

Scottish Health Council Meeting

Thu 15 May 2025, 10:00 - 12:30

Delta House Conference Room 2 Glasgow

Agenda

10:00 - 10:15 **1. Opening Business**
15 min

1.1. Welcome, Introduction and apologies

10.00 Chair

1.2. Declarations of interests

Chair
Paper

- ☐ 2025-05-15 - SHC- item 1.2 - Register of Interests.pdf (2 pages)
- ☐ 2025-05-15 - SHC- item 1.2 Appendix 1- 2025-26 Register of Interests v0.1.pdf (7 pages)

1.3. Draft Minutes of Meetings SHC (20 February 2025)

10.05 Chair

- ☐ 2025-02-20 -SHC - item 1.3 - Draft minutes v0.1 CM SD.pdf (8 pages)

1.4. Review of Action Point Register

10.10 Chair

Paper

- ☐ 2025-05-15 - SHC - item 1.4 - Action Point Register 2025-02-20.pdf (4 pages)

10:15 - 11:15 **2. HIS STRATEGIC BUSINESS**
60 min

2.1. Engagement on Service Change

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

Strategic considerations on HIS’s statutory duty to assure NHS boards’/IJBs’ duties on public involvement.
(includes output from the Service Change SHC sub-committee and Strategic Engagement report)

Paper

- ☐ 2025-05-15 - SHC- item 2.1 - Engagement on service change update.pdf (6 pages)

2.2. Governance for Engagement

10.30 Associate Director of Community Engagement Tony McGowan

Ensuring HIS meets its public involvement duties
(includes output from the Governance for Engagement SHC sub-committee)

Paper

- ☐ 2025-05-15 - SHC - item 2.2 - Governance for Engagement update.pdf (3 pages)

2.3. Equality, Inclusion and Human Rights

10.45 *Equality, Inclusion & Human Rights Manager Rosie Tyler-Greig*

Ensuring HIS meets its equalities duties

Papers

- ☐ 2025-05-15 - SHC - item 2.3 - Equality Inclusion Human Rights update.pdf (5 pages)
- ☐ 2025-05-15 - SHC - item 2.3 - Appendix 3 Accessibility Working Group ToR V1.0.pdf (5 pages)
- ☐ 2025-05-15 - SHC - item 2.3 - Appendix 4 Anti Racism Delivery Group ToR V1.pdf (4 pages)
- ☐ 2025-05-15 - SHC - item 2.3 - Appendix 5 Pride Network Terms of Reference.pdf (5 pages)

2.4. Role of Public Partners

10.55 *Director/Associate Director of Community Engagement Clare Morrison/Tony McGowan*

Evidence strategy including planned activities and research

Paper

- ☐ 2025-05-15 - SHC - item 2.4 - Role of Public Partners.pdf (5 pages)
- ☐ 2025-05-15 - SHC - item 2.4 - Appendix 1 HIS Volunteer Policy and Procedures 1.0.pdf (26 pages)

2.4.1. Comfort Break 11.05 - 11.15

11:15 - 11:50 3. COMMUNITY ENGAGEMENT BUSINESS 35 min

3.1. Evidence Programme

11.15 *Head of Engagement Practice- Evidence Christine Johnstone*

Evidence strategy including planned activities and research

Paper

- ☐ 2025-05-15 - SHC - item 3.1 - Engagement Practice - Evidence update.pdf (5 pages)

3.2. Operational Plan Progress Report

11.35 *Operations Manager Richard Kennedy-McCrea*

Review of Q4

Paper

- ☐ 2025-05-15 - SHC - item 3.2 - 2024-25 Q4 update.pdf (3 pages)
- ☐ 2025-05-15 - SHC - item 3.2 - Appendix1 Q4 2024-25 progress report.pdf (6 pages)

11:50 - 12:15 4. SHC Governance 25 min

4.1. Risk Register

11.50 *Director- Clare Morrison*

Paper

- ☐ 2025-05-15- SHC - item 4.1 - Risk register.pdf (3 pages)
- ☐ 2025-05-15 - SHC - item 4.1 - Appendix 1 Risk register extract.pdf (1 pages)

4.2. Key Performance Indicators

12.00 *Director Clare Morrison*

Paper

- ☐ 2025-05-15 - SHC - item 4.2 - KPIs.pdf (3 pages)

☐ 2025-05-15- SHC- item 4.2 Appendix 1 - Draft Corporate KPIs.pdf (1 pages)

4.3. Business Planning Schedule 2025/26

12.10 *Chair*

Paper

☐ 2025-05-15 - SHC- item 4.3 - Business Planning Schedule 2025-26 V1.1.pdf (1 pages)

12:15 - 12:20 5. RESERVED BUSINESS

5 min

5.1. Service Change Sub-Committee Draft Minutes of Meeting (20/03/2025)

12.15 *Head of Engagement Practice- Assurance Derek Blues*

Paper

☐ 2025-05-15 - SHC - item 5.1 - Service Change Sub-Committee minutes 2025-03-27.pdf (3 pages)

12:20 - 12:25 6. ADDITIONAL ITEMS of GOVERNANCE

5 min

6.1. Key Points for HIS Board

12.20 *Chair*

12:25 - 12:30 7. CLOSING BUSINESS

5 min

7.1. AOB

12.25 *All*

7.2. Meeting Close

12.30

12:30 - 12:30 8. DATE OF NEXT MEETING

0 min

8.1. 4th September 2025, 10.00-12.30 via MS Teams



Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Register of Interests
Agenda item:	1.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement and Change
Report Author:	Susan Ferguson, Committee Secretary
Purpose of paper:	Decision

1. Situation

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

2. Background

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

3. Assessment

Declarations of Interests have been collected from Scottish Health Council Members and collated with those already held for the Non-Executive Members of the Council and the Executive Director on the central register and are provided at appendix 1.

Assessment considerations

Quality/ Care	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.
Resource Implications	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
Risk Management	There are no risks in respect of the Register recorded on the risk database. The Register will be scrutinised at each Scottish Health Council meeting and the Chair will remind members to declare any interests relevant to the discussions.
Clinical and Care Governance (CCG)	There are no specific CCG implications.
Equality and Diversity, including health inequalities	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
Communication, involvement, engagement and consultation	The first Register of Interests for the Scottish Health Council members was considered at its meeting held on 20 February 2025.

4 Recommendation

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

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

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

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

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

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

1. MEMBERS OF THE SCOTTISH HEALTH COUNCIL

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

1 - Remuneration	Nil		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
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-July 2025
2 – Other Roles	Chairperson/ Trustee	Renfrewshire Community Transport	December 2023-Present
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		
Nicola McCardle			
1 - Remuneration	Employed	Senior Improvement Adviser, Care Inspectorate	21.09.2021- present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		

9 - Close Family Members	Nil		
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2. NON-EXECUTIVE BOARD MEMBERS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2024/25
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
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 2024/25
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	03/09/2024
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 is employed by the Scottish Ambulance Service		2006 to present

MINUTES – Draft 0.1

Scottish Health Council
20th February 2025 via Teams

Present	In Attendance
Suzanne Dawson, HIS Non-Executive Director, Chair (SD)	Clare Morrison, Director of Engagement & Change, Lead Director (CM)
Gina Alexander, Member (GA)	Derek Blues, Head of Engagement Practice - Assurance (DBL)
Dave Bertin, Member (DB)	Sharon Bleakley, Strategic Engagement Lead (SB)
	Jane Illingworth, Head of Planning and Governance (JI) (Item 2.4)
Emma Cooper, Member (EC)	Richard Kennedy McCrea, Operations Manager (RKM)
Nicola McCardle, Member (NMcC)	
Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)	Lisa McCartney, Strategic Engagement Lead (LMC)
	Tony McGowan, Associate Director Community Engagement (TM)
	Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
	Observers
	Nikki Maran, Non-executive Director John McKee, Head of Communications Rob Tinlin, Non-executive Director
Board/Committee Support	Apologies
Susan Ferguson, Committee Secretary (SF)	Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH) Jamie Mallan, Member (JM) Robbie Pearson, Chief Executive (RP) Michelle Rogers, HIS Non-Executive Director (MR) Diane Graham, Head of Engagement Practice–Improvement (DG) Sybil Canavan, Director of Workforce (SC) Duncan Service, Employee Director (DS) Angela Moodie, Director of Finance, Planning & Governance Safia Qureshi, Director of Evidence & Digital Simon Watson, Medical Director & Director of Safety

1.	Opening Business
1.1	Chair's Welcome, Introductions, Apologies and Register of Interests
	<p>The Chair (SD) welcomed everyone to the meeting and introduced Nikki Maran, Non-executive Director, Rob Tinlin, Non-executive Director and John McKee, Head of Communications, who were observing their first Scottish Health Council meeting.</p> <p>Apologies were noted as above.</p> <p>SD noted there were no declarations of interest made at the start of the meeting and provided an</p>

	<p>explanation to the introduction of the Register of Interests for the SHC members and Lead Director of SHC.</p> <p>It was noted each SHC member is responsible for their personal information recorded on the Register and highlighted the importance of notifying any changes immediately to the Committee Secretary SF to ensure the latest version of the Register is current and accurate.</p> <p>Decision: The SHC were comfortable with the content of the Register of Interests.</p>
	Draft Minutes of Meeting
	<p>The draft minutes of the meeting held on 14 November 2024 were accepted as an accurate record.</p> <p>There were no matters arising.</p> <p>Decision: The SHC approved the minutes from the 14 November 2024 meeting.</p> <p>Action(s): None</p>
1.3	Review of Action Point Register
	<p>The SHC reviewed the Action Point Register with updates being provided for each action point for assurance and /or recommendation for closure.</p> <p>It was noted that both actions, Governance for Engagement and KPIs which required an update to the SHC, would be picked up within their relevant papers on the agenda.</p> <p>Decision: After discussion, the SHC agreed with the recommended actions for closure.</p> <p>Action(s): None</p>
2.	HIS STRATEGIC BUSINESS
2.1	Engagement on Service Change
	<p>CM provided the SHC with an update on the key strategic issues with respect to assurance of engagement on service change and the work health & care statutory bodies undertake. She advised that the Planning with People (PWP) guidance had been updated last year with sessions for NHS board and Health and Social Care Partnership (HSCP) staff being provided to help improve the understanding of the updated guidance and materials used to support it. It was highlighted that participants well received the sessions. The content is now being reviewed to help boards and partnerships improve understanding of their statutory duties of engagement.</p> <p>The SHC discussed the potential implications of the new Consumer Duty for both Healthcare Improvement Scotland (HIS) and more widely for NHS boards and HSCPs. This duty comes into effect on 1 April 2025 and requires public bodies to consider the impact of decisions on consumers, which includes patients.</p> <p>CM asked the SHC to consider the following;</p> <ol style="list-style-type: none"> 1. Does HIS meet the requirements of the duty via our existing processes. 2. Is there a potential overlap in responsibilities between the new duty and NHS bodies' existing statutory duties on public involvement. <p>CM provided the following response to questions raised by SHC;</p> <ol style="list-style-type: none"> a) On whether the use of language had been adapted for the the updated PWP sessions for Health and Social Care Partnerships (HS CPs), the SHC were advised that both HSCP and NHS language were adjusted as necessary. b) Consumer Duty - provided assurance that the potential overlap with NHS bodies had been previously raised with Consumer Scotland and Scottish Government. Agreed with the proposal that CM to contact JI to arrange a meeting with Scottish Government sponsors. c) On assessing how we work with charities as consumers, CM agreed to review this with NH. <p>After further discussion, it was agreed that HIS should formally write to Consumer Scotland to</p>

	<p>seek clarity on the matters discussed and raise with our Scottish Government sponsor unit.</p> <p>Decision: The SHC agreed the recommendations within the paper and accepted the moderate level of assurance offered.</p> <p>Action(s):</p> <ol style="list-style-type: none"> 1) CM to write to Consumer Scotland to seek clarity on overlap with existing statutory duties. 2) CM to contact JI to arrange meeting with SG sponsors to discuss Consumer Duty. 3) CM to provide NH with an update on assessing how we work with charities as consumers.
2.2	Governance for Engagement (GfE)
	<p>TMG presented an overview on the conclusion of the Governance for Engagement (GfE) process for 2023/24, noting that all HIS directorates had taken part in the self-assessment and supportive scrutiny process. He noted that most directorates were able to demonstrate good examples of engagement practice, however, highlighted that a new tailored self-assessment process is now being developed for the corporate directorates who found the completion of the current process more challenging due to the nature of their work streams. TMG also noted the duplication of dimension three of the Clinical & Care Governance (CCG) and GfE process.</p> <p>The SHC found both the GfE process and end of 2024/25 cycle report a thorough and well thought out process and had gained a lot of assurance from this. However, they are aware of the crossover with some aspects of CCG Committee's remit and the need to find ways to minimise this duplication.</p> <p>Thanks were extended to TMG from all the SHC for the support and delivery of this GfE process.</p> <p>Decision: After discussion on the level of assurance, the SHC agreed the recommendation of moderate assurance due to the draft corporate template and duplication with CCG.</p> <p>Action(s): CM and TMG to consider how the overlap between the CCG and GfE could be addressed.</p>
2.3	Equality, Inclusion and Human Rights (EIHR)
	<p>RTG provided the SHC with some key points from the EIHR paper and appendices, highlighting that most programmes within HIS now have Equality Impact Assessments (EQIAs) in place. Also highlighted, was the Equality Mainstreaming Report which included information on how equality has been mainstreamed across the organisation's activities. She advised the SHC, that both the Anti Racism Plan and the Equal pay statement included in the appendices had now been circulated to Partnership Forum for feedback and will be presented to SG in March 2025. RTG also advised that Pregnancy and Perinatal has also been evaluated with final updates being finalised over the next few weeks with the Executive sponsor.</p> <p>The SHC thanked Rosie for the paper and the reports noting they felt assured with the content. SD noted a comment from NH which stated, 'she wholeheartedly applauded the introduction of the child friendly complaints process.'</p> <p>A small concern was raised on (page 8) of the race equality report about recruitment – increasing the number of employees by 5%.</p> <p>TMG noted that this was also a Staff Governance point but would ensure the feedback given and the wording would be reflected on.</p> <p>The SHC noted the progress made with EQIAs and the reports. SD requested any further feedback</p>

	<p>should be emailed to RTG as soon as possible.</p> <p>Decision: The SHC accepted the recommendation of moderate level of assurance.</p> <p>Action(s) TMG/RTG to reflect and discuss with Staff Governance Committee, the wording on (page 8) referencing ‘increasing the number of employees by 5%’.</p>
2.4	HIS Integrated Planning
	<p>JI provided the SHC with an update on HIS Integrated planning, she discussed the SG planning guidance and advised that both the Annual Delivery (ADP) and financial plans are being submitted to SG on the same day. She noted that all high level priorities in the HIS strategy remain unchanged but the ADP has fewer standalone programmes, a commitment to taking a quality management system approach and the identification of cross-organisational themes including NHS reform & renewal. Also noted, that work is still being refined on the ADP and budget with some savings still needing to be identified to deliver a balanced budget and highlighted that the final ADP would be presented to the Board on 05 March 2025.</p> <p>The SHC thanked JI for the presentation and found it helpful seeing the whole overview of HIS.</p>
3.	COMMUNITY ENGAGEMENT BUSINESS
	<p>Operational Scrutiny- SD informed the SHC, to bring the SHC in line with the other Governance Committees within HIS, there would be a change to the operational scrutiny of the Evidence, Improvement and Assurance programmes. This will now involve detailed scrutiny of each programme on an annual rather than quarterly basis. To achieve this, one programme paper, plus the Operational Report will be presented to the SHC at each meeting starting from the next meeting in May 2025. It was noted that the change will also be reflected on the 2025/26 Business Planning Schedule.</p>
3.1	Engagement Practice - Evidence Programme
	<p>CJ provided the following highlights to the SHC from the Engagement Practice – Evidence programme, noting that Citizens Panel (CP) 14 report was published in November 2024 and had received good feedback. She highlighted the General Medical Council had reported finding the report especially useful in terms of the shared decision making findings. Also highlighted from NHS Education for Scotland that the infographic used in the report was incredibly useful and would like to use this for a national online decision making service.</p> <p>It was noted CP15 had closed in the last fortnight with a good response rate of 57% and the team are currently interrogating the findings to help enhance the report.</p> <p>The CP panel is being refreshed, and it was noted the recruitment of a further 12 people from the targeted demographics had been achieved. An update was provided on the Gathering Views activity on sodium valproate which is looking to interview 20-25 people with 10 people currently completed. It was highlighted this has been a challenge to recruit to due to the specific subject matter.</p> <p>Decision: The SHC noted the content of the paper and accepted the recommendation of moderate assurance.</p> <p>Action(s): None</p>
3.2	Engagement Practice - Improvement Programme
	<p>TMG provided the following highlights from the Engagement Practice - Improvement programme paper, he advised that the key piece of work that is ongoing is the development of the Engagement Practice learning system, and that the team are now compiling evidence on what makes good engagement practice which will form the basis of the learning system. He highlighted the importance of capturing the needs of both internal and external stakeholders to ensure the new system is fit for purpose, also highlighted that this system will be aligned to Scottish Approach to</p>

