

# Scottish Health Council

Thu 12 February 2026, 10:00 - 12:30

Via MS Teams

## Agenda

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

20 min

#### 1.1. Welcome and apologies

10.00-10.05 *Chair*

#### 1.2. Declaration of interests

10.05-10.10 *Chair*

Paper

- 📄 2026-02-12 - SHC - item 1.2 - Register of Interests 2025-26.pdf (2 pages)
- 📄 2026-02-12 - SHC - item 1.2 - Register of Interests 2025-26 - Appendix 1.pdf (7 pages)

#### 1.3. Draft Minutes of previous SHC meeting (13/11/2025)

10.10-10.15 *Chair*

Paper

- 📄 2025 -11-13-SHC- Draft Meeting Minutes - 0.1.pdf (6 pages)

#### 1.4. Review of Action Point Register

10.15-10.20 *Chair*

Paper

- 📄 2026-02-12- SHC - item 1.4 - Action Register (002).pdf (3 pages)

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

60 min

#### 2.1. Statutory duties of Engagement

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

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

Paper

- 📄 2026-02-12 - SHC - item 2.1 - Statutory duties of engagement - v02.pdf (5 pages)
- 📄 2026-02-12 - SHC - item 2.1 - Appendix DRAFT Interim guidance on sub-national planning engagement v07.pdf (5 pages)

#### 2.2. Governance for Engagement

10.35-10.40 *Director/Associate Director Clare Morrison/Tony McGowan*

Ensuring HIS meets its public involvement duties.

Paper for noting

- 📄 2026-02-12 - SHC - item 2.2 - Governance for Engagement - v01.pdf (3 pages)

#### 2.3. Equalities, Diversity & Inclusion

10.40-10.55 *Equality, Inclusion and Human Rights Manager/Director Rosie Tyler-Greig/Director Clare Morrison*

Ensuring HIS meets its equalities duties/ Equality Mainstreaming Report Update/Equalities Audit update.

Paper

- 📄 2026-02-12 - SHC - item 2.3 - EIHR update - v01.pdf (3 pages)
- 📄 2026-02-12 - SHC - item 2.3 - EIHR - Appendix 1 - v02.pdf (2 pages)
- 📄 2026-02-12 - SHC - item 2.3 - EIHR - Appendix 2.pdf (5 pages)
- 📄 2026-02-12 - SHC - item 2.3 - EIHR - Appendix 3.pdf (3 pages)

## 2.4. HIS annual delivery planning for 2026-27

10.55-11.10 *Director/ Clare Morrison*

Paper

- 📄 2026-02-12 - SHC - item 2.4 HIS annual delivery planning.pdf (4 pages)

*BREAK 11.10-11.20*

## 11:20 - 11:30 3. Community Engagement Business

10 min

### 3.1. Operational Plan Progress Report

11.20-11.30 *Operations Manager/ Richard Kennedy McCrea*

Paper

- 📄 2026-02-12 - SHC - item 3.1 - 2025-26 Q3 update - v01.pdf (2 pages)
- 📄 2026-02-12 - SHC - item 3.1 - 2025-26 Q3 update - Appendix1.pdf (5 pages)

## 11:30 - 12:15 4. SHC Governance

45 min

### 4.1. Draft Annual Report 2025/26 and SHC Terms of Reference

11.30-11.40 *Chair*

Paper

- 📄 2026-02-12 - SHC - item 4.1- Annual report cover paper.pdf (1 pages)
- 📄 2026-02-12 - SHC - item 4.1 - Appendix 1 - Draft SHC annual report.pdf (6 pages)
- 📄 2026-02-12 - item 4.1 SHC- Annual Report- Appendix2 -SHC ToR.pdf (2 pages)
- 📄 2026-02-12-SHC- item 4.1 Appendix 3 SHC Key Points 2025-26.pdf (3 pages)
- 📄 2026-02-12- SHC -item 4.1- appendix 4 SHC Annual report-2025-26 Attendance Register.pdf (1 pages)
- 📄 2026-02-12- SHC - item 4.1- Appendix 5 Business Planning Schedule 2025-26 V1.1.pdf (1 pages)

### 4.2. KPIs

11.40-11.50 *Director/Clare Morrison*

Paper

- 📄 2026-02-12 - SHC - item 4.2- KPIs cover paper.pdf (3 pages)
- 📄 2026-02-12 - SHC - item 4.2- KPIs-Appendix 1.pdf (3 pages)

### 4.3. Risk Register

11.50-12.00 *Director/Clare Morrison*

Paper

- 📄 2026-02-12 - SHC - item 4.3 - Risk register and App 1.pdf (4 pages)
- 📄 2026-02-12 - SHC - item 4.3 - Appendix 2- risk register extract.pdf (1 pages)

#### **4.4. Proposed Business Planning Schedule 2026/27**

12.00-12.05 *Chair*

Paper

📄 2026-02-12 - SHC - item 4.4- Proposed Business Planning Schedule 2026-27 V0.1.pdf (1 pages)

#### **4.5. Corporate Parenting Action Plan**

12.05-12.15 *Equality, Inclusion and Human Rights Manager/Rosie Tyler Greig*

Verbal update

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

5 min

#### **5.1. Service Change Sub-Committee draft meeting notes**

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

Paper

📄 2026-01-22 -SHC - item 5.1- Service Change Sub-Committee Meeting 2026-01-22 FINAL.pdf (5 pages)

### **12:20 - 12:25 6. Additional Items of Governance**

5 min

#### **6.1. 3 Key Points for HIS Board**

12.20-12.25 *Chair*

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

5 min

12.25-12.30 *All*

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

0 min

The next meeting will be held on:

Thursday 14th May 2026

10.00-12.30 Via Teams

# Register of Interests

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 1.2

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

**Report Author:** Susan Ferguson/Committee Secretary

**Purpose of paper:** Decision

## 1. Purpose

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

## 2. Executive Summary

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

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

- SHC Member Nicola McCardle resigned from the SHC with effect from 12<sup>th</sup> January 2026. The Register of Interests has been updated accordingly to reflect this.

## 3. Recommendation

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

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

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

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

Appendix 1 - Item 1.2 Scottish Health Council Register of Interests

## Healthcare Improvement Scotland (HIS) - Register of Interests January 2026

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

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

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

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

**1. MEMBERS OF THE SCOTTISH HEALTH COUNCIL**

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

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

**2. NON-EXECUTIVE BOARD MEMBERS**

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

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

### 3. EXECUTIVE DIRECTORS

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

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7 - Gifts and Hospitality	Hospitality (One night's accommodation) Hospitality (One night's accommodation and train travel)	Accepted for attending National Improvement Leaders Workshop Accepted for attending Improvement in Health and Care Conference	04/03/2025 24/03/2025
8 - Non-Financial Interests	Fellow of the Royal Pharmaceutical Society Registered Pharmacist with the General Pharmaceutical Council	RPS fellowship awarded in 2017 for distinction in pharmacy, member of the RPS since 1998. Registered Pharmacist since 1998 with independent and supplementary prescribing annotations.	1998 to present 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
	Husband was previously employed by the Scottish Ambulance Service (now retired)		2006 to 2025

# Board/Committee Minutes – Draft 0.2

Meeting of the Scottish Health Council

10.00am -12.30pm 13 November 2025; MS Teams

## Attendance

### Present

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

### In Attendance

Clare Morrison, Director of Engagement & Change, Lead Director (CM)  
Derek Blues, Head of Engagement Practice - Assurance (DBL)  
Richard Kennedy McCrea, Operations Manager (RKM)  
Diane Graham, Head of Engagement Practice-Improvement (DG)  
Evelyn McPhail Chair of Healthcare Improvement Scotland (EMcP)  
Robbie Pearson, Chief Executive (RP)  
Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)  
John McKee, Head of Comms -Item  
Judith Kilbee, HIS Non-Executive Director (JK) Observer  
Donald Crichton, Programme Manager  
Jackie Weir, Public Involvement Manager  
Camille Brizell, Project Officer  
Karen Rankin, Project Officer  
Lisa McCartney, Strategic Engagement Lead  
Louise Wheeler, Engagement Advisor

### Apologies

Emma Cooper, Member (EC)  
Jamie Mallan, Member (JM)  
Tony McGowan, Associate Director Community Engagement (TMG)  
Christine Johnstone, Head of Engagement -Improvement (CJ)

## **Meeting Support**

Susan Ferguson, Committee Support

## **1. Opening Business**

### **1.1 Welcome and apologies**

The Chair (SD) welcomed everyone to the meeting and extended a welcome to Judith Kilbee, Healthcare Improvement Scotland (HIS)Board Non-Executive Director, and some of the colleagues from the Assurance Programme who had joined to observe the meeting.

Apologies were noted as above.

### **1.2 Declaration of Interests**

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

No conflicts of interest were declared.

Decision: SHC noted the Declaration of interests.

Action: None

### **1.3 Minutes of previous meeting**

The draft minutes from the previous SHC meeting held on 4 September 2025 were accepted as an accurate record of the meeting.

Decision: The SHC approved the minutes from the 4 September 2025 meeting.

Action: None

### **1.4 Review of Action Register**

The SHC reviewed the Action Register and received further updates on; the Volunteer Management System (VMS) and Policy on Public Partners Lone Working.

It was noted that the remaining actions were closed or noted as complete.

Decision: The SHC noted the Action Register.

Action: None

## **2. HIS Strategic Business**

### **2.1 Statutory duties of Engagement**

CM provided an update on statutory engagement duties, noting progress on the joint engagement guidance for the Single Authority Model with COSLA, which is now in draft review. She advised that nationally determined service changes included a pause on vascular services pending review, while engagement continues on gender identity services and the digital front door. It was advised that updated resources to support major service change engagement have been developed and are currently being tested.

The SHC took assurance from the paper, recognising its strong strategic content and clarity on

resources to support any potential major service change engagement.

Decision: After discussion on the risk mitigations for this paper, the SHC agreed to change the level of assurance from Limited to Moderate.

Actions: CM to include resource implications in February's paper.

CM to update level of assurance from Limited to Moderate

## **2.2 Governance for Engagement (GfE)**

The paper provided an update from September's Governance for Engagement sub-committee (GfE) meeting, noting significant evidence of continued improvement in engagement within the Evidence and Digital Directorate, (E&D). To give the newly appointed Director of Nursing and Integrated Care (NS&I) time to familiarise themselves and contribute to the directorate's Improvement Plan, it was recommended they join the GfE meeting in February 2026.

CM advised that the Self-Assessment tool for corporate functions was shared with the GfE and will be finalised for implementation from April 2026.

JMK, Head of Communications, provided an overview of the HIS Annual Review Day being held on 15 December 2025, noting it will be the first full ministerial review in some time and will offer both in-person and hybrid attendance options.

Decision: The SHC noted the paper and agreed to the deferment to Cycle 4 for the corporate functions and accepted Moderate Level of assurance for the paper.

Action: None

## **2.3 Equalities, Diversity & Inclusion**

RTG highlighted the following points from the paper, 73 of 76 programmes on track for the Equality Impact Assessments (EQIAs). Noted the positive feedback received from Scottish Government (SG) on the Anti-Racism Report progress, which has prompted consideration for a wider sharing of learning from this; and lastly, the development of the draft Internal Guidance for accessible engagement with diverse communities.

