engagement for minority ethnic colleagues scheduled and delivery group meetings resuming in March.

The SHC were advised that an internal audit of HIS's equalities functions was progressing, with findings due in March with a report to the Audit and Risk Committee. It was noted that the team is preparing to complete a self-assessment using the new national Equality and Human Rights mainstreaming toolkit.

Decision: The SHC noted the ongoing liaison with internal auditors and the crossover with Staff Governance and Audit and Risk. A **Moderate** level of assurance was accepted for this paper.

Action: None.

2.4 HIS annual delivery planning for 2026-27

CM provided an update on the new HIS Annual Delivery Plan, which sets out the organisation's priorities for the year ahead and noted that SG had agreed with the proposed approach. She provided an overview of the plan which groups HIS's work under two main aims, improving the quality of care and supporting changes across health and social care, each with clear priorities.

The SHC sought assurance that reductions in the overall number of work programmes across HIS will not diminish engagement activity. It was noted that engagement with people and communities will continue to be built into all areas of the plan.

Decision: The SHC were reassured that reducing the number of work programmes would not reduce the amount of engagement work carried out. The SHC accepted a **Moderate** level of assurance for this paper.

Actions: None.

3. Community Engagement Business

3.1 Operational Progress Report

TMG provided an update on the previous quarter Q3's activity, highlighting steady engagement activity across NHS boards, ongoing advice on national and local service changes, and the continued gathering of local insight to support wider improvement work. He noted that the Responsive Support Service is receiving around two requests per month and have received very positive feedback from this. Also noted, recent Citizens Panel work continues to influence national policy. TMG highlighted, for awareness, that due to the CE website transition there may be fluctuation in number of visits recorded and noted the recent successful recruitment for two SHC members which attracted 103 applicants, demonstrating strong interest in community engagement.

The SHC noted the paper and discussed the website usage during the current transition and asked for further exploration of return-visitor patterns. The SHC also noted the importance of continued monitoring of team capacity.

Decision: The SHC accepted a **Moderate** level of assurance for this paper.

Action: RMK to revisit website return visits and feedback to SHC.

4. SHC Governance

4.1 Draft Annual Report 2025/26 and Terms of Reference

The SHC reviewed the draft Annual Report, which provides assurance to the HIS Board that the SHC has fulfilled its remit over the reporting year. The SHC noted that contributions to the Governance and Service Change Subcommittees are not currently captured in the attendance record and agreed this should be considered for inclusion. Further amendments were requested, including completion of the strategic priority column, minor corrections within the risks section, and ensuring accurate representation of ongoing work on subnational planning and single-authority models.

Decision: The SHC agreed to provide any additional comments, including reflections on areas of good performance and areas for improvement, within one week to support finalisation of the report for submission to the May Board meeting. Once updated a revised version will be recirculated to the SHC.

Action(S):

1. SF to correct minor corrections in section 3 of Annual report.
2. SF to include SHC attendance at subcommittee meetings into Annual report.
3. SHC members to provide any additional comments to CM.

4.2 KPIs

The SHC received an update on current KPIs, in discussing the proposals, they considered the possibility of expanding the KPI set from two to eight, the need for clearer context on how each KPI aligns with planned work, and clarification of which KPIs fall under the SHC and other governance committees. The SHC also discussed the volunteering KPI, seeking a clearer explanation of its phased approach and the longer-term intention to measure the quality and impact of volunteering.

CM noted the points discussed, advising that the team will revise the draft KPIs to reflect these

points and provide a clearer rationale.

Decision: The SHC accepted a **Moderate** level of assurance for this paper.

Action: CM to revise paper to incorporate the points discussed by the SHC for submission of KPIs to the HIS Performance and Delivery Board.

4.3 Risk Register

CM presented the Risk Register to the SHC who discussed the current wording of the service change engagement risk. While the paper did not propose any changes, the SHC agreed that the risk description no longer reflects the realities of the external environment. After further discussion it was agreed that CM would re look at the risk description, amend the wording to reflect the points made, and bring back to the next SHC meeting.

Decision: The SHC accepted **Moderate** level of assurance for this paper.

Action: CM would re look at the risk description, amend the wording to reflect the points made, and bring back to the next SHC meeting in May 2026.

4.4 Proposed Business Planning Schedule 2026/27

The SHC were asked to comment and approve the contents of the Business Planning Schedule for 2026/27.

Decision: The SHC approved the Business Planning Schedule for 2026/27 with no further comments

Action: None

4.5 Corporate Parenting Action Plan

The SHC received a verbal update on the draft Corporate Parenting Report and Plan due for publication in April. RTG noted that documents had been developed with support from Who Cares? Scotland to ensure they are accessible and suitable for young people, with Communications assisting on design and clarity. The SHC were advised that the report summarises achievements from the previous period, notes where staffing changes have affected progress, and outlines actions to strengthen engagement with care-experienced young people and improve delivery arrangements. RTG noted that final version will be prepared for the Board meeting on 25 March and requested that any further comments on the current draft to be submitted by 28 February 2026.

Decision: The SHC welcomed the clearer, more accessible approach in the plan and accepted a **Moderate** level of assurance.

Action: Any further comments on the draft are to be submitted by 28 February 2026 to RTG

5. Reserved Business

5.1 Service Change Sub-Committee Draft Minutes of Meeting

The draft minutes from the Service Change sub-committee meeting held on 22nd January 2026 were shared with the SHC for information.

Decision: The SHC noted the Service Change Sub Committee draft meeting notes from 22nd January 2026.

Action: None

6. Additional Items of Governance

6.1 Key Points for HIS Board

The SHC agreed on the following 3 Key points for the HIS Board;

1. Draft Interim guidance for Sub national planning units.
2. Alignment with GfE and CCG.
3. Equality, Inclusion and Human Rights.

6. Any Other Business

No other business was noted

7. Date of Next Meeting

Next meeting will be held on

14th May 2026

10.00-12.30

Via MS Teams

Approved by: name, title

Date: date

Scottish Health Council Meeting Action Register

Minute Ref	Report Heading	Action Point	Timeline	Lead Officer	Current Status
SHC Meeting 12/02/2026 1.4	Review of Action Register	SF to check with IT to establish if any progress has been made with SHC Members' IT equipment.	May 2026	SF	Complete- IT contacted on several occasions. IT now have equipment ready for dispatch and have contacted the SHC members for delivery details. SHC members currently with Ipads have also been contacted re replacements. Recommended for Closure
SHC Meeting 12/02/2026 1.4	Review of Action Register	TMG to circulate an update on the Volunteering Management System when available to the SHC.	May 2026	TMG	Followed up - The progress of the Volunteering Management System (VMS) was circulated via email to all SHC members on 29/04/2026. Recommended for closure
SHC Meeting 12/02/2026 3.1	Operational Progress Report	RMK to revisit website return patterns during the current website transition and feedback to SHC.	Sept 2026	RKM	The deadline for migration of content from the Community Engagement website over to the new corporate HIS website has been extended has been extended for 12 months to March 2027. We will continue to work with colleagues in the Comms team to ensure appropriate web statistics are

					collected throughout the transition period.
SHC Meeting 12/02/2026 4.1	Draft Annual Report 2025/26 and Terms of Reference	SF to correct minor corrections in section 3 of Annual report.	May 2026	SF	Complete – minor corrections amended on Annual Report (Section 3). Recommended for Closure
SHC Meeting 12/02/2026 4.1	Draft Annual Report 2025/26 and Terms of Reference	SF to include SHC attendance at subcommittee meetings into Annual report.	May 2026	SF	Both Service Change and Governance for Engagement sub-committees are now included on the SHC Attendance register which is included as an appendix to Annual report. Recommended for Closure
SHC Meeting 12/02/2026 4.1	Draft Annual Report 2025/26 and Terms of Reference	SHC members to provide any further comments they wish added to the report to Clare Morrison	March 2026	SHC	No further comments were received for the Annual Report. Recommended for Closure
SHC Meeting 12/02/2026 4.3	Risk Register	CM to re look at the risk description, amend the wording to reflect the points made, and bring back to the next SHC meeting in May 2026.	May 2026	CM	Amendments made to risk description as requested to reflect the external factors to risk, plus new aspects of sub- national structures and broader public sector reform. Updated risk text in paper for this meeting. Recommended for Closure

<p>SHC Meeting 13/11/2025 2.1</p>	<p>Statutory duties of Engagement</p>	<p>CM to include resource implications in February's paper</p> <p>CM to update level of assurance from Limited to Moderate</p>	<p>Feb 2026</p> <p>Immediate</p>	<p>CM</p> <p>CM</p>	<p>Engagement and service change activities by sub-national structures have not yet begun. Therefore resource implications for HIS's engagement functions remain unclear. It is recommended this is kept under review on an ongoing basis and an update is brought when clarity is gained, noting this may not be until later in 2026/27.</p> <p>Noted in the minutes of the meeting of 13/11/25 that the assurance level was now Moderate.</p> <p>Recommended for Closure</p>
<p>SHC Meeting 13/11/2025 2.3</p>	<p>Equalities, Diversity & Inclusion</p>	<p>RTG to review language used re social care in the Anti- Racism draft.</p> <p>RTG to continue monitoring IT issue with equipment for PPs and provide updates to SHC on measures taken to safeguard sensitive</p>	<p>Feb 2026</p>	<p>RTG</p> <p>RTG</p>	<p>Noted and language choices to be carefully applied in refreshed reporting due in April 2027.</p> <p>Recommended for Closure</p> <p>IT has issued equipment to all responding Public Partners. Support and ongoing training is being provided, including LearnPro training on phishing.</p>

		information being shared with PPs.			Recommended for Closure
SHC Meeting 04/09/2025 2.1	Statutory duties of Engagement	Additional agenda item to be added to the Service Change Sub-Committee on the mental health service change in NHS GGC	Oct 2025	DBI	Update was provided at March's Service Change Sub Committee meeting. Recommended for Closure
SHC Meeting 04/09/2025 2.3	Equalities, Diversity & Inclusion	Continued work on anti-racism to be taken forward jointly by SHC and the Staff Governance Committee	February 2026	RTG, SD, DS	Ongoing - regular progress updates to SHC and SGC.
SHC Meeting 04/09/2025 3.1	Engagement Practice Improvement Programme	DG to produce a written update on the VMS to be circulated to the SHC members	Nov 2026	DG	TMG provided a VMS progress update to SHC members via email on 29/04/2026.
SHC Meeting 15/05/2025 2.4	Role of Public Partners	RTG to check policy on the PP's lone working	September 2025	RTG	Ongoing-no further update 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.

Statutory duties of engagement

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 2.1

Responsible Executive: Clare Morrison, Director of Engagement & Change

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

Purpose of paper: Discussion

1. Purpose

To provide the Scottish Health Council with an overview of the progress of the work of the key strategic issues around the assurance of engagement, specifically;

- A summary of work undertaken in support of the sub-national planning structures;
- An update on the internal HIS review of assurance functions, including assurance of engagement in service change;
- An overview of the progress with the development of draft guidance for Single Authority Models;
- An update on the current position on service change activity.

2. Executive Summary

2.1 Sub-national planning

In November 2025, Scottish Government set out the **creation of two NHS Scotland sub-national structures**, Scotland East and Scotland West, with all NHS Boards divided between the two units. A link to the November letter from Scottish Government can be found [here](#).