	<p>Change. Other highlights mentioned were the shortlisting for the What Matters to You award and the testing of responsive support which is to ensure there is a robust process for Boards and HSCPs to receive good access to support from the improvement team for their ongoing engagement needs.</p> <p>The following points were highlighted from the SHC, A question on whether the Volunteers Practitioners Network (VPN) would be open for SHC members, also mentioned was the progress with this year's Jane Davies award.</p> <p>In answer to the question raised on the VPN, TMG confirmed that SHC members would be welcome to join.</p> <p>Decision: The SHC noted the paper and accepted the recommendation of moderate assurance Action(s): TMG to send details of VPN to DB.</p>
3.3	Engagement Practice - Assurance Programme
	<p>DBI provided the SHC with an update from the Engagement Practice - Assurance programme, noting that several of the points in the paper were previously covered in item 2.1. The key highlights included National Determined Service Change guidance. He advised that the first of these national determined services will be vascular services and the first meeting had taken place with the Scottish Government team leading this work and mapping against the published guidance with feedback from this is due back this month. DBI noted there is no formal assurance role for HIS until it comes to NHS Board and HSCP level. A recent Engagement Practitioner Network (EPN) meeting saw the SG lead come along and talk about NHS renewal work and national determined changes to the EPN members.</p> <p>On the NHS Dumfries and Galloway major service change, advised that an After-Action Review (AAR) is taking place with external colleagues.</p> <p>The SHC noted the importance of implementing the D&G AAR and thanked DBL and his team for doing this. On the EPN, asked for a breakdown on the membership with a view to capture who is being targeted.</p> <p>From intelligence received, was there any indication of reasons for the lower level of service changes than had been previously anticipated?</p> <p>In response to the points raised, DBI assured the SHC that every NHS Board area is represented in the EPN and that the breakdown was presented previously to the SHC, he also advised that the way they report this information would be revisited to provide the assurance needed.</p> <p>On service change activity, advised that there was strong linkage with the Strategic Engagement Leads and Service Change Engagement officers who would highlight any concerns if necessary.</p> <p>Decision: The SHC noted the paper and accepted the recommendation of moderate assurance Action(s): None</p>
3.4	Strategic Engagement
	<p>LMC provided the SHC with an update from the Strategic Engagement Leads (SELs) and highlighted the following points; further conversations on PWP and Nationally Determined Service Changes had taken place with Boards and Partnerships in Q3. She noted that the SELs were carrying out a review of our input and impact on the Boards' annual reviews. The feedback from this will provide a report for the SG. Highlighted the vast number of connections made by the Engagement Advisors (Community) noting that 25 meetings had taken place in the last quarter which is contributing to the Citizens Panel and Gathering Views work.</p> <p>In response to the points raised by the SHC the following assurance was provided:</p>

	<p>On the SEL vacancy - advised that recruitment cannot proceed because the previous post holder remains on redeployment. Further discussion took place on the risk this vacancy has on meeting HIS's statutory duties and the redeployment policy. CM noted her enormous gratitude to all the colleagues across the community engagement division who are covering the West during this period.</p> <p>SD extended thanks to all staff for the additional work undertaken in supporting the West, particularly LMC, SB, DBL and Louise Wheeler, Engagement Advisor (Service Change).</p> <p>Decision: The SHC noted the paper and after further discussion on the risk the West SEL vacancy posed, it was agreed to move the recommendation from moderate to limited assurance.</p> <p>Action(s): None</p>
3.5	Operational Plan Progress Report 2024/25
	<p>RKM provided a summary of some of the impacts noted for Q3 and advised that this report looks back at work in previous quarters and years. The following highlights were noted;</p> <p>Building capacity and understanding, advised that from the supported resources created the feedback from over 90% of participants from the Practitioners Networks noted an increase in their confidence and understanding of effective and meaningful engagement.</p> <p>Evidencing the impact of Gathering Views and Citizens Panel, advised these are reviewed with the people commissioning them after 6,12 and 18 months to describe the impact, which in turn helps with feedback provided to the participants who have completed these.</p> <p>It was also highlighted that measuring impact will be baked into the Directorate's new Logic models which will be in place for all work programmes for 2025/26.</p> <p>The following point was raised by the SHC on the Q3 report which related to resource downloads being up by 53%, was this from any specific document.</p> <p>In response to the point raised RMK advised he would need to check on this and will respond back to NH with the detail.</p> <p>Decision: The SHC noted the paper, highlighting that the shift of measuring and demonstrating impact was now evident. The recommendation of moderate assurance was accepted for this paper.</p> <p>Action(s): RMK to review the resource downloads from the Q3 Operations report and respond back to NH with the findings via SF.</p>
4.	SHC GOVERNANCE
4.1	Risk Register
	<p>CM confirmed that following discussion and agreement at November's SHC meeting, the new wording for the Strategic Risk on Service Change had now been updated on the Risk Register.</p> <p>It was noted that the current challenge within this risk is in relation to the guidance on the new guidance on engagement on Nationally Determined Service Changes which currently remains untested at this time. Also highlighted within the register is the continued gap within the SELs due to the vacancy in the West.</p> <p>Decision: The SHC accepted the recommendation of moderate assurance for the paper.</p> <p>Action(s): None</p>
4.2	Key Performance Indicators
	<p>CM provided an overview of the KPI paper which is tracked by the SHC noting the action to provide colour on the RAG.</p> <p>It was noted that the annual target for two of the KPIs, GfE and Equalities, had now been reached, however it was now unlikely that the full year KPI for Engagement activities would be achieved. CM advised that this was due to the additional, unplanned volume of engagement work which had to be</p>

	<p>undertaken as part of the NHS Greater Glasgow and Clyde (GGC) emergency departments review which took precedence over the planned Engagement activity work.</p> <p>CM proposed that for Quarter 3, where all KPIs were met, a significant level of assurance was accepted by the SHC. However, for the full year, due to undertaking the unplanned work, that a moderate level of assurance be accepted by SHC.</p> <p>Decision: The SHC accepted the recommendation of a split level of assurance, agreeing that significant assurance was accepted for Q3, and moderate assurance was accepted for the full year.</p> <p>CM noted, although Engagement activities will end the year with a red KPI, this does not reflect the full delivery of engagement activity.</p> <p>Action(s): None</p>
4.3	Business Planning Schedules
	<p>The SHC were presented with the final schedule of business for 2024/25 and the proposed schedule for 2025/26. SD noted the change to Section 3 of the 2025/26 schedule which was discussed earlier in the meeting.</p> <p>Decision: The SHC noted the change made to Section 3 and accepted the 2025/26 Business Planning Schedule, noting the changes made will help with more in-depth discussion with each programme.</p> <p>Action(s): None</p>
4.4	Draft Annual Report 2025/26 and Terms of Reference; Scottish Health Council, Service Change and Governance for Engagement Subcommittees
	<p>SD presented the SHC draft Annual Report for 2024/25, noting that each governance committee present their reports to the HIS Board at the end of March 2025. It was highlighted the three Terms of References (ToRs) for the SHC, GfE Sub-committee and Service Change Sub-committee were included. She advised no fundamental changes had been made to any of the ToRs, however, each have been updated to reflect any changes to business titles that have occurred throughout the previous year.</p> <p>SD welcomed any comments on the report and noted any further feedback on the Annual Report should be sent into CM and SF.</p> <p>The SHC found the report transparent and honest and suggested the possibility of including any learnings from the previous year.</p> <ul style="list-style-type: none"> a) A point was raised on how to capture the contribution of the Sub-committees within the Report. CM and SD will discuss at their next check in. b) Further suggestions to include in the report were; under learnings, include the decision to change to annual scrutiny of work programmes in line with other governance committees, c) Include standardisation of reporting in papers developed over the year which has been welcomed by SHC. <p>Decision: The SHC were content with the 2024/25 Annual Report and with the suggestions discussed to be included.</p> <p>Action(s): SD & CM to discuss capturing the contribution of the Sub-committees on the report.</p> <p>CM to include the learnings in bullet (b) and the standardisation of the reporting.</p>
5.	RESERVED BUSINESS
5.1	Service Change Sub-Committee Draft Minutes of Meeting (30/01/2024)

	<p>The draft minutes from the Service Change Sub-Committee meeting held on 30 January 2024 were shared with the SHC for information.</p> <p>Decision: The SHC noted the draft minutes. Action(s): None</p>
6.0	ADDITIONAL ITEMS of GOVERNANCE
6.1	Key Points for HIS Board
	<p>The following key points were agreed for reporting to the HIS Board meeting;</p> <p>a) Consumer Duty b) Importance of strategic engagement and risk of ongoing vacancy c) Conclusion of Governance for Engagement 2023/24 process</p>
7.	CLOSING BUSINESS
7.1	AOB
	No other business was discussed.
7.2	Meeting Closed
8.	DATE OF NEXT MEETING
8.1	Thursday 15 May 2025 10.00-12.30 Delta House In person

Approved by: [Signature]
Date:

[Name], Board/Committee Chair

Next meeting:

[Date and time of next meeting]

ACTION POINT REGISTER

Meeting: Scottish Health Council
Date: 20 February 2025

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Scottish Health Council Meeting 20/02/2025 2.1	Engagement on Service Change	CM to write to Consumer Scotland to seek clarity on overlap with existing statutory duties.	Immediate	CM	<u>Recommend for closure</u> Letter written and agreement reached.
Scottish Health Council Meeting 20/02/2025 2.1	Engagement on Service Change	CM to contact JI to arrange meeting with SG sponsors to discuss Consumer Duty.	Immediate	CM	<u>Recommend for closure</u> Meeting arranged and SG updated on agreement reached with Consumer Scotland.
Scottish Health Council Meeting 20/02/2025 2.1	Engagement on Service Change	CM to provide NH with an update on assessing how we work with charities as consumers.	15/05/2025	CM	<u>Recommend for closure</u> The Duty does not reference NHS / charity links but emphasises third-sector collaboration to help address consumer needs.
Scottish Health Council Meeting 20/02/2025 2.2	Engagement on Service Change	CM and TMG to consider how the overlap between the CCG and GfE could be addressed.	15/05/2025	CM/TMG	Ongoing CCG process will be reviewed when new Chief Pharmacist joins HIS (May / June 2025). Overlap with GfE will be considered as part of this.

Scottish Health Council Meeting 20/02/2025 2.3	Equality, Inclusion and Human Rights (EIHR)	TMG/RTG to reflect and discuss with Staff Governance Committee, the wording on (page 8) referencing 'increasing the number of employees by 5%'.	15/05/2025	TMG/RTG	<u>Recommend for closure</u> Equality Mainstreaming Report discussed and agreed by Staff Governance Committee on 13 March 2025.
Scottish Health Council Meeting 20/02/2025 3.2	Engagement Practice - Improvement Programme	TMG to send details of Volunteers Practitioners Network (VPN) to DB	15/05/2025	TMG	<u>Recommend for closure</u> TMG has linked DB with Dawn Fisher, Acting Programme Manager for the NHS Scotland Volunteering programme who will provide details of the VPN.
Scottish Health Council Meeting 20/02/2025 3.5	Operational Plan Progress Report 2024/25	RMK to review the resource downloads from the Q3 Operations report and respond back to NH with the findings via SF.	15/05/2025	RMK/SF	<u>Recommend for closure</u> Email sent 26/02/2025 to NH and SD providing examples of why there was a notable download increase of materials from the CE website which included; -Major service change report on D&G cottage hospitals. -Guidance on nationally determined service changes (which was promoted by a letter from SG to boards) -the 14 th Citizens' Panel report.
Scottish Health Council Meeting 20/02/2025 4.4	Draft Annual Report 2025/26 and Terms of Reference; Scottish Health Council, Service Change and	SD & CM to discuss capturing the contribution of the Sub-committees on the report. CM to include the learnings in bullet (b) and the standardisation of the reporting.	15/05/2025 15/05/2025	SD/CM CM	<u>Recommend for closure</u> The annual report now includes a description of the work of both sub-committees.

	Governance for Engagement Subcommittees	<i>b) Further suggestions to include in the report were; under learnings, include the decision to change to annual scrutiny of work programmes in line with other governance committees</i>			<u>Recommend for closure</u> Learning and sub-committees added to the Annual Report.
Scottish Health Council Meeting 14/11/2024 1.3	Review of Action Point Register	Scottish Health Council's full title is used on the Register.	20/02/2025	SF	Closure agreed 20 February 2025
Scottish Health Council Meeting 14/11/2024 4.1	Risk Register	CM to update wording to include the risk to public confidence, seek PMc C's advice, update the Strategic Risk Register accordingly and provide an update to the next SHC meeting (20/02/2025)	20/02/2025	CM	Closure agreed 20 February 2025
Scottish Health Council Meeting 14/11/2024 4.1	Key Performance Indicators (KPIs)	CM to include RAG status to the KPI report.	20/02/2025	CM	Closure agreed 20 February 2025
Scottish Health Council Meeting 14/11/2024 4.3	Business Planning Schedule	SD, CM and TMcG to work on including Governance for Engagement and Service Change sub-committees into the SHC Business Planning Schedule for 2025/26.	20/02/2025	SD,CM, TMG	Closure agreed 20 February 2025
Scottish Health Council Meeting 14/11/2024 4.3	Business planning Schedule	SF to change Improvement Lead Officer name on Business Planning Schedule to Head of Engagement Practice—Improvement.	20/02/2025	SF	Closure agreed 20 February 2025
Scottish Health Council Meeting 2.2 12/09/2024	Governance for Engagement	Consideration to be given to the support services directorates being considered alongside each other (TMcG);	14/11/2024	TMcG/CM	Closure agreed 20 February 2025

		Any overlaps that arise with workforce matters within the remit of Staff Governance Committee to be shared (CM).			<u>Recommend for closure</u> Any emergent workforce-related issues will be referred directly to the HIS Director of Workforce.
Scottish Health Council Meeting 4.2 12/09/2024	Key Performance Indicators (KPIs)	Provide wider KPIs with each future report but as additional reading (CM); Consider how to involve Members in developing the KPIs in future years (CM).	14/11/2024	CM	Closure agreed 20 February 2025 Ongoing The process for developing KPIs for 2025/26 will begin when the Annual Delivery Plan is confirmed with Scottish Government and the Board (ongoing February 2025).

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Engagement on Service Change
Agenda item:	2.1
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement & Change
Report Author:	Derek Blues, Head of Engagement Practice - Assurance
Purpose of paper:	Discussion

1. Situation

To provide the Scottish Health Council with an update on key strategic issues relating to engagement on service change.

2. Background

The Community Engagement & Transformational Change Directorate discharges Healthcare Improvement Scotland's (HIS) statutory duties in relation to monitoring, supporting and assuring engagement on service change. This work includes oversight of service changes taking place in NHS Boards and Integration Joint Boards (IJBs). In the current climate of financial and workforce pressures, there is a risk that NHS Boards and IJBs may look to make service changes quickly and without undertaking engagement in line with the [Planning With People](#) guidance.

3. Assessment

Nationally Determined Service Changes – Vascular Care

The engagement responsibilities for nationally determined service changes were previously agreed by Scottish Health Council and are published [here](#). The first application of this guidance is a nationally determined service change led by Scottish Government on vascular care.

Scottish Government reports that the drivers for change are:

- Significant numbers of vascular patients are not receiving timely investigation and treatment. The current model for the provision of care to vascular patients is unsustainable in the immediate and long term.

- Substantial increases in both incidence and prevalence of diabetes and the introduction of the screening programme for men aged 65 and over for the detection of abdominal aortic aneurysms (AAA screening programme) are increasing demand.
- Insufficient qualified staff in Scotland to be able to meet this demand and evidence to suggest there are insufficient staff in specialist training to be able to resolve these challenges. The current service model does not have sufficient volume of activity to be able to deliver best outcomes alongside existing infrastructure and financial constraints.
- A need to provide equitable access to vascular expertise in collaboration with clinical teams, and to concentrate complex surgical procedures in fewer centres to deliver better patient outcomes.
- In the North of Scotland, the configuration of vascular services is not reflective of how services are provided in the rest of Scotland. Whilst there is a limited degree of *ad hoc* support and cross cover, the North region does not currently operate as a single network, with each board in the North providing vascular services independently.

There are currently six vascular centres in Scotland. Three of these are within vascular networks:

1. West of Scotland vascular network covering NHS Greater Glasgow & Clyde (NHS GG&C), NHS Forth Valley, NHS Western Isles and Golden Jubilee
2. South-West Scotland vascular network covering NHS Lanarkshire, NHS Ayrshire & Arran and NHS Dumfries & Galloway
3. South-East Scotland vascular network covering NHS Lothian and NHS Borders.

The remaining three vascular centres are in:

4. NHS Tayside which provides services for NHS Tayside and NHS Fife
5. NHS Grampian which provides services for NHS Grampian, NHS Shetland and NHS Orkney
6. NHS Highland which provides services for NHS Highland and a part of NHS Grampian.

The Scottish Government task and finish group is recommending that all vascular services are delivered by four vascular networks. This means the creation of a North of Scotland vascular network which would comprise two vascular centres in Tayside and Grampian covering all six boards. The main impact would be felt in the Highland region.

This nationally determined service change is in the first stage of engagement (national engagement). The guidance on engagement responsibilities states that

HIS provides support and advice at this stage but has no assurance role. Scottish Government shared with HIS its engagement for the national engagement stage using the template in the guidance. This was considered by the Scottish Health Council's service change sub-committee. It was agreed that Scottish Government had not yet met the recommended engagement activities as set out in the guidance.

On 3 April 2025, HIS provided written advice to Scottish Government on what it should do to improve its engagement, and offered further advice and support for the work including:

- Develop a formal communication and engagement plan;
- Communicate the case for change with affected communities;
- Undertake specific engagement with the most affected communities (Highland and potentially Fife) and consider any mitigations;
- Complete relevant impact assessments (Equality Impact Assessment, Fairer Scotland Duty, Islands Impact Assessment); and
- Undertake a public consultation.

At the time of writing (29 April 2025), a response has not yet been received.

Intelligence gathering

HIS is currently considering how intelligence gathered through the range of its processes, including assurance of engagement, can be drawn upon to scrutinise the quality and safety of health and care services. A verbal update will be provided at the Scottish Health Council meeting.

Other service change activity

HIS is currently monitoring 40 service changes of which eight are significant. A further 28 service changes are currently on hold – the majority of these are subject to capital funding from the Scottish Government. The detail of all these service changes have been shared with the Scottish Health Council's service change sub-committee. Key highlights:

- In NHS GG&C, a refresh of the mental health strategy aims to shift resources from inpatient to community services. Progress has been delayed due to leadership changes in Glasgow City Health & Social Care Partnership (HSCP) which is leading the review. Option appraisal planning is underway, with public engagement so far indicating support for enhanced community provision.
- NHS GG&C is also reviewing Community Maternity Units in Renfrewshire, Inverclyde and West Dunbartonshire, proposing a focus on continuity of care with births centred at the Royal Alexandra Hospital in Paisley. A major service change template and equality impact assessment (EQIA) have been completed, with HIS recommendations under review.
- In NHS Borders, the temporary closure of Knoll Hospital in Duns due to reinforced autoclaved aerated concrete (RAAC) is being treated as a business continuity issue, with community engagement ongoing. An EQIA is awaited.