The SHC noted the excellent achievement on producing the Anti-Racism draft report, however highlighted the need to be careful around the use of language in some areas. They supported the Accessible Engagement draft, which had originally been developed for HIS staff, and recommended it would be beneficial for people across health and social care to have sight of this.

RTG thanked SHC for the feedback and advised that she would review the language used with reference to social care and agreed that the accessible engagement resources should be adapted for sharing beyond HIS through the new Engagement Practical Learning & Improvement System.

Decision: The SHC noted the paper and accepted Moderate Level Assurance. Thanks were extended to Jackie Weir for the work on the Accessible Engagement draft.

Action: RTG to review language used re social care in the Anti- Racism draft.

## **2.4 Role of Public Partners**

RTG also provided the SHC with an update on HIS's Public Partners (PPs) that actively contribute across the directorates. She noted recruitment was underway for an additional PP on the National

Cancer Medicines Advisory Group which will bring the total to 18 PPs. She noted the team continued to provide effective support to the PPs which included cyber security issues currently being resolved, with the provision of secure IT equipment to the PPs allowing.

The SHC discussed the role and contribution of public partners, highlighting their commitment and support across the organisation. Also discussed were the opportunities to strengthen links between PPs and the SHC without overburdening volunteers and the need to ensure IT measures are in place to ensure secure communication for the PPs handling confidential information.

Decision: The SHC accepted a moderate level of assurance.

Action(s):

1. Continue monitoring IT issue with equipment for PPs and provide updates to SHC on measures taken to safeguard sensitive information being shared with PPs-RTG

### **3. Community Engagement Business**

#### **3.1 Engagement Practice – Improvement Programme-Assurance Programme**

DB provided the SHC with a review of the work in the last year from the Engagement Practice Assurance Programme, which included Assurance of Engagement on service change which comprises monitoring and assuring the correct engagement is in place for the currently 70 service changes across Scotland. Also highlighted the new resources produced by HIS for major service change. Updates on the work of Equalities, Inclusion & Human Rights, the Strategic Engagement and Community Support, which involves engagement with senior leaders across NHS boards/HSCPs and supporting communities to engage.

The SHC expressed appreciation for the team's flexibility in managing significant changes, particularly the shift to nationally determined service change, and commended the leadership and collaborative approach demonstrated within his team. Positive feedback was shared on the introduction of the horizon scanning work and agreed to review its format and effectiveness.

CM also noted thanks to DB and all the team for the positive way they have come together as a unit.

Decision: The SHC were supportive of the work undertaken, noting the progress in the key points discussed, and the work planned for the next year. Moderate Assurance was accepted for this paper.

Action: 1. DB to share the Assurance report and Patient Experience Volunteers newsletter with SHC.

#### **3.2 Operational Plan Progress Report**

The SHC received an update on the directorate's Q4 activities and longer-term work. Key points included the publication of the updated evaluation guide, which is now widely accessed. It was noted with the upcoming migration to the HIS website, the tracking of resources used may become affected and highlighted the possibility of fluctuations in engagement statistics. Progress was highlighted on developing engagement practice networks and gathering local intelligence to inform system improvements.

The SHC thanked RKM for the update and asked re gathering intelligence and evidence statistics in the current way is a useful measure due to variances in reporting, which is causing the fluctuations.

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

Action: None

## 4. SHC Governance

### 4.1 Risk Register

The paper presented two strategic risks: engagement on major service change and quality and safety aspects of service change. Mitigations had included new engagement resources introduced earlier in the year, and the completion of organisational changes last month and the ongoing national service change work.

Decision: The SHC noted the paper and agreed that the question raised around appetite -service change would be for the HIS Board and not SHC and accepted a Moderate level of assurance.

Action:

### 4.2 Key Performance Indicators

CM provided an update on the 2 corporate KPIs which are tracked by the SHC quarterly. The paper provided the rationale for the Q2 result for Governance for Engagement being amber which was due to a deferment request to Q3 for one of the directorates. She also noted that EQIAs are on track.

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

Action: None

### 4.3 Business Planning Schedule 2025/26

The SHC were asked to note the contents of the Business Planning Schedule for 2025/26.

A point was raised on the Corporate Parenting Action Plan and if this had been omitted from the agenda.

It was noted that this would be included in February's SHC meeting.

Decision: The SHC noted the Business Planning Schedule.

Action: Corporate Parenting Action plan to be moved to February 2026 meeting. (SF)

## 5. Reserved Business

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

The draft minutes from the Service Change sub-committee meeting held on 23 October 2025 were shared with the SHC for information.

Decision: The SHC noted the draft minutes from the service change sub-committee meeting held on 23 October 2025

Action: None

## 6. Additional items of Governance

### 6.1 Key Points for the HIS Board

The SHC agreed to the following 3 key points:

1. Statutory duties of engagement
2. Accessible Engagement
3. Assurance of Engagement

## 7. Any Other Business

NMC announced her likely departure from the SHC due to taking up a new role in NHS. The SHC expressed appreciation and congratulations to NMC in her new role.

## 8. Date of Next Meeting

Next meeting will be held on; Thursday 12 February 2026

10.00-12.30 Via Teams.

Approved by: name, title

Date: date

## Scottish Health Council Meeting Action Register

Minute Ref	Report Heading	Action Point	Timeline	Lead Officer	Current Status
SHC Meeting 13/11/2025 2.1	Statutory duties of Engagement	CM to include resource implications in February's paper  CM to update level of assurance from Limited to Moderate	Feb 2026  Immediate	CM  CM	Since the last meeting, sub-national planning units have progressed at pace and proposed guidance on engagement is in development. More broadly, HIS is developing its response to sub-national planning as part of the Annual Delivery Plan. Therefore it is too early to be clear about resource implications and this action is requested to be deferred to the next meeting.  Noted in the minutes of the meeting of 13/11/25 that the assurance level was now Moderate.

SHC Meeting 13/11/2025 2.3	Equalities, Diversity & Inclusion	<p>RTG to review language used re social care in the Anti-Racism draft.</p> <p>RTG to continue monitoring IT issue with equipment for PPs and provide updates to SHC on measures taken to safeguard sensitive information being shared with PPs.</p>	Feb 2026	RTG	<p>The anti-racism plan is actively under review. A consultation with minority ethnic staff in HIS is planned for Thursday 11<sup>th</sup> March and documentation will be updated thereafter.</p> <p>IT has issued equipment to all responding Public Partners. Support and ongoing training is being provided, including LearnPro training on phishing.</p>
SHC Meeting 13/11/2025 3.1	Engagement Practice – Improvement Programme-Assurance Programme	DBI to share the Assurance Slides and Patient Experience Volunteers newsletter with SHC.	Feb 2026	DBI	<p>Complete both shared with SHC members. 29/01/2026</p> <p><b>Recommended for Closure</b></p>
SHC Meeting 13/11/2025	Business planning Schedule 2025/25	Corporate Parenting Action plan to be moved to February 2026 meeting. (SF)	Feb 2026	SF	<p>Complete – Included in February 2026 agenda</p> <p><b>Recommended for Closure</b></p>
SHC Meeting 04/09/2025 2.1	Statutory duties of Engagement	Additional agenda item to be added to the Service Change Sub-Committee on the mental health service change in NHS GGC	Oct 2025	DBI	<p>Ongoing - Item discussed at the 22 January 2026 Service Change sub-committee meeting.</p> <p>Progress is very slow with no consultation planned at this point prior to Scottish elections.</p> <p>Progress will continue to be reported to the sub-committee (next meeting March 2026).</p>

SHC Meeting 04/09/2025 2.3	Equalities, Diversity & Inclusion	Continued work on anti-racism to be taken forward jointly by SHC and the Staff Governance Committee	February 2026	RTG, SD, DS	Ongoing - regular progress updates to SHC and SGC.
SHC Meeting 04/09/2025 3.1	Engagement Practice Improvement Programme	DG to produce a written update on the VMS to be circulated to the SHC members	Nov 2026	DG	Ongoing- request to extend timeline due to unplanned leave.
SHC Meeting 15/05/2025 2.4	Role of Public Partners	RTG to check policy on the PP's lone working	September 2025	RTG	Ongoing-no further update Additional wording has been agreed for inclusion in the Volunteering Policy and procedures. The HIS Lone Working policy however needs to be refreshed, and we are awaiting further information about this from People and Workplace before finalising the update.

# Statutory duties of engagement

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 2.1

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

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

**Purpose of paper:** Discussion

## 1. Purpose

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

- Development of draft interim guidance on engagement for sub-national planning units;
- An update on the work for nationally determined service changes; and
- An overview of the progress with the development of draft guidance for Single Authority Models.

## 2. Executive Summary

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

NHS reform and renewal, an increasing number of service change being determined nationally, the formation of sub-national units, and financial and workforce pressures are resulting in a rapidly changing environment for how HIS discharges this duty. In addition, there is a risk that NHS boards and Integration Joint Boards (IJBs) may make service changes quickly without undertaking engagement in line with the [Planning With People \(2024\)](#) guidance.

### 2.1 Draft interim guidance for Sub-national planning units

In November 2025, Scottish Government set out the creation of two NHS Scotland sub-national units, Scotland East and Scotland West, with all NHS boards divided between the two units. A link to the November letter from Scottish Government can be found [here](#). Given the emerging importance of these sub-national units, it is vital that HIS considers how the units will engage with people and communities in planning services.

The purpose of sub-national planning is to reduce variation in access and outcomes for people, improve financial sustainability, and improve clinical sustainability of fragile services.

The two sub-national units comprise:

- *Scotland East*: NHS Borders, NHS Fife, NHS Grampian, NHS Lothian (chair), NHS Orkney, NHS Shetland, and NHS Tayside.
- *Scotland West*: NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde (chair), NHS Highland, NHS Lanarkshire, and NHS Western Isles.

The sub-national structure for both the West and East units comprises three levels:

- *Sub-National Strategic Planning & Delivery Committee*: providing oversight, direction and governance. Membership comprises: Chief Executive and Chair of each of the constituent boards, Chief Executives of national boards, leadership team (being finalised), and staff partnership.
- *Sub-National Strategic Planning & Delivery Executive Oversight Group*: responsible for development and implementation of plans. Membership comprises: Chief Executive of each of the constituent boards and national boards, plus a leadership team for the sub-national unit (in recruitment: directors of finance, strategic planning, medical, nursing, HR, public health and chief operating officer) and staff partnership.
- *Sub-National Delivery Groups*: the current proposal is for three groups, each with specific priority areas (see below), to be led by a nominated Chief Executive and membership to be defined.

This structure is shown below:



The Scottish Government letter states that all health boards are expected to work with these sub-national structures to ensure planning of resources and expertise across the sub-national unit. The initial priority areas for the sub-national unit deliver groups (in both East and West) are:

- *Planned care*: achieving the treatment time guarantee for orthopaedic elective care services
- *Urgent care*: improving flow and meeting the four-hour emergency access standard
- *Enablers*: finance, performance, planning and implementation of Once for Scotland business systems

In addition, there are two further priorities that have not yet got specific delivery groups in the sub-national units and may be taken forward in a different way (eg, nationally):

- Digital front door programme (MyCare.scot)
- Remote, rural and islands.