The initial focus of the sub-national planning structures is to reduce variation in access and outcomes for people, improve financial sustainability, and improve clinical sustainability of fragile services. The working arrangements of these structures is illustrated below.



The development of sub-national planning structures is a significant development in how NHS services may be planned across NHS Board boundaries. It creates an opportunity to strengthen early, proportionate and collaborative engagement with people & communities. However, it also creates a potential risk that responsibilities for engagement may be less clear where planning activity is undertaken collectively rather than by a single NHS Board.

Over recent months, HIS has been engaging with leaders in the sub-national structures to help ensure that engagement with people & communities is considered as part of service planning activity. This has led to the **publication of HIS interim guidance in April 2026**. The purpose of the guidance is to provide greater clarity on engagement responsibilities in line with the Scottish Government and Convention of Scottish Local Authorities (COSLA) [Planning with People](#) (2024) guidance, and support the sub-national structures during this early stage of development. It recognises that further testing and refinement will be necessary as the structures matures and as their work programmes become clearer. A copy of the HIS interim guidance can be found [here](#).

Workshop sessions are currently being planned for May/June 2026 to bring NHS Board engagement leads together to discuss the interim guidance and consider where there might be opportunities to test, review, and update it. These sessions will also provide an opportunity to identify any areas where further clarification or support may be required.

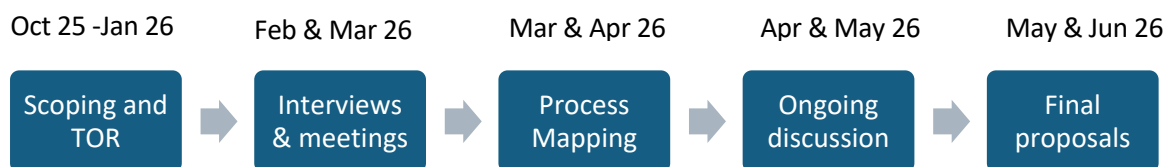
Some questions that have arisen from discussions with sub-national structures to date include:

- Can sub-national bodies be the responsible authority for carrying out impact assessments (as opposed to an NHS board)?
- If engagement is led on a sub-national basis, how can it be assured that engagement activities are undertaken close enough to communities to ensure it is meaningful?
- Reflecting some of the large national reform and renewal shifts, many of the mitigations needed will be the same for multiple services. Could engagement on the mitigations required for the broad direction of travel be undertaken and applied to multiple services (rather than on a service by service basis)?
- How can leaders in boards be supported to engage well; considering factors like leadership skills, engagement skills and the enabling environment?

2.2 Review of assurance of engagement in service change

In October 2025, HIS set out plans for a review of all assurance functions across the organisation. This review includes the statutory duty to undertake assurance of engagement in service change which currently sits within the Community Engagement & Transformational Change (CETC) Directorate's Engagement Practice – Assurance Unit. It also includes a number of functions within the Quality Assurance & Regulation Directorate, and assurance-related functions within the Nursing & Integrated Care Directorate.

Progress continues with the review work. There have been positive individual discussions with the review leads and a series of process mapping workshops with the wider teams. These discussions have included a focus on identifying common approaches across assurance functions and areas where potential improvements could be made. A timeline and overview of the activity to date is noted below.



The experience of the review activity to date has been positive within the Engagement Practice – Assurance Unit, and team members have been involved at all stages. Further individual discussions are scheduled during May 2026, **leading to the development of proposals for consideration** by HIS Executive Team and through the organisation’s governance routes (including the Scottish Health Council) during summer of 2026.

Given the statutory nature of HIS’ role in relation to public engagement in service change, it will be important that any proposals arising from the review maintain clear accountability, specialist expertise and appropriate visibility to the Scottish Health Council.

2.3 Single Authority Models

Scottish Government has established a stakeholder group to support the continued development of Single Authority Models (SAMs) across three participating localities: Argyll & Bute, Western Isles and Orkney. The stated purpose of SAMs is to improve outcomes for people.

In line with [Planning with People](#) (2024) and HIS’ statutory duties under the Public Services Reform (Scotland) Act 2010, **HIS is working jointly with COSLA to provide clear, practical advice to the three participating localities** on how to plan and deliver meaningful engagement with their communities.

A proposal outlining the planned content of an advice note / guidance has been jointly developed and submitted to Scottish Government for consideration. Comments from Scottish Government were received and, following a further meeting with COSLA in April 2026, a revised proposal has been sent to Scottish Government.

Subject to further discussion with Scottish Government and COSLA, it is anticipated that work to develop the advice note / guidance will progress during May and June 2026. This work is important because the development of SAMs may create new ways of planning and delivering services across health, social care and local government. Clear advice on engagement will help support participating localities to involve people & communities in a way that is meaningful, proportionate and aligned with existing national guidance.

2.4 Service change activity update

The Scottish Health Council Service Change sub-committee received an update on current service change activity across NHS Scotland at its meeting on 26 March 2026. The paper provided an overview of active significant service change activity, wider service change developments, advice provided to NHS Boards and partnerships, and engagement practice development activity.

At the time of reporting, HIS was monitoring seven active significant service changes nationally, with five in the North, none in the East and two in the West. A further 30 service

changes were active across Scotland, with 28 programmes recorded as on hold, many of which related to projects dependent on Scottish Government capital funding.

The update highlighted recent HIS advice on developing service change proposals, including community nursing services in Aberdeen and the neurodevelopmental disorders service at Woodland View in North Ayrshire. It also noted ongoing practice development activity, including workshops, communities of practice and advice to Boards and partnerships on engagement approaches.

The overall position indicates that service change activity continues across Scotland, although the pace of change in some areas is affected by financial constraints and wider system pressures.

3. Recommendation

Scottish Health Council members are asked to:

- Note the progress with support for the sub-national planning structures;
- Discuss the up-to-date position with the internal HIS review of assurance functions;
- Note the up-to-date position with the development of the guidance to support the Single Authority Model work; and
- Note the current position on service change activity across NHS Scotland, as re

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.

A Moderate level of assurance is proposed because active work is underway across each of the areas described in this paper, including support for sub-national planning structures, development of advice / guidance for Single Authority Models, monitoring of service change activity, and continued engagement with the internal HIS review of assurance functions. However, some residual risk remains because these areas are still developing, and further clarity may be required as the sub-national structures, Single Authority Models and assurance review progress.

4. Appendices and links to additional information

None.

Governance for Engagement update

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 2.2

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Tony McGowan, Associate Director (Community Engagement)

Purpose of paper: Assurance

1. Purpose

This paper provides an update on the Healthcare Improvement Scotland (HIS) Governance for Engagement process, including outcomes from the 26 February 2026 sub-committee meeting, implementation of the Cycle 4 self-assessment tools, arrangements for 2026/27 sub-committee meetings, and ongoing alignment with the HIS Clinical and Care Governance framework.

2. Executive Summary

The HIS Governance for Engagement process continues to provide structured assurance on how the organisation meets its statutory duties relating to engagement, involvement and equalities across directorates, corporate teams and work programmes.

The Governance for Engagement sub-committee met on 26 February 2026 and considered Cycle 3 improvement plan progress reports from the Quality Assurance & Regulation, Nursing & Integrated Care, and Medical & Safety directorates. The sub-committee welcomed the openness of the discussions and the examples provided of engagement activity across programmes. Members recognised the capacity pressures facing directorates and emphasised the importance of ensuring engagement activity remains proportionate, focused and meaningful.

Across the three directorate discussions, common themes included the need to continue strengthening the consistency of engagement practice across programmes, making effective use of learning from complaints, feedback and lived experience, and ensuring engagement insight informs improvement, assurance and safety-related activity. The learning from these Cycle 3 discussions will inform implementation of the Cycle 4 self-assessment process.

The sub-committee also considered revised Cycle 4 self-assessment tools for both HIS directorates and HIS corporate teams. These have been developed in response to feedback from directorates and aim to provide a more streamlined and proportionate approach to self-assessment, while maintaining a clear focus on HIS statutory duties relating to engagement and equalities. The sub-committee supported the introduction of the revised tools and requested minor refinements to wording and prompts before finalisation.

Cycle 4 commenced from 01 April 2026. The self-assessment tools will now be used during 2026/27 as the basis for structured discussions with directorates and corporate teams, supporting both assurance and improvement planning.

For 2026/27, the HIS Clinical and Care Governance framework clarifies that Governance for Engagement provides organisational assurance on HIS statutory duties relating to the involvement of people and communities, while Dimension 3 of the Clinical and Care Governance framework complements this by ensuring that engagement considerations are embedded within directorate programmes of work as part of routine programme management.

Proposed 2026/27 sub-committee dates are being finalised. Current scheduling discussions identify sessions for all HIS directorates and HIS corporate teams during the year. Final dates will be confirmed once diary availability has been resolved.

Key risks and considerations are:

Delivery and capacity: Directorate and corporate teams capacity remains a key consideration. The streamlined Cycle 4 tools should reduce completion burden while maintaining appropriate assurance coverage.

Governance and assurance: The sub-committee continues to provide a structured mechanism for supportive scrutiny, assurance and organisational learning.

Clinical and Care Governance alignment: Clarifying the complementary relationship between Governance for Engagement and Clinical and Care Governance will strengthen organisational coherence.

Stakeholder and equalities duties: Governance for Engagement remains a key mechanism for providing assurance that public voice, lived experience and equality considerations are visible across HIS work.

3. Recommendation

The Council is asked to note the update on Governance for Engagement provided within this paper.

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

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

The Governance for Engagement process continues to operate effectively, with structured sub-committee oversight, and revised and more proportionate Cycle 4 tools now in place.

Moderate assurance is proposed because implementation of Cycle 4 is at an early stage and the revised approach will require monitoring during 2026/27 to ensure it delivers the intended improvements in consistency, proportionality and assurance.

4. Appendices and links to additional information

- Governance for Engagement self-assessment form (Cycle 4) – HIS directorates
- Governance for Engagement self-assessment form (Cycle 4) – HIS corporate teams

Governance for Engagement – Cycle 4 Quality Framework self-assessment tool

HIS directorates

Meeting with Governance for Engagement Sub-Committee – **[insert date]**

For Healthcare Improvement Scotland's directorates, the Governance for Engagement process seeks to understand and gain assurance about how engagement and equalities duties are being met across work programmes that directly affect people, communities, services and the wider health & care system.

This includes assurance that:

- People & communities are meaningfully involved where appropriate;
- Statutory equality duties are met through inclusive practice and impact assessments; and
- Engagement activity informs decision-making, improvement, and delivery.

In this context, 'stakeholders' may include patients, service users, carers, Public Partners & other volunteers, third sector organisations, and the general public.

Why Governance for Engagement matters

'Governance for Engagement' is one of Healthcare Improvement Scotland's six pillars of corporate governance, which also comprise of clinical & care governance, information governance, staff governance, financial governance, and risk management.

The Governance for Engagement sub-committee, part of the Scottish Health Council, plays a key role in assuring Healthcare Improvement Scotland meets its legal requirements for engagement and equalities in the Scottish context. Through 'supportive scrutiny', the sub-committee provides a platform to:

- Recognise good practice;
- Identify improvement opportunities;
- Strengthen organisational consistency; and
- Support directorates to develop capability.