- In Fife, concerns were raised following the temporary closure of the Cairnie Ward in Stratheden Hospital which provides dementia care. HIS engaged directly with the HSCP and is assured by steps taken to improve communication and gather stakeholder feedback on the impact of the move.

The Consumer Duty

The Consumer Duty is a statutory duty introduced by the [Consumer Scotland Act 2020](#). It places a duty on relevant public authorities including health boards in Scotland, and Healthcare Improvement Scotland is listed as one such relevant authority in the [Scottish Statutory Instrument](#). The duty came into effect from 1 April 2025.

At the last meeting of the Scottish Health Council (February 2025), it was agreed that HIS should consult with Consumer Scotland about how HIS, NHS boards and HSCPs can meet the Consumer Scotland Act, including its potential overlap with existing public involvement duties.

HIS has agreed with Consumer Scotland that the following approach and statement can be used, and this has been accepted by Scottish Government. This statement has been circulated to all NHS chief executives and Board Chairs.

Wording for Healthcare Improvement Scotland

“Healthcare Improvement Scotland is a healthcare organisation with existing and comprehensive statutory duties of public involvement as described in the NHS Reform (Scotland) Act 2004. These existing statutory requirements fully cover the obligations of the Consumer Scotland Act 2020 duty. Healthcare Improvement Scotland has a governance for engagement process to ensure it meets its public involvement duties which is monitored by the Scottish Health Council, one of its governance committees. An annual statement of the governance for engagement process will be published in Healthcare Improvement Scotland’s annual report.”

Wording for NHS Boards/Health & Social Care Partnerships

“[NHS Board/HSCP name] is a healthcare organisation with existing and comprehensive statutory duties of public involvement set out in the NHS Reform (Scotland) Act 2004. These duties are assured by Healthcare Improvement Scotland through its statutory duty defined in the Public Services Reform (Scotland) Act 2010.

“These existing statutory requirements fully cover the obligations of the Consumer Scotland Act 2020 duty. [NHS Board/HSCP name] will produce an annual statement to summarise its approach to meeting its statutory duties of public involvement.

If Healthcare Improvement Scotland has concerns that an NHS Board/HSCP has not met its statutory duties of public involvement, it will seek advice from Consumer Scotland who will then separately consider the specific implications for the Consumer Duty.”

It is therefore possible to demonstrate compliance with the Consumer Scotland

Act by meeting existing statutory duties for HIS and NHS bodies.

Consumer Scotland guidance on engagement with the third-sector

There are additional Consumer Scotland resources that underpin the principle of collaboration with third-sector organisations noted below.

[Consumer Scotland Draft Work Programme 2025-2026](#) - outlines strategic funding partnerships with organisations such as Citizens Advice Scotland and Advice Direct Scotland. These partnerships are designed to enhance consumer advocacy and advice services, highlighting the recognised value of engaging with third-sector bodies to represent consumer interests.

[Smarter regulations and the regulatory landscape](#) - discusses the importance of public authorities and regulators working with consumer bodies and third-sector organisations to improve outcomes and ensure a consumer-focused approach to regulation.

Assessment considerations

Quality / Care	Assurance of engagement in relation to service change is a legislative requirement in line with existing statute and the <i>Planning With People</i> guidance.
Resource Implications	There are no financial implications for the directorate in the reporting of Assurance activity.
	There are no negative implications for the directorate in the reporting of Assurance of Engagement activity relating to resources, capacity and capability.
Clinical and Care Governance (CCG)	The assurance of meaningful engagement in service change supports high quality health and social care.
Risk Management	Assurance of engagement in service change is included within the HIS corporate risk register.
Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been / will be presented to Scottish Health Council and shared with Scottish Government.

4 Recommendation

The Scottish Health Council is asked to:

- Note and discuss on the contents of this report.
- Accept the following Level of Assurance:

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

For the nationally determined service change for vascular services, the balance of risk sits with the Scottish Government and their ability to follow the guidance in its first proper use, which may have a detrimental impact on system confidence.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Governance for Engagement
Agenda item:	2.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Associate Director of Community Engagement
Purpose of paper:	Assurance

1. Situation

This paper provides an update on developments with the Governance for Engagement process following the completion of Cycle 3 (2024/25). It outlines preparatory work for the monitoring of directorate improvement plans and highlights ongoing activity to enhance alignment with other governance processes within Healthcare Improvement Scotland (HIS).

2. Background

The Governance for Engagement process is delivered through a sub-committee of the Scottish Health Council. It provides a mechanism for reviewing how directorates are meeting their duties related to engagement and equalities. Cycle 3 saw the adoption of an adapted version of the self-assessment tool from the Quality Framework for Community Engagement and Participation. The process continued to be structured around 'supportive scrutiny' and constructive discussion with HIS Directors and their teams. As the process matures, further refinements and alignment opportunities are being identified.

3. Assessment

The following developments are designed to enhance clarity, reduce duplication of effort, and reinforce the organisation's approach to learning and improvement in engagement practice.

Monitoring directorate improvement plans

Provisional dates during 2025/26 have now been set for the sub-committee to review progress with directorate improvement plans, allowing directorates to plan accordingly and ensure that engagement evidence in support of their improvement actions can be

gathered and discussed in a timely manner. The Lead Officer will continue to offer support to directorates in advance of their time with the sub-committee.

Adaptation of the self-assessment tool for corporate directorates

Work continues on developing a tailored version of the Quality Framework self-assessment tool to better reflect the functions and focus of corporate directorates. This response to feedback from Cycle 3 and aims to ensure the tool and the process remains proportionate and relevant for these directorates. It is anticipated that this work will be completed by end June 2025.

Alignment with Clinical & Care Governance

There is an acknowledged overlap between the Governance for Engagement process and Dimension 3 of the Clinical & Care Governance framework, which also focuses on engagement with people and communities. During summer 2025, discussions will be progressed to consider how best to align these processes, reduce duplication, and clarify respective roles in supporting engagement governance across the organisation.

Assessment considerations

Quality / Care	Effective governance of how the organisation engages with people and communities has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	No financials out-with existing core funding.
	No workforce out-with existing core resources.
Clinical and Care Governance (CCG)	There is crossover / duplication between the Governance for Engagement process and Dimension 3 (patient engagement) of the Clinical & Care Governance process. Discussions will take place during summer 2025 to address this.
Risk Management	An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and not fully effective approach to engagement with people and communities and the monitoring of our equalities activities.
Equality and Diversity, including health inequalities	The Community Engagement & Transformational Change (CETC) directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The governance for engagement process directly supports the organisation in meeting its Public Sector Equality Duty , the Fairer Scotland Duty and the Board's Equalities Outcomes .
Communication, involvement, engagement and consultation	The arrangements to support governance for engagement were originally considered during the Scottish Health Council review process, and then by the Scottish Health Council and HIS Executive Team during 2020/21. After running two successful cycles, in April 2024 the Executive Team endorsed the adoption of the Quality Framework for Community Engagement & Participation's self-assessment tool, and Cycle 3 was completed during the remainder of 2024/25.

4 Recommendation

The Council is asked to note the updates provided within the paper.

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

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

This reflects the fact that while reasonable assurance exists regarding the design and implementation of the Governance for Engagement process, there remains a moderate degree of risk while further adaptations are being developed and opportunities for streamlining are explored.

5 Appendices and links to additional information

None.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Equality, Inclusion and Human Rights
Agenda item:	2.3
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement and Change
Report Author:	Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager
Purpose of paper:	Awareness

1. Situation

The Equality, Inclusion and Human Rights (EIHR) Team ensures Healthcare Improvement Scotland (HIS) meets its statutory equality duties and progresses good practice across the organisation. The team has recently overseen the publication of HIS' Equality Mainstreaming Report 2025 and anti-racism plan 2025-29, discussed at the last meeting of the Scottish Health Council (February 2025).

Cross-organisational groups to deliver on outcomes and activities committed to across both publications have been confirmed. Council members are asked to note this progress.

2. Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. HIS must report on how it has mainstreamed equality; publish equality outcomes and report on progress; carry out equality impact assessments for new or revised activities; gather, use and publish employee information including its gender pay gap; and have an equal pay statement.

In addition to our Equality Act duties, we have been directed by Scottish Government to 'develop and deliver against [our] own anti-racism plan'. This is a requirement for all NHS Scotland bodies and [Scottish Government guidance](#) was published in September 2024. An anti-racism plan for HIS was developed concurrently with our 2025-29 equality outcomes. The plan is co-sponsored at executive level by Clare Morrison, Sybil Canavan and Safia Qureshi.

3. Assessment

Equality impact assessment

At the end of Quarter 4 2024/25, a majority of HIS programmes requiring an equality impact assessment (EQIA) have one in place. Out of a total of 77 eligible work programmes, 71 have a full EQIA in place while a further 5 have undertaken a screening assessment to determine next steps. One programme has not started an EQIA due to capacity pressures and the work not progressing during the anticipated timeframe. As per last quarter, the organisation has exceeded its 90% completion target (95% currently). The Community Engagement & Transformational Change directorate is fully complete with no reported issues.

The EIHR Team is beginning a review of the EQIA provision in HIS. Our EQIA template and guidance document is being updated to reflect new accessibility requirements for the external HIS website. Consideration is also being given to how the assessment process can be strengthened in respect of addressing health inequalities.

Additional guidance highlighting the "triple AAAQ framework" (availability, accessibility, acceptability and quality) which helps healthcare services deliver on the right to health as set out in the International Covenant on Economic, Social and Cultural Rights will be added on a trial basis along with a more streamlined presentation of the Children's Rights and Wellbeing Impact Assessment. NHS Education for Scotland's Lead for Health Inequalities has been approached for advice. Recent communications from Public Health Scotland around a recommended framework for the minimum consideration of health in impact assessment is also being considered. The next steps will be to incorporate advised updates and seek further review by HIS colleagues working in areas with potential high impact on health inequalities. An update on this will be given at the next Scottish Health Council meeting.

Equality Mainstreaming Report and Equality Outcomes 2025-29

HIS' 2025 Equality Mainstreaming Report, including equality outcomes for 2025-29 and an anti-racism plan, has now been published (Appendix 1). As part of this, a report of our engagement with minority ethnic groups to help inform equality outcome 4 and our anti-racism plan has been published on the CETC website (Appendix 2). A link was shared within the mainstreaming report.

Equality mainstreaming plan 2025-29

A mainstreaming action plan has been developed and will be used to track and monitor delivery of HIS equality outcomes and the anti-racism plan. The EIHR Team is facilitating three cross-organisational delivery groups who will support the plan. Terms of Reference have been confirmed or refreshed in each case:

- Accessibility Working Group (Appendix 3);
- Anti-Racism plan Delivery Group (Appendix 4); and
- Pride Steering Group (Appendix 5).

Some initial delivery priorities have been agreed across these groups. This includes actions around anti-racism leadership, increasing staff understanding of the social and healthcare issues that impact LGBT+ communities, and building capacity and understanding around accessibility in the work environment.

The Terms of Reference set out reporting requirements for each group. It is suggested that the Scottish Health Council oversees the *equity focussed service delivery* section of the anti-racism plan, while the Staff Governance Committee oversees the *supporting workforce, culture and wellbeing* section of the same plan as well as the work of the Accessibility Working Group and the Pride Network’s delivery of equality outcome 2.

Supreme Court ruling

In April 2025, the UK Supreme Court ruled that the Gender Representation on Public Boards (Scotland) Act 2018 was unlawful in so far as it defined the term “woman” to include trans women with Gender Recognition Certificates. The Court concluded that, in this context, the definition of 'woman' must align with the Equality Act 2010, where it determined sex was intended to mean biological sex. The ruling does not change existing protections under the Equality Act, where both sex and gender reassignment are protected characteristics.

Any wider implications of the Court’s ruling will be considered alongside partner organisations across NHS Scotland, and following full statutory guidance from the Equality & Human Rights Commission (EHRC), which is expected during summer 2025, and Scottish Government guidance.

Assessment considerations

Quality / Care	Applying Equality Impact Assessment across our work and setting organisational equality outcomes ensures HIS meets its Public Sector Equality Duty while also impacting positively on quality of care. Our equality work focusses HIS activities on the healthcare inequalities we can help reduce, alongside meeting the legal duty to avoid discrimination and promote equality of opportunity.
Resource Implications	With the setting of new equality outcomes, future financial resource may assist HIS to meet some of the awareness and training activities described.
	Delivering HIS equality commitments requires a ‘OneTeam’ delivery approach utilising a range of staff and functions, including through our staff equality networks and different governance groups. Each outcome has its own delivery group in place and early delivery activities underway. Staff capacity and commitment will be required for ongoing successful delivery. The Equality, Inclusion and Human Rights Working Group has had a role in overseeing and supporting delivery of HIS equality outcomes and mainstreaming activities. The Working Group has been paused to allow time for consideration of respective work delivery and workforce-related equality responsibilities by the Community Engagement & Transformational Change directorate, the People & Workplace directorate, and Employee

	Director. This space has been filled however by the delivery groups noted, who each have reporting structures identified within their Terms of Reference. Overall, there has been an improvement in levels of staff engagement with the equality agenda.
Clinical and Care Governance (CCG)	Equality outcomes will support HIS to meet all 7 principles of the Clinical and Care Governance Framework.
Risk Management	The key risk is that we set outcomes we do not have organisational capacity to delivery, including because the delivery of equality outcomes is de-prioritised to support other system priorities. The risk is being mitigated by delivering outcomes in collaboration with colleagues across the organisation who have relevant knowledge and skills and can relate the activities to existing remits and workplans.
Equality and Diversity, including health inequalities	The work described in this paper includes all of HIS requirements in relation to the Public Sector Equality Duty and the Scotland Specific Duties.
Communication, involvement, engagement and consultation	<p>The EIHR Team engages regularly with HIS teams to support the implementation of EQIA.</p> <p>The equality mainstreaming report presented includes examples of work from across the organisation, both in relation to our current set of equality and other efforts to mainstream equality. Our refreshed set of equality outcomes was developed through consultation with a range of internal stakeholders, including:</p> <ul style="list-style-type: none"> • Equality, Inclusion and Human Rights Working Group, 02 May and 08 August 2024; • Scottish Health Council, 23 May 2024; • Transformational Change in Mental Health, 10 June 2024; • HIS Senior Leadership Group (Associate Directors), 11 June 2024; • QARD Directorate Management Team, 19 June 2024; • Engagement Practice – Improvement Unit, 19 June 2024; • Engagement Practice – Evidence Unit, 24 June 2024; • Perinatal Quality Management System, 19 July and 3 September 2024; • Staff Governance Committee, 23 October 2024; and • Staff Equality Networks and Menopause Café via Teams spaces and regular meetings during 2024/25. <p>Engagement exercises to hear from minority ethnic communities and maternity stakeholders, both of whom are prioritised in our refreshed equality outcomes, have been completed and have informed the outcomes and their related activities.</p>

4 Recommendation

Scottish Health Council members are asked to note the progress described within this report.

It is recommended that the Council 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, while there may be an insignificant amount of residual risk or none at all.

HIS is actively delivering on its Public Sector Equality Duty within the required timescales. Appropriate mechanisms are in place to ensure we deliver what we have committed to. Our ambition in relation to equality impact assessment is to go beyond basic legal requirements and drive best practice.

5 Appendices and links to additional information

- Appendix 1: HIS Equality Mainstreaming Report 2025, including equality outcomes 2025-29 and anti-racism plan: [Equality mainstreaming report and outcomes 2025-2029 – Healthcare Improvement Scotland](#)
- Appendix 2: Engagement report for the HIS anti-racism plan: hisengage.scot/informing-policy/gathering-views/his-anti-racism-plan/
- Appendix 3: Accessibility Working Group Terms of Reference
- Appendix 4: Anti-Racism plan Delivery Group Terms of Reference
- Appendix 5: Pride Network Terms of Reference

Terms of Reference

Accessibility Working Group

March 2025

V1.0

1. Introduction and background

Healthcare Improvement Scotland is committed to being an inclusive employer where all staff can fulfil their potential. We understand that by investing in our workforce, we can deliver better services and improve patient care.

The Equality Act 2010 requires organisations to make 'reasonable adjustments' to ensure disabled employees, and those with long-term physical or mental health conditions, are not disadvantaged when working with us. We recognise the importance of creating an accessible and inclusive workplace alongside accommodating individual requests for adjustment.

To assist Healthcare Improvement Scotland to meet its legislative requirements and advance best practice as an employer, a working group was brought together to deliver two key accessibility initiatives. These initiatives were intended to support employees who are disabled, neurodivergent and / or who have long-term health conditions as well as all colleagues with a management role:

- The introduction of a Reasonable Adjustment Passport to support workplace adjustments for individual employees.
- The introduction of a Minimum Access Standard for Meetings, to support an environment of wider accessibility.

Over the period of delivering the above initiatives, Healthcare Improvement Scotland developed and committed to a new equality outcome focussed on the protected characteristic of disability to support delivery per Equality Act 2010 duties. Our equality outcome commits us to ensure that employees who are disabled, neurodivergent and / or have a long-term condition experience an inclusive work environment and opportunities for professional development. We have set out to achieve this outcome by April 2029 by taking forward a range of activities and measuring our progress. The Working Group will continue to deliver organisation wide accessibility and inclusion initiatives by focussing its work on the equality outcome.

2. Purpose and aims

The Accessibility Working Group exists to drive accessibility and inclusion within the Healthcare Improvement Scotland workplace, contributing to delivery of the organisation's strategic priorities and equality outcomes over 2025-29. It aims to:

- Ensure that employees who are disabled, neurodivergent and / or have a long-term condition experience an inclusive work environment and opportunities for professional development.
- Work closely with the HIS staff Disability Network to measure progress, and to respond to new issues as needed.
- Raise awareness and engender enthusiasm across HIS for an inclusive work environment that fulfils our aspiration to be an exemplar employer.