Sub-national planning creates the same concerns that prompted the nationally determined service change guidance, namely:

1. Engagement responsibilities for sub-national planning are unclear: if the sub-national units believe the responsibility for engagement lies with local NHS boards, and local boards believe the responsibilities lie with the sub-national units, then there is a risk that engagement will fall through the gap and not be undertaken.
2. Equally, there is a risk of duplication of engagement, with it being carried out by both the sub-national units and the local NHS board, resulting in potential engagement fatigue for local communities as well as wasted NHS resource.
3. Operating at a sub-national level may see power imbalances becoming more pronounced. There is a risk that planning at sub-national level increases the possibility that differential and cumulative impacts on specific communities are obscured.

Therefore, HIS has developed draft interim guidance for sub-national planning units to explain engagement responsibilities for sub-nationally determined service changes, see **Appendix 1**.

It is important to note that the guidance will be published with an “interim” status and it will be reviewed within six months of publication following a period of testing with the sub-national units. Development of the interim guidance has been agreed in principle with Scottish Government. Subject to Scottish Health Council approval, it is proposed that it will be jointly published by HIS and Scottish Government taking the same approach as for nationally determined service changes. A draft letter to accompany the interim guidance has been developed and is currently being finalised.

These actions ensure that HIS delivers its statutory duty to support, monitor and ensure engagement on service changes reducing the strategic risk that engagement on service change is not undertaken.

## **2.2 Nationally determined service changes**

Guidance to provide greater clarity about national and local engagement responsibilities for nationally determined service changes was published on 31 October 2024 [here](#). There are currently three nationally determined service changes that HIS is providing advice on:

### **Vascular Services**

There has been no further progress to date with this work, including no progress on developing a communications and engagement plan (as reported to the SHC service change sub-committee on 22 January 2026). This has been informally raised with Scottish Government who has confirmed that this work is currently paused.

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

Work on this nationally determined service change commenced in May 2025 when HIS was approached by NHS National Services Scotland (NSS) to provide advice on the development of an engagement plan to support the first stage of a new Target Operating Model for Children and Young People Gender Identity Services.

HIS met with NSS and provided advice and recommendations about the next stages of engagement. NSS has submitted a report to Scottish Government and met with HIS on 20 January 2026 to confirm that they are awaiting notification of whether they will be asked to undertake the next stages of this work.

### **Digital Front Door**

Scottish Government is creating a single digital front door model which will be used in all NHS boards: the order of implementation in each board will be different, but the patient experience will be the same. The approach being taken is to test the digital front door service in NHS Lanarkshire in dermatology, learning through this test phase, before spreading to other clinical specialties in Lanarkshire and to other NHS boards.

HIS met with colleagues from NHS Lanarkshire, NSS and NHS Education for Scotland (NES) on 26 November 2025 to understand the local engagement plans. The engagement strategy includes a focus group with people to help shape implementation and the local Third Sector Interfaces are looking at the engagement approach and seeking feedback. They are also exploring potential venues to support IT use for MyCare.

There may also be an opportunity to collaborate and scope guidance on engagement for service changes of this nature, ie, national initiatives that will change how people interact/experience health and care (rather than specific nationally determined service changes).

### **Future Nationally Determined Service Changes**

HIS is aware that Scottish Government is continuing to plan for the development of further Target Operating Models which may fall within the definition of nationally determined service changes. Details of these, including a timeline for future changes, has been requested to support planning for our advisory role in these changes.

### **2.3 Single Authority Model development**

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

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

A proposal outlining the planned content of an advice note has been jointly developed and submitted to Scottish Government for consideration. Comments were received on 10 December 2025 and a meeting with COSLA is being scheduled to discuss these comments and move forward with developing engagement an engagement advice note.

In the meantime, the HIS Head of Engagement Practice – Assurance and a colleague from COSLA have been attending Scottish Government meetings with each of the participating localities to raise awareness of the importance of meaningful engagement.

### **Risks and considerations**

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

## **3. Recommendation**

Scottish Health Council members are asked to:

- Approve the draft interim guidance for sub-national planning units;
- Discuss the up-to-date position with the Nationally Determined service changes; and
- Discuss the up-to-date position with Single Authority Model developments.

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

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

This level is related to the need to respond at pace to the development of sub-national planning and Single Authority Models, and concerns around the engagement associated with the nationally determined service changes.

## **4. Appendices**

Appendix 1 – Sub-national planning draft interim guidance.

## NHS Scotland: sub-national planning

### Interim guidance on engagement

#### Situation

The purpose of this guidance is to provide greater clarity on engagement responsibilities, in line with the Scottish Government and COSLA [Planning with People](#) guidance, to support sub-national planning. Scotland's health service faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these pressures, services must be planned at a scale that supports consistency, safety and value.

Sub-national units are being developed at pace and therefore there is a need to review this guidance regularly as the units become fully established. Therefore it is being provided as interim guidance with a view to it being tested with the sub-national units and reviewed for finalisation in Summer 2026.

Planning at a sub-national level increases the possibility that differential and cumulative impacts on specific communities are obscured. This interim guidance aims to ensure that engagement with people and communities meaningfully surfaces unequal impacts across geographies and minority groups rather than assuming uniform effects.

#### Background

Health Boards<sup>1</sup> are organising themselves into two collaborative [sub-national structures](#) – Scotland East and Scotland West – through which they co-operate with each other in the planning and delivery of the objectives specified in the schedule to the Directions. These two new structures will replace the existing three-area regional planning groupings and will aim to strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.

These objectives deliver key aspects of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), as well as wider ambitions related to [public sector reform](#).

#### Engagement responsibilities

The *Planning with People* guidance states that proposed changes to services planned at a national, regional and at a single Board level should follow the principles set out in the guidance. Affected Board(s) should aim to maximise the involvement of affected individuals and communities in the process.

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<sup>1</sup> Note the wording of DL(2025)25, Implementation of Sub-National Planning: Co-operation and Planning Directions 2025 refers to 'Health Boards'; the wording 'NHS Boards' is more consistently used in *Planning with People*, 2024.

The sub-national planning units' membership is representative of the respective Health Boards. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.

This means there is a clear responsibility on the members of sub-national units to make sure there is effective engagement in the planning and development of service models. The statutory duty to involve people and local communities in the planning and development of services, and in the decision-making process for sub-national services, rests with NHS Boards. Each NHS Board should consider the differential impact of the proposed changes in their local area. The sub-national units have a role to co-ordinate the engagement activities across its constituent NHS Boards.

Guidance exists on engagement on [nationally determined service changes](#), with specific responsibilities at the national level and local level. The interim guidance for sub-national planning is similar, with responsibilities sitting with the sub-national units (whose membership is made up of representatives from the respective local Health Boards) and with local Boards.

Each service change should be discussed with Healthcare Improvement Scotland at an early stage to provide tailored advice and assurance on applying the *Planning with People* guidance. The sub national units should consider how they will involve Healthcare Improvement Scotland to ensure oversight and good governance of engagement.

Healthcare Improvement Scotland's expectations for patient and public involvement by sub-national units would be the same as those for geographic NHS boards and Integration Joint Boards. The *Planning with People* guidance engagement cycle should be followed with specific consideration to the following:

### Overview of engagement responsibilities

The table below sets out the engagement responsibilities of the Sub-national units and local NHS boards.

1. Sub-national unit Engagement		
Step	Responsibility	Assurance
Develop a communication & engagement plan to underpin the service change / development. This will include planning a co-ordinated and coherent approach across all affected board areas. Share with HIS for comment and advice on proportionate engagement.	Sub-national unit	Advice and assurance of engagement is by Healthcare Improvement Scotland in line with Planning with People.

<p>Inform affected people and communities by making information widely available at an early stage about the scope of the review and the engagement process from the outset (website, social media, media, newsletter).</p>	<p>Sub-national units, with co-ordinated approach across affected boards</p>	
<p>Recruit community representation to the project group, including people with lived experience of the services proposed, and from the geographical communities affected.</p>	<p>Sub-national units, with co-ordinated support across boards to reach all affected communities</p>	
<p>Involve community representatives in option appraisal (covering clinical model and location). If there is only one viable option available, clearly provide the reasons for this.</p>	<p>Sub-national units, with co-ordinated support across boards to reach all affected communities</p>	
<p>Complete and publish relevant impact assessments involving people and communities:</p> <ul style="list-style-type: none"> <li>• A sub-national Equality Impact Assessment</li> <li>• An Islands Impact Assessment (if applicable)</li> <li>• A Fairer Scotland Duty assessment</li> </ul> <p>Where negative impacts are identified, consider how these could be mitigated.</p>	<p>Sub-national units, with co-ordinated support across boards to reach all affected communities</p>	
<p>The SPDG will co-ordinate the public engagement by each of the seven Health Boards to inform the development of, and recommend, a service model.</p> <p>If the proposed service change is considered to be major service change (for any of the Health Board areas), there will be a minimum three month public consultation before a final decision can be reached on the sub national model. Even if not a major change, a proportionate approach may still involve consultation.</p>	<p>Sub-national units, with co-ordinated support across boards to reach all affected communities.</p>	
<p>Update the communication &amp; engagement plan and discuss with HIS. HIS will require to assure the engagement to date, identify any recommendations and consider if the proposals could <u>be considered major service change</u>.</p>	<p>Sub-national units, with co-ordinated approach across affected boards, HIS</p>	
<p>If major change, then HIS will produce a report for the board or a letter of assessment for non-major change.</p> <p>People's feedback should be actively considered in the decision-making process and feedback provided explaining the rationale for the</p>	<p>Sub-national units, with co-ordinated approach across affected boards, HIS</p>	<p>HIS</p>

decision. Continue to engage with people during the implementation of the proposal/next steps.		
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## 2. Handover from Sub-national units to local NHS board

Step	Responsibility	Assurance
Provide written notice to all affected NHS Boards and IJBs explaining what the sub-national service change is, share information on the engagement to develop the proposals and the scope for influence at the local engagement.	Sub-national units	HIS
Develop a local communication and engagement plan. This will differ from case-to-case and from area-to-area depending on the provision of relevant services in each area, so requirements should be discussed and agreed with HIS.	Affected NHS Boards / IJBs, HIS	HIS

## 3. Engagement at local NHS board level

Step	Responsibility	Assurance
Inform affected people and communities about the service change (communication), the engagement process and the scope of change.	Affected NHS Boards / IJBs	HIS, Assurance of engagement is by HIS following <a href="#">Planning with People</a>
Undertake local engagement in the board areas affected by the proposals in line with the PwP guidance, informed by discussion with HIS and the status of the change.  The engagement activities will differ depending on which of the following two categories the service change falls into:  (i) Where <b>there is</b> scope to influence the detail of how the sub-national decision is implemented locally  (ii) Where <b>there is not</b> scope for local engagement to influence the service model or location of services	Affected NHS Boards / IJBs	

Scottish Government and HIS logos to add once finalised

You can find resources to support the application of the *Planning with People* guidance to the engagement process on Healthcare Improvement Scotland's community engagement website - <https://www.hisengage.scot/service-change/resources/>

DRAFT INTERIM GUIDANCE

# Governance for Engagement

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 2.2

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

**Report Author:** Tony McGowan, Associate Director of Community Engagement

**Purpose of paper:** Assurance

## 1. Purpose

This paper provides an update on progress with Cycle 3 of the Governance for Engagement process. It summarises developments since the Council's last consideration in November 2025, including the forthcoming sub-committee review of directorate improvement progress, preparations for Cycle 4, and emerging alignment with the HIS Clinical & Care Governance framework.