Legal duties & assurance

Healthcare Improvement Scotland is required to comply with statutory duties relating to engagement, participation, equality and human rights in the exercise of its functions. These include:

- Duties to involve people & communities in the planning and delivery of our work programmes;
- The Public Sector Equality Duty, including the requirement to eliminate discrimination, advance equality of opportunity, and foster good relations; and
- Associated Scottish specific equality duties, including impact assessment and reporting requirements.

The Governance for Engagement process is a key internal assurance mechanism that supports the organisation to demonstrate compliance with these duties. Through structured self-assessment, evidence review, and supportive scrutiny by the Scottish Health Council sub-committee, the process provides assurance to the Healthcare Improvement Scotland Board that appropriate arrangements are in place, operating effectively, and continuing to improve.

Guidance on completing the self-assessment tool

Guidance can be found at the back of this document. Further guidance and support can also be accessed via the Engagement Practice Division of the Community Engagement & Transformational Change Directorate.

Directorate name	
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Please provide brief contextual information about your Directorate's engagement current & planned activity during 2026/27 (maximum 250 words).

Director name	
Director signature	
Date of submission	

Domain 1 Involving stakeholders in the planning, strategy and design of our work

Key domain statement

Stakeholders have had a meaningful influence on the development of the directorate’s priorities, strategies and work programmes.

Self-assessment statements & supporting evidence

1.1	<p>Stakeholder influence</p> <p>Is the development and planning of the Directorate’s work shaped by the meaningful involvement of stakeholders who may be affected?</p> <p>Yes / No / Partial</p> <p>Think about: How stakeholders are identified; whether they are involved early; how their input influences priorities, plans or design decisions.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
1.2	<p>Equality Impact Assessments</p> <p>Is there an Equality Impact Assessment (EQIA) for each of the Directorate’s work programmes, and are findings used to inform engagement activity?</p> <p>Yes / No / Partial</p> <p>Think about: Whether EQIAs are completed proportionately; whether they shape engagement approaches; how adverse impacts are mitigated.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p> <p style="text-align: center;">Metric</p> <p>Percentage of work programmes supported by EQIA:</p>
1.3	<p>Evidence of impact</p>	<p>Comments</p>

<p>Can the directorate demonstrate how engagement activity has informed planning, priorities or service improvement decisions? Yes / No / Partial</p> <p>Think about: Documented examples; decision papers referencing engagement; changes made as a result of feedback.</p>	<p>[insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
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Any additional information in relation to Domain 1

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving stakeholders in relation to this domain.

Domain 2 On-going engagement and involvement of stakeholders in our work

Key domain statement

The directorate undertakes inclusive, meaningful and proportionate engagement with stakeholders and evaluates its impact and learning.

Self-assessment statements & supporting evidence

2.1	<p>Engagement approach</p> <p>Does the directorate have a clear approach, statement or commitment supporting engagement and involvement across its work? Yes / No / Partial</p> <p>Think about: Whether engagement is referenced in directorate plans or strategies; whether expectations are clear to staff; whether approaches are proportionate.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
2.2	<p>Staff capability</p> <p>Do staff have appropriate knowledge and capability to deliver engagement and equalities duties? Yes / No / Partial</p> <p>Think about: Training uptake; access to guidance; confidence levels; whether staff know where to seek advice or support.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p> <p style="text-align: center;">Metric</p> <p>Indicative completion of engagement and equalities-related training across the directorate [high / medium / low]:</p>
2.3	<p>Inclusive participation</p> <p>Does the Directorate proactively involve a diverse range of stakeholders, including under-represented groups?</p>	<p>Comments [insert brief commentary]</p>

	<p>Think about: How inclusion is considered; how barriers to participation are addressed; whether different methods are used for different groups.</p> <p>Yes / No / Partial</p>	<p>Supporting evidence [weblinks]</p>
2.4	<p>Evaluation & learning Does the Directorate evaluate engagement activity and apply learning to improve practice?</p> <p>Think about: Post-engagement review; feedback analysis; lessons learned; whether learning is applied to future work.</p> <p>Yes / No / Partial</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p> <p>Metric Number of engagement activities evaluated in reporting period:</p>
2.5	<p>Feedback to stakeholders Does the Directorate demonstrate how stakeholder views have been considered (“You Said, We Did”)?</p> <p>Yes / No / Partial</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>

	Think about: Feedback loops; follow-up communication; published summaries; transparency about decisions.	
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Any additional information in relation to Domain 2

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving stakeholders in relation to this domain.

Domain 3

Governance and leadership for engagement of our work

Key domain statement

The Directorate has appropriate leadership, governance and resourcing arrangements to ensure engagement and equalities duties are met.

Self-assessment statements & supporting evidence

3.1	<p>Leadership commitment</p> <p>Has senior leadership demonstrated accountability and commitment to meaningful engagement and equalities compliance? Yes / No / Partial</p> <p>Think about: Leadership expectations; visible sponsorship; inclusion in governance discussions; prioritisation in planning.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
3.2	<p>Resourcing</p> <p>Are sufficient resources (people, time and budget) planned to support proportionate and meaningful engagement activity where required? Yes / No / Partial</p> <p>Think about: Whether engagement is considered at project planning and initiation stages; whether resource needs are identified early; whether support is available.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
3.3	<p>Governance visibility</p> <p>Do governance and decision-making processes show how stakeholder engagement has been taken into account? Yes / No / Partial</p> <p>Think about: Board or committee papers; decision logs; programme reporting; assurance processes.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>

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Any additional information in relation to Domain 3

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving stakeholders in relation to this domain.

Thank you for completing this self-assessment tool. Please submit it to Tony McGowan, Associate Director (Community Engagement) via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot).

Guidance notes

Governance for Engagement self-assessment – Cycle 4

Purpose of the tool

This self-assessment supports Healthcare Improvement Scotland to demonstrate that appropriate arrangements are in place across Directorates to meet statutory duties relating to engagement, participation, equality and human rights, and that these arrangements are operating effectively.

The tool also helps identify strengths, improvement priorities, and support needs. The completed self-assessment will form the basis for an improvement plan on areas which are identified as requiring focus – detailing priorities, timeframes, owners, and appropriate measures of success.

Please complete all of the sections within the self-assessment tool and return by **[insert date]** to Tony McGowan, Associate Director (Community Engagement) via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot).

How much detail should be provided?

Responses should be:

- Concise;
- Evidence-based;
- Proportionate; and
- Directorate-level (not project-level unless provided as an illustrative example).

Short, clear answers supported by weblinks are preferred to long narrative.

How to answer statements

For each statement, select:

- **Yes** – fully in place and evidenced.
- **Partial** – some evidence but not consistent or complete.
- **No** – not currently in place or not evidenced.

If evidence is not yet available, briefly explain why.

Evidence expectations

Useful sources of evidence can include:

- Strategies or plans;
- Committee or governance papers:
- EQIAs;
- Engagement reports;
- Evaluation summaries; and
- Examples showing impact of engagement.

Weblinks are preferred. Please do not embed supporting documents – these should be submitted separately, clearly stating which item in the self-assessment they are in relation to.

Metrics

Some statements invite indicative measures. These are not performance targets. They are intended to support proportionate assurance and organisational learning.

If figures are not available, indicate this and briefly explain why.

Support

Further guidance and support in completing the self-assessment tool can also be accessed via Tony McGowan and the Engagement Practice Division of the Community Engagement & Transformational Change Directorate.

February 2026

Governance for Engagement – Cycle 4 Quality Framework self-assessment tool

HIS corporate teams

Meeting with Governance for Engagement Sub-Committee – **[insert date]**

For Healthcare Improvement Scotland's corporate teams, the Governance for Engagement process seeks to understand and gain assurance about the **methods of stakeholder engagement being used** to support the development of strategies, plans, policies, guidance, processes and other organisational resources that all enable HIS to perform effectively.

This includes the use of equality and other impact assessment tools to ensure the organisation is meeting its statutory duties and in so doing, directly informing decision-making.

In this context, 'stakeholders' may include staff, Public Partners (volunteers), the Scottish Government, NHS boards and integration authorities, third sector organisations, or members of the public.

Why Governance for Engagement matters

'Governance for Engagement' is one of Healthcare Improvement Scotland's six pillars of corporate governance, which also comprise of clinical & care governance, information governance, staff governance, financial governance, and risk management.

The Governance for Engagement sub-committee, part of the Scottish Health Council, plays a key role in assuring Healthcare Improvement Scotland meets its legal requirements for engagement and equalities in the Scottish context. Through 'supportive scrutiny', the sub-committee provides a platform to:

- Recognise good practice;
- Identify improvement opportunities;
- Strengthen organisational consistency; and
- Support directorates to develop capability.

Legal duties & assurance

Healthcare Improvement Scotland is required to comply with statutory duties relating to engagement, participation, equality and human rights in the exercise of its functions. These include:

- Duties to involve people & communities in the planning and delivery of our work programmes;
- The Public Sector Equality Duty, including the requirement to eliminate discrimination, advance equality of opportunity, and foster good relations; and
- Associated Scottish specific equality duties, including impact assessment and reporting requirements.

The Governance for Engagement process is a key internal assurance mechanism that supports the organisation to demonstrate compliance with these duties. Through structured self-assessment, evidence review, and supportive scrutiny by the Scottish Health Council sub-committee, the process provides assurance to the Healthcare Improvement Scotland Board that appropriate arrangements are in place, operating effectively, and continuing to improve.

Guidance on completing the self-assessment tool

Guidance can be found at the back of this document. Further guidance and support can also be accessed via the Engagement Practice Division of the Community Engagement & Transformational Change Directorate.

Corporate team name	
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Please use the box below to highlight any relevant contextual and background information about the corporate team and its stakeholder engagement work during 2026/27 (maximum 250 words).

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Director name	
Director signature	
Date of submission	

Domain 1 Involving stakeholders in the planning, strategy and design of our work

Key domain statement

The involvement of stakeholders has had a positive impact in the development of corporate strategies and plans that set the organisation's direction.

Self-assessment statements & supporting evidence

<p>1.1</p>	<p>Stakeholder influence</p> <p>Is the development and planning of the corporate team's functions shaped by the meaningful involvement of stakeholders who use them?</p> <p>Yes / No / Partial</p> <p>Think about: When the corporate team is considering changes to how it operates, what stakeholder engagement is undertaken to directly inform these considerations?</p>	<p>Comments</p> <p>[insert brief commentary]</p> <p>Supporting evidence</p> <p>[weblinks]</p>
<p>1.2</p>	<p>Equality Impact Assessments</p> <p>Is there an Equality Impact Assessment (EQIA) for each of the corporate team's work activities and are findings used to inform stakeholder engagement activity?</p> <p>Yes / No / Partial</p> <p>Think about: Whether EQIAs are completed proportionately; whether they shape engagement approaches; how adverse impacts are mitigated.</p>	<p>Comments</p> <p>[insert brief commentary]</p> <p>Supporting evidence</p> <p>[weblinks]</p> <p style="text-align: center;">Metric</p> <p>Percentage of work activities supported by EQIA:</p>

1.3	<p>Evidence of impact</p> <p>Can the corporate team demonstrate how engagement activity has informed planning, priorities or service improvement decisions? Yes / No / Partial</p> <p>Think about: Documented examples; decision papers referencing engagement; changes made as a result of feedback.</p>	<p>Comments [ininsert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
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Any additional information in relation to Domain 1

Please provide any further details from your perspective of where the corporate team is performing well in relation to this domain.