3. Remit and scope

The Working Group is a cross-organisational group, involving a range of Healthcare Improvement Scotland functions. The scope of the group will include:

- Awareness activities to support managers to understand disability and apply good practice in relation to reasonable adjustments.
- Training and guidance to ensure HIS staff can confidently meet an appropriate standard of accessibility, including for internal and external meetings, which include disabled staff and stakeholders equitably.
- Driving an organisational culture where people are confident to ask for what they need.
- Help remove barriers to joining and progressing at HIS by contributing to review of recruitment practices.
- Support for the progression of disabled colleagues seeking career advancement by developing an approach to mentoring.
- Exploring and sharing about the different barriers faced by disabled people in our workplace by scoping our current understanding and raising awareness about inclusive practice in relation to specific conditions or differences such as mental health conditions, energy impairments / long covid and neurodivergence.
- Identifying relevant opportunities to share learning from disability best practice with other staff groups, including via our Carers Network and Menopause Café.

4. Membership

Core membership has been identified for the group.

Chair:

- Staff Governance Associate [Belinda Henshaw-Brunton]

The Chair role will be rotated annually each March. The opportunity to appoint a new Chair will be discussed in the run up to this to enable members to consider their interest in the role and the support they may need.

Members:

- Equality, Inclusion and Human Rights Manager [Rosie Tyler-Greig]
- Project Officer (Equality, Inclusion and Human Rights) [Suzanne Mack]
- Disability Network Chair [Allan Barr]
- Disability Network representative [TBC]
- Communications Manager [Caroline Foulkes]
- Information Governance Lead [Alison Winning / Andrea Craig]
- Organisational Development and Learning Adviser [Fiona Stewart]
- Staff side representative [Eddie Warde]

- Carers Network representative [Eleanor Mackenzie]

Member contributions to the group are based on their role as noted above. All members are however encouraged to share relevant insight from their living experience where they identify as disabled, neurodivergent or living with a long-term condition.

Additional attendees may be temporarily co-opted where specific professional or lived expertise is needed.

5. Executive Sponsor

The group's work is sponsored at executive level by the Director of Workforce. The Executive Sponsor is responsible for:

- Promoting the group's work with senior colleagues
- Leading updates on the group's progress at meetings of the Staff Governance Committee
- providing governance and strategic advice to the group as required
- supporting the Chair in ways which are mutually agreed
- working in partnership with the secretariat to ensure delivery of the group's work is resourced

6. Governance & Reporting

The Working Group will provide regular progress updates to:

- Staff Disability Network, by the Disability Network Chair and / or representative during the network's regular meetings
- Partnership Forum, via Chair
- Staff Governance Committee, as part of equality related updates prepared by the Working Group's Secretariat (see below) on behalf of the Executive Sponsor.

Any issues to emerge during Working Group activities that are considered beyond its remit will be escalated by the Chair to the most appropriate member of the Executive Team.

7. Secretariat

Meetings will be supported and delivery monitored by the Equality, Inclusion and Human Rights Team as the group's Secretariat. They are responsible for:

- organising a regular schedule of meetings

- ensuring records of meeting decisions are made available and ensuring the progression of agreed actions
- supporting the Chair to carry out their duties
- advising on national developments relevant to the work
- deputising for the Chair in the event of absence

8. Meeting frequency

The group will meet every six weeks. Additional meetings will be arranged where a business need exists. Individual meeting occurrences will be cancelled if the availability of members is less than 50% or else by mutual agreement.

Anti-racism Delivery Group Terms of Reference

Version 1 - January 2025

his.equalities@nhs.scot



1 Introduction

Healthcare Improvement Scotland (HIS) is committed to inclusion and actively promoting anti-racism as part of our organisational culture and practice. Our 2023-2028 strategy commits us to being an anti-racist organisation. In March 2024, the Scottish Government wrote to all NHS Scotland organisations requesting they develop their own anti-racism plan with input from stakeholders, including forums representing minority ethnic colleagues and minority ethnic communities themselves. Healthcare Improvement Scotland developed its plan alongside its staff Race and Ethnicity Network. The plan was additionally informed by focussed engagement with local communities to ensure our plan makes a meaningful contribution towards addressing healthcare inequalities.

Healthcare Improvement Scotland's anti-racism plan covers the period from 2025 to 2029. The actions set out in our plan are to help us meet the 2025-29 equality outcome that **Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within our own workplace and the wider healthcare system.**

Our anti-racism plan supports:

- Healthcare Improvement Scotland's equality outcomes 2025-29
- Healthcare Improvement Scotland's [2023-2028 strategy](#)

The plan has been informed by:

- Scottish Government Anti-Racism Plan Guidance - [Anti-racism plans - guidance \(scot.nhs.uk\)](https://www.scot.nhs.uk/anti-racism-plans-guidance)
- HIS staff Race and Ethnicity Network
- Community Engagement exercise

An internal delivery group will take the plan forward.

Our Anti-racism plan: [20250219 Anti racism action plan & tracker 25 - 29 v1.0.xlsx](#)

2 Purpose of the delivery group

The anti-racism delivery group is responsible for:

1. Advising on delivery approaches for the actions in the anti-racism plan
2. Taking forward the actions in the anti-racism plan, including by liaising with colleagues in the wider organisation as appropriate

3. Determining priorities and timescales for delivery of actions in the anti-racism plan
4. Monitoring and reporting on progress in delivering the anti-racism plan
5. Raising awareness about the anti-racism plan and its objectives with colleagues

3 Membership, roles and responsibilities

In order to deliver the anti-racism plan, the group will include the following roles:

- Equality, Inclusion and Human Rights Manager [group facilitator]
- Public Involvement Advisor [group facilitator]
- Race and Ethnicity Network representative
- Partnership Forum representative
- People and Workplace Team representative
- Staff Governance Associate
- Communications Team representative
- Planning and Governance Team representative
- Organisational Development and Learning Team representative
- Evidence directorate representative
- Community Engagement and Transformational Change Directorate representative

Where needed, a member role can be shared between different colleagues. If a member is unable to attend a meeting or carry out an assigned task, they should appoint a deputy. Additional members can be temporarily co-opted where specific expertise or support is required.

i. All members

All members commit to:

1. Actively engage in the monitoring and implementation of the plan, including
2. Taking responsibility for actions that are aligned with their corporate remit or expertise
3. Serving as the liaison between the group and their respective teams or directorates, ensuring clear and effective communication of key points from each meeting of the delivery group.
4. Gathering supporting evidence to demonstrate progress and impact
5. Undertaking personal development in relation to knowledge and understanding of racism and anti-racism approaches

ii. Executive Sponsors

The delivery group and anti-racism plan are sponsored at Executive level. Executive sponsors are responsible for:

1. Ensuring the plan and its delivery receives organisational support
2. Providing progress updates to the HIS Board as required
3. Offering governance and strategic advice to the delivery group

4. Modelling commitment to anti-racism within leadership approaches
5. Collaborating with the Secretariat to ensure continuous resources and support.

Executive sponsors are:

- Director of Community Engagement and Transformational Change [Clare Morrison]
- Director of Evidence and Digital [Safia Qureshi]
- Director of People and Workplace [Sybil Canavan]

iii. Meeting Chair

There is no formal Chairperson for the delivery group. A rota will be used to rotate chairing duties for each meeting of the delivery group, with members able to opt in. The rota will be available on the group's Teams channel. This enables all members the opportunity to facilitate as well as contribute at meetings.

The responsibilities of the meeting Chair include:

1. Ensuring that group meetings run on schedule.
2. Collaborating with the support officer to create and organize agenda items.

iv. Secretariat

The Equality, Inclusion and Human Rights (EIHR) Team will provide support and secretariat for the group.

They will be responsible for:

1. Providing administrative support to the group
2. Assisting the meeting Chair with meeting preparation
3. Ensuring the delivery group implements action points, records discussions, and follows through on actions.
4. Ensuring the delivery group is a supportive space for all members.
5. Preparing and presenting progress reports on the work of the delivery group
6. Overseeing the group's adherence to the anti-racism plan and ensuring its successful implementation.

4 Meetings

Meetings will be held every six weeks for the first six months (until August 2025). Members will review and agree on the frequency of meetings after this initial phase.

Additional meetings may be scheduled as needed.

Communication:

- Meetings will take place over Microsoft (MS) Teams
- An MS Teams channel will host ongoing communication and information sharing between meetings.

- All meetings and communications will align with our organisational values and behaviours.
- Meetings will be quorate if 50% of members and a Chair are present.

5 Resources

Members of the anti-racism delivery group will be given support to develop their understanding of racism and anti-racism approaches. It is important to recognise the role of ongoing learning to support comfort and confidence in delivering the anti-racism plan. Resources to be provided are:

- Direct links to relevant training and materials on Turas, via the Teams channel
- A short talk or excerpt circulated in advance of each meeting, with a reflection opportunity as a standing item at the top of each agenda

6 Decision Making & Reporting

The anti-racism delivery group is authorised by the HIS Board to deliver the activities set out in the anti-racism plan.

The delivery group will work in partnership with the HIS Partnership Forum to agree and manage delivery approaches for the activities listed in the *supporting workforce, culture and wellbeing* section of the plan. Partnership Forum representatives on the delivery group will help identify relevant information and decisions for the wider Partnership Forum.

The delivery group has a formal reporting requirement to:

- Scottish Health Council – for the *equity focussed service delivery* section of the plan
- Staff Governance Committee – for the *supporting workforce, culture and wellbeing* section of the plan

Terms of Reference approval & review:

- The Terms of Reference will be reviewed annually, with updates as required. Review 1 due: April 2026
- All members will be involved in reviewing the ToR and suggesting amendments, with secretariat support.



Pride Network Terms of Reference

1. Introduction

Healthcare Improvement Scotland is committed to learning from the experiences of our staff. We support people belonging to diverse groups, actively identifying areas for practice improvement. Our organisation celebrates inclusion by ensuring that people with protected characteristics have access to person-centred support and meaningful career development.

As part of NHSScotland we aim to treat our staff equitably and also drive equitable approaches to delivering health and social care. We recognise that links exist between the types of care we help to deliver and the approaches we employ to support current and prospective staff. We recognise the value in ensuring that our workforce reflects the communities we serve. Our role in promoting person-centred care influences our approach to ensuring staff inclusion across all demographics.

2. Purpose and aims

The Pride Network exists to provide a welcoming peer support space for colleagues who are part of an LGBT+ community or who consider themselves as allies to the LGBT+ community in all its diversity. The network seeks to influence organisational policy and practice that has an impact on people with an LGBT+ identity by providing friendly and supportive advice to colleagues who are developing relevant work.

The Pride Network aims to:

- provide a safe space for LGBT+ colleague to share experiences and develop ideas
- nurture an inclusive work environment for LGBT+ employees
- raise awareness about issues impacting LGBT+ communities – both in the workplace and in wider society
- help the organization to identify, implement and sustain positive changes for employees or members of the public who are part of an LGBT+ community

3. Membership and roles

3(a) Members

- Participate in meetings of the network or its Steering Group and / or Teams forum.
- Engage with other network members to provide informal support, information and encouragement.
- Participate in development and delivery of action plans associated with network priorities, including as part of a Steering Group or Delivery Group.



- Share concerns, experiences and issues to provide knowledge and insight through a strong collective voice.
- Collaborate with other members to develop positive solutions which address issues experienced by people with particular protected characteristics.
- Collaborate with other members to influence policy and culture to challenge discrimination and promote equality.
- Collaborate with other members to increase understanding, visibility and celebration of our diverse workforce.

3(b) Steering Group

The Steering Group brings together network members who wish to have a more active role in supporting and developing the network. Its duties are to:

- Plan and deliver network activities, including to support relevant equality priorities of Healthcare Improvement Scotland
- Monitor participation in the network and ensure engagement aligns with Healthcare Improvement Scotland values and the Pride Principles (see appendix)
- Consider responses to issues being raised by network members, escalating where needed to the Executive Sponsor via the Chair.

As far as possible, the Steering Group will seek to have representation from across the different sections of the LGBT+ community and the range of professional functions in the organisation. Where a particular gap is identified, existing members will take actions to encourage new members to join.

3(c) Chair

A Chairperson is designated for a period of 12 months, which can be renewed. The Chairperson is responsible for:

- Facilitating meetings of the Steering Group
- Overseeing delivery of the network's action plan
- Representing the interests and concerns of network members within organisational fora as relevant
- Seeking support with network activities from the secretariat and / or staff-side contacts where needed
- Ensuring that members have opportunities to engage with network activities and to share their ideas, experience or concerns.
- Escalating issues that cannot otherwise be resolved to the Executive Sponsor

A Chair will be selected by self-nomination and majority support from Steering Group members. If two people wish to Chair the network, a shared role can be mutually agreed with the support of Steering Group members.



Agreed deputies can fulfil the role of Chair in instances when the active Chair is unavailable.

Network Chairpersons are not obligated to complete a full 12-month term. Chairpersons can choose to relinquish their role at any time and ask Steering Group members to take steps to identify a new Chair.

3 (d) Executive Sponsor

The Network's Executive Sponsor is Safia Qureshi, Director of Evidence and Digital.

The Executive Sponsor will:

- Obtain and maintain support and commitment for the network within the Executive Team as well as with the Board and governance committees.
- Ensure other senior leaders promote the values of the network.
- Provide Leadership support to the network and its Chair.
- Promote and champion the work of the network across the organisation.
- Act as positive ally or role model for the communities served by the network.

3(e) Secretariat

Our secretariat for our Network is our Equality, Inclusion and Human Rights Team.

The secretariat will:

- Provide strategic context for network activities.
- Provide tools to facilitate network development, communication, planning and continuity.
- Act as key conduit between networks and the wider organisation / NHS system by advising on developments and seeking feedback or contributions from networks as appropriate.
- Provide support to Chairs in managing Network dynamics, developing and maintaining key partnerships across the organisation and all other Network business.
- Support delivery of Network Action Plans, facilitating planning, activity, monitoring and reporting.
- Facilitate operational support around meeting cycles, papers and meeting records / actions.
- Prepare reports for Staff Governance Committee (bi-annual)
- Prepare position papers and proposals as required for relevant governance committees.

4. Meetings

The Pride Network has two regular meeting opportunities:



- A six-weekly meeting of the Steering Group to fulfil its role as outline above
- A fortnightly informal social meeting for LGBT+ identified employees

Additional meetings may be scheduled as required, including to meet the network's objectives and / or contribute to Healthcare Improvement Scotland's equality related goals.

All network meetings are supportive learning environments in which participants are encouraged to contribute and share ideas. Meetings will uphold the principles of Healthcare Improvement Scotland's Good Practice Meeting Standards (see Annex) and our Pride Principles (see below).

6. Pride Principles

All network forums inclusive of the Teams spaces, social meetings, Steering Group meetings, events or additional meetings held on behalf of the network will uphold the following principles:

- treat all colleagues with respect, supporting positive discord and acknowledging differences of opinion and experience
- support colleagues to contribute to Network discussions
- be willing to learn and practice inclusivity
- speak respectfully about all colleagues
- only share information when they feel comfortable to divulge
- consider how their words, actions and assumptions, may affect Network colleagues, and
- avoid use of language and actions which may contribute to the marginalisation of colleagues, responding positively to possible feedback.



7. Resources

The network requires specific resources to achieve its Terms of Reference. This includes:

- Network Chairs and members have protected time to effectively complete Network activities
- Network meetings model and promote the organisation's Good Practice Meeting Standards
- Being able to represent network issues and concerns via our Executive Sponsor and the HIS Partnership Forum
- Accessing organisational diversity data and analysis in support of understanding the current position and any plans for improvement
- Accessing NHSScotland funding sources and training where appropriate to support network activities, and
- a dedicated MS Teams channel to communicate and organise as a network

8. Authority

Our Network is authorised by the Healthcare Improvement Scotland Board to initiate activities in support of our Terms of Reference, and may escalate issues of concern to the board via our Executive Sponsor.

Our Terms of Reference may necessitate professional advice, requiring directors or members of our Executive Team to attend meetings.

9. Reporting Arrangements

The Pride Network reports to:

- Staff Governance Committee, via 6 monthly updates on progress and contribution to Healthcare Improvement Scotland's equality goals.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Role of Public Partners
Agenda item:	2.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement and Change
Report Author:	Tony McGowan, Associate Director of Community Engagement; Rosie Tyler-Greig, Equality, Inclusion & Human Rights Manager
Purpose of paper:	Awareness

1. Situation

Public Partners support a variety of teams and committees across Healthcare Improvement Scotland (HIS). Recent recruitment has expanded our Public Partner cohort while the organisation's first Volunteering Policy and Procedures has now been launched to support this and other volunteering roles. Scottish Health Council Members are asked to note progress in developing the role of Public Partners in HIS.

2. Background

The Public Partner volunteer role is about bringing a public perspective to HIS' work. This is achieved through Public Partners contributing to activities where it has been identified that a public perspective will help promote quality in delivery. Examples of this include participating in working groups and committees, joining HIS inspectors during healthcare service inspections, and reviewing public-facing communications.

Public Partner volunteers are recruited and managed within the Equality, Inclusion and Human Rights (EIHR) Team (which is part of the Engagement Practice – Assurance Unit). The team additionally provides advice and support around the People's Experience Volunteer (PEV) role. We currently have 8 PEVs, and they are directly managed by the Engagement Advisors (Community).

Last year, the need for a HIS Volunteering Policy was identified. The intended outcome of this was to provide clarity on the volunteering roles available in HIS, the support provided to volunteers and the processes and standards required for recruitment and management of volunteers.

3. Assessment

Current numbers and recruitment

HIS currently has 17 Public Partners working across the following areas: Scottish Medicines Consortium, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network, Death Certification Review Service, and Data Measurement & Business Intelligence. Since the beginning of 2025 we have recruited five new Public Partners for the following roles:

Scottish Medicines Consortium (SMC)

- Scottish Medicines Consortium (SMC) Committee (Full Voting Member);
- Public Involvement Network (PIN) Advisory Group; and
- Patient and Clinician Engagement (PACE) Rotation.