## 2. Executive Summary

The Governance for Engagement process continues to provide structured assurance on how HIS meets its statutory duties for engagement and equalities across directorates and work programmes.

The next meeting of the Governance for Engagement sub-committee will take place on 26 February 2026. This will be a key milestone in Cycle 3, as the sub-committee will consider completed directorate improvement plan progress templates and agree next steps for the forthcoming cycle of the process.

In parallel, development work is underway on the refreshed self-assessment tool for Cycle 4, which will run from 01 April 2026, and this will be discussed at the February meeting.

Work also continues to explore how Governance for Engagement aligns with the developing HIS Clinical & Care Governance framework, with opportunities being identified to strengthen organisation-wide assurance and reduce duplication as that wider framework becomes established.

### Cycle 3 progress and developments

#### Directorate improvement plan reviews

The 26 February 2026 sub-committee meeting will review improvement plan progress templates from:

- Quality Assurance & Regulation;
- Medical & Safety; and
- Nursing & Integrated Care.

To support meaningful discussion and ensure submissions are as strong as possible, preparation support has been offered to participating directorates. At the time of writing (26 January 2026) this has been taken up by Nursing & Integrated Care, and arrangements are being made for a preparatory discussion with Quality Assurance & Regulation.

#### **Cycle 4 self-assessment tool development**

Alongside completion of Cycle 3, work is underway on the updated self-assessment tool for Cycle 4, commencing from 01 April 2026.

A draft will be brought to the sub-committee on 26 February 2026 to ensure the next cycle reflects learning from Cycle 3 and continues to be proportionate, practical, and focused on improvement as well as assurance.

#### **Alignment with HIS Clinical & Care Governance framework**

It is intended that a new reporting framework for Clinical & Care Governance is in place in time for April 2026.

Work continues to explore alignment between Governance for Engagement and the developing HIS Clinical & Care Governance framework. An approach has been suggested that Clinical & Care Governance reporting moves away from directorates providing an annual report, with a focus instead on monthly improvement reporting across all Clinical & Care Governance dimensions. This would include dimension 3 (people and communities are involved in all our programmes of work).

This would potentially provide a means of gaining regular updates from directorates which would help inform the standing quarterly meetings of the Governance for Engagement sub-committee. This will be discussed at the 26 February 2026 meeting of the sub-committee.

#### **Risks and considerations**

- Delivery and capacity: Directorate engagement with the Governance for Engagement process remains important to ensure improvement planning is meaningful and that progress reporting is well-evidenced. The offer of preparation support helps mitigate variation in readiness and supports consistent quality.
- Governance and assurance: The process continues to provide a structured mechanism for sub-committee oversight, enabling the Scottish Health Council to take assurance on engagement practice while supporting directorates to improve over time.
- Clinical & Care Governance alignment: Alignment work presents an opportunity to strengthen organisational assurance and streamline governance reporting, though further progress is dependent on the wider Clinical & Care Governance framework being confirmed.
- Stakeholder and equalities duties: Governance for Engagement remains a key mechanism for ensuring that public voice, lived experience, and statutory equalities requirements are embedded and visible across HIS work programmes.

### **3. Recommendation**

The Council is asked to:

- Note the update on Cycle 3 progress since November 2025;
- Note that the Governance for Engagement sub-committee will review directorate improvement plan progress templates at its meeting on 26 February 2026;
- Note the ongoing development of the Cycle 4 self-assessment tool, commencing 01 April 2026; and
- Endorse continued work to align Governance for Engagement with the developing HIS Clinical & Care Governance framework as it matures.

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

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

The Governance for Engagement process continues to operate effectively, with structured sub-committee oversight of directorate improvement planning and progress reporting. While further development is underway for Cycle 4 and alignment with Clinical & Care Governance remains emergent, there is reasonable assurance that appropriate arrangements are in place and maturing as intended.

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

None.

# Equality, Inclusion and Human Rights

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 2.3

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

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

**Purpose of paper:** Assurance

## 1. Purpose

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

## 2. Executive Summary

### EQIA compliance

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. As part of the duties, HIS must carry out equality impact assessments for new or revised activities. The EIHR team monitors and supports compliance with this. At the end of quarter three, 74 out of 75 (98%) HIS external facing programmes had at least screened for an Equality Impact Assessment. Of that figure, 73 had a full assessment in place. The programme currently outstanding is a refreshed version of existing work and there is an intention to assess the process.

### Anti-racism

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

Together with the Strategic Engagement Team, we contributed a good practice example to an internal analysis paper being prepared by Scottish Government colleagues about boards progress with anti-racism. Colleagues have indicated the paper is intended to be shared with senior leaders in the NHS and Scottish Government (Appendix 1).

The Chair and Executive Sponsor of the Race and Ethnicity Network are planning an engagement session in March for minority ethnic colleagues in HIS. This will be an opportunity to ensure the anti-racism plan reflects the experiences and needs of all staff, particularly new

and current colleagues from minority ethnic backgrounds. Participants will be asked consulted on:

- Awareness and understanding of the current action plan;
- Views on whether it addresses challenges faced when working in HIS;
- Any areas in the action plan that should be added or strengthened; and
- Whether people were or would like to be involved meaningfully in shaping the action plan.

### **Equality audit**

An internal audit of the equality function began in January 2026 and is due to complete in March 2026, with a report to the HIS Audit and Risk Committee. The audit seeks to provide assurance over the adequacy and effectiveness of arrangements to embed equality within different HIS workstreams and assurance functions, and to foster equality in the workforce practices. See Appendix 2 for its Terms of Reference.

### **Equality Mainstreaming Toolkit**

The Scottish Government has published an [Equality and Human Rights Mainstreaming Toolkit](#). The Minister for Equalities has written to all public bodies to invoke Regulation 11 of the Scottish Specific Duties to specify that we are required to consider the toolkit (Appendix 3). Regulation 11 says listed authority 'may be required to consider such matters as may be specified from time to time by the Scottish Ministers.' The toolkit includes:

- A self-assessment to evaluate and strengthen current practice;
- Collated guidance and training materials;
- Continuing Professional Development (CPD) resources;
- Checklists and best practice examples; and
- Practical tools and prompts, which could enhance your approach to assessing proposed policies for their likely impact on people with protected characteristics, (usually shorthanded as conducting Equality Impact Assessments (EQIAs), as per Regulation 5 of the Scottish Specific Duties.

The EIHR Team are considering how to use the toolkit within HIS and will develop a plan.

## **3. Recommendation**

The Council is asked to:

- Note and discuss the information in this paper.

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

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

Planned work is underway but there is some residual risk as the equality audit, consideration of the mainstreaming toolkit and review of the anti-racism plan are currently underway and are likely to introduce new considerations.

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

- Appendix 1: Emerging practice example
- Appendix 2: Equality Audit Terms of Reference
- Appendix 3: Regulation 11 letter from Minister

## **Emerging practice example: steps to strengthen engagement with minority ethnic communities**

### **Healthcare Improvement Scotland**

#### **Summary**

Healthcare Improvement Scotland's (HIS) Engagement Practice Division supports meaningful involvement of communities in health and care policy, service improvement and decision-making. As part of HIS's commitment to tackling racism and meeting equality duties, the team identified a need to strengthen and broaden connections with minority ethnic communities across Scotland.

This work aimed to build clearer and more sustainable pathways for engagement, ensuring that minority ethnic organisations and individuals could meaningfully inform the development and implementation of HIS's Anti-Racism Plan and wider engagement practice.

Engagement Advisors (Communities) undertook proactive outreach and mapping activity, identifying a network of 26 minority ethnic community organisations, groups and individuals with potential interest in, or experience of, health and care engagement.

#### **Action taken**

A structured mapping and relationship-building approach was undertaken, including:

- engagement with local equalities networks;
- identification of relevant minority ethnic-led organisations through third sector newsletters, community initiatives and local contacts;
- targeted online research to understand existing community infrastructure and priorities; and
- introductory and follow-up conversations to establish relationships and explore opportunities for involvement.

Following this mapping, Engagement Advisors (Communities) held meetings with organisations and individuals to:

- understand community priorities and barriers to participation;
- support connection into relevant HIS programmes and policy work; and
- ensure that engagement approaches were appropriate, accessible and grounded in trust.

#### **Outcome and learning**

This work supported a [focused engagement exercise](#) to inform HIS's Anti-Racism Plan.

The engagement contributed to the strengthening of HIS's published Anti-Racism Plan and equality outcomes, supporting NHS Scotland requirements for all Boards to have an active plan in place.

Key learning from this work included:

- the importance of sustained relationship-building rather than one-off consultation;
- the value of working through trusted community-led networks to reduce barriers to involvement; and
- the need to ensure engagement opportunities are relevant, accessible and meaningful for minority ethnic communities.

This approach provides an emerging model for how HIS can strengthen inclusive engagement practice across its wider work.

### **Next steps**

To build on this emerging practice, HIS will:

- continue to develop and maintain relationships with minority ethnic communities as part of routine engagement activity;
- support targeted opportunities for minority ethnic communities to shape HIS programmes where relevant;
- identify and share learning from community-led engagement approaches across HIS and the wider NHS Scotland system; and
- use this work to inform ongoing review of the Anti-Racism Plan, including planned engagement with minority ethnic colleagues through the HIS Race and Ethnicity Network.

### **Further information**

For further information on the Engagement Advisors (Communities) role, please contact:

[his.strategicengagement@nhs.scot](mailto:his.strategicengagement@nhs.scot)

For details of community engagement and equalities-related webinars hosted by HIS, please visit:

<https://www.hisengage.scot/about/events/>

# Terms of Reference: Equality [2025.05]

Healthcare Improvement Scotland (HIS)

KPMG Internal Audit and Enterprise Risk Management

—  
January 2026

# Equality [2025.05]

## Background of the internal audit

The Equality Act 2010 protects individuals from discrimination and promotes equality of opportunity by consolidating previous legislation. Under the Public Sector Equality Duty (PSED), public authorities must consider how their activities can advance equality and foster a fairer society.

Healthcare Improvement Scotland (HIS) is committed to embedding equality across its work, aiming to reduce health inequalities, challenge discrimination, and promoting inclusion within NHS Scotland. Equality Impact Assessments (EQIAs) are used to assess the potential impact of policies, programmes, and decisions on protected groups. HIS also publishes an Equality Mainstreaming Report every four years and submits an annual Workforce Equality Monitoring Report to the Scottish Government to demonstrate compliance with the Equality Act 2010 and PSED. These reports outline progress in mainstreaming equality, including internal initiatives such as staff training and external engagement with diverse communities to inform healthcare policy. Current priorities include perinatal healthcare, anti-racism, and inclusion of disabled staff and LGBT+ communities.

There is a risk that HIS may fail to meet equality obligations which could lead to legal action, reputational damage, and missed opportunities to advance equality objectives. We will undertake an internal audit that will seek to provide assurance over the adequacy and effectiveness of arrangements to embed equality within different HIS workstreams and assurance functions, and to foster equality in the workforce practices.