Please provide any further details from your perspective of how the corporate team can improve its approach to involving stakeholders in relation to this domain.

Domain 2 On-going engagement and involvement of stakeholders in our work

Key domain statement

The corporate team undertakes inclusive, meaningful and proportionate engagement with stakeholders and evaluates its impact and learning.

Self-assessment statements & supporting evidence

2.1	<p>Engagement approach</p> <p>Does the corporate team have a clear statement or strategy that promotes and supports how it carries out stakeholder engagement across its functions? Yes / No / Partial</p> <p>Think about: Whether engagement is referenced in directorate plans or strategies; whether expectations are clear to staff; whether approaches are proportionate.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p>
2.2	<p>Staff capability</p> <p>Have corporate team staff had appropriate training on engagement and equalities, e.g. equality & diversity within HIS, taking a trauma-informed approach? Yes / No / Partial</p> <p>Think about: Training uptake; access to guidance; confidence levels; whether staff know where to seek advice or support.</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p> <p style="text-align: center;">Metric</p> <p>Indicative completion of engagement and equalities-related training across the directorate [high / medium / low]:</p>
2.3	<p>Inclusive participation</p> <p>Does the corporate team proactively seek the involvement of a diversity of stakeholders in its work?</p>	<p>Comments [insert brief commentary]</p>

	<p>Yes / No / Partial</p> <p>Think about: When forming or revising policies, guidance, and processes what stakeholder engagement takes place to inform this, and are a diversity of stakeholder views sought?</p>	<p>Supporting evidence [weblinks]</p>
2.4	<p>Evaluation & learning</p> <p>Does the corporate team evaluate stakeholder engagement activity and apply learning to improve practice?</p> <p>Yes / No / Partial</p> <p>Think about: Any After Action Reviews following the implementation of a new or revised policy, guidance or process – was there a focus on the stakeholder feedback gained through the engagement, and any learning to take forward to other work?</p>	<p>Comments [insert brief commentary]</p> <p>Supporting evidence [weblinks]</p> <p style="text-align: center;">Metric</p> <p>Number of engagement activities evaluated in reporting period:</p>
2.5	<p>Feedback to stakeholders</p>	<p>Comments [insert brief commentary]</p>

<p>Does the corporate team keep all stakeholders who have engaged in its work informed of progress and provide meaningful feedback? Yes / No / Partial</p> <p>Think about: It's important to close the feedback loop with stakeholders so they know that it has been a good use of their time in providing feedback. Has the corporate team done any "You Said, We Did" exercises following stakeholder engagement on policies, guidance statements or processes?</p>	<p>Supporting evidence [weblinks]</p>
--	---

Any additional information in relation to Domain 2

Please provide any further details from your perspective of where the corporate team is performing well in relation to this domain.

Please provide any further details from your perspective of how the corporate team can improve its approach to involving stakeholders in relation to this domain.

Domain 3 Governance and leadership for engagement of our work

Key domain statement

The corporate team has appropriate leadership, governance and resourcing arrangements to ensure engagement and equalities duties are met.

Self-assessment statements & supporting evidence

3.1	Resourcing Has the corporate team committed the necessary resources (people, time, and budget) to deliver proportionate and meaningful stakeholder engagement? Yes / No / Partial Think about: When considering a new or revised strategy, plan, policy, guidance statement, or process, are the resources necessary to undertake stakeholder engagement factored in from the outset of the work?	Comments [insert brief commentary] Supporting evidence [weblinks]
3.2	Governance visibility Do governance and decision-making processes show how stakeholder engagement has been taken into account? Yes / No / Partial Think about: Board or committee papers; decision logs; programme reporting; assurance processes.	Comments [insert brief commentary] Supporting evidence [weblinks]

Any additional information in relation to Domain 3

Please provide any further details from your perspective of where the corporate team is performing well in relation to this domain.

Please provide any further details from your perspective of how the corporate team can improve its approach to involving stakeholders in relation to this domain.

Thank you for completing this self-assessment tool. Please submit it to Tony McGowan, Associate Director (Community Engagement) via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot).

Guidance notes

Governance for Engagement self-assessment – Cycle 4

Purpose of the tool

This self-assessment supports Healthcare Improvement Scotland to demonstrate that appropriate arrangements are in place across corporate teams to meet statutory duties relating to engagement, participation, equality and human rights, and that these arrangements are operating effectively.

The tool also helps identify strengths, improvement priorities, and support needs. The completed self-assessment will form the basis for an improvement plan on areas which are identified as requiring focus – detailing priorities, timeframes, owners, and appropriate measures of success.

Please complete all of the sections within the self-assessment tool and return by **[insert date]** to Tony McGowan, Associate Director (Community Engagement) via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot).

How much detail should be provided?

Responses should be:

- Concise;
- Evidence-based;
- Proportionate; and
- Corporate team-level (not project-level unless provided as an illustrative example).

Short, clear answers supported by weblinks are preferred to long narrative.

How to answer statements

For each statement, select:

- **Yes** – fully in place and evidenced.
- **Partial** – some evidence but not consistent or complete.
- **No** – not currently in place or not evidenced.

If evidence is not yet available, briefly explain why.

Evidence expectations

Useful sources of evidence can include:

- Strategies or plans;
- Committee or governance papers:
- EQIAs;
- Engagement reports;
- Evaluation summaries; and
- Examples showing impact of engagement.

Weblinks are preferred. Please do not embed supporting documents – these should be submitted separately, clearly stating which item in the self-assessment they are in relation to.

Metrics

Some statements invite indicative measures. These are not performance targets. They are intended to support proportionate assurance and organisational learning.

If figures are not available, indicate this and briefly explain why.

Support

Further guidance and support in completing the self-assessment tool can also be accessed via Tony McGowan and the Engagement Practice Division of the Community Engagement & Transformational Change Directorate.

February 2026

Equality, Inclusion and Human Rights

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 2.3

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

Report Authors: Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager; Tony McGowan, Associate Director (Community Engagement)

Purpose of paper: Assurance

1. Purpose

To provide assurance that the Equality, Inclusion and Human Rights (EIHR) Team within the Engagement Practice – Assurance Unit continues to support Healthcare Improvement Scotland (HIS) in meeting legal and good practice standards in relation to equality, inclusion and human rights, with particular reference to HIS’s external-facing work programmes and the Scottish Health Council’s governance remit.

2. Executive Summary

EQIA compliance

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 set out how HIS is required to meet its equality duties. As part of these duties, HIS must undertake Equality Impact Assessments (EQIAs) for new or revised activities where appropriate. The EIHR Team monitors and supports compliance with this.

At the end of quarter four, all relevant external-facing HIS programmes had completed at least initial EQIA screening. A revised key performance measure will now be taken forward which places greater emphasis not only on completion of screening, but also on identifying and sharing impact or good practice stories to support improvement in EQIA practice. This updated approach was outlined to the Council at its February 2026 meeting.

Equality audit

An audit of the equality function took place during quarter four of 2025/26, with a draft report presented to the Audit and Risk Committee at its meeting on 18 March 2026. The audit considered the adequacy and effectiveness of arrangements to embed equality across HIS, including both external-facing functions and workforce practices.

The audit identified a range of good practice across HIS’s equality governance arrangements and external-facing work. It also identified some areas for improvement. At the time of drafting

this paper, discussion with the auditors is continuing after which the audit report will be finalised and shared with both SHC and the Staff Governance Committee.

For the purposes of this paper, the Council is asked to note that the audit has been undertaken. The Council will be asked to consider the aspects of the final report that are relevant to its remit in providing assurance on HIS's external-facing equality duties and work programmes. Workforce-related findings identified by the audit will continue to be taken forward through the appropriate governance routes, including the Staff Governance Committee. This reflects the established distinction in HIS governance arrangements between external equality duties, which are considered through the Scottish Health Council, and workforce equality matters, which are considered through Staff Governance Committee arrangements.

The EIHR Team will support delivery of the agreed management actions, working with relevant colleagues and through established governance routes.

3. Recommendation

Scottish Health Council members are asked to note the information in this paper.

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

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

HIS is currently recording full compliance with the requirement for relevant external-facing programmes to undertake EQIA screening, and the recent internal audit is enabling HIS to proactively identify areas of improvement. There remains a moderate level of residual risk pending confirmation of the final audit report and any consequential follow-up actions.

Public Partners

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 2.4

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 Public Partner volunteers continue to effectively support a variety of teams and committees across Healthcare Improvement Scotland (HIS) and that Public Partners are themselves receiving support to carry out their roles.

2. Executive Summary

The Public Partner volunteer role is about bringing a public perspective to Healthcare Improvement Scotland's work. It supports the organisation to meet its strategic priority to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care. This is achieved through Public Partners contributing to activities where it has been identified that a public perspective will help promote quality in delivery. This can range from membership of committees to reviewing public-facing communications. Public Partner volunteers are recruited and managed by the Equality, Inclusion and Human Rights (EIHR) Team.

Current cohort and recruitment

We currently have fourteen Public Partners working across teams in the Evidence and Digital, Medical and Safety, and Quality Assurance and Regulation Directorates. We also have Public Partners contributing to the work of our committees, including the Clinical Oversight Group (COG) and the Succession Planning Committee (SPC).

We have recently had three Public Partners formally end their volunteering. This was due to the expiry of their final volunteering 'term' and, in one case, a move abroad. The result of this is that we are currently recruiting to Public Partner roles on the National Cancer Medicines Advisory Group (NCMAG) and Quality and Performance Committee. We are planning recruitment within the next quarter for the Scottish Health Technologies Group (SHTG). We anticipate these posts being filled by a combination of existing Public Partner availability and external recruitment supported by Volunteering Scotland.

HIS support for Public Partners

On an annual basis, the EIHR Team organise an event to celebrate the contribution Public Partners make to HIS. The event is designed to help strengthen relationships among Public Partners - and with key staff members. The event provides a meaningful opportunity for reflection, celebration, and the development of future priorities for supporting volunteers. This year's event took place on Monday 23rd March, and with a hybrid format. The event report is attached at Appendix.

3. Recommendation

Scottish Health Council members are asked to note the information in this paper and at Appendix.

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.

Public Partners are receiving ongoing support as expected, and HIS teams are being actively supported to recruit to Public Partner vacancies. Staff absence has however meant that Public Partner work has been covered recently by the wider team. This has introduced a minor risk in relation to the timeliness and quality of support for both Public Partners and the staff they work with. The risk is being managed through proactive communications across HIS and with Public Partners themselves about team capacity, and by making interim staff contact details available.

4. Appendices and links to additional information

- Appendix: Public Partner annual event (2026) report

Public Partner Event Report

March 2026

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1. Introduction

1.1 About Public Partners

Public Partners (PPs) play a key role in ensuring that Healthcare Improvement Scotland (HIS) remains accountable and responsive to the public's needs. They bring a valuable public perspective to a wide range of activities, helping to make our work more transparent, relevant and accessible to people across Scotland.

The Equality, Inclusion and Human Rights (EIHR) Team supports and coordinates Public Partner involvement across HIS. This includes organising an annual event to celebrate the contribution Public Partners make to HIS. The event is designed to help strengthen relationships among Public Partners - and with key staff members. It provides a meaningful opportunity for reflection, celebration, and the development of future priorities for supporting volunteers.