Scottish Intercollegiate Guidelines Network (SIGN)

- Scottish Intercollegiate Guidelines Network (SIGN) Council Member; and
- Public Involvement Advisory Group.

Further recruitment is currently underway for the following roles:

- Engagement Practice – Assurance;
- Death Certification Review management board;
- Clinical and Care Governance (CCG) Group;
- Succession Planning Committee; and
- Scottish Antimicrobial Prescribing Group (SAPG).

Volunteering policy and procedures

A HIS Volunteering Policy and Procedures has now been completed following review by the Partnership Forum policy sub-group (Appendix 1). The policy is available on the staff intranet and was shared with current volunteers at the start of April 2025. The policy clarifies the HIS ambition around working with volunteers and sets out a consistent process for managing a high-quality volunteering experience across all HIS volunteer roles. The policy was informed by engagement with Public Partners, staff who have a role managing volunteers and the NHS Scotland National Volunteering programme (which is part of the Engagement Practice – Improvement Unit). With the introduction of our policy, we have been able to commit to upholding the 10 principles of the Volunteer Charter (Appendix 2).

Public Partner event

The annual Public Partner event was delivered on 20 March 2025. This was a hybrid event hosted at our Delta House office in Glasgow. The event was attended by 10 Public Partners, the HIS Chair, SHC Chair and HIS Chief Executive as well as the Director of Engagement and Change, Associate Director of Community Engagement and staff from the EIHR Team.

There was excellent engagement throughout the event, facilitated by a range of interactive activities and updates (Appendix 3). Public Partners reported positive experiences in relation to the following:

- Feeling valued, involved and that their input made a difference;
- Appreciating the opportunity to connect with other Public Partners and staff; and
- Finding the volunteer induction helpful.

The following areas were identified as benefitting from further consideration and development by the EIHR Team:

- Providing better feedback on the impact of Public Partner contributions;
- Improved matching of roles to the skills and experience of individual volunteers; and
- Offering additional IT support, especially for using MS Teams.

A flash report summarising the event and its outputs is being prepared.

Assessment considerations

Quality / Care	As part of NHS Scotland our purpose is to drive the highest quality care for everyone in Scotland. To achieve this, we need to hear from a wide range of people about their experiences of health and social care. Volunteers play an essential role in helping us better understand and represent public views in our work.
Resource Implications	None – advertising of new volunteer roles is free via Volunteer Scotland and our local / regional networks. Volunteer roles are managed within our current staff complement.
Clinical and Care Governance (CCG)	Volunteer roles within HIS support delivery across all seven CCG principles.
Risk Management	Some ongoing risk exists around failing to satisfy requests for Public Partner input due to low response rates to new opportunities. This is being mitigated via clear communication of lead-in times for recruitment, maximising opportunities for existing or potential Public Partners to apply.
Equality and Diversity, including health inequalities	Through recruitment and role development we aim to ensure our volunteers represent Scotland's diverse communities. We are particularly keen to recruit Public Partners from younger age demographics and are discussing approaches to this with the teams seeking Public Partner input. Reasonable adjustments will be made to the recruitment and selection process to suit the individual access requirements of any volunteers who let us know they are disabled.
Communication, involvement, engagement and consultation	Regular communications are in place between HIS Public Partners and the EIHR Team through: <ul style="list-style-type: none"> • Fortnightly newsletter; • Annual conversations; • Annual event; • 1-2-1 meetings with Public Involvement Advisors; and • Induction training.

4 Recommendation

Council members are asked to note progress in relation to developing Public Partners in HIS.

It is recommended that the Council 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, while there may be an insignificant amount of residual risk or none at all.

The EIHR team continues to support current Public Partners and recruit new people to the role. Having a policy in place has enabled a clarification of roles, entitlements and processes and offers structure and stability for both staff and volunteers.

5 Appendices and links to additional information

Appendix 1: HIS Volunteering Policy and Procedures

Appendix 2: [Volunteer Charter - Volunteer Scotland](#)

Appendix 3: Summary presentation of Public Partner annual event [2025-03-25 Public Partner Annual Event Summary.pptx](#)

Volunteer Policy and Procedures

Author: Linda Young, Public Involvement Advisor

Executive Lead Officer: Clare Morrison, Director of Engagement and Change

Last updated: 4 February 2025

Review date:

Status: Final

Issue number: v1.0

Printed copies should not be considered the definitive version.

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1. Introduction

Healthcare Improvement Scotland (HIS) values the contribution that volunteers make. Our purpose is to drive the highest quality health and care for everyone in Scotland. To achieve this, we need to hear from a diverse range of people and draw on their experiences and perspectives. Volunteers play an essential role in helping us better understand and represent public views in our work.

2. About us

We lead improvement in the quality and safety of health and care for the people of Scotland using our skills and knowledge to help tackle the inequality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care and, with partners, to embed quality management across the provision of health and care. Guided by values of compassion, respect, transparency and teamwork, we work collaboratively with healthcare providers and the public to drive improvement.

3. Purpose

The purpose of this policy is to provide reference and guidance, outlining the procedures and responsibilities for individuals engaging in volunteer activities with HIS. The policy defines the scope of volunteering opportunities available and aims to ensure that volunteers receive adequate support, including induction, training and reimbursement of reasonable out of pocket expenses. It also sets clear expectations for conduct, confidentiality and adherence to organisational values and policies. The policy aims to create a positive volunteer experience, promote accountability and contribute to the achievement of HIS objectives.

4. Scope

The HIS Volunteering Policy and accompanying guidance is intended to support HIS employees and volunteers.

5. Our volunteering roles

Volunteering with HIS offers an opportunity to actively support the improvement of healthcare across Scotland. Volunteers collaborate closely with HIS staff on various projects, providing valuable insights and feedback that influence and drive our work. Most volunteering opportunities are conducted online, with only a few requiring occasional in-person participation. Our volunteer roles are designed to ensure that the public's voice is heard and included in decision-making processes.

There are two main volunteer roles at HIS: **Public Partners (PPs)** and **People’s Experience Volunteers (PEVs)**. Both roles offer opportunities to contribute to improving healthcare in Scotland through a variety of activities.

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5.1 Public partners (PPs)

Public Partners (PPs) play a key role in ensuring that HIS remains accountable and responsive to the public's needs. They contribute through activities, such as participating in working groups and committees, joining HIS inspectors during healthcare service inspections, and reviewing public-facing communications.

PPs are asked to support for a term of one to three years, which can be renewed once. They provide a public perspective to help ensure HIS’s activities are relevant, transparent and understandable to Scotland’s diverse population. PP input helps shape healthcare improvements and ensures public views are considered in our work. There are a number of activities PPs contribute to:

Group or Committee Participation: PPs may contribute their perspectives to our working groups and committees. This role involves preparation, active participation in discussions, seeking clarification where needed and identifying opportunities for broader community engagement.

Inspection Involvement: PPs may collaborate with HIS inspectors, participating in visits to healthcare providers and facilities across Scotland. Their objective is to ensure that inspections consider service users' experiences. This role may include attending pre-inspection meetings, conducting on-site visits and patient interviews and participating in debrief sessions to consolidate inspection findings.

Communication Review: PPs may be involved in reviewing public-facing communications to ensure information can be easily understood by the general population in Scotland.

In addition to these roles, PPs may have occasional opportunities to contribute to specific and time limited work where a public perspective would be beneficial. Their involvement extends across various areas of work.

5.2 People’s Experience Volunteers (PEVs)

People’s Experience Volunteers (PEVs) provide views, experience and opinions and challenge on issues that HIS has identified as priorities or areas of focus important to health and care in Scotland. Their contributions are flexible and focused on shorter term projects and feedback. PEVs may be invited to share their views on various topics, review materials to ensure they are clear and accessible, or use their local knowledge to help shape engagement strategies. PEVs may be involved in both regional and national projects, depending on the scope of the activity.

PEVs are not asked to support for a fixed term and can choose to contribute as much or as little time as they wish when opportunities arise. This flexibility allows a broader range of individuals to get involved and have their voices heard in shaping health and care services. Examples of activities for PEVs include:

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Providing Feedback: PEVs may be asked to provide feedback on specific questions related to health and care. This could involve sharing views on our ideas, improvements and work programmes.

Reviewing Reports and Materials: PEVs may participate in reviewing how individuals engage with and understand our reports, web pages and health-related information. Their input will contribute to improving the clarity and accessibility of our communication materials.

Collaboration: PEVs may have the opportunity to contribute to the planning and development of engagement strategies led or supported by HIS. Their contributions may include shaping and testing questions, ensuring clarity and understanding and helping identify key community concerns.

5.3 Synergies between roles

The Public Partner (PP) and People’s Experience Volunteer (PEV) roles complement each other. PPs focus on longer-term, strategic contributions, while PEVs provide flexible, project-specific perspectives based on local knowledge.

- PPs and PEVs may occasionally be asked to provide input on the same or overlapping projects, such as consultations or communication reviews, ensuring that both strategic input and diverse, localised feedback are incorporated
- the HIS Equality, Inclusion & Human Rights (EIHR) Team will facilitate collaboration, working closely with the relevant directorates to ensure that all volunteers understand their roles and avoid duplication of effort
- where possible, the EIHR team will provide a summary to volunteers and staff of how contributions from both groups have been incorporated into decisions or outputs, ensuring transparency and acknowledging the value of all contributions.

6. Recruitment and selection

6.1 Promotion of opportunities

- Information about volunteering opportunities will be available on the HIS website and social media channels
- advertisements for volunteer roles will be posted on free platforms such as the ‘Volunteer Scotland’ website, and shared through local community networks, partner organisations and relevant social media channels
- opportunities will also be promoted through outreach to diverse community groups, events and partnerships with other organisations to ensure a broad and inclusive reach

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- internal promotion of roles to existing volunteers will be made via regular Volunteer Updates and through direct communication channels, including email and internal blogs.

6.2 Promoting diversity and inclusion

- We will actively promote volunteer opportunities to ensure our volunteers represent Scotland's diverse communities. We are committed to complying with the Equality Act (2010) and will work to identify and eliminate any barriers to volunteering based on age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation and socio-economic status.
- Our volunteering communications will use language that is accessible and easily understood, using various formats and messages to attract a diverse range of applicants.
- We are committed to making reasonable adjustments to ensure that all volunteers can fully participate in our recruitment, selection and volunteering processes. Volunteers are encouraged to discuss their individual requirements with the EIHR team or their designated HIS contact, who will work collaboratively to ensure appropriate accommodations are in place.

These adjustments may include, but are not limited to:

- Providing information and application materials in accessible formats, such as large print, audio, or digital formats and offering assistance with completing application forms when requested.
- Offering online interviews or introductory conversations and adapting the format or timing of interviews to meet individual needs.
- Ensuring that all venues used for in-person meetings are fully accessible, equipped with necessary adjustments such as a loop system, or spaces for quiet reflection or prayer.
- Offering flexibility in the timing and location of volunteering tasks to accommodate individual health, mobility or other personal needs.

6.3 Application process

The EIHR team oversees the administrative aspects of PP recruitment, supported by the recruiting directorate. This includes advertising approved roles, processing applications and managing communications such as acknowledgements and the issuance of recruitment packs. The recruitment of HIS PP roles is a collaborative effort between the EIHR team and the recruiting directorate. Roles may be advertised to attract new PPs, with successful

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candidates placed into the specific positions. Opportunities may also be offered exclusively to existing PPs if a role is short-term, time-sensitive or connected to their previous involvement.

Recruitment for PEVs is managed by HIS’ Engagement Advisors (Community), reflecting the simplified and flexible nature of the PEV role, which is designed to support project-specific needs. Engagement Advisors oversee the entire process, including advertising the role, managing applications and coordinating communications. Opportunities for PEVs may be offered to all volunteers, or, if the work is region-specific, they may be shared with those in the relevant area.

All new volunteers are required to:

- Complete an ‘Expression of Interest Form’ (see Appendix 19.3)

Public partners:

- Attend an interview (see Appendix)
- if provisionally accepted, complete required pre-appointment checks (see Appendix)
- attend a programme induction and mandatory training (see Appendix 19.7).

People’s Experience Volunteers:

- Participate in an initial conversation (instead of a formal interview)
- attend a short programme induction and any required training (see Appendix).

6.4 Volunteer checks

- Two referees must be provided for PPs. References will be checked following a successful interview.
- PEVs, as a result of the nature of their role, do not require the same safeguarding checks as PPs. However, they will be asked to complete a self-assessment form if any new tasks arise that may involve regulated work.
- HIS volunteers are not required to be members of the Protection of Vulnerable Groups (PVG) Scheme or undergo safeguarding checks, unless they are specifically involved in inspections or regulated work. If a task is identified that may involve regulated work, volunteers are required to complete a self-assessment form before starting (see Appendix). This form should be returned to the EIHR team for record-keeping in their personnel file. The self-assessment form can also be used before recruiting someone to a new role.

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6.5 Placement process

The HIS volunteer placement process ensures that PPs are matched to roles based on their skills and perspectives. PEVs are not part of this formal placement process. Instead, when PEV support is requested, Engagement Advisors (Community) should be contacted, and they will share the request with the relevant PEVs.

The placement process for PPs follows these steps:

- The requesting HIS Directorate Programme must complete the Volunteer Request Form (see Appendix 19.9) at least three months before a permanent role is created or becomes available. This advance notice ensures sufficient time for external recruitment, if needed and allows for thorough consideration of all interested volunteers.
- The completed form is distributed to internal volunteers, inviting expressions of interest and specifying a closing date.
- After the closing date, the requesting team reviews all expressions of interest.
- If no suitable responses are received from internal volunteers, the role will be advertised externally.
- Discussions are arranged between the requesting team and volunteers who expressed interest to provide more information.
- If volunteers remain interested and are suitable for the position, the position is offered. If multiple suitable candidates are identified, priority is given to those who are less involved in other projects.

6.6 Time commitment

Public Partners

PPs within HIS are asked to commit to a term ranging from one to three years. This duration allows for meaningful engagement in one or more roles, contributing effectively to projects and gaining significant experience.

During their term, volunteers have the flexibility to select projects that match their interests and fit within their available time, which could range from a few hours a year to several hours each month. Volunteers may engage in a range of activities, such as regular meetings, focus groups and specific projects agreed upon with their HIS contact.

When recruiting PPs or assigning them to roles, the EIHR team and the recruiting directorate must ensure that a volunteer’s existing commitments do not conflict with new opportunities. This helps to ensure roles are manageable and responsibilities are aligned with the volunteer’s capacity and organisational needs.

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If a volunteer's circumstances change or their availability needs to be adjusted, they are encouraged to inform the EIHR team contact or HIS contact at the earliest opportunity. This ensures that HIS can provide the necessary support and continue to accommodate individual needs, allowing volunteers to contribute to HIS work effectively.

People’s Experience Volunteers

PEVs can give their time for as little or as much as the wish. This makes the role highly flexible and suited to individuals with varying availability. Time commitments are project-specific and occasional, allowing volunteers to contribute as opportunities arise.

7. How we support our volunteers

To ensure that HIS Volunteers have a positive and fulfilling experience, we offer a range of support. This includes induction, training, ongoing assistance and various resources to facilitate their role. Our aim is to provide a structured and supportive environment where volunteers can contribute effectively and feel valued.

7.1 Volunteer induction

The induction process is essential for ensuring that all new volunteers are properly introduced to HIS. This process provides the necessary information, training and support, allowing volunteers to undertake their roles confidently and effectively and in accordance with HIS organisational policies and procedures.

Public Partners

7.1.1 Prestart activities

Before the official start date, key activities must be completed to ensure a smooth onboarding process:

Information and Communications Technology (ICT) Setup: At least two weeks before the start date, the ICT team should be notified by the EIHR Public Involvement Advisor of the new volunteer’s appointment and requirements. The ICT New User Form (see Appendix 19.6) must be completed to ensure that all necessary digital tools are available on the start date. Once the new ICT New User information has been issued, login information for Turas and LearnPro should be obtained from the Organisational Learning & Development Team.

Login Details and Documentation: Within one week of appointment the NHS.scot email, Turas and LearnPro login details, the HIS Volunteer Handbook and the Email Management Policy should be issued to the volunteer by the EIHR team. These documents are important for understanding the role and the organisation’s communication protocols.

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Introductory Meeting: A one hour induction meeting (MS Teams or phone) should be arranged by the EIHR team one week before the volunteer start date. This meeting will cover access to the email system and introduce the basic communication methods used within the organisation.

7.1.2 Initial Period (Week 1)

During the first few days, arrangements should be made to familiarise new volunteers with their roles and the organisation:

Policy Review: The EIHR Team Public Involvement Advisor should highlight key policies from the ‘Your Role’ handbook and provide an opportunity for questions (see Appendix 19.5). Confirmation of understanding should be obtained from the new volunteer.

Acceptable Use Policy: The ICT Acceptable Use Policy (see Appendix) should be sent to all new volunteers, with receipt and acceptance confirmed.

Online Learning: Instructions for registering with LearnPro and Turas, the organisation’s platforms for online training, should be provided. The ‘Volunteering with NHS Scotland’ and a Volunteer Induction are expected to be completed within the first month. (see section 10)

7.1.3 Building knowledge and integration (weeks 2-12)

Induction meetings with key staff members should be arranged to help volunteers integrate into the organisation. These meetings will assist in the volunteer building relationships and understanding of their role and the broader organisational context.

7.1.4 Completion and sign-off (week 26)

Mandatory and initial optional training should be completed by week 26. The EIHR Public Involvement Advisor is responsible for ensuring that the training checklist (see Appendix 19.7) is signed off and submitted to the HIS Learning and Development Team.

People’s Experience Volunteers

PEVs complete an induction tailored to their role, which includes an introductory session outlining HIS’s work and the specific contributions of PEVs. Since PEVs do not require access to organisational systems, the onboarding process is streamlined, focusing on key information and support to ensure volunteers are well-prepared to contribute effectively.

7.2 Annual conversations

Annual conversations are a valuable tool for supporting our volunteers. While not mandatory, they offer an opportunity to:

- Document and review the volunteer’s experiences with HIS

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- provide a formal opportunity to assess the role, complementing regular feedback
- review and further develop the skills discussed during recruitment
- ensure fairness and consistency for all volunteers.