## Objectives

### 1 – Compliance

*To conclude over the design adequacy and operating effectiveness of key controls to meet the organisational obligations relating to equality. We will determine whether there is/are:*

- Robust processes and controls in place to monitor and review compliance with any relevant national and international equality laws, regulations, and internal policies relating to equality;

*Continued...*

## Objectives

### Cont'd....

### 2 – Governance and oversight

- Suitable controls in place to ensure that there is appropriate consideration of the support and protection staff need to ensure that they are treated with equality in all business processes; and
- Clear and formal criteria to assess the need to undertake an Equality Impact Assessment (EQIA) and ensure that these are carried-out in accordance with the stipulated requirements.

*To evaluate the adequacy of the governance and reporting arrangements in place to ensure appropriate reporting and scrutiny over equality obligations. We will determine whether:*

- Clear roles and responsibilities have been defined to ensure there is appropriate consideration given to equality within all internal and external facing workstreams, and workforce practices;
- Effective governance structures and reporting arrangements are in place to provide assurance for meeting underlying obligations; and
- There are SMART KPIs, and data related to equality is collected and managed to ensure progress towards equality objectives.

## Our approach

Our work will involve the following activities:

- Review of relevant documentation and evidence showing compliance with the Equality Act 2010 as well as governance and oversight reporting;
- Meetings with relevant staff and Executive team members;
- Walkthroughs of the processes and controls in place for embedding equality in different workstreams, policies and practices;
- Sample testing where appropriate; and
- Agree findings and proposed actions with relevant management.

# Equality [2025.05]

## Key potential risks considered

### Objective one

- 1 The lack of robust processes to monitor compliance with relevant national and international equality laws, regulations, and internal policies related to equality could lead to non-compliance and reputational implications.
- 2 The lack of adequate processes and controls in place to ensure staff equality could lead to decreased morale, high turnover, and potential legal challenges.
- 3 Without clear criteria for EQIAs, HIS risks inconsistent application, legal challenges and the potential failure to identify and address potential discrimination. This could lead to poor policy outcomes and a failure to meet statutory equality duties.

### Objective two

- 4 Unclear or fragmented allocation of equality responsibilities across teams and Directorates may lead to accountability gaps, duplication of effort, and ineffective oversight of equality obligations.
- 5 Current governance structure and reporting arrangements may not provide sufficient oversight or challenge on equality matters, resulting in inadequate scrutiny and limited assurance over compliance and strategic alignment.
- 6 The absence of SMART KPIs and/or data related to equality can hinder HIS ability to monitor progress towards equality objectives and obligations.

### Out of scope

This internal audit is limited to consideration of the key risks identified on page three.

### Anticipated assurance

Management anticipates that this review will be given a 'significant assurance with minor improvements' (**AMBER-GREEN**) rating.



# Equality [2025.05]

## Resourcing

This review forms part of our 2025/26 internal audit plan. Staff will be drawn from your core audit team as follows:

Name	Position
James Lucas	Director
Syed Shah	Senior Manager
Nhatapa Pattanakul	Senior Internal Auditor

## Outputs

We will present our findings in a report. The report will be agreed with Gillian Gall, Interim Director of Workforce and Clare Morrison, Director of Engagement and Change, as the Executive sponsors for this review, before it is presented to the Audit and Risk Committee for approval.

## Escalation framework

To deliver our review in line with our timetable we require assistance from a range of staff. We will always be sensitive to busy workloads and where possible provide clear timelines and expectations but recognize that there may be occasions where we need to escalate non-engagement by auditees. This will be done on the following basis:

Delay past deadline	Escalation point
Day one	<ul style="list-style-type: none"><li>Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager.</li></ul>
Day three	<ul style="list-style-type: none"><li>Clare Morrison, Director of Engagement and Change.</li></ul>
Day five	<ul style="list-style-type: none"><li>Jane Illingworth, Head of Planning and Governance</li></ul>

## Timetable

Due date (w/c)	Task	HIS	KPMG
January 2026	Prepare and agree terms of reference	✓	✓
16 January 2026	Documentation received	✓	
<b>Fieldwork</b>			
19 January 2026	Start fieldwork	✓	✓
13 February 2026	Complete fieldwork	✓	✓
TBC	Closure meeting	✓	✓
<b>Reporting</b>			
20 February 2026	Issue draft report	✓	
27 February 2026	Provide management responses	✓	✓
4 March 2026	Final report issued	✓	
11 March 2026	Presentation to Audit and Risk Committee	✓	



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This terms of reference is provided pursuant to the terms of our engagement letter dated 24 January 2023. Nothing in this terms of reference constitutes a valuation or legal advice. We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in our engagement letter. This terms of reference is for the sole benefit of Healthcare Improvement Scotland. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the organisation, even though we may have been aware that others might read this terms of reference. This terms of reference is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than Healthcare Improvement Scotland) for any purpose or in any context. Any party other than the organisation that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through the organisation's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this terms of reference to any party other than the organisation. Any disclosure of this terms of reference beyond what is permitted under our engagement letter may prejudice substantially our commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If Healthcare Improvement Scotland receives a request for disclosure of the product of our work or this terms of reference under the Freedom of Information Act 2000 or the Freedom of Information (Scotland) Act 2002, having regard to these actionable disclosure restrictions the organisation should let us know and should not make a disclosure in response to any such request without first consulting KPMG LLP and taking into account any representations that KPMG LLP might make.

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16 December 2025

To whom it may concern,

## **REGULATION 11, SCOTTISH SPECIFIC DUTIES: SCOTTISH GOVERNMENT EQUALITY AND HUMAN RIGHTS MAINSTREAMING TOOLKIT**

### **Requirement to consider matters specified by Scottish Ministers**

The Public Sector Equality Duty (PSED) is a duty on public bodies, and those carrying out public functions, which was created by section 149 of the Equality Act 2010. To summarise, it requires public authorities and those carrying out public functions to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different groups of people.

Delivery of the PSED in Scotland by certain listed authorities is supported by The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, known as the Scottish Specific Duties.

I am writing this letter under the auspices of my Ministerial Powers through **Regulation 11 of the Scottish Specific Duties**, to raise matters which could help listed authorities in Scotland to better perform their duties under the PSED. I am writing specifically in relation to the new [Equality and Human Rights Mainstreaming Toolkit](https://equalityhumanrightstoolkit.gov.scot/) (<https://equalityhumanrightstoolkit.gov.scot/>).

The toolkit structure reflects the six key drivers identified in the [Equality and human rights mainstreaming strategy](#) recently published by the Scottish Government, which are:

- strengthening leadership
- developing accountability and transparency
- ensuring effective regulatory and policy environment
- utilising evidence and experience
- enhancing capability and culture
- improving capacity.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

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I hope that you have now had the opportunity to begin to explore this toolkit, which was launched on the 8<sup>th</sup> of December 2025. I believe it will prove to be a key resource to support the broader efforts to embed equality and human rights across the public sector. There is more information about the toolkit overleaf.

Returning to Regulation 11 of the Scottish Specific Duties, this states that:

***“In carrying out its duties under these Regulations, a listed authority may be required to consider such matters as may be specified from time to time by the Scottish Ministers.”***

In line with this provision, I am formally requiring that all listed authorities consider the Equality and Mainstreaming Toolkit when carrying out their duties under Regulation 3 (Duty to report progress on mainstreaming the equality duty), Regulation 4 (Duty to publish equality outcomes and report progress), Regulation 5 (Duty to assess and review policies and practices), and Regulation 9 (Duty to consider award criteria and conditions in relation to public procurement) of The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

**As per Regulation 11, I am specifying that the Equality and Human Rights Mainstreaming Toolkit is a matter that you are required to consider. You may wish to think about:**

- how you could use the six key driver framework to support you as you carry out your duties
- how your organisation could make use of the toolkit
- how the self-assessment tool could inform action, and
- how you could most usefully share any updates on your use of the toolkit, e.g. in future reports on progress towards your equality outcomes or your progress in mainstreaming the general duty.

### **A new toolkit for the public sector in Scotland**

The Scottish Government's Mainstreaming Strategy provides a clear vision and framework for making lasting change in how we develop policy, deliver services, and allocate resources. The Scottish Government's Equality and Human Rights Mainstreaming Toolkit is a collection of practical materials aiming to help Scottish Government and the wider public sector to do this and put equality and human rights at the heart of their work. It aims to encourage listed authorities to meet their legal duties while working towards better outcomes for the communities they serve.

It is an online platform which is free to use and contains a wide range of accessibility options via a dedicated accessibility toolbar. It was developed through a Working Group which included representatives of local authorities and public bodies.

The self-assessment tools and materials aim to make it easier for public bodies to mainstream equality, which we hope will go some way to reducing the pressure on listed authorities. We know that the work you do in this arena is not easy, but it is absolutely crucial. The resources are designed to support public bodies in assessing their mainstreaming priorities and taking informed, practical action.

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The toolkit includes:

- A self-assessment tool to evaluate and strengthen current practice.
- Collated guidance and training materials.
- Continuing Professional Development (CPD) resources.
- Checklists and best practice examples
- Practical tools and prompts, which could enhance your approach to assessing proposed policies for their likely impact on people with protected characteristics, (usually shorthanded as conducting Equality Impact Assessments (EQIAs)), as per Regulation 5 of the Scottish Specific Duties.

We have committed that the toolkit will be regularly monitored, reviewed and developed. Additions and enhancements will be introduced in line with user feedback. Please send feedback or questions to [ehrmainstreamingtoolkit@gov.scot](mailto:ehrmainstreamingtoolkit@gov.scot).

The Equality and Human Rights Commission's website has further information on the Scottish Specific Duties and the PSED (see:

<https://www.equalityhumanrights.com/guidance/public-sector/public-sector-equality-duty-psed>). If listed authorities are seeking specific legal guidance, they should seek their own legal advice.

## **Conclusion**

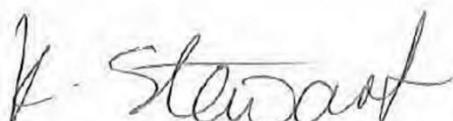
It is for the reasons outlined above that I am requiring you to consider the Equality and Human Rights Mainstreaming Toolkit.

I value your continued commitment to advancing equality and human rights across Scotland. Together, we can ensure these principles are embedded in everything we do and make a real difference to the people of Scotland.

If you have any questions about this formal requirement, please contact my officials in the PSED Improvement Team: [mpe@gov.scot](mailto:mpe@gov.scot)

I would be very pleased to hear about your experiences of using these materials.

Yours sincerely,



**KAUKAB STEWART**

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# Annual Delivery Plan 2026/27

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 2.4

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

**Report Author:** Clare Morrison, Director of Engagement & Change, and Jane Illingworth, Head of Planning & Governance

**Purpose of paper:** Discussion

## 1. Purpose

Healthcare Improvement Scotland needs to define its annual delivery plan for 2026/27. Each Directorate submitted draft workplans in December 2025 that were discussed at an integrated planning meeting on 14 January 2026 and a Board Seminar on 21 January 2026. This paper summarises the current plan for how our annual delivery plan is framed, its content, and sets out next steps to enable a draft annual delivery plan to be taken to the Quality & Performance Committee on 4 March 2026.