1.2 Annual event 2026

This year's event took place in a hybrid format on Monday 23rd March. It saw nine Public Partners attend the event alongside relevant HIS senior leaders (Appendix 1). Senior leaders in attendance included Vice Chair Suzanne Dawson, Chief Executive Robbie Pearson and Director of Engagement and Change Clare Morrison. At the start of the event, Robbie offered an overview of HIS achievements during the last year and current priorities. He shared his appreciation for the contribution Public Partners make to our work, saying 'Public Partners are critical to the work of HIS ... helping ensure we are listening to the voices of those using [health] services.'

2. Presentations

The annual event is an opportunity for Public Partners to engage with HIS colleagues, learning more about our work and engaging with learning that can support volunteering roles. This year, we had three presentations.

2.1 Volunteer Management System

Dawn Fisher, Senior Project Officer (Volunteering) presented the new Volunteer Management System. While this included a refreshed volunteer recruitment process, she focused more on the benefit of the system to existing Public Partners (PPs) and invited discussion and questions from those in attendance.

The session outlined the key changes that the new system will bring for Public Partners and the staff they work alongside, including:

- Public partners will have the ability to update their details and have more control over the personal data they share;
- Accurate reporting of time contributed as well as the nature and value of contributions;
- Ability to share feedback and information with staff that can be captured and acted upon in a timely manner;
- All emails and contact are stored in the system, meaning that volunteers and staff have a readily accessible trail of conversations, requests and actions; and
- Group chat functions within the system mean that public partners can build and share their knowledge and experience and communicate with fellow volunteers outwith the public partner forum.

Dawn emphasised that the Volunteer Management System will put volunteers ‘in the driving seat’ by being able to share and receive information to make the most of their volunteering experience.

2.2 Speaking up for the public! But what do I say?

Dave Bertin, member of our [Scottish Health Council](#) delivered an interactive session to help Public Partners think about how to speak up clearly and confidently when carrying out their role. He covered what is useful information to share, how to get your message across and what helps people listen to what you have to say. For example, this could be things like the credibility of the speaker and the strength of evidence they are able to share to back up their points.

We had some great discussion as part of Dave’s sessions. For example, Clare Morrison shared her own experience of adapting work after a member of the public brought compelling experiential insight to the table. This enabled the work to be adapted to better meet the needs of the community. It felt like a great example about the positive impact of speaking up.

2.3 Service Change Team

The final presentation of the day was from Emma Churchill and Louise Wheeler, Engagement Advisors (Service Change). Louise and Emma talked about their role in ensuring the voices of people and communities are at the heart of changes being made to healthcare services. The key points they covered were:

- the value of involving people in service planning, delivery and decision-making (including statutory duties for NHS boards and IJBs);
- the Scottish Government's and COSLA's guidance, *Planning with People*
- the role of HIS in relation to Planning with People for health and health-delegated services
- what service change means and HIS's approach to assurance in this area
- the resources HIS has developed to support NHS boards and Integrated Joint Boards (IJBs) in their public involvement activities.

The team shared examples of where they have worked with Public Partners. They also posed three questions, which they are inviting feedback on via his.engageservicechange@nhs.scot

- would you like to be involved in the team's work?
- how can we involve Public Partners - as a group or individual requirements?
- what support would you need to be involved?

3. The Wall of Wins and Wishes

Over the course of the day, Public Partners were invited to engage with our 'Wall of Wins and Wishes'. For those in the room, we had an interactive board. For online participants, we had a virtual board. Clare and Derek provided verbal summaries of the contributions to each. Below, we have collated and summarised the contributions received.

3.1 The Wins

Public Partners value the breadth and flexibility of ways they can get involved in HIS work.

"A good variety of Public Partner roles are available"
"Opportunities are offered throughout the year, helping to maintain interest and a sense of usefulness"
"Online meetings work well and support accessible participation"
"Being invited to contribute to high-profile activities, such as the Annual Review, is valued even when time constraints limit active participation"

Public Partners feel their views are listened to and taken seriously.

"Knowing that SMC committee members value public views provided by Public Partners"
"Feeling that contributions—large or small—are appreciated by Chairs, Executives, and staff"
"The time taken by others to provide feedback and acknowledge contributions"

Public Partners recognise the impact of their involvement on decision-making and outcomes.

"Making valuable, informed contributions to SMC committee decision-making by offering an independent perspective"
"Providing effective public scrutiny of processes"

	“Seeing patient experience acknowledged and included in recommendations”
Public Partners recognised that strong organisational support underpins effective involvement.	<p>“Support from staff across HIS is responsive and consistently helpful”</p> <p>“A positive, supportive environment encourages confidence, engagement, and ongoing participation”</p>
Participants noted that Public Partner involvement helps ensure patient and public perspectives are reflected.	<p>“Publication of SHTG recommendations on chronic pain included patient perspectives, with patient organisations reporting they felt heard”.</p> <p>“Public Partners help ensure lived experience meaningfully informs recommendations and outcomes”</p>

We also asked HIS staff working with Public Partners to highlight the wins from their last year of working together. Staff shared their wins with us before the event. They spoke about the ongoing support and value Public Partners bring to their work:

- Public Partners helped ensure discussions were rooted in lived experience, not just technical process or data;
- Public Partners have been active, influential contributors rather than just observers. This includes voting on committee and adding additional insights and broader perspectives to discussions;
- Public Partners ensured patient and carer perspectives are embedded throughout engagement processes;
- Public Partners supported quality improvement through thoughtful challenge and feedback;
- Public Partners actively develop their understanding to contribute effectively; and
- Public Partners contribute beyond committees into wider organisational activity.

3.2 The Wishes

Participants shared the following wishes for the coming year:

- **Clarity & Shared Understanding:** More visibility and understanding of the Public Partner role throughout HIS, who Public Partners are, why they should be involved and the impacts that can have on the work of HIS;
- **Learning, Closure & Reflection:** More meaningful endings to activities such as After-Action Reviews so that relevant learning is captured and taken forward;
- **Belief in Public Voice:** More sharing and trust around Public Partners by sharing staff stories on where Public Partners have impacted work activities;
- **Visibility of Involvement:** A visual or graphic for Public Partners showcasing where and what they are supporting across the organization; and

- **Capturing & Sharing Impact:** Greater emphasis on the outputs and impacts of Public Partner involvement rather than only focusing on contribution or effort. Helpful in motivating volunteers, showing value and also taking forward learning.

4. Fond Farewells

Three Public Partners were shortly due to conclude their volunteering with HIS. Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager, shared appreciation from HIS staff for the contributions they have made over the years.

Alexandra Jones



Alex has worked across our Quality and Performance Committee, [Death Certification Review Service](#) and [Scottish Medicines Consortium](#) over the last 8 years.

During six years with the Death Certification Review Service Board, she played a vital role in ensuring the service continued to uphold a truly person-centered approach—one that respects the needs, views and experiences of people who have been bereaved. Alex’s contributions supported the Board in fulfilling its wide-ranging responsibilities, from overseeing compliance with statutory obligations and Scottish Government guidance, to shaping the development of policies, procedures and improvement plans that influence the service nationally.

Alex helped the Board function effectively as a Change Management Board—carefully considering updates from operational partners, assessing the risks and impacts of proposed procedural changes, reviewing major revisions to Standard Operating Procedures, and helping to guide service development with clarity and compassion. She also contributed meaningfully to discussions informing the Senior Medical Reviewer’s annual report and helped ensure the service remained equitable, consistent and transparent across Scotland.

Beyond these formal duties, Alex’s thoughtful perspective, gentle but constructive challenge, and willingness to ask the questions that mattered most made you a highly respected and valued member of the team. Her commitment, integrity and generosity her term and her impact on the service has been significant.

Alex joined the Scottish Medicines Consortium as a Public Partner back in 2019, and from the very beginning made a remarkable impact. Her first three-year term was such a success that the whole SMC team was genuinely delighted when she agreed to stay on for a second. Over six years here, one phrase came up time and time again when people talked about working with Alex: a “safe pair of hands.” Alex brought commitment, thoughtfulness, deep knowledge, and a calm, steady presence to everything she did.

Staff have said Alex didn't just take on roles — she embraced them. As a member of the SMC Committee and the Public Involvement Network Advisory Group, she contributed insight and clarity. Alex also rolled up her sleeves and volunteered as the Public Partner on the SMC Ultra-Orphan Validation Panel, bringing her voice and perspective to some of our most complex work.

Her contribution didn't stop there. Alex played a key part in recruiting new SMC Public Partners, helping to shape the future of public involvement. And for many of our newer Public Partners, she has been more than a colleague — a mentor, a guide, and often a friend, helping them find their confidence and their place within SMC.

Claire Fernie



Claire has played a major role within the [Scottish Health Technologies Group](#) for over 7 years now. She is a valued member of the Evidence Review Team and SHTG Council - and also reviews SHTG plain language versions of work to ensure what the team produces is accessible and meaningful to the public.

The SHTG team say Claire's contributions have helped shape the way evidence is considered and communicated, and she has consistently reminded them of the real impact their work has on people and communities. Claire has been a hugely valued public partner — respected, reliable, and deeply committed to improving healthcare in Scotland. She has also been a valuable source of advice to the whole SHTG team.

James Stewart, Programme Manager wanted to put his special thanks to Claire who has not only been always very supportive in his role but a huge source of advice and knowledge over the years. And the whole SHTG team want to sincerely thank Claire for her time, energy, and care she has dedicated over the years. Her input has and will continue to make a lasting difference.

Sandra Sharp



Sandra joined the [National Cancer Medicines Advisory Group Council](#) in February 2024 and has played a valuable role as a Council member by bringing an important public perspective to decision making on clinician submitted proposals for uses of cancer medicines.

Sandra's commitment to reading through the significant amount of paperwork in the short window ahead of the Council meeting and sharing your thoughtful views at pre-meetings and at Council has been truly appreciated. Her time and support in recruiting and inducting a new public partner to council over recent months has also been very helpful.

The NCMAG team would like to express thanks to Sandra for all the time she has committed to the work of the programme over the last 2 years. Sandra is about to take on a big move to Australia, and we wish her all the very best!

5. Closing reflections and next steps

The event reinforced the value that Public Partners bring to Healthcare Improvement Scotland. This includes personal and professional insight, lived experience and thoughtful challenge. It also highlighted the importance of structure, support and clarity in enabling a meaningful contribution. Thank you to everyone who was able to attend. We really appreciate you giving up your time and sharing your honest, thoughtful reflections. Your input will help shape priorities as we move forward.

The feedback gathered from the event will inform ongoing work to strengthen public involvement in HIS. Actions from this event include:

- Capture and communicate the impact of our Public Partners, including through staff stories;
- Continue to raise awareness across HIS about the Public Partner role and how our work benefits from including it; and
- Develop a visual to showcase the areas of HIS benefitting from Public Partner support.