Each annual conversation lasts approximately 30 minutes to one hour and involves the volunteer, a Public Involvement Advisor or Engagement Advisor (Community) or a lead from the volunteer’s directorate. During these discussions, anonymous feedback may be gathered to improve support and address any urgent issues. A record of the conversation (see Appendix 19.1) is signed off by the volunteer, and progress on actions based on the feedback is monitored.

7.3 Annual Public partner event

The annual event celebrates the contributions of our Public Partner volunteers, building community, recognition and shared purpose. Open to all Public Partners and relevant staff, it strengthens relationships and encourages meaningful discussions.

This one-day event combines structured activities with networking opportunities. Volunteers can help shape the planning of the event and feedback received is used to enhance our work and support.

7.4 Protection under HIS policies and Procedures

All HIS policies apply to volunteers, ensuring a safe and supportive environment for everyone who contributes to the activities of HIS. This includes adherence to Health and Safety guidance, safeguarding personal information under Data Protection regulations and ensuring fairness and inclusion through the NHS Scotland Equality, Diversity and Inclusion Policy. These policies along with the Once for Scotland policies are in place to protect and support all volunteers throughout their involvement with the organisation.

8. Resources and materials for volunteer activities

HIS ensures that all volunteers have access to the necessary resources and materials required for their activities. This includes providing the tools, information and support needed to carry out their roles effectively. Whether it is access to training materials, IT equipment or specific resources related to their tasks, HIS is committed to equipping volunteers with everything they need to succeed in their roles and will reimburse all pre-approved reasonable out of pocket expenses where required.

8.1 Support staff and designated HIS staff contact

- Each volunteer is assigned a designated HIS contact. This contact serves as the primary point of communication for any specific queries related to their specific volunteer role, schedule or responsibilities. Regular check-ins should be conducted

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to ensure that volunteers have everything they need and are not facing any challenges.

- Additional contacts with expertise in particular areas or projects may be provided, depending on the nature of the volunteer role. These individuals offer specialised support tailored to the volunteer's role.

Public Partner Support:

- The EIHR team are available during standard working hours to assist volunteers with any questions, concerns or challenges encountered during their activities. The team is committed to providing timely and effective support.
- PPs can access role support staff for guidance on IT, roles, tasks or any other needs. Relevant resources and materials will also be provided as required.

People's Experience Volunteer Support:

- PEVs are supported by Engagement Advisors (Community), who act as their primary point of contact during standard working hours, providing guidance and addressing any questions or concerns.

8.2 HIS Volunteer Handbook

The HIS Volunteer Handbook provides essential information and guidelines for all volunteers, outlining roles, responsibilities and organisational policies. It is a resource designed to support volunteers in their roles and ensure consistency in practices across the organisation. The handbook covers key areas including health and safety, conduct expectations and the resources available to volunteers.(appendix 19.5)

8.3 Volunteer communications and updates

8.3.1 Public Partner (PP)

The 'Public Partner Update' newsletter is designed to keep PPs informed and engaged while reducing the number of emails they receive. Issued fortnightly via email, the update provides information on new and upcoming volunteer roles and requests, including clear descriptions and application information, ensuring all PPs are aware of ways they can contribute. It will also offer updates on recent news, changes in the organisation and key training and developments, helping PPs stay informed about important activities.

Directorates wishing to advertise upcoming roles or request volunteer input should submit their requests to the EIHR Team Public Involvement Advisor one week before publication. If a request is urgent, volunteers can be contacted via email between publication dates, however this should be reserved for exceptional circumstances only.

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PPs have access to the Public Partner MS Teams channel. This online space provides an additional way for PPs to view the updates, access supplementary news or resources, and connect with other PPs. This online resource will never contain any personal information or important content that is not also included in the fortnightly update.

8.3.2 People’s Experience Volunteers (PEVs)

The ‘PEV Update’ is a monthly email designed to keep PEVs informed and engaged with HIS activities. It highlights new opportunities for involvement, specific projects requiring input and organisational news. As a result of the flexibility of the PEV role, volunteers are often able to provide feedback on specific topics quickly and are contacted via email when opportunities arise.

Directorates seeking input from PEVs should notify the EIHR team in the first instance about their upcoming project or request. The EIHR team will review the request, provide advice and where appropriate, forward it to the Engagement Advisors (Community) for further action.

8.4 Staff Volunteer communications

Effective communication between the EIHR team and HIS staff contacts across different directorates is essential for coordinating volunteer activities within HIS.

The staff volunteer MS Teams channel plays a key role in sharing non-urgent, non-confidential information related to volunteer engagement. This staff-only space, alongside the Public Partner channel, facilitates the exchange of volunteer updates, recruitment, roles, training, and other volunteer-related matters, ensuring that all relevant teams stay informed and aligned. Staff involved with volunteers can be added to and contribute to this channel, which is centrally maintained by the EIHR team.

HIS staff contacts across directorates are encouraged to communicate directly when there are overlapping roles, specific project requirements or updates that may affect multiple teams. Regular meetings and check-ins are also used to discuss volunteer feedback and ensure resources are allocated effectively across HIS.

8.5 Employee assistance programme (spectrum life)

The Employee Assistance Programme (Spectrum Life) is available to all staff and volunteers, offering confidential support for a wide range of personal and work-related issues. This service provides 24/7 access to professional counselling and resources, ensuring that support is readily available whenever needed.

All services are strictly confidential and personal information will never be shared without consent. (appendix 19.2)

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8.6 Support and duty of care

All NHS volunteering opportunities are subject to a "duty of care." Consideration of an individual's capability to undertake duties must align with NHS policies and procedures. If a volunteer becomes unable to perform their duties, for instance, because of illness or disability, efforts should be made to explore role adjustments and offer support. If this is not feasible, support should be provided for the volunteer to find a suitable alternative role or to end their volunteering with us.

We recognise that recovery from certain experiences or health conditions may affect an individual's ability to undertake certain roles, and we will offer advice and support in such situations.

9. Volunteer code of conduct

Volunteers represent HIS, and their actions reflect on the organisation. It is expected that all volunteers uphold HIS's core values, which we share with NHS Scotland: Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility and Quality and Teamwork.

9.1 Commitment and conduct

- Volunteers are expected to always act in ways that support the goals of HIS, avoiding any actions that could misrepresent or undermine the organisation's work.
- Volunteers should carry out their duties to the best of their ability following their role description. This includes preparing for meetings, respecting governance procedures and actively participating in discussions and decision-making processes.

9.2 Adherence to policies

- Volunteers must adhere to all HIS policies, including those related to health and safety, equality and diversity, and the Protection of Vulnerable Groups (PVG) scheme. These policies ensure a safe, fair and inclusive environment for everyone.

9.3 Confidentiality

- Maintaining confidentiality is a key responsibility. Volunteers may come across information about individuals or projects that must remain private. Volunteers must not discuss confidential material outside of their role, and all sensitive documents should be securely disposed of. Any concerns or questions about confidentiality should be directed to the EIHR team or the designated HIS staff contact.
- Volunteers may be required to complete a confidentiality agreement to acknowledge their responsibilities in handling sensitive information appropriately.

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9.4 Ethical responsibilities

- Any potential conflicts of interest must be declared immediately, including situations where personal, financial or ethical concerns could affect impartiality.
- Volunteers should not accept gifts or hospitality that could influence or appear to influence their role. Any offers should be discussed with the EIHR team to determine the appropriate action.
- Volunteers may need to complete a Declaration of Interests form to ensure transparency and identify any potential conflicts of interest before participating in specific activities. (appendix)

9.5 Communication and information management

- All media enquiries should be directed to the EIHR team. Volunteers wishing to share their experiences on social media must adhere to the HIS social media Policy. (appendix)
- PPs will be provided with an NHS.scot email account for official use only, which must be kept secure. Regular checks and adherence to the HIS Information and Communications Technology (ICT) systems acceptable use policy are required.
- Volunteers must confirm annually that their personal details held by HIS are accurate and up to date.

10. Training for volunteers

All volunteers with HIS are required to complete the mandatory Volunteering LearnPro training module. This core training ensures volunteers are aligned with organisational standards and prepared to contribute effectively within a safe, secure and inclusive environment.

10.1 Role-Specific Training

Volunteers in certain roles may need or request to undertake additional training tailored to their specific responsibilities. Information about any extra training will be provided by the volunteer's designated HIS contact.

10.2 Optional training opportunities

All volunteers can request additional training to support their role by speaking with their designated HIS contact for guidance and recommendations.

Public Partners who wish to broaden their knowledge of mandatory topics, can access LearnPro modules as follows:

- NES: Equality and diversity and Human Rights

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- NES: Counter Fraud Learning at Work
- NES: Safe Information Handling – Foundation
- NES: Whistleblowing overview
- HIS: Preventing Radicalisation
- NES: Cyber Security: Staying Safe online
- NES: Workforce Policies: preventing bullying and harassment
- HIS: Information Security V2

11. HIS staff engaging volunteers

Volunteers should be engaged to complement, not replace, the work of staff. The volunteer role is most appropriate for tasks that enhance or support existing services, offer unique perspectives or contribute to community engagement work. Before engaging a volunteer, staff must ensure that the role is suitable for a volunteer and that it aligns with the volunteer's skills, interests and the organisation’s needs.

11.1 Tasks and responsibilities

- The designated HIS contact should provide volunteers with a clear description of their role and responsibilities, ensuring tasks are meaningful and contribute to the project’s objectives.
- If a role or project evolves or changes in scope, the designated HIS contact should meet with the volunteer to discuss the updates, gauge their interest in continuing and address any additional support or adjustments needed.
- The designated HIS contact should ensure that all individuals involved in projects with PP, including staff and external parties, are fully informed of the reasons for the PP involvement.
- Volunteers should receive the necessary training and ongoing support to carry out their role effectively. This includes access to resources, guidance from staff and opportunities for skill development.

11.2 Collaboration with volunteers

- Volunteers are valued members of the team and should be treated as such. Staff are encouraged to collaborate with volunteers, seeking their input and involving them in decision-making processes where appropriate.
- Staff and volunteers should work together towards common project objectives, with regular check-ins to ensure alignment and address any concerns.

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11.3 Recognition

- Volunteers are giving up their time to contribute to our work, so staff should acknowledge this regularly. This could include formal recognition in meetings, thank-you emails or acknowledgement in project reports.

12. Volunteer experience

12.1.1 Communication

Regular and open communication between volunteers and HIS is key to keeping volunteers informed, supported and engaged. It is important for staff to recognise and communicate the positive impact volunteers’ contributions have made. Staff should ensure that communication is clear, respectful and includes relevant updates, while also actively seeking and valuing volunteers’ feedback.

- Volunteers should promptly inform their designated HIS contact of any changes in their availability or schedule. This ensures that the team can provide appropriate support and adjust plans to maintain the smooth running of activities. This can be done via email, phone or the preferred communication method established with the volunteer.
- Whenever possible, volunteers are encouraged to provide advance notice of any changes to their availability to allow for proper planning and adjustment of tasks.
- Volunteers are encouraged to respond, where possible, to scheduling-related emails within one week of receipt. This helps ensure effective communication and coordination while minimising unnecessary follow-up or wellbeing checks specific to their role.
- Volunteers should inform their designated HIS contact of any long holidays or periods during which they will be unavailable to respond to communications.

12.1.2 Feedback and suggesting improvements

- HIS values the input of volunteers and encourages them to share their experiences. Volunteers should have regular opportunities to provide feedback through their designated HIS contact or the EIHR team, in addition to the annual conversations
- volunteers are encouraged to suggest improvements to processes, roles or any aspect of the volunteer experience at any time. This feedback is vital for enhancing the effectiveness of our work with volunteers and ensuring a positive experience for all involved

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- volunteers will have an opportunity to discuss their experiences, contributions and any suggestions for improvement during annual conversations, providing a structured platform for reflection and development
- staff should regularly inform volunteers about how their input has led to changes or improvements and provide clear examples of the positive impact their contributions have made.

12.2 Volunteering and the risk register

HIS integrates the management of volunteering-related risks into its overall risk management framework;

- Volunteering risks are identified, assessed and recorded in the Compass Risk Management System. Risks relating to operational management, reputation, workforce and health and safety are carefully evaluated and managed.
- Controls and measures, such as volunteer training and safety procedures are put in place to manage identified risks. Major risks are reported to the relevant Governance Committees or the Board and are reviewed regularly.
- We keep volunteers and staff informed about these risks and how we are managing them, ensuring a safe and effective environment for everyone involved.

13. Volunteer expenses

HIS is dedicated to reimbursing volunteers for reasonable out of pocket expenses incurred during their volunteering activities. Current rates are given in the HIS expenses claim form. (appendix 19.4). Below is a summary of the process for claiming these expenses.

13.1 Eligible expenses

13.1.1 Travel costs

- **Public Transport:** Reimbursement is available for standard class travel only. Volunteers can claim the cost of tickets, including concessionary train travel if preferred.
- **Private Vehicle Use:** Reimbursement is provided for travel using a private vehicle, with rates per mile varying based on the distance travelled and the type of vehicle used. Passenger mileage can also be claimed.

13.1.2 Accommodation

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- **Commercial Accommodation:** Reimbursement is available for overnight stays, when necessary, provided certain conditions regarding event timing and travel duration are met.
- **Non-commercial Accommodation:** A set allowance is provided for staying with friends or family, which includes a meal allowance.

13.1.3 Subsistence (meals)

- Volunteers can claim meal costs for travel beyond a certain distance from home, with varying reimbursement amounts depending on the duration of time away. Receipts must be provided, and alcohol is not reimbursed.

13.1.4 Child care/carer's allowance

- Reimbursement is available for childcare or carer costs incurred during volunteering. A receipt is required and for higher amounts, prior approval is necessary.

13.1.5 Other expenses

- **Loss of Earnings:** Volunteers may claim for loss of earnings with appropriate proof, such as a payslip.
- **Phone Calls:** Reimbursement is possible for business-related calls, provided supporting documentation is included.

Note: All expenses must be pre-approved by the event or meeting organiser and comply with the established rate limits. Claims submitted more than three months after the expense was incurred will not be accepted.

13.1.6 Submission process

- **Completion of Forms:** Volunteers should complete the expense claim form in BLOCK CAPITALS, including details such as name, address, event information and the event organiser's name. Forms should be submitted within three months of the event. See Appendix
- **Supporting Documentation:** Itemised receipts must be attached to all claims. Bank details should be provided for direct payment, otherwise, a cheque will be issued to the home address.
- **Submission Address:** Claim forms should be sent to the designated freepost address. Pre-printed FREEPOST envelopes can be requested from the EIHR team.

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- **Payment Follow-Up:** If payment is not received within four weeks, volunteers should contact the event or meeting organiser. Separate forms should be used for multiple claims to avoid processing delays.

14. Confidentiality and Data Protection

- Volunteers will be advised of the need for confidentiality where they have access to sensitive information which is not public knowledge. A signed agreement may be required for particularly sensitive projects.
- Personal information recorded about volunteers will be stored and maintained with appropriate safeguards for confidentiality within the secure Volunteering database. (appendix policy)

15. Inactive volunteer procedures

To maintain effective and supportive volunteer engagement, it is important to have a clear process for managing situations where volunteers become inactive. This process is designed to prioritise the volunteer’s wellbeing, understand their circumstances and make informed decisions about their continued involvement. The steps below outline a structured approach to address inactivity, from initial contact to follow-up actions and support.

15.1 Initial response to inactivity

Act quickly to address volunteer inactivity by offering support and evaluating their situation.

Initial Wellbeing Check (Within 5 business days of identifying inactivity)

- If a volunteer misses a planned meeting or fails to respond by a deadline, this will be considered inactivity. A wellbeing check should be conducted promptly to understand the volunteer's circumstances. Reach out to the volunteer by phone or email to offer support and gather relevant information about their situation.

15.2 Non-Responsive volunteers

When a volunteer does not respond or engage as expected following a wellbeing check, it is important to address the issue in a clear and supportive manner.

15.2.1 Initial Communication (Week 1)

- Send a clear reminder about the expected actions or responses. Include a new deadline and ensure the message is concise and easy to understand.
- If there is no reply, use alternative methods, such as a phone call, to try to reach the volunteer.
- If necessary, contact the emergency contact provided by the volunteer.

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15.2.2 Escalation (Week 2-4)

- If there is still no response, send a follow-up message that highlights the importance of their involvement and outlines any potential consequences if the situation remains unresolved.
- Attempt a direct conversation to understand if there are any challenges or concerns that may be affecting their responsiveness.

15.2.3 Review and action (week 4)

- Evaluate the situation to determine if there are any underlying issues. Decide if further action is needed, which may include discussing the possibility of ending their volunteer role if their lack of response impacts the team or their responsibilities.

15.2.4 Documentation (ongoing)

- Keep a record of all communications and attempts to engage with the volunteer. This helps in tracking the issue and making informed decisions.

15.2.5 Support and feedback (ongoing)

- Offer support to address any issues the volunteer may be experiencing. If the volunteer eventually responds, gather feedback to understand the reasons behind their non-responsiveness.

16. Resolving problems

HIS is committed to treating all volunteers fairly, objectively and consistently, ensuring that both volunteers and staff have a clear process to address concerns and complaints.

Concerns Raised by Volunteers

Volunteers who have concerns or complaints about their role, support or experiences with HIS are encouraged to discuss these with their designated HIS staff contact. Staff will ensure the volunteer's views are heard, documented and acted upon promptly. Where necessary, concerns may be escalated EIHR Manager to seek a resolution that upholds fairness and transparency.

Concerns About Volunteers

If issues arise regarding a volunteer's conduct, the designated HIS staff contact is responsible for addressing these concerns promptly and fairly. The focus will be on understanding the situation, ensuring the volunteer's perspective is heard and working toward a positive resolution.

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If a concern cannot be resolved by the HIS staff contact, it should be discussed with the EIHR Public Involvement Advisor. When further action is required, the EIHR Manager will review the issue and determine appropriate next steps.

17. Ending a volunteering role

Volunteers may choose to end their role at any time, as their time is given freely. However, it is considered best practice to notify their HIS staff contact in writing. While a minimum of one month's notice is encouraged, this may vary depending on the role.