## 2. Executive Summary

For 2026/27, Scottish Government expects Boards to produce and publish an annual delivery plan, but it has not provided a specification for the plan and will not be formally signing plans off. Instead, it has been clear that plans should be aligned to delivery of the health and social care renewal frameworks. This increased flexibility provides a broader scope for how HIS sets out its plan for next year.

### 2.1 Expectations

The HIS Board held a strategy day to define its steer for the annual delivery plan. It stated that the current HIS strategy remains relevant and we should continue to focus on its delivery. Key points from the steer to achieve this were:

- **Maximise our unique selling point:** our ability to bring together assurance, improvement, engagement and evidence to gain a greater impact than these components could achieve on their own.
- **Deliver stronger messaging** on our role, priorities, and the insight we bring on quality and safety in the system

- Be **responsive to the external environment** and consider how we can monitor, influence, and contribute our insight and evidence into decision making to improve quality and safety.

Following the HIS Annual Review in December 2025, Scottish Government made the following recommendations for our future planning:

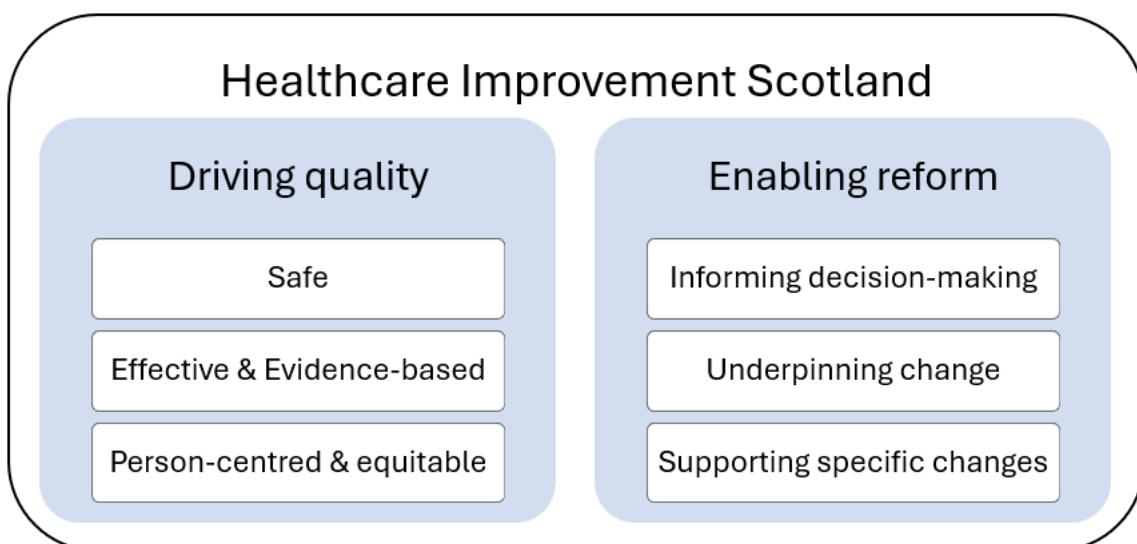
- Asked us to consider **how we support change** in the NHS renewal frameworks, including providing a robust evidence base for decision making and working more collaboratively with other national boards
- Stated a critical role is for us to define how we **balance** our “watchdog” role with providing support to drive improvement and resilience
- Highlighted we need to **reduce the number of programmes** we have, including looking at how we bring together themes across HIS and exploring how they will commission us in a more joined up way.

## 2.2 Purpose and priorities

Reflecting these asks, the following criteria for our annual delivery plan were identified:

- We need to state a much **clearer, connected and succinct** purpose of the totality of our work that delivers the Board steer.
- That purpose needs to describe a **collective view** of the whole organisation, with all of our work aligned to this collective and connected vision.
- We need a **forward looking**, positive and clear message about what we do.

This resulted in defining the following high-level purpose for our annual delivery plan, with two aims (driving quality and enabling reform) and six priority areas within these aims:



### Driving quality

This comprises the work HIS does to improve quality of care across the three domains of safe, effective and person-centred care. Drawing these domains together helps HIS take a more

rounded approach to understand and improve quality in the system. It answers the Board steer to bring together our functions to maximise their impact and deliver our unique selling point of having a national view of safety and quality.

Our “driving quality” work includes:

- Ensuring care is **safe** through regulatory work such as inspections, along with standards and improvement work
- Ensuring care is **effective and evidence-based** through guidance, standards and assurance work, much of which is on a Once for Scotland basis
- Ensuring care is **person-centred and equitable** through engagement, improvement and assurance work.

### **Enabling reform**

This comprises the work HIS does to support change in NHS renewal, including the delivery of the Service Renewal Framework, and crucially brings our insight into informing decision-making within reform.

Our “enabling reform” work includes:

- **Informing decision-making** is how HIS supports the system with the learning, intelligence and evidence drawn from our “driving quality” work
- **Underpinning change** is about the work HIS undertakes to support change in a generic sense, such as through change methodology
- **Supporting specific changes** are specific programmes to deliver population-based or setting-based improvement work (see below).

Together, these two aims balance our “watchdog” role with providing support to drive improvement, and they enable us to be continually responsive to the external environment.

### **Portfolios**

To support specific programmes of work, HIS will establish cross-organisational portfolios to draw together our work. Some of these portfolios are aligned with the delivery priorities of the sub-national planning units. The portfolio themes for 2026/27 are:

Aligned with a specific population or condition
Frailty
Mental Health
Perinatal
Children & young people
Aligned with a specific delivery setting
Planned & acute care
Primary & community care
Urgent & unscheduled care
Aligned with enablers of reform
Underpinning change*

*\*Note: The “Underpinning reform” portfolio is about providing guidance, evidence, insight and tools to underpin change rather than supporting the specific elements of the sub-national enablers delivery group (finance, performance, planning and business systems).*

A new portfolio for drugs and alcohol is expected to be formed for 2027/28 as our current work in this area finishes in line with the national Drugs Mission and the post-mission work is developed.

It is important to recognise that a number of these portfolios will intersect with each other. For example, those that cut across more than one condition (eg, perinatal and mental health) or both a population group and setting (eg, frailty and primary care).

### **3. Recommendation**

The SHC is asked to discuss the approach for next year’s annual delivery plan.

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

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

The reason for this level is that there has been extensive engagement with the HIS Board in defining the steer and proposed approach for the annual delivery plan. However, until the draft plan is finalised, the assurance level cannot reach a significant level.

### **4. Appendices**

None

# 2025-26 Operational Plan Q3 Progress Report

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 3.1

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

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

**Purpose of paper:** Discussion

## 1. Purpose

This paper provides the Council with an update on the Directorate's progress with our work outlined in the Operational Plan for 2025-26, particularly noting impacts from Q3. The Council is asked to discuss the contents of the paper.

## 2. Executive Summary

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

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

- building capacity
- raising awareness
- increasing diversity and inclusion

During Q3 we continued to demonstrate progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

Our Engagement Practice Responsive Support Service has dealt with an average of 2 request for support – both internal to HIS and from external stakeholders – over the past year. Feedback shows over 95% satisfaction with the guidance and support we have provided, highlighting in particular how we have helped colleagues to consider fresh approaches that overcome challenges to effective engagement.

The HIS Annual Review in November 2025 recognised our value in embedding community engagement and supporting system change across services in Scotland. The Scottish Approach to Change, the *Citizens' Panel* and the importance of lived experience in shaping policy and practice were all celebrated.

We have also tracked multiple impacts following publication of our evidence reports. *Citizens' Panel* reports have informed a range of Scottish Government policies, and gathering views work underpinned a new palliative care strategy. These impacts can take 18 months or more to emerge, and we continue to follow up with commissioning bodies to understand our longer-term influence.

Towards the end of 2025 we began recruiting 2 new members of the Scottish Health Council, attracting 103 applications across a wide range of backgrounds and experience. Applicants described the opportunity to strengthen meaningful community engagement as a key driver for their interest in the role.

### 3. Recommendation

The Council is asked to:

- Note and discuss the content of the 2025-26 Quarter 3 Update.

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

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

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

### 4. Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2025-26 Quarter 3 Update

## Quarter 3 Update: October – December 2025

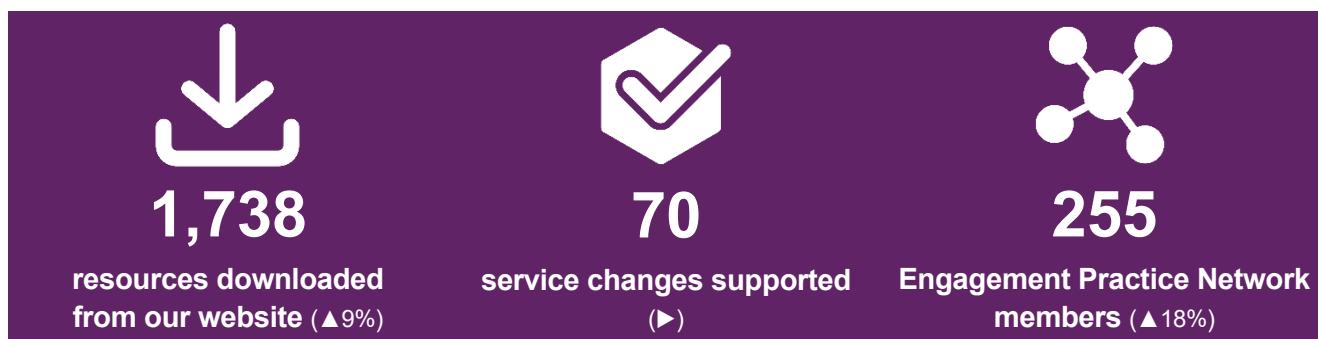
This progress report describes the impact of our work noted between October and December 2025. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

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

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

## Building capacity

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



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

24 requests have been received by our **Engagement Practice Responsive Support Service** since December 2024. There are currently 2 active responsive support requests – from the Scottish National Blood Transfusion Service and HIS Scottish Patient Safety Programme (SPSP) Medicines programme – which have been scoped and initial advice and guidance has been provided. Evaluation of previous support we provided indicates that 95% agreed that our support met expectations; 100% agreed it addressed their needs and 95% approved of how the support was given. Specific comments included:

*"It's re-orientated me around ways to engage patients / public in challenging circumstances."*

*"They asked really thought-provoking questions in the context of the screening pilots I'm managing, and provided lots of tailored responses I could consider in the context of my tight timelines and screening cohorts. They provided a robust walk-through my options in the pathways we are setting up."*

The seventh and final **CEIM Leaders** cohort took place in November 2025 with 17 participants. The average overall rating across four days of sessions delivered by our SSSC and NES delivery leads was 92%. 89% of participants said they were 'very likely' or 'likely' to change their work practices as a result of the programme. One person commented:

*"Great programme. It will be interesting to see how it looks after your review. There is something very powerful about the activities together, so I hope that isn't lost."*

A total of 101 CEIM Leaders have now completed the programme over the last 7 Cohorts.

Resources were downloaded from our **website** a total of 1,699 times during Q3. The most-downloaded resources included the application form and information pack for the Scottish Health Council Member vacancy, a strategic gap analysis tool and information about the Scottish Approach to Change launch event.