Appendix 1: Event participants

In Person	On-Line
Robbie Pearson, Chief Executive, HIS	Clare Morrison, Director of Engagement and Change, CETC
Suzanne Dawson, Vice Chair, HIS / Chair SHC	Jackie Weir, Public Involvement Advisor, EIHR Team
Dave Bertin, Council Member, SHC	Iain McClumpha, Admin Officer, Engagement Practice - Assurance
Derek Blues, Head of Engagement Practice – Assurance	Paula Leggat, Admin Officer, EIHR Team
Rosie Tyler – Greig, Equalities, Inclusion and Human Rights Manager	Emma Churchill, Engagement Advisor - Service Change
Dawn Fisher, Senior Project Officer, National Volunteering Programme for Scotland	Louise Wheeler, Engagement Advisor – Service Change
Linda Young, Public Involvement Advisor, EIHR Team	Donald Crichton, Programme Manager, Engagement Practice - Assurance
Suzanne Mack, Project Officer, EIHR Team	Lynsey Lockhart, Public Partner
Ceara Holden, Admin Officer, Strategic Engagement Team	Rhona Davies, Public Partner
Lucinda Frank, Senior Project Officer, SHTG	Chipo Makiyi , Public Partner
Tammy Nicol, Senior Project Officer, SHTG	Iain McLeod, Public Partner
Chioma Aguocha, Public Partner	
Dagny Gasking, Public Partner	
Claire Fernie, Public Partner	
Alexander Jones, Public Partner	
Adam Gaines, Public Partner	

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Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

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Engagement Practice – Evidence

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 3.1

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Authors: Tony McGowan, Associate Director (Community Engagement); Christine Johnstone (Head of Engagement Practice – Evidence)

Purpose of paper: Assurance

1. Purpose

This paper provides the Scottish Health Council with an update on the work of the Engagement Practice – Evidence Unit.

It provides:

- an overview of the Unit's role and purpose;
- a summary of delivery during 2025/26;
- an update on outputs carried forward into 2026/27;
- an overview of key work planned during 2026/27;
- an update on the development and testing of rapid insight products; and
- a summary of the Unit's involvement in the HIS Evidence Review.

The paper is intended to provide a clear and balanced position. The Unit continues to produce credible evidence from engagement and remains strategically important to Healthcare Improvement Scotland (HIS) and the Scottish Health Council. However, delivery during 2025/26 was significantly below the planned level, and there remain issues relating to delivery planning, capacity, shared expectations, and the need for clearer organisational methodologies for social research production timing and quality.

2. Executive Summary

2.1 Role & purpose of the Engagement Practice – Evidence Unit

The Engagement Practice – Evidence Unit provides evidence from engagement to inform health and care policy, service planning and engagement practice.

The Unit's work helps to ensure that the views and experiences of people & communities are reflected in the design, delivery and improvement of health and care services. It supports Scottish Government, NHS Scotland and HIS programmes by generating insight from public and community engagement and by providing evidence on how to engage meaningfully.

The Unit currently delivers two established public engagement programmes:

- the [Citizens' Panel](#) for Health & Social Care; and
- the [Gathering Views](#) programme.

These programmes provide structured and credible ways to gather views from people & communities across Scotland. The work is valued for the quality and depth of insight it can generate. However, these products can require significant planning, delivery, analysis, quality assurance and publication time. This creates a challenge where timely evidence is required to inform fast-moving policy, planning or service decisions.

During 2026/27, the Unit will continue to deliver established engagement approaches while also developing and testing a small suite of more rapid and proportionate insight products. This is intended to strengthen the Unit's ability to provide timely public and community insight in a wider range of contexts.

2.2 Delivery position during 2025/26

Published outputs from the Engagement Practice – Evidence Unit were **significantly below the planned target** during 2025/26. Two outputs were published against a planned target of eight.

The two published outputs were:

- [Citizens' Panel 15 on Medicines Safety, Preconception Health and Long-Term Conditions](#); and
- [Citizens' Panel 16 on Duty of Candour, Continuity of Care and Primary Care](#).

This represents a significant delivery gap. It reflects a combination of factors, including the time required to design & deliver robust engagement activity, dependencies with commissioning partners, the complexity and sensitivity of some identified topics (which resulted in an inability to progress them), and publication timing issues.

However, the scale of the delivery gap also indicates that current planning and delivery controls have not been sufficient to provide reliable assurance that planned outputs can be delivered within agreed timescales. There remains a need to strengthen shared expectations about how long different types of evidence and engagement products should take to produce, what quality standards should apply, and how delivery risks should be identified and escalated at an earlier stage.

The quality and credibility of completed outputs remains important, and the Unit's work continues to be valued (as highlighted at the HIS Annual Review in December 2025). However, the 2025/26 position demonstrates that quality has not been supported by a sufficiently clear and predictable delivery model.

Some outputs had progressed substantially during 2025/26 but were not ready for publication by year-end. In Q1 2026/27, the Unit expects to publish:

- a **Pulse Survey on Virtual Wards**, which has been completed, with publication now aligned to complementary work by the Scottish Health Technologies Group; and
- a **Gathering Views report on Sodium Valproate**, which has required further development following two separate stages of patient engagement.

The 2025/26 delivery position has highlighted the need for a realistic and transparent forward plan, clearer prioritisation, stronger pipeline management, and greater organisational clarity on production methods, timelines and quality expectations.

2.3 Key areas of work during 2026/27

During 2026/27, the Unit's work will be shaped by a combination of established engagement programmes, priority HIS work, development of new rapid insight products, and the outcome of the HIS Evidence Review.

A key priority will be to complete and publish outputs already in development, including the Virtual Wards Pulse Survey and the *Gathering Views* report on Sodium Valproate.

The Unit will also continue to work with Scottish Government and HIS colleagues to **strengthen the future pipeline** of topics for *Citizens' Panel* and *Gathering Views* activity. This will support better alignment between the Unit's work programme and areas where public and community insight can inform national policy, service planning, and the development of the new HIS portfolios.

The forthcoming findings from ***Citizens' Panel 17***, which includes questions on population health planning, will also provide useful insight to inform future engagement with the emerging sub-national planning structures. This will be considered alongside the wider work being led through the Engagement Practice – Assurance Unit to support clarity on engagement expectations within sub-national planning.

Citizens' Panel 18, which is currently being planned, will have a focus on public views relating to Hospital at Home services, and developments with organ & tissue donation.

In addition to established engagement programmes, the Unit has pivoted to support two significant areas of organisational priority.

- The first is the **patient experience component of the HIS Strategic Safety Plan**. This includes reviewing engagement activity across HIS that relates to quality and safety. Directorates are being asked to identify relevant engagement activity undertaken within the last three years with patients, the public, service users or representative groups where safety was a theme. This includes a detailed analysis of information provided as part of **Cycle 3 of the HIS Governance for Engagement process**. This work will help HIS better understand how public and patient insight can contribute to quality and safety intelligence.
- The second is work to **support Recommendation 32** from the [HIS Review of NHS Greater Glasgow & Clyde Emergency Departments](#). The Unit is undertaking a review of current Emergency Department patient feedback activity across Scotland. NHS Boards are being asked to provide an overview of existing patient experience or feedback activity relating to Emergency Departments, including examples of tools, surveys or campaigns used, key themes identified – particularly patient experience of waiting times – and any improvements made as a result of feedback. This work will generate insight into current practice, highlight good examples, and help determine whether any further national activity may be required.

These areas of work are important and strategically relevant. However, they also add to the delivery demands placed on the Unit. This reinforces the need for clearer prioritisation,

improved delivery planning and a shared understanding of the capacity required to deliver both established products and responsive organisational priorities.

2.4 Development of rapid insight products

The development of rapid insight products is a key improvement action for 2026/27.

This work is being progressed in response to discussions with Scottish Government about the need for timely public and community insight to inform fast-moving policy and service planning. The Unit's existing engagement activity is valued for its credibility and quality, but it can be slower than required in some contexts.

The proposed rapid insight products are intended to complement, not replace, established approaches such as the full *Citizens' Panel* and *Gathering Views*. They are designed to provide proportionate and clearly caveated insight to support early sense-making and decision-making.

Five potential rapid insight products have been designed, each for different purposes:

- **Rapid Online Conversation Café** – fast, facilitated digital engagement;
- **Public and Patient Pop-up Engagement** – gathering views quickly in community settings;
- **Digital Insight Scan** – drawing together signals from existing public-facing sources;
- **Citizens' Panel Pulse** – a shorter-form *Citizens' Panel* approach to provide quicker national public signals based on the existing Pulse Survey approach; and
- **Citizens' Panel Snapshot** – a lighter-touch *Citizens' Panel* variant for short, single, focused topics.

Testing will take place on a limited and phased basis during summer 2026, recognising current workforce and infrastructure constraints. The initial focus will be on piloting a small number of the most distinct and practical products, with learning used to inform future decisions about the Unit's product offer, resourcing requirements and delivery model.

This work is an important response to the delivery challenges experienced during 2025/26. However, the rapid insight products have not yet been tested, and their future role within the Unit's operating model has still to be determined. Assurance is therefore limited at this stage until there is evidence that the new products can be delivered consistently, proportionately and within the timescales required by policy and service planning customers.

2.5 HIS Evidence review

The Engagement Practice – Evidence Unit is participating in the HIS Evidence Review, which is considering how **HIS can strengthen its role as a national centre for evidence & evaluation**.

This review may have significant implications for how the Unit is organised, positioned and connected with other evidence functions across HIS. It creates an opportunity to strengthen the role of public and community insight within wider evidence and evaluation activity, and to ensure that evidence from engagement is visible within HIS's future evidence infrastructure.

As part of the Evidence Review, it has been identified that **HIS would benefit from clearer shared methodologies for research production timing and quality**. This includes developing a more consistent organisational understanding of the time required to produce different types

of research and engagement outputs, the quality standards that should apply, and the delivery controls needed to support reliable planning and publication.

This is particularly relevant to the Engagement Practice – Evidence Unit, where there remains a need to strengthen shared expectations about the relationship between quality, methodology, capacity and delivery timescales. The Evidence Review provides an important opportunity to address this at an organisational level, rather than treating it solely as a Unit-level issue.

The review is expected to report in June 2026. It is hoped that its recommendations will include actions to strengthen shared methodologies for evidence production, clarify the future role and positioning of the Unit, and support a more sustainable operating model for evidence from engagement.

However, until the review reports and its recommendations are agreed, uncertainty remains. This creates both opportunity and risk for the Unit during 2026/27. It will therefore be important to manage staff engagement, capacity and continuity of delivery carefully while the review progresses.

3. Recommendation

Scottish Health Council members are asked to:

- note the 2025/26 delivery position for the Engagement Practice – Evidence Unit;
- discuss the key areas of work planned for 2026/27;
- note the development and planned testing of rapid insight products during summer 2026; and
- note the Unit’s involvement in the HIS Evidence Review.

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

Limited: some assurance can be taken that controls are suitably designed and effectively applied. However, there are weaknesses in the design or application of controls that put achievement of the relevant objectives at risk.

A Limited level of assurance is proposed because published outputs during 2025/26 were significantly below the planned target, with two outputs published against a target of eight. While the Unit continues to produce credible evidence from engagement and is supporting important organisational priorities, the current position highlights weaknesses in delivery planning, prioritisation, capacity and shared expectations about production timescales and quality.

Improvement actions are underway, including completion of delayed outputs, development of a clearer forward pipeline, phased testing of rapid insight products and participation in the HIS Evidence Review; however, these actions have not yet been fully implemented or evaluated.

4. Appendices and links to additional information

None.

2025-26 Operational Plan Q4 Progress Report

Meeting: Scottish Health Council

Meeting date: 14 May 2026

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 Q4. The Council is asked to discuss the contents of the paper.

2. Executive Summary

The Community Engagement & Transformational Change (CETC) directorate provides a consistent package of engagement support to Healthcare Improvement Scotland (HIS) 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; and
- increasing diversity and inclusion.