Volunteers are strongly encouraged to complete an exit survey or participate in an exit interview, as this feedback is invaluable for improving the volunteer experience and understanding any challenges faced during their role. The exit interview or survey will be conducted in a supportive and confidential manner, ensuring volunteers feel comfortable sharing their views and suggestions.

HIS may end a volunteer role if the volunteer is unable to meet the role requirements, engages in conduct contrary to HIS policies or if the role is no longer needed. This decision will be made following a review process and discussions with the volunteer.

18. Related policies and procedures

These policies and procedures are available to staff through the internal staff-only intranet. PPs can access them through the HIS Public Partner MS Teams channel and PEVs can contact the Engagement Advisors (Community) to request copies;

- [Data Protection Policy](#)
- Declaration of Interests Form
- [Equal Opportunities and Diversity Policy](#)
- [HIS Information and Communications Technology \(ICT\) systems acceptable use policy](#)
- [HIS Social Media Policy](#)
- Lived Experience Participation Guidance (Under development)
- [National Volunteering Policy](#)
- NHS Scotland Equality, Diversity and Inclusion Policy
- [Protecting Vulnerable Groups Scheme \(PVGS\) and Disclosure Policy and Procedure](#)
- Volunteer Role Descriptions

19. Appendices

- 19.1 Annual Conversation Record
- 19.2 Employee Assistance Programme (Spectrum Life)
- 19.3 Expression of Interest Form

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- 19.4 Expenses Claim Form
- 19.5 HIS Volunteer Handbook
- 19.6 ICT New User Form
- 19.7 Training Checklist (Under development)
- 19.8 Volunteer Interview Guide (Under development)
- 19.9 Volunteer Request Form

(all above policies and appendices will link to the new staff intranet source, hopefully available around 27th February and the 2 under development will be available and linked prior to policy implementation in April**)**

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Engagement Practice - Evidence strategic update
Agenda item:	3.1
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement & Change
Report Authors:	Christine Johnstone, Head of Engagement Practice – Evidence; Tony McGowan, Associate Director of Community Engagement
Purpose of paper:	Awareness and discussion

1. Situation

The Engagement Practice – Evidence Unit within the Community Engagement & Transformational Change (CETC) Directorate is entering 2025/26 with a strengthened focus on aligning its programme of work with NHS Scotland's renewal agenda.

This paper outlines the Unit's strategic direction for the coming year, including key programmes of work, test-of-change activities, and quality assurance developments. It is intended to provide assurance to the Scottish Health Council that the Unit is operating in line with national priorities, supporting organisational improvement, and maximising the voice of people and communities in health and care policy and delivery.

2. Background

The purpose of the Engagement Practice – Evidence Unit is to provide evidence from engagement to inform service and policy development and how to engage meaningfully. This evidence base helps to ensure citizens' voices are heard in the design and delivery of health and care services; influences Scottish Government and other organisations' policies; and provides an evidence base on best practice in engagement. The Unit also provides internal responsive support on engagement practice for Healthcare Improvement Scotland (HIS) programmes.

The Unit delivers two flagship programmes of public engagement: the Citizens' Panel for Health and Social Care and the Gathering Views programme.

In 2024/25, the Unit was restructured and resourced with additional specialist staff (including Social Researchers and Social Research Analysts) to enable a more ambitious and agile approach to social research and evidence gathering. This followed

both internal evaluation and external stakeholder demand for increased capacity, innovation in methodology, and strengthened assurance.

Activities have concentrated on building the Unit, developing ways of working and producing the Unit's work plan and supporting processes. The activities of Engagement Practice – Evidence have been grouped into 4 workstreams which are also aligned to [Healthcare Improvement Scotland Our Strategy 2023-28 Priorities](#):

- **Evidence from Engagement**
Covering developing and expanding our evidence base, Gathering Views and Citizens' Panel programmes, using feedback from engagement and undertaking our own research, etc.
- **Evidence for Engagement**
Covering producing research guidance and support and the development of toolkits, guidance and associated resources, etc.
- **Learning, building relationships and maximizing impact**
Covering promoting innovation in engagement, collaboration with stakeholders and information sharing including the re-establishment of a Participation Research Network and external networks, analysis of Gathering Views and Citizens' Panel reports, etc.
- **Aspirational engagement**
Includes the Unit working towards future ambitions such as generating its own research, expanding Gathering Views and Citizens' Panel commissions, exploring the potential for publication of our outputs in relevant journals and improving the processes for our outputs, etc.

The Scottish Government's [Operational Improvement Plan](#) (March 2025) sets out a renewed vision for NHS Scotland, focused on:

- Improving access and outcomes;
- Shifting the balance of care;
- Driving digital and technological innovation; and
- Embedding prevention and early intervention.

Public involvement in shaping these priorities – and monitoring their delivery – is a central tenet of the Scottish Government's approach. The Engagement Practice – Evidence Unit has a key role to play in enabling that participation and ensuring decision-making is informed by robust evidence from people's lived experience.

3. **Assessment**

a) **Citizens' Panel for Health and Social Care**

The Unit will maintain its core commitment to delivering two full Panel surveys per year, with continued use of an external research contractor for elements of the survey work to support high-quality delivery. The Citizens' Panel remains a cost-effective, flexible, and trusted mechanism for capturing public opinion on key policy and service issues.

In 2025/26, the Unit will also pilot two 'Pulse Panel' surveys – these are short, single-topic questionnaires supplemented by telephone interviews to increase

representativeness. They will act as a test of change, helping assess feasibility and value as a future method for more responsive insight gathering.

Work is underway to reprocur the Citizens' Panel contract from May 2025. Any expansion of survey activity – such as additional refreshes – will be considered in light of resource requirements and the need to balance quality with volume.

Proposed Citizens' Panel topics for 2025/26 (aligned with Scottish Government priorities) include:

- Public understanding and expectations of diagnostics, implications of unnecessary tests and how diagnostic services are provided for remote digital services;
- Willingness to travel for faster access to elective care;
- Outpatient services – public views on patient-initiated returns and how to discharge safely from outpatient services;
- Understanding public views on the balance between how important fast access to care is versus how important it is to establish an ongoing, continuous relationship with a healthcare professional.

b) Gathering Views programme

The Unit will conduct four Gathering Views exercises in 2025/26:

- Two large-scale, national-level studies;
- Two smaller, condition-specific or demographically focused projects.

This represents an expansion from previous years (three exercises were conducted in both 2023 and 2024) and will be supported by a clear programme planning approach. The Unit will seek to balance externally commissioned exercises with internally generated topics to ensure alignment with NHS Scotland's reform agenda and HIS' strategic priorities.

Some areas of Gathering Views topics (aligned with Scottish Government and HIS priorities) could be:

- Accessibility to mental health services, why people access services, is it responsive to their needs and does age, culture and equality & diversity make a difference to how people access services
- Experiences of accessing diagnostic and cancer referral pathways;
- Public views on primary care transformation and multi-disciplinary teams;
- Voices of unpaid carers navigating hospital discharge and home care systems;
- Access/travel considering remote and rural and particular groups that might be disadvantaged around travelling for care;
- How to support people to 'wait well' (building on previous waiting times work).

In addition, [the review of emergency departments in NHS Greater Glasgow & Clyde](#) undertaken by HIS included a national recommendation that Scottish Government should explore with us how best to gather patient views about experiences of accessing urgent and unscheduled care services and waiting in emergency departments to inform more detailed national recommendations on how to improve the patient experience and shape services for the future. This could also form the basis for one of the Gathering Views topics.

These exercises will be designed for maximum impact – drawing on qualitative methods such as interviews and focus groups – and outputs and reports will be accompanied by tailored dissemination plans.

c) Bespoke research and innovation

To reduce reliance on reactive commissions and support more forward-thinking insight work, the Unit will strengthen its capacity for internally driven research and thematic studies. This includes:

- Developing a pipeline of priority topics, based on system intelligence and national reform and renewal themes;
- Relaunching the Participation Research Network as a space for collaborative horizon scanning, and shared learning. It will also aim to build the Unit's knowledge and awareness of innovative approaches to engagement;
- Applying for small-scale research grants where opportunities arise and align with strategic priorities;
- Actively exploring what innovative engagement methods are in use and adopting them, where appropriate, for the Unit's work – examples could be co-produced design, citizen storytelling or immersive digital tools such as [Decidim](#), [Pol.is](#), [Go Vocal](#) and [Stories for Change](#).

Some areas of bespoke research (aligned with Scottish Government and HIS priorities) could possibly include:

- Barriers to digital participation in remote, low-income, or marginalised communities;
- Public perception of NHS service renewal and reform post-pandemic;
- Public trust in artificial intelligence (AI) and genetic testing in clinical settings;
- Testing engagement methods to strengthen inclusion and impact measurement.

This work will help position the Unit as an innovator in engagement evidence, aligned with national efforts to drive more responsive public services.

d) Quality assurance and learning

Informed by learning from undertaking the patient experience survey for the NHS Greater Glasgow & Clyde Emergency Departments review, and feedback and experiences gained from other previous work, the Unit is embedding a comprehensive approach to quality assurance, including:

- A Unit-wide action plan for learning and development, reflecting skill gaps across the team;
- Structured review and validation processes for all projects, including early-stage planning, data extraction checks and final-stage statistical checks;
- Close collaboration with HIS Communications to ensure outputs are accessible, accurate and impactful;
- Enhanced use of infographics, visual data, and short-form summaries to increase reach and influence.

Quality assurance will be integrated into every phase of project delivery and will be monitored quarterly via internal-to-Unit audit and review.

Assessment considerations

Quality / Care	The Engagement Practice - Evidence unit work programme enables the directorate to maximise its impact on evidence to support and assure the health and care system to meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work are aligned within the current allocation.
Clinical and Care Governance (CCG)	The activities outlined, in particular Gathering Views work, will be recorded through the Clinical and Care Governance Framework.
Risk Management	No risks identified. Emergent risks will be recorded and mitigated via established processes.
Equality and Diversity, including health inequalities	The overall directorate vision acknowledges our specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for this programme.
Communication, involvement, engagement and consultation	People involved in the workstreams will be kept informed about how their views are being used and provided with regular updates. Internally, mechanisms are in place to ensure staff and teams working on various projects are kept informed at all stages.

4 Recommendation

The Scottish Health Council is invited to:

- Note the proposed strategic direction for the Engagement Practice – Evidence Unit in 2025/26;
- Endorse the continuation of the Citizens' Panel (including the planned 'Pulse Panel' pilot) and the expanded Gathering Views programme;
- Support the development of a pipeline of research aligned with NHS Scotland's renewal agenda; and
- Provide comment or feedback on the proposed topics and delivery methods.

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.

5 Appendices and links to additional information

None required.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	2024-25 Operational Plan Q4 Progress Report
Agenda item:	3.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report author:	Richard Kennedy-McCrea, Operations Manager
Purpose of paper:	Discussion

1. Situation

This paper provides the Scottish Health Council with an update on the Directorate's progress with our work outlined in the Operational Plan for 2024-25, particularly noting impacts from Q4 of 2024-25. The Council is asked to note and discuss the contents of the paper.

2. Background

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

Rather than listing activities on a team-by-team basis, this update report describes how our work has contributed to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

3. Assessment

During Q4 our staff demonstrated progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

Through workshops, training and webinars, we build the understanding and confidence of healthcare professionals and community groups so that they are better equipped to carry out meaningful engagement within their sphere of influence.

We strengthen the support for volunteering in NHS Scotland through building greater understanding for the needs of volunteer managers, and by recruiting additional Public Partners who are embedded in programmes across Healthcare Improvement Scotland.

Through carrying out meaningful engagement with communities and supporting the wider organisation to consider equalities and inclusion in its work, we fulfil our obligations under the Equalities Act.

The long-term impact of the opinions and experiences we gather from the Scottish population continues to be seen in the shaping of national policy and service delivery.

Assessment considerations

Quality / Care	Our work supports health and social care services to improve the quality of care they provide to the people of Scotland, with a particular focus on ensuring the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and the development and delivery of services. We embed improvement methodologies within our own work to ensure we foster a culture of continual improvement.
Resource Implications	The resource implications for the directorate's work programmes have been reflected in the budget for 2024-25. Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of the Scottish budget and upcoming financial reviews are anticipated and mitigated wherever possible. Additional funding was secured from Scottish Government in July 2024 to support the Citizens' Panel, the introduction of a new NHS Scotland Volunteer Management System, and to promote What Matters to You? The Scottish Government has indicated that the funding for Citizens' Panel and What Matter to You will be included in baseline funding in 2025-26.
Clinical and Care Governance (CCG)	Our work embeds the third CCG principle ("People and communities are involved in all our programmes of work") and through the Governance for Engagement process we support other directorates to evidence this principle.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed monthly by our Directorate Leadership Team.
Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality, diversity and inclusion within HIS. We maintain a central register of completed equality impact assessments relating to the work of the whole organisation, and completion of EQIAs is reported in quarterly Key Performance Indicators (KPIs). We have built in a requirement that external organisations which commission us to gather public views will have undertaken an EQIA beforehand so that we understand which communities will be most impacted by the work and can tailor our approach accordingly.

Communication, involvement, engagement and consultation	Consultation and engagement with a range of stakeholders continues to be our bread-and-butter. This includes patients, carers, families, community groups, third sector organisations, NHS boards, integration authorities and Scottish Government. Through close links with the corporate Communications Team we aim to maximise the opportunities and reach for publicising our work.
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4 Recommendation

The Council is asked to note and discuss the content of the 2024-25 Quarter 4 Update.

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

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

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2024-25 Quarter 4 Update

Quarter 4 Update: January – March 2025

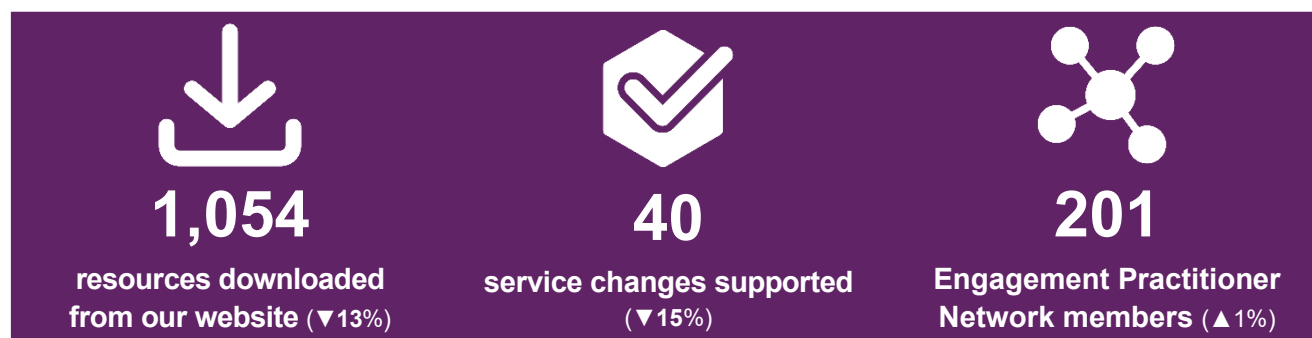
This progress report describes the impact of our work noted between January and March 2025. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

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

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

Building capacity

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



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

Resources were downloaded from our **website** a total of 1,054 times during Q4. The most-downloaded resources were a template to support community engagement planning, the report on the 14th Citizens' Panel survey, and advice about involving people when temporary changes are being made to services.

During Q4, 11 health and social care staff graduated from cohort 4 of the **Care Experience Improvement Model (CEIM) Leaders programme** and 24 new participants started in cohort 5, graduating in early April 2025. Some 50 people have participated in the programme throughout 2024-25, developing key skills to gather feedback from people who access services and make improvements based on that feedback – and

importantly to act as champions within their organisations. Overall, 96% of graduates have rated the programme positively. At a virtual peer network event in February 2025, a new CEIM Leader from NHS Tayside described how they had used CEIM to improve the experience of carers visiting loved ones in a secure mental health unit. Attendees rated the session 5/5 and feedback noted the session was “very helpful, great to connect and reconnect with other CEIM leaders”.

Health and care services can demonstrate compliance with policy and legislation

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q4, the team monitored and supported 40 service changes across all board areas, including 8 categorised as significant. A further 28 service changes are currently on hold, most pending decisions about Scottish Government capital funding.

At the end of Q4, Healthcare Improvement Scotland published its [Equality Mainstreaming Report](#). It provides an overview of how we have included equality in all our work over the past four years – both internally to support equalities learning for our staff, and externally to engage diverse communities to inform developments in healthcare policy. It also sets out the equality outcomes we will work towards during 2025 to 2029:

- improving maternity care
- embedding anti-racism through our anti-racism plan
- including disabled staff and those who are part of an LGBT+ community

The report demonstrates how we meet our duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

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

During Q4, we held 10 workshops with volunteering staff across 17 NHS boards to help map out detailed requirements for the new **volunteer management system** and to develop a national dataset for NHS Scotland Volunteering. An average of 10 NHS staff attended each workshop, demonstrating a good level of engagement. The contract for the new volunteer management system was awarded to Team Kinetic, and the first pilot site is set to go live by the end of Q1 2025-26.

Following stakeholder engagement, we published a new **Volunteering Policy and Procedures** on the HIS staff intranet. This will support staff to make best use of our volunteers and involve them meaningfully across the work of the organisation.

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

In Q4, the **Volunteering Practitioners' Community of Practice** channel was accessed by 76 users who posted 27 times. Members collaborated and shared information or asked questions of the network. The volunteering team delivered 3 monthly **Volunteer Manager's Coffee Catch-ups** during Q4, and in January 2025 twenty NHS staff from volunteer teams attended a special Q&A session with Disclosure Scotland which helped volunteer teams to prepare for the changes which came into effect in April 2025.

The **Engagement Practitioners Network** currently has 201 members. Throughout Q4, 123 (▼5%) members have been active on the MS Teams channel, sharing tools and resources, asking their peers for advice and publicising upcoming learning opportunities.