## **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 Q3, the team monitored and supported 70 service changes across all board areas. Of these, 40 are currently active and 30 are on hold, mostly pending decisions about Scottish Government capital funding.

At the end of Q3, 98% ( $\Delta 2\%$ ) of external-facing programmes across HIS had completed at least an **Equality Impact Assessment** (EQIA) screening, with 97% also having completed a full impact assessment.

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

Our Volunteering team has held 2 co-design sessions with NHS boards piloting the new **Volunteer Management System**. Their feedback has identified ways to improve the automation to better meet the needs of volunteer managers and streamline the volunteer journey. Feedback on the prototype is positive. This extra development is due to be completed by mid-February 2026. All NHS boards have now received system logins and have completed onboarding with the test site. 4 training sessions have been delivered to boards.

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

The **Engagement Practice Network** currently has 255 members, across three communities of practice. Throughout Q3, 173 ( $\Delta 23\%$ ) members have been active on the MS Teams channel. 38 members attended a learning session in October 2025 with the Director of Pharmacy from NHS Shetland describing their work on the use of AI in patient care. Participants rated the session 84%.

The **Evidence for Engagement Community of Practice** held an introductory meeting involving people from HIS, Falkirk Health & Social Care Partnership, the University of Stirling, Chest Heart & Stroke Scotland and National Services Scotland to discuss future ways of working. Participants welcomed a mix of webinars, mini-presentations, speaker-led sessions, peer learning, and informal MS Teams discussions.

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

Our Assurance team is preparing guidance on how to meaningfully engage people who have lived experience. This builds on learning across our teams and will support individuals and communities to engage more effectively with services.

## 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 November 2025, we held 2 community engagement **webinars**. Colleagues from the Scottish Medicines Consortium described how they involve people in their work. Feedback from the 72 participants was positive, with an average rating of 90% (▲4%). The second webinar was delivered by staff from [Barns Medical Practice in Ayr](#) and focused on their Patient Participation Group. The 67 attendees gave the webinar an average rating of 94% (▲8%).

In December 2025, the Assurance team hosted a workshop on the *Planning with People* guidance for **non-executive board members** of Argyll & Bute Integrated Joint Board. The workshop was attended by 20 people, with positive feedback from participants.

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

At the HIS **Annual Review** in December 2025, the Cabinet Secretary for Health and Social Care, Neil Gray MSP, heard about work carried out by our directorate to embed community engagement and support system change across services in Scotland. The Scottish Approach to Change was recognised as the leading mechanism for ensuring that changes are planned, tested and implemented in a robust way. The *Citizen's Panel* was praised for its ability to let us hear first-hand what the views of the general public are, and where their priorities lie. Mr Gray also referenced what he had learned from a morning session with patients, public and service users about the value of embedding lived experience into the design and

deliver of policy and practice. Our Director described a range of useful resources that we produce, including toolkits to support meaningful engagement with specific communities and our promotion of Equality Impact Assessments to ensure barriers to effective engagement have been addressed.

An event to launch our **Engagement Practice Learning and Improvement System** (EPLIS) took place in November 2025 and was attended by 65 people. At the end of the session, 92% participants reported a basic to good understanding of the EPLIS, with 8% rating it as excellent.

During Q3 we **recruited for 2 additional members of the Scottish Health Council**. Through a broad spectrum of communications activity and also posting the job advert on the goodmoves (third sector recruitment) website, we attracted 103 applications from a broad spectrum of society – representing a wide range of experience and backgrounds. Some 25 people also attended an information session with the Chair to find out more about the role. The calibre of applicants was very high and the interview process concluded successfully in early Q4.

## Increasing diversity and inclusion

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



### People have increased opportunity to share their views and experiences

The first of our **Citizens' Panel pulse surveys** was conducted in October and November 2025. This new approach is focused on a single topic and designed for quicker feedback of results. The pulse surveys will complement the fuller *Citizens' Panel* surveys which will continue to be held twice per year. The autumn 2025 survey was commissioned by the Scottish Health Technology Group (SHTG) and asked about public perceptions of virtual wards. A total of 377 survey responses was received, equivalent to a response rate of 39%, which is sufficient to support robust analysis with overall results accurate to  $\pm 5.05\%$ . The report is expected to be published at the same time as the SHTG's main report in early summer 2026.

A further 8 interviews took place in Q3 with people who have **lived experience** of taking sodium valproate. Our report is expected to publish at the end of March 2026 and will inform NHS boards' plans for the safe use of valproate, helping to consider specific needs relating to diversity and health inequalities. This will ensure the person-centred, safe, and effective implementation of new measures, including for marginalised groups most at risk from inappropriate prescribing of valproate.

# 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

The [fourteenth report of the Citizens' Panel](#) was published in November 2024. Insights from the report – including the importance of the NHS making better use of resources, reducing waste and delivering care that matters – have informed the Scottish Government's [Long term conditions framework: consultation analysis](#) (published October 2025) and helped shape the [Realistic Medicine workforce survey](#) and [Realistic Medicine Casebook](#) (published May 2025). The survey report asked health and care professionals how they will further support shared decision making and encourage people they care for to become more involved in decisions about their care.

The findings informed and strengthened the Realistic Medicine component of the [Population Health Framework](#) and the [Service Renewal Framework](#), both published in June 2025. These strategic frameworks are designed in line with the Value Based Health and Care principles to deliver outcomes that matter most to the people of Scotland.

The findings have been presented widely at events and conferences across Scotland and are now embedded in core messaging, featuring prominently in presentations to health boards, specialist societies, Medical Colleges, and Scottish Government partners. This reach has extended internationally, with presentations to Integrated Care Boards in NHS England and Ireland.

The [fifteenth report of the Citizens' Panel](#) was published in June 2025. Feedback from the public about long term conditions has been used by the Scottish Government to develop its upcoming Long Term Conditions Framework and improvement outcomes. The Scottish Government highlighted the value of rich insights from a wide range of participants to demonstrate what matters most to people with long term conditions. Public views on pre-conception health have been shared with the Preconception Collaborative, which is the first time that the Scottish Government has heard directly from members of the public on this topic. Our work contributes to a commitment in Programme for Government: *Embedding early conversations on preparing for pregnancy into routine health care, to optimise preconception health and care*. The findings are being used to identify drivers for shifts in culture and actions to optimise preconception health and care, and to inform more targeted and effective messaging, ensuring inclusive communication that responds to the needs and concerns of diverse communities.

The [sixteenth report of the Citizens' Panel](#) was published in November 2025. The survey explored public views and experiences across four areas: local GP or medical practice, personal continuity of care, Duty of Candour, and the Charter of Patient Rights and Responsibilities. A total of 659 responses were received, representing a 60% response rate. This provides a robust evidence base, with overall findings accurate to within  $\pm 3.8\%$ .

People's experiences of GP services and views on personal continuity of care will support an evaluation of HIS' Primary Care Phased Investment Programme, which will report in January 2026. Questions on the Duty of Candour and the Charter of Patient Rights and Responsibilities will inform a Scottish Government review, prompted by concerns raised in the Infected Blood Inquiry about low public awareness. The results will help assess how well the public understands the Duty of Candour and will inform recommendations to improve awareness and strengthen patients' and families' rights.

Findings from our [Gathering Views on palliative care report](#) (published in June 2024) have directly informed the Scottish Government's [Palliative Care Strategy 2025-30](#) published in September 2025. Our work provided insight into views of members of the public with different experiences of palliative care, by focusing on 5 key groups (older people, carers, people receiving hospice care, parents and children, and people in rural and island communities). The work also identified evidence gaps, for example around palliative care being offered earlier and before an adult or child is close to dying.

# Governance committee annual report

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 4.1

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

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

**Purpose of paper:** Decision

## 1. Purpose

All HIS governance committees are required to complete an annual report to provide assurance to the Board that committees have met their remit for the year. SHC members are asked to discuss and agree the annual report for SHC.

## 2. Executive Summary

A draft annual governance committee report for SHC for 2025/26 is attached in Appendix 1. The report describes the outcomes against the SHC's remit and proposes future actions.

## 3. Recommendation

The Council is asked to discuss and agree any amendments required to the draft annual report.

It is recommended that the Council accepts a **significant** Level of Assurance:

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

## 4. Appendices and links to additional information

- Appendix 1: Draft SHC annual report
- Appendix 2: SHC Terms of Reference
- Appendix 3: SHC Key Points
- Appendix 4: Attendance Register
- Appendix 5: 2025/26 Business Planning Schedule

# GOVERNANCE COMMITTEE

## ANNUAL REPORT 2025/26

### Scottish Health Council Annual Report V0.1

<b>Committee Chair</b>	<b>Suzanne Dawson</b>
<b>Lead Director</b>	<b>Clare Morrison</b>
<b>1. Introduction</b>	
<p>In order to assist the Board in conducting a regular review of the effectiveness of the organisation's systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.</p> <p>This report is therefore submitted on behalf of the Scottish Health Council (SHC) for the year 1 April 2025 to 31 March 2026.</p>	
<b>2. Purpose of the Committee (from Code of Corporate Governance)</b>	
<p>The purpose of the SHC is to:</p> <p>The SHC shall be responsible for oversight of the governance and assurance of the statutory duties of the Scottish Health Council as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:</p> <ul style="list-style-type: none"><li>ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public</li><li>ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)</li></ul> <p>The Committee will assure the Board that Healthcare Improvement Scotland (HIS) is meeting its duties in respect of: (i) patient focus and public involvement<sup>3</sup> (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.</p> <p>Detailed terms of reference are contained within the <a href="#">Code of Corporate Governance</a>. The Committee should review its terms of reference annually as part of considering its annual report.</p>	
<p><b>Has the Committee reviewed its terms of reference?</b></p> <p>Yes</p>	

### 3. Remit of Committee (from Code of Corporate Governance)

Remit (list each part of remit)	How did the Committee meet its remit during 2025/26 (with examples)
Approval of HIS community engagement strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans	The SHC business planning schedule was amended to ensure each of the Engagement Practice Division's units (evidence, improvement and assurance) report an annual strategic delivery plan for SHC members to gain assurance on and approve. This was completed during 2025/26 and these unit workplans now form part of the Community Engagement & Transformational Change Directorate's annual delivery plan submission.
Detailed scrutiny of performance against the workplan and delivery of outcomes	A quarterly Engagement Practice Division operational plan progress report and KPIs are scrutinised at every SHC meeting.
The establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee	The SHC has two sub-committees: <ul style="list-style-type: none"> <li>• Service Change</li> <li>• Governance for Engagement.</li> </ul> Both have full terms of reference and membership. They meet quarterly and their output is considered at all SHC meetings.
Approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services	SHC approved an updated process for Governance for Engagement for corporate directorates in HIS which will be tested during 2026/27.
Hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.	By the end of 205/26, SHC will have held all service-facing HIS Directorates to account via the Governance for Engagement process. Corporate directorates will follow in 2026/27 with delays associated with changes in Directors and development of a new process. <p>In addition, SHC considered the following reports:</p> <ul style="list-style-type: none"> <li>• Equalities Mainstreaming Report</li> <li>• Corporate Parenting Report</li> <li>• Volunteering Report (including Public Partners and Peoples' Experience Volunteers in HIS)</li> </ul>
Provide support and advice to the Community Engagement & Transformational Change	SHC provided support and advice on the engagement aspects of the Directorate's work.