During Q4 we continued to demonstrate progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

By the end of Q4, 100% of external-facing work programmes across HIS had completed either an initial Equality Impact Assessment (EQIA) screening, or a full assessment if required. This achievement was supported by the Equality, Inclusion and Human Rights team, and will be built on over the coming year through quality sampling and quarterly impact stories.

Membership of, and engagement with, our Engagement Practice Network continues to grow. Its three Communities of Practice organise regular learning sessions and webinars which are consistently rated highly by attendees for the insights shared.

We have increased our cohort of People's Experience Volunteers to 21, which provides more representation across Scotland and allows individuals with lived experience to directly influence HIS workstreams, including the Scottish Approach to Change and SIGN guidelines. The launch of the new Volunteering Management System at our annual Public Partner conference in March 2026 was warmly received. The platform will help our volunteers to see the impact of their individual and collective work across the organisation.

3. Recommendation

The Council is asked to note and discuss the content of the 2025-26 Quarter 4 Update.

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 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:

- Community Engagement 2025-26 Quarter 4 Update

Quarter 4 Update: January – March 2026

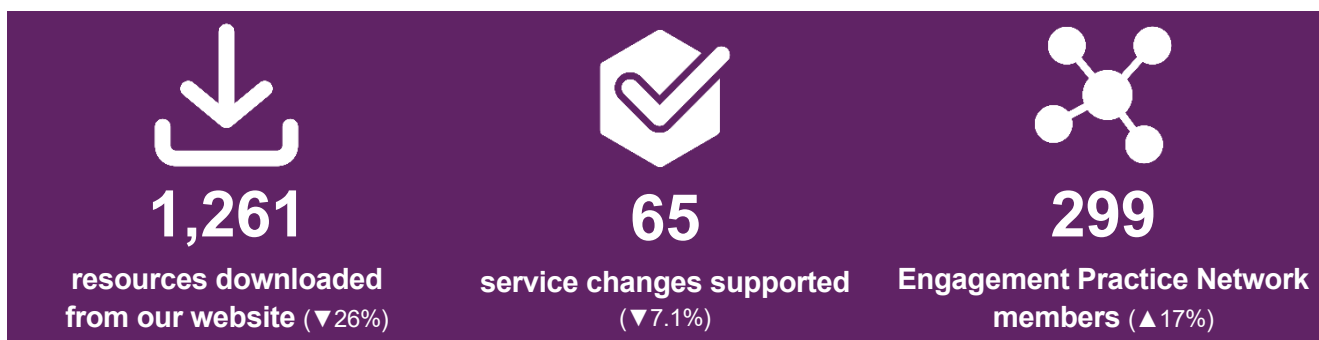
This progress report describes the impact of our work noted between January and March 2026. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **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

Since July 2025, our **Engagement Practice Responsive Support Service** has handled 13 requests for support, just over half from within the wider organisation seeking support for engaging their external stakeholders. Six requests are currently receiving active support. Most enquiries have related to advice on engagement planning and building capability in areas such as co-design, accessibility, facilitation and evaluation. On average, requesters have received initial contact with an allocated subject expert within 4 working days. The service opened to external requests in January 2026, with a dedicated page on the corporate website and promotion to key stakeholders and through the Engagement Practitioners' Network.

Following the successful graduation of the seventh cohort of **CEIM Leaders** in January 2026, an evaluation has highlighted that 102 leaders completed the programme between 2024 and 2026. Experience and confidence scores showed a high session satisfaction (overall mean = 88%) and strong self-reported confidence to apply learning (80% average).

“I’ve never attended such a well facilitated online course, and the balance of taught content and peer breakout session learning was excellent.”

The sixth peer networking session for CEIM Leaders took place in February 2026 with 18 attendees. NHS Fife Cancer Services showcased a case study that they have developed.

Resources were downloaded from our **website** a total of 1,261 times during Q4. The most-downloaded resources were a strategic gap analysis tool, the Quality Framework for Community Engagement, and our guide to Evaluating Participation.

Health and care services can demonstrate compliance with policy and legislation

Our Assurance of Service Change Engagement team continues to monitor and provide advice & support to NHS boards and partnerships undertaking service change. During Q4, the team monitored and supported 65 service changes (▼7%) across all board areas. Of these, 7 are significant changes being monitored nationally, another 30 are active service changes and 28 are on hold, mostly pending decisions about Scottish Government capital funding.

At the end of Q4, 100% (▲2%) of external-facing programmes across HIS had completed at least an **Equality Impact Assessment** (EQIA) screening, or a full assessment if required. In the coming year we plan to build on this achievement through quality sampling of completed EQIAs and quarterly impact stories to demonstrate how a robust approach to impact assessment promotes equality, identifies barriers and mitigates risks.

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

The Volunteering team has been migrating data for four NHS boards to support roll-out of the new **Volunteering Management System** (VMS). Registration links are being sent out to volunteers in those boards so their information can be populated onto the system. In March 2026, the VMS was officially launched within HIS at the annual Public Partner conference. Interest was high amongst our volunteers who described it as a positive step forward, especially when discussing how the new platform could support them to see the impact of their individual and collective work across the organisation.

Our **Strategic Engagement Leads** maintain regular contact with most NHS boards and health and social care partnerships (HSCPs) to build relationships, share intelligence and signpost to relevant improvement support. Targeted work includes supportive engagement with senior leadership in Perth & Kinross and Argyll & Bute to increase awareness and understanding of the Scottish Approach to Change, and building momentum behind workshops on service change for executive and non-executive board members in Shetland and Dundee City. System-level awareness of HIS improvement approaches has increased, particularly at executive and senior leadership levels. Trusted strategic relationships have been strengthened, supporting open dialogue and early engagement in our work. A clearer understanding has been developed of where engagement with our work is less forthcoming, enabling us to target support where it is most impactful.

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

The **Engagement Practice Network** currently has 279 members, across three Communities of Practice; this is a 66% increase from January 2025. Throughout Q4, 190 members (▲9.8%) have been active on the MS Teams channel sharing ideas and resources, asking questions and providing peer support. A workshop about evaluating participation led by a HIS Social Researcher attracted 77 people registering, with attendees rating it 88%.

The **Evidence for Engagement Community of Practice** held its first learning session on using *Citizens' Panels* and *Citizens' Juries* to gather wider public opinion and experience of services. A speaker from Falkirk HSCP described their work involving people with lived experience

The **Improving Engagement Community of Practice** launched a series of project surgeries focused on engaging under-represented groups. These small discussion sessions offer space to share challenges, experiences and practical solutions. In February 2026, a session on engaging with Gypsy/Traveller communities attracted 16 attendees, who rated it 100%. Feedback was very positive:

"Thanks for this. Sometimes I'll attend meetings and leave with no thoughts of how I would apply the learning. Today has been very helpful and the learning will be applied to a project I'm working on just now. Thank you! Much appreciated!"

"Really insightful and grateful I attended. I find the surgeries useful especially hearing from those with lived experience and officers involved in the work."

A session on engaging young people affected by child exploitation highlighted overlooked community touchpoints, such as McDonald's staff, that are vital for identifying and responding to exploitation risks, and how engagement can drive meaningful service improvements. The 22 attendees rated the session 86% and described it as "really informative", "very insightful" with "lots of points for consideration in the future".

Our Strategic Engagement team has identified **practice-based learning** examples, including engagement with communities affected by suicide in Highland, which has re-energised partner engagement for sharing learning and will contribute to formal case studies.

People and communities are empowered to participate in health and care

Our Strategic Engagement team has strengthened engagement capacity through recruiting an additional 7 **People's Experience Volunteers** (PEVs) taking the total to 21. This has increased the geographic reach and resilience of the PEV network and improved our ability to respond to requests for lived experience into HIS workstreams. Targeted recruitment activity will be carried out in areas currently under-represented, including Borders and Fife.

Relationships have been strengthened with over 100 individuals from more than 36 third sector organisations and community groups, to support intelligence sharing and enable more timely and relevant connection into HIS work. This has facilitated a more coherent engagement approach across the wider organisation, with stronger routes for people with lived experience and their families and carers to influence work in areas such as alcohol, drugs and housing.

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

Two **webinars** in our community engagement series were held in Q4, including one with colleagues from NHS Grampian in January 2026 on [co-creating community appointment days for people living with chronic pain](#). Feedback from the 59 attendees was positive, with an average rating of 92%. In February 2026, speakers from the Mental Health Foundation described their work [increasing the participation of asylum seekers and refugees in citizens panels and decision making](#). 140 attendees rated the session 88%.

In January 2026, 53 people attended a webinar on “Person-Centred Practice in Action - a practitioner and family perspective”. Attendees rated the webinar 88% and key takeaways included:

“Inspirational” and “enthusiastic and knowledgeable presenters”

“To attend more of these sessions to keep abreast of what work is happening and how I can learn from it and share what’s happening widely across Scotland”

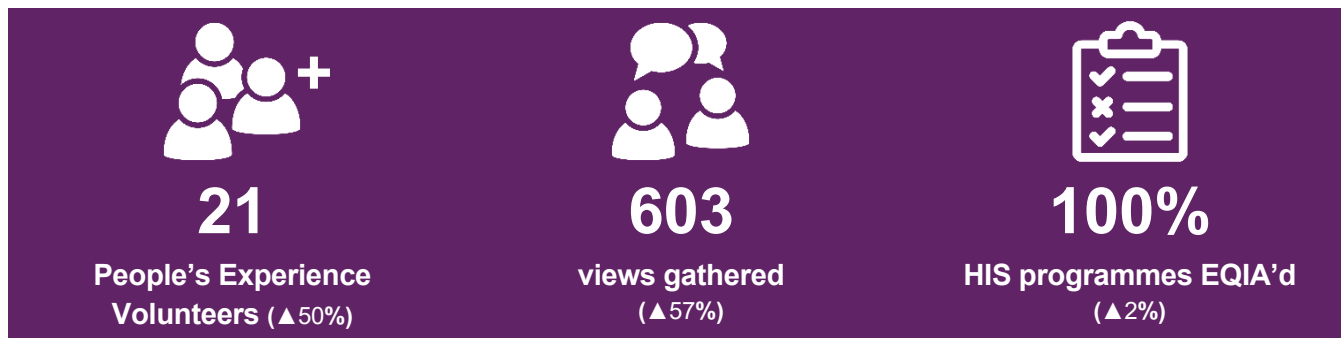
“To make change, you MUST understand what the people who are going to use it, actually want.”

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

The value of our **Quality Framework for Community Engagement & Participation** to support meaningful work with people and communities has been recognised in 2 recent Scottish Government publications. The [Polypharmacy Guidance: Appropriate Prescribing Making medicines safe, effective and sustainable 2026-2029](#) and the [Quality prescribing for chronic pain: guide for improvement 2026-2029](#) (both published March 2026) describe the value of engagement and recommend contacting Healthcare Improvement Scotland for support.

Increasing diversity and inclusion

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



People have increased opportunity to share their views and experiences

The seventeenth **Citizens' Panel** survey was conducted between December 2025 and February 2026, with questions on awareness and involvement in service planning, perceptions of how healthcare services are planned, and involving public and patients in service planning. Questions were developed by HIS Social Researchers with input from Scottish Government and other colleagues within the HIS Community Engagement & Transformational Change Directorate. Draft questions were tested with members of the public, and final questions refined based on feedback. A total of 603 responses were received by survey close, equivalent to a response rate of 56%. This is sufficient to support statistically robust analysis at a national level. Overall survey results are accurate to $\pm 4.0\%$ based on a 50% estimate at the 95% confidence interval. The report will be published in early June 2026.