The service change team facilitated an **After-Action Review** in Q4 following publication of the report on cottage hospitals in Dumfries & Galloway. A report capturing the learning points is being finalised, which will inform future planning and development of service re-design in Dumfries & Galloway, and wherever similar service changes are being considered across the country.

People and communities are empowered to participate in health and care

The annual **Public Partner** event was held in March 2025, attended by 10 Public Partners, the HIS Chair, Deputy Chair and Chief Executive as well as the Director of Engagement and Change, Associate Director of Community Engagement and staff from the Equalities, Inclusion and Human Rights team. There was excellent engagement throughout the event, facilitated by a range of interactive activities and updates. Public Partners reported positive experiences in relation to feeling valued and that their input made a difference, appreciating the opportunity to connect with other Public Partners and staff, and finding the volunteer induction helpful. Following a recruitment drive in Q4, we appointed 5 new Public Partners, taking the total number to 17.

Raising awareness

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



Stakeholders have an increased awareness of good engagement and volunteering practice

In January 2025 we held a What Matters to You? (WMTY) webinar on the topic of “From transactional to relational: bringing heart and humanity back to healthcare” with presentations by Prof Victor Montori (Mayo Clinic) and Dr Dominique Allwood (Imperial College Health Partners, London). The 109 attendees rated the webinar 98% positive, and their comments included:

- “This webinar brought back to me my own personal values and beliefs and helped reflect on the challenges I face in my clinical area trying to achieve and deliver compassion to the people I meet. It has motivated me to continue to do the right thing for each individual patient and helped me feel that what I do in my work is valuable despite the difficult work conditions.”
- “This was a breath of fresh air! I really enjoyed it. I work in cancer care and with all the pressures on us to perform, audit, meet targets etc. I see my colleagues struggling. We try our

best to support each other and this benefits the patients. I've seen many colleagues over the years succumb to stress and the feeling that the job they wanted to do had changed so much. I'll definitely try spreading the word and access the resources that you have provided."

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

The volunteering team delivered a presentation to the Scottish Volunteering Forum to share the findings of the [second volunteer experiences survey](#), published in January 2025, and to provide updates on our contributions to Scotland's Volunteering Action Plan.

Almost 70 nominations for the **Jane Davies Award for Person Centred Practice** were received from across Scotland during February 2025. The nominations included some fantastic examples of practice and shortlisting has taken place. Jane's family play a full part in the decision-making process, and the winner and runners up will be announced in May 2025.

Staff from across the directorate reviewed a draft consultation document prepared by the Scottish Government on the topic of the Guthrie Card Index. Our support has been very well received: "Thank you very much for the feedback. It is extremely useful and clear. Please also extend our thanks to all the team that were involved, we really appreciate everyone taking the time to review the consultation document. We have started working our way through the recommendations and will keep you posted on progress."

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

In autumn 2024 we were commissioned by the Area Drug and Therapeutics Committee Collaborative (ADTCC) to gather people's experiences of taking Sodium Valproate, a drug used to treat epilepsy and bipolar disorder and prevent migraines but which is known to cause birth defects. Health boards are developing action plans in response to new regulatory measures and our work will inform these and consider specific needs relating to diversity and health inequalities. This will ensure person-centred, safe, and effective implementation of the new measures. The work is ongoing and to date we have conducted 8 interviews with patients.

Our efforts to recruit participants for the sodium valproate work have enabled us to support colleagues in SIGN so that individuals taking topiramate have the opportunity to contribute to the peer review of SIGN Guideline 155, *Pharmacological management of migraine*.

The 15th survey of the Citizens' Panel 15 survey run until February 2025, covering the topics of medicines safety, long term conditions and pre-conception health and care. A total of 563 responses were received (57% response rate).

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

Our Equalities, Inclusion and Human Rights team supports teams across Healthcare Improvement Scotland to ensure their work takes account of the needs of a diverse range of communities. An **equality impact assessment** (EQIA) prompts teams to consider the potential positive and negative impacts of their work on each of the protected characteristics described in equalities legislation. At Q4, most HIS programmes which require an EQIA have one in place – 93%. This is a 1% decrease on the previous quarter, due to new programmes starting and yet to complete their initial screening.

The HIS [review of safety and quality of care at the three main Emergency Departments at NHS Greater Glasgow and Clyde](#) was published in March, making 41 recommendations for improving services. The report included substantial learning about the quality of patient experience derived from our engagement with over 550 patients. We also produced an Easy Read summary of the report to aid communication of the findings.

During Q4 we undertook a refresh of the **Citizens' Panel** membership to ensure representativeness of the sample of members. This is due to be completed in May 2025 and around 100 new members have been recruited so far. Younger people, Black, Asian and Minority Ethnic people and people living in social rented housing are now more represented on the panel.

We engaged with 16 people from a range of minority ethnic backgrounds to hear more about their recent experiences of NHS services and what matters to them. This identified 9 recommendations which helped to shape the **anti-racism plan** that all NHS organisations have been required to develop. Healthcare Improvement Scotland published its [anti-racism plan](#) in February 2025.

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

Findings from our [Citizens' Panel 11 report](#) (May 2023) on Digital Health and Social Care have informed Scottish Government workstream development supporting NHS Renewal. They have ensured consideration of digital exclusion and non-digital options, explored through a dedicated £2m Digital Inclusion Programme; supported Renewal priorities e.g. Digital Front Door delivering choice and flexibility to empower people (online booking, digital communication, targeted health interventions); and have enabled a focus on public trust and ethical data use, including considerations around Artificial Intelligence.

Findings from our [Citizens' Panel 12 report](#) (November 2023) on the regulation of independent healthcare have confirmed the lack of public awareness about which independent healthcare services are regulated by HIS and support further regulation of the non-surgical cosmetics sector. The survey results also informed further consultation proposals and were referenced in the consultation paper. The Scottish Government will publish its analysis of the consultation and announce next steps before the Scottish Parliament's 2025 summer recess and continues to meet regularly with Healthcare Improvement Scotland to discuss regulation of independent healthcare and any priorities for further regulation. Since June 2024 additional independent healthcare providers have been required to register with HIS, including pharmacy services which are not provided under the terms of an NHS contract or from non-General Pharmaceutical Council registered premises and independent medical agencies including those operating entirely online.

Insights from the [Citizens' Panel 14](#) report (November 2024) – including the importance of the NHS making better use of resources, reducing waste and delivering care that matters – have been incorporated into a Scottish Government consultation on a new integrated framework for long term conditions in Scotland. The consultation runs between April and July 2025.

Our [Gathering Views on Implanted Medical Devices](#) report (August 2024) has informed medical device policy in Scotland and UK, through ongoing discussions between Scottish Government, MHRA, and Department of Health and Social Care. It has supported development of NHS Inform patient resources and a national guide for boards and local authorities on best practice for medical device information for patients. Feedback from the public is helping boards to provide consistent, timely, and appropriate information; ensure a variety of patient feedback options is available and address information needs and support a person-centred approach, including consideration of multiple devices, through development of a Medical Device Data Hub, for clinicians to access information about patients, with ambition for patients to also access in future, to empower them in making informed choices about their treatment and care.

Our work to gather [patient experiences of using sodium valproate](#) is ongoing and not expected to publish until the autumn. However, we have been sharing early findings with stakeholders such as the Sodium Valproate Learning Network and the ADTCC Forum, which includes representatives from HIS, NHS boards, Scottish Government and the Medicines and Healthcare products Regulatory Agency (MHRA). They have been very positive about the work so far:

- “The range of questions are obviously eliciting a response which is useful, we're getting people's lived experience and that's what we were looking for to try to understand how there's an opportunity to make that better”
- “What we're hearing about people with lived experience is that we need time to care. We need to have time to have these conversations.”
- “The stories are really powerful and it's really interesting information, it really makes a difference. We all think we deliver care empathetically (...) but we're hearing from patients that that doesn't necessarily happen. (...) It is about how do we gain the learning that helps use this powerful information that we're gathering at this point in time and how do we do things differently moving forward.”

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Risk Register
Agenda item:	4.1
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement & Change
Report Author:	Clare Morrison, Director of Engagement & Change
Purpose of paper:	Decision

1. Situation

At each meeting the Scottish Health Council (SHC) considers the strategic operational risks relating to the SHC's remit.

2. Background

The Healthcare Improvement Scotland (HIS) corporate risk management system is held on Sharepoint. The full risk register is scrutinised at the HIS Audit & Risk Committee. Risk 1163 relates to service change and an update is provided to the SHC at each meeting.

At the SHC's extraordinary meeting on 10 October 2024, it was requested that risk 1163 was reviewed and re-worded with SHC input. New wording was proposed at the SHC meeting in November 2024 which was modified and then finalised, and the risk register was updated to this new wording immediately after the meeting.

3. Assessment

Risk 1163 reads as follows:

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

statutory duties to monitor, support and assure engagement activities both locally and nationally.”

Key mitigations for this risk relate to significant work undertaken in the following areas in 2024-25 plus ongoing activity, specifically:

- Updates to *Planning with People* in 2024 to provide greater clarity on engagement responsibilities
- Development of new guidance on engagement on nationally determined service changes
- Ongoing awareness raising sessions and engagement with NHS boards, HSCPs and Scottish Government leads for NHS reform
- Establishment of Engagement Practice – Assurance unit
- Establishment of Strategic Engagement team.

Two current issues relating to this risk are:

1. We are in the early stages of testing the new guidance on engagement on nationally service change (for vascular services, see agenda item 2.1). Until the guidance is fully tested and updated if necessary, there remains uncertainty about its effectiveness.
2. We are in the process of resolving the gap of a Strategic Engagement Lead post in the West region, but there remains a risk while the role is unfilled. A proposed way forward has been agreed by the HIS Transformation Oversight Board, development work is in process and the next step is a four-week organisational change process with the current Strategic Engagement Leads that is anticipated to begin in May 2025.

An extract of the corporate risk register is included in Appendix 2.

Assessment considerations

Quality / Care	Robust risk management helps identify quality issues.
Resource Implications	The plans for the assurance programme and strategic engagement teams are within budget for 2024/25.
	Workload and ways of working for the assurance programme and strategic engagement teams will be monitored to consider any mitigations.
Clinical and Care Governance	Risk management contributes to the CCG principles on identifying managing and acting upon risks; and on clear lines of accountability.
Risk Management	Risk is entered in corporate risk register
Equality and Diversity, including health inequalities	Inequalities that may arise from service changes are considered in all of our assurance of engagement on service change work.
Communication, involvement, engagement and consultation	Continual engagement with boards is a key role for our strategic engagement teams. The directorate’s risks are continually monitored by a sub-group of the Directorate Leadership Team.

4 Recommendation

The SHC is asked to accept Moderate Level of Assurance that controls are in place for managing this risk, although some residual risk remains.

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.

5 Appendices and links to additional information

Appendix 1: Risk definitions

The following definitions of risk used by HIS, with the levels for risk 1163 highlighted:

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

Appendix 2: Risk register extract

Risk Title	Risk Category	Category	Appetite	Risk No	Committee assign	Date Raised	Risk Director	Risk Description	Inherent Risk	S Controls & Mitigations	Current update	Impact	scLikelihood	Residual	Appetite Modified	Modified By	Risk A Item	
Service Change	Reputational / Credibilit	Reputational	Cautious	1163	SHC	24.11.2021	Clare Morrison	There is a risk that financial and workforce pressures, along with NIS reform, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NIS boards, HSCPs and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HHS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting). Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HHS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. In December 2024, we produced guidance on non-compliance with Planning with People. In 2024, we implemented a new structure comprising Strategic Engagement Leads and an Assurance of Engagement Programme to enhance our assurance processes, both of which have improved our earlier awareness and scrutiny of service changes in the system. We have had an increasing risk around one of our Strategic Engagement Lead posts being vacant since May 2024 which has resulted in our awareness of service changes in some locations being significantly reduced. We plan to start an organisational change process in May 2025 to resolve this. The first nationally determined service change is now under review (vascular services) which is the first test of our new guidance. We provided advice to Scottish Government about the current gaps in its engagement on this service change in April 2025.	4	3	12	In	#####	Clare Morris	Active Item

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	15 May 2025
Title:	Key Performance Indicators
Agenda item:	4.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Engagement & Change
Report Author:	Clare Morrison, Director of Engagement & Change
Purpose of paper:	Awareness

1. Situation

In 2024/25, all Healthcare Improvement Scotland governance committees have been assigned some key performance indicators (KPIs) to monitor on a quarterly basis.

2. Background

HIS tracks KPIs at a corporate level and at a committee level. The KPIs for SHC are:

Voices & Right of People & Communities
Governance for Engagement – percentage of Directorates supported to assess and improve their engagement
Engagement activities (Citizens Panel and Gathering Views) – number of policy areas influenced by people’s views
Equality assessment – percentage of relevant projects/programmes with an initial screening completed

3. Assessment

The Quarter 4 performance for the KPIs tracked by SHC is:

Voices & Right of People & Communities	2023/24 actual	2024/25 target	Quarterly target	Quarter 4 result	2024/25
Governance for Engagement Percentage of Directorates supported to assess and improve their engagement	n/a	100%	Meetings scheduled for Q2 (target 50%) and Q3 (target 100%)	(already achieved in Q3)	100%
Engagement activities Citizens Panel and Gathering Views – number of policy areas influenced by people's views	8	10	2-3	2	9
Equality assessment Percentage of relevant projects/programmes with an initial screening completed	56%	90%	90%	95%	95%

As discussed at the February 2025 Scottish Health Council meeting, the annual KPI for engagement activities was not achieved (nine not 10 activities). This is because unplanned work to deliver a patient experience report for the NHS Greater Glasgow and Clyde emergency department review took precedence and involved considerable workload. The published report is available [here](#).

Assessment considerations

Quality/ Care	Regular KPI performance tracking helps identify quality issues.
Resource Implications	Resource implications are reported within each work programme that contribute to the KPIs, there are no specific resource implications relating to tracking KPIs.
Clinical and Care Governance (CCG)	Regular KPI performance tracking contributes to the CCG principles on clear lines of accountability; and transparent and informed decision making.
Risk Management	Risks are reported within each work programme that contribute to the KPIs, there are no specific risks relating to tracking KPIs.
Equality and Diversity, including health inequalities	Having a KPI that tracks completion of equality impact assessments across HIS and is regularly reviewed by SHC is part of good governance around HIS achieving its equalities duties.
Communication, involvement, engagement and consultation	The KPI on engagement activities depends on achieving high quality external engagement. Continual engagement with other Directorates across HIS is essential for delivering the Governance for Engagement and Equalities KPI.

4 Recommendation

The SHC is asked to consider the KPI report and accept a Moderate Level of Assurance for the full year performance, acknowledging that due to unexpected pressures only two out of three of the KPIs will be fully delivered, however there is a specific exceptional circumstance for the engagement activities KPI.

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.

5 Appendices and links to additional information

Appendix 1: Quarter 4 performance report for the corporate KPIs

Appendix 1: Corporate KPIs for end of Q4 2024/25

KPI title	KPI metric	24/25 Target	24/25 Actual	Notes for KPIs behind target
NHS inspections	% of follow up inspections carried out within agreed timescales	100%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment timeframes	80%	28%	Significant staffing pressures continue. Current inspector capacity at 66% due to absences. Focus continues on high priority activities including registrations, complaint investigations, notifications, high and medium risk inspections.
Adverse events	% NHS Boards using the adverse events Community of Practice and sharing learning by April 2025	75%	95%	18 out of 19 boards now trained on the platform, IT access issues that are stopping us from setting up that final Board.
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	N/A	Remains on hold due to the ongoing external review of the Responding to Concerns programme.
New medicines advice	% of decisions communicated within target timeframe	75%	88%	
Responsive support	Number of commissions undertaken	4	1	The KPI for Responsive Support was introduced this year to support the health and care system. Delivery levels were hard to predict due to varying needs. We will reassess this KPI next year.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	47	A range of learning events have been completed.
Mental Health reform	% of supported NHS Boards with an improvement plan in place	80%	0%	Work delayed due to funding uncertainty and recruitment issues in Q1. Contact established and local assessments complete. Progress expected in Q1 2025-26.
Service change engagement	Number of NHS Board/Integration Joint Board (IJB) service change engagement plans influenced by advice & assurance	60	68	Annual target surpassed due to the higher volume of service change being considered across the system.
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	100%	
Annual stakeholder survey	Response rate*	50%	N/A	No stakeholder survey carried out this year due to spending controls.
Complaints	% upheld with an improvement plan	100%	100%	
iMatter	Employee engagement index score	80	75	Annual survey
Recurring savings	Recurring savings - cumulative	£2.5m	£1.3m	Delivered a balanced position at year end but driven by unplanned non-recurring savings.
Communications	70 broadcast pieces per annum	70	159	Surpassed due to increased media activity and interest.

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

Council Business	Lead Officer	15.05.25	04.09.25	13.11.25	12.02.26	
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HIS STRATEGIC BUSINESS

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						

COMMUNITY ENGAGEMENT BUSINESS

Evidence Programme						
Evidence strategy including planned activities and research	Head of Engagement Practice-Evidence					
Improvement Programme						
Improvement strategy including learning system, innovation and volunteering	Head of Engagement Practice-Improvement					
Assurance Programme						
Service change activity	Head of Engagement Practice-Assurance					
Strategic Engagement						
Engagement across Scotland: maintaining and building local relationships	Strategic Engagement Leads					Note: overview to be included in strategic business item
Operational Plan Progress Report	Operations Manager					

SHC GOVERNANCE

Draft Annual Report 2025/26 & Council Terms of Reference	Chair					
Key Performance Indicators	Director					
Risk Register	Director					
Business Planning Schedule 2025/26	Chair					
Proposed Business Planning Schedule 2026/27	Chair					
Corporate Parenting Action Plan /Report	Equality, Inclusion and Human Rights Manager					
Equality Mainstreaming Report Update	Equality, Inclusion and Human Rights Manager					

RESERVED BUSINESS

Service Change Sub-Committee meeting notes	Head of Engagement Practice-Assurance					
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A DDITIONAL ITEMS of GOVERNANCE

3 Key Points for HIS Board	Chair					
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CLOSING BUSINESS

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