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

In our August 2023 report, [Gathering views on waiting times guidance](#), we recommended that the Scottish Government do more to understand the potential impact on individuals and groups. The national guidance was updated in November 2023, and in February 2026 the Scottish Government published a supporting [equality impact assessment](#), which refers to our report and evaluates how the updated guidance may affect different population groups, both positively and negatively.

Findings from the [fourteenth report of the Citizens' Panel](#) (November 2024) have been used to underpin the Scottish Government's [Value based health and care action plan: measurement framework](#) published in March 2026 – particularly contributing insights to Action 8 (supporting people and communities to access preventative and proactive approaches to improve healthy life expectancy and reduce health inequalities) and Action 13 (understanding public awareness of value based health and care and Realistic Medicine to support shared decision making, health literacy, agency, and advocacy).

Feedback from our **People's Experience Volunteers** has been incorporated into recent HIS products, including public-facing web content for the Scottish Approach to Change, a plain-language SIGN guideline on chronic pain, and linking third sector organisations into the Engagement Practice Learning and Improvement System. The lived experience of volunteers has improved the accessibility, tone and readability of the language, improved the applicability of HIS resources for the public and third sector and build greater awareness and uptake for HIS learning systems beyond statutory audiences.

Key Performance Indicators

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 4.1

Responsible Executive: Clare Morrison, Director of Engagement & Change

Report Author: Clare Morrison, Director of Engagement & Change

Purpose of paper: Discussion

1. Purpose

HIS tracks Key Performance Indications (KPIs) at both corporate and committee level. This paper updates the Scottish Health Council on the corporate KPIs at the end of Q4. The Council is asked to note and discuss the two committee-level KPIs that sit under its remit.

2. Executive Summary

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

Voices & Rights of People & Communities	2024/25 actual	2025/26 target	Quarterly target	Q1 result	Q2 result	Q3 result	Q4 result
Governance for Engagement % 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	33%	33%	86%
Equality impact assessment % of relevant projects/ programmes with an initial screening and/or full assessment completed	95%	100%	90% (Q1); 95% (Q2); 100% (Q3-4)	91%	96%	98%	100%

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

During Q2, two out of the planned three directorates presented their annual update to the Governance for Engagement sub-committee. The third directorate requested an extension due to vacancies at senior level within the team. The sub-committee did not meet in Q3 due to unplanned leave. Three directorates presented their improvement plan updates to the sub-committee in Q4 and the corporate teams' presentation will carry over into Cycle 4 in 2026-27.

For equality impact assessment (EQIA) we measure the percentage of relevant HIS programmes with at least an initial screening completed. By 'relevant programme' we mean any external-facing programme that is currently live. At Q4, this was 74 programmes across HIS. An initial screening should be carried out to determine where any negative impacts are anticipated. If so, a full impact assessment is also required. At Q4 all programmes across HIS had carried out at least an initial screening.

3. Recommendation

The Council is asked to discuss the KPI report.

It is recommended that the Council accepts a **Moderate** Level of Assurance. One of the committee KPIs has been met in full this year; plans are in place to address the shortfall with the other during the next financial year.

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: Draft Quarter 4 performance report for the corporate KPIs – note these are not yet finalised so are subject to amendment

Appendix 1: DRAFT Corporate KPIs for end of Q4 2025/26 (subject to amendment)

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Q3	Q4	Comments
Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	1,100	800	650	600	600	655	655	Lack of resources to support H@H services, early flu pressures in the system, and the lag in data collection/submissions are significantly impacting on HIS meeting the 25/26 target.
Frailty Teams	Hospital sites with access to specialist staff in frailty teams	3 Boards	100%	70%	40%	87%	87%	100%	
Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	35%	70%	40%	40%	50%	50%	50%	Entered the write-up phase, no new demonstrator site or collaborative work planned for the rest 25/26 therefore 50% applies across remaining quarters
People	Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	-	8	1	1	0	1	0	Q4 output was below plan due to timing and pipeline constraints: Pulse Survey on Virtual Wards is being held for publication with SHTG in Q1 2026/27, and the Sodium Valproate Gathering Views report will also be published in Q1 2026/27.
National Position Statements	Delivery of national evidence statements on major priority areas	-	2	-	N/A	1	1	1	
Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	100%	80%	50%	50%	50%	80%	80%	
Sickness Absence Reduction	In line with national target	4.2%	4%	4%	3.3%	3.3%	3.5%	3.6%	
Recurring Savings	As approved in budget	£1.3m	£1.5m	£0.375m	£0.1m	£0.4m	£0.3m	£0.5m	Per 26/27 budget work can confirm moving into next financial year in recurring balance, so full recurring savings target met in year
NHS Inspections	Number of onsite inspections carried out	24	3	5	3	7	7	7	

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Q3	Q4	Comments
Independent Healthcare Inspections	Number of registered services inspections undertaken	96	129	32	28	35	32	32	We have completed 127 inspections of the 129 target for 26/27. The increase in complaints and registrations meant that some planned activities, such as low risk inspections were rescheduled to free up time to focus on these high-priority activities.
New Medicines Advice	% of decisions communicated within target timeframe	80%	85%	85%	50%	71%	57%	46%	SMC failed to meet target in all 4 quarters in 25/26 due to 25% increase in submissions. 56% of all submissions met this KPI in 25/26. Controls and mitigations are in place.
Service Change Engagement	Number of NHS board/IJB service change engagement plans influenced by advice and assurance	68	60	60	51	70	70	65	
Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting & engagement	81%	100%	80%	80%	79%	89%	100%	
Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	12	3	3	3	1	2	Awaiting sign off on completed projects. Pre-election period is a contributing factor to the three topics now being published in Q1 26/27
Adverse Events	% NHS boards sharing learning summaries with HIS	-	100%	25%	0%	0%	65%	71%	12 of 17 NHS boards have submitted learning summaries. Working with the remaining 5 NHS boards who are yet to send in their learning summaries to address this.
Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	100%	100%	100%	
High Quality & Safe Healthcare	Deliver inspection of CAMHS and national inpatient unit	-	4	2	1	2	1	N/A	

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Q3	Q4	Comments
	Publication of new national standards for clinical & care governance	-	Q4	Q4	N/A	N/A	N/A	Q4	

DRAFT

Risk register

Meeting: Scottish Health Council

Meeting date: 14 May 2026

Agenda item: 4.2

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

At the last SHC meeting, Council members asked that this risk was updated so that it included the word “external” to be clear that much of the risk is external to HIS; to add sub-national structures; to add public sector reform; and to add a mitigation about public information.

This was completed and the updated risk is identified as follows, with the additional words highlighted in bold:

*There is a risk that **NHS renewal, public sector reform**, and financial and workforce pressures in **external organisations** will increase the pace and volume of service change at a local, **sub-national** 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 **and sub-national** service change provides clarity, these are 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 (with new addition in bold):

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

- HIS published interim guidance on engagement for sub-national planning structures in March 2026. This was shared with engagement leads in Boards and discussed with both sub-national structures. Consultation on the interim guidance is ongoing, with sessions planned for May and June (see item 2.1).
- HIS regularly provides advice to Scottish Government on engagement on nationally determined service changes and we are monitoring progress with use of this guidance.
- HIS regularly engages with Scottish Government on the NHS renewal agenda.

Service change – quality and safety

The risk is identified as:

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

Key mitigations for this risk are:

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

Current updated relating to this risk are:

- March 2026: now that the new HIS clinical governance standards have been published, work will begin on developing the signposting guidance outlined.

3. Recommendation

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

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

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

4. Appendices and links to additional information

Appendix 1: Definitions of risk used by HIS

Appendix 2: Extract of the HIS Strategic Risk Register

Appendix 1: Definitions of risk used by HIS

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

Likelihood definitions

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

Impact definitions

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

Risk Title	Risk Category	Appetite	ID	Compass	Committee	Date Raised	Risk	Risk Description	Inherent Risk	Controls & Mitigations	Current update	Impact score	Likelihood	Residual	Appetite	Modified	Modified By	Risk Act	
Service Change - engagement	Strategy	Strategy	Open	9	1163	SHC	24.11.2021	Clare	20	There is a risk that NHS renewal, public sector reform, and financial and workforce pressures in external organisations will increase the pace and volume of service change at a local, sub-national 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 and sub-national service change provides clarity, these are 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.	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. Information for the public also produced. 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. This includes guidance on non-compliance with Planning with People and on major service change. New resources for the public were published in January 2026. Our Assurance of Engagement Unit and Strategic Engagement Leads have enhanced our assurance processes, including improving our earlier awareness and scrutiny of service changes in the system. We regularly provide advice to Scottish Government on engagement on nationally determined service changes and we are monitoring progress with use of this new guidance. We have produced interim guidance on engagement for sub-national planning structures and discussed with both structures (March 2026). We are also continuing to discuss engagement within the NHS reform and renewal agenda (ongoing).	4	3	12	In	#####	Clare Morri	Active
Service change - quality and safety	Strategy	Strategy	Open	17	QPC	22.05.2025	Clare	16	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.	HIS has developed the Scottish Approach to Change which defines a framework for achieving high quality change. We will add to the framework specific guidance on how to consider quality and safety standards in service change; we will then provide this when assuring engagement on service change. More broadly, we will explicitly define how to feed the intelligence gathered from engagement into our new HIS intelligence system. We will also clearly define our role and responsibilities in service change, and the responsibilities of NHS boards/HSCPs.	Discussed at ET, SHC and RTC Oversight Group in May 2025. Scottish Government made aware of assurance gap in June 2025 and endorsed plan to produce guidance. Potential guidance scoped across HIS in July 2025. This identified that new clinical governance standards are being development and that these, in combination with the updated QMS and Essentials of Safe Care, define the quality & safety considerations required. However, the ongoing concerns being identified demonstrates the need for better awareness of relevant guidance. Therefore a signposting document will be created defining the key quality & safety considerations and linking to the relevant guidance. This will be proactively signposted by the Assurance of Engagement team and within the Scottish Approach to Change. An update was taken to QPC in August 2025 and the Scottish Health Council in September 2025 and agreed to progress. March 2026: now that the new HIS clinical governance standards have been published, work will begin on developing the signposting guidance outlined above.	4	4	16	In	#####	Clare Morri	Active	

Scottish Health Council: Business Planning Schedule 2026/27 v1.0

Council Business	Lead Officer	14.05.26	17.09.26	26.11.26	25.02.27	
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HIS STRATEGIC BUSINESS

Engagement on Service Change:						
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
Governance for Engagement:						
Ensuring HIS meets its public involvement duties	Associate Director					
Equalities, Diversity & Inclusion:						
Ensuring HIS meets its equalities duties	Equality, Inclusion and Human Rights Manager					
Role of Public Partners						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
HIS Integrated Planning						
HIS annual delivery planning for 2026-27	Director					

COMMUNITY ENGAGEMENT BUSINESS

Evidence Programme						
Evidence strategy including planned activities and research	Head of Engagement Practice-Evidence					
Improvement Programme						
Improvement strategy including learning system, innovation and volunteering	Head of Engagement Practice-Improvement					
Assurance Programme						
Service change activity	Head of Engagement Practice-Assurance					
Operational Delivery						
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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