Directorate's Leadership Team	4. Reporting arrangements
<p>The following appendices provide a summary of the work of the Committee during 2025/26:</p> <p>Appendix 1 - Attendance schedule</p> <p>Appendix 2 - Business planning schedule</p> <p>Appendix 3 - Key areas of business arising from each meeting and reported to the Board</p>	
5. Risks (summary of risk landscape during the year)	
<p>During 2025/26 the SHC reviewed at each of its meetings [delete as appropriate]:</p> <ul style="list-style-type: none"> <li>• all strategic risks/all strategic risks within the remit of the Committee</li> </ul> <p>The following key risks were considered in more detail by the Committee:</p> <p><i>"There is a risk that financial and workforce pressures, along with NHS reform and renewal, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, HSCPs and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally."</i></p> <p>In addition, SHC also discussed the following risk which is under the remit of the Quality &amp; Performance Committee:</p> <p><i>"There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change but does not have a statutory role to act on prospective concerns. In particular, such concerns may be identified while HIS carries out its statutory duty to assure engagement on service change which results in a risk to HIS of public and staff misunderstanding of HIS' role. Furthermore, there is a risk of harm to patients if potentially significant quality and safety concerns are not appropriately scrutinised."</i></p> <p>The Committee will continue to highlight areas of risk to the Board, requesting external written evidence where this is necessary.</p>	
6. Best Value Contributions (describe where the Committee considered items related to achieving best value)	
<p>Boards have corporate responsibility for creating and promoting the efficient and effective use of staff and other resources by the organisation in accordance with the</p>	

principles of Best Value. Furthermore, the [Blueprint for Good Governance](#) for NHS Scotland requires that Board Members must regularly scrutinise evidence that public money is being safeguarded and appropriately accounted and resources are being used to secure best value.

The concept of best value assesses how well an organisation optimises its costs and maximises the impact of every pound spent on achieving strategic goals. It ensures resources are used efficiently and strategically, which leads to better outcomes and increased effectiveness.

As a best value organisation, Healthcare Improvement Scotland demonstrates how we make effective, risk-aware and evidence-based decisions on the use of all our resources to deliver our [Strategy 2023-28](#). Each year HIS is required to publish its annual best value report and is part of our governance accountability.

Delivering best value is a key aspect of each governance committee. During the 2025/26 reporting period, the SHC took into account the following activities contributing towards best value:

**The most recent HIS Best Value report (published November 2025) included:**

#### **Performance reporting**

One of the four quarterly performance reporting Best Value / Value for Money assessments was on assurance of engagement on service change. Its overall assessment conclusion was:

There is significant value derived from the support we provide to NHS Boards and Health & Social Care Partnerships across Scotland to meet their statutory duties for public involvement whilst fulfilling the statutory duty for HIS to quality assure that engagement. Overall, Service Change function is of immense importance, provided by a small team of highly skilled subject matter experts at relatively small cost offering good value for money, but opportunities to identify efficiencies are always explored to ensure the service offers continues to deliver best value, this includes cost effectiveness to identify potential savings.

#### **Delivery of our strategy**

The strategic section of the HIS Best Value report included two sections on activity within the remit of SHC:

Our [Equality Mainstreaming Report](#) describes how HIS has embedded equality in its work over the past four years, meeting our duties under the [Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#). This includes internal activities such as training and awareness for staff. We work with diverse communities so their views and experiences shape national policy and guidance in such areas as gender identity services, prisoner healthcare, perinatal health inequalities and recovery from alcohol and drug harms. We

champion the use of equality impact assessment (EQIA) so that our work programmes deliberately consider their potential impact on a wide range of communities, understand barriers and mitigate detriments. At the end of March 2024, 95% of our work programmes had completed an initial screening and/or a full EQIA. This demonstrates a planned and systematic approach embedded across almost all work programmes, with a target of 100% completion in 2025-26.

Our Gathering Views and Citizens' Panel reports summarise the learning gained through targeted engagement with communities across Scotland. The opinions of members of the public and the lived experiences of users of health and care services directly influence our recommendations to Scottish Government and other commissioning bodies. We track the ongoing impact of people's views on national policy and practice 6, 12 and 18 months after publication of our reports. Policy areas influenced by our work in 2024-25 include access to services, climate emergency and sustainability, realistic medicine, NHS reform, implanted medical devices and a new palliative care strategy for Scotland.

## **7. Conclusion (include what worked well/not well; describe the key points of the committee's work over the year)**

### **Did the SHC meet its remit for the year 1 April 2025 to 31 March 2026?**

Yes

**Commentary:**

#### **On ensuring, supporting and monitoring NHS boards and HSCPs:**

- SHC provided assurance on all service change activity happening across Scotland through its Service Change sub-committee.
- SHC scrutinised early implementation of new processes for assurance of nationally determined service change.
- SHC supported and scrutinised the development of new guidance on engagement by sub-national planning units.
- SHC provided assurance on the development and launch of an Engagement Practice Learning and Improvement System to better support NHS boards and HSCPs on engagement practice.
- SHC provided assurance on the engagement activity undertaken by HIS in terms of Citizens' Panels and Gathering Views.

#### **On ensuring HIS meets its public involvement and equalities duties:**

- SHC provided assurance and scrutiny of engagement across HIS through its Governance for Engagement process. This included consideration of a new approach for corporate directorates.
- SHC ensured it has appropriate HIS-wide strategic overview on public involvement and equalities as standing items in the first section of its meetings.

## **8. Future Actions (what are the future actions)**

Future Action	Which strategic priority does this support?*
Scrutinise and refine the new process for engagement on sub-national planning, responding to the emerging sub-national planning structures.	
Continue to scrutinise the implementation of the new process for engagement on nationally determined service changes	
Continue to monitor the risk and planned mitigations around an increased volume of service change associated with financial and workforce pressures and broader NHS renewal.	
<b>9. Sign-off Details</b>	
<b>Committee Chair, signature, date:</b>	
<b>Lead Director/Officer, signature, date:</b>	

\*Strategic Priorities

1. *Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement.*
2. *Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care service.*
3. *Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.*
4. *Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.*
5. *Organising Ourselves to Deliver*

## Terms of Reference: Scottish Health Council

### 1. Purpose

The Scottish Health Council (SHC) is a governance committee of Healthcare Improvement Scotland (HIS) and oversees community engagement activity. It is responsible for ensuring the voices of the people of Scotland are heard when it comes to shaping health and care services.

The SHC is responsible for oversight of the governance and assurance of their statutory duties as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:

- ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public
- ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)

The SHC will assure the HIS Board that they are meeting its duties in respect of: (i) patient focus and public involvement<sup>1</sup> (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

### 2. Remit

The duties of the Scottish Health Council are to:

- approval of HIS community engagement strategic vision, objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans
- seek assurance that NHS Boards and Integration Joint Boards are undertaking their community engagement responsibilities as set out in the *Planning with People* guidance
- detailed scrutiny of performance against the workplan and delivery of outcomes
- the establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the SHC
- approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services
- hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee
- provide support and advice to the Community Engagement & Transformational Change Directorate's Leadership Team.

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<sup>1</sup> The term 'community engagement' may be used to signify the duties of patient and public involvement.

The SHC will manage any associated risks assigned to it<sup>2</sup>.

### **3. Membership**

The Chair of the SHC is appointed by the Cabinet Secretary for Health and Sport following recommendation of Chair of HIS. The appointed SHC Chair must be a non-executive member of the HIS Board. There shall be up to eight other members of the SHC, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the SHC, and up to six who shall be members of the public appointed by the Chair of the SHC. Members can serve up to a maximum of two four-year terms.

The Director of Community Engagement & Change is expected to attend meetings and will be supported by members of the directorate senior management team.

The HIS Chair is an ex officio member of the SHC but has the right to attend.

The Chair of the SHC shall be a member of the HIS Quality and Performance Committee.

A Vice-Chair appointed by the SHC Chair, will deputise for the Chair in their absence.

### **4. Quorum**

Meetings of the SHC shall be quorate when at least 50% of members are present, including at least one HIS non-executive Board member. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

### **5. Meetings**

The SHC will meet a minimum of four times a year. Meetings will be held at a place and time as determined and agreed by members of the SHC.

### **6. Information requirements**

In line with the *Blueprint for Governance*, papers will follow the format adopted across HIS governance committees and will be distributed through the HIS digital document sharing portal (Admincontrol) seven days prior to the meeting. A Minute will be prepared within two weeks of the meeting.

### **7. Reporting**

The SHC will review its own effectiveness and report the results of this review to the HIS Board and Accountable Officer through the submission of an annual report. This will assist both the SHC and the wider HIS Board in reviewing the organisation's systems of internal control.

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<sup>2</sup> The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk

## Scottish Health Council Key Points 2025/26

### 15 May 2025

#### 1. Service change quality and safety and public understanding

Healthcare Improvement Scotland has a statutory duty to assure engagement undertaken by NHS boards and Health and Social Care Partnerships (HSCPs) on service change, and this activity is overseen by the Scottish Health Council. Through this duty, Healthcare Improvement Scotland can become aware of service changes where there are concerns about the quality or safety of a proposed service. In addition, there can be a public perception that Healthcare Improvement Scotland assures the service change itself, rather than the engagement on it. Scottish Health Council members agreed that intelligence from engagement is an important information source to feed into the developing HIS intelligence system. It reflected the need for Healthcare Improvement Scotland to undertake further work to develop guidance on how NHS boards/HSCPs should consider quality and safety standards in service change. It also recommended that Healthcare Improvement Scotland clearly defines responsibilities in service change to reduce public misunderstanding. Finally, SHC noted the need for the HIS strategic risk register to be updated to reflect this discussion.

#### 2. Evidence from Engagement

The Scottish Health Council reviewed the proposed annual workplan of the Engagement Practice – Evidence unit. It endorsed the development of the additional Citizens' Panel pulse surveys and considered topics for future Citizens' Panels and Gathering Views activities. The Scottish Health Council was pleased to hear the proposed development of bespoke research to reduce reliance on commissions and improve knowledge on innovative engagement methods. It stressed the need for high standards of quality assurance across the evidence programme and the importance of capturing the impact of engagement work.

#### 3. Clarity on role

In several reports the terms “care” and “social care” have been used interchangeably used which led The Scottish Health Council to a discussion about the need for greater clarity about the role of HIS in social care. Some Scottish Health Council members noted that they had heard that people working in the social care sector were confused about Healthcare Improvement Scotland’s role. In addition, one member noted that they had concerns of a perception within the sector that HIS may be over-reaching its role. The Scottish Health Council agreed that this lack of clarity on terminology had the potential for wider impact beyond The Scottish Health Council and was a matter for the HIS Board to address and proposed it should be referred to the Board for a strategic discussion. It was noted this should cover clarity on both the role of HIS and terminology used in reports.

The Committee accepted limited or no assurance on the following items:

##### 2.1 Engagement on Service Change – Limited assurance

## 4 September 2025

### 1. Statutory Duties of Engagement

The SHC assures the discharge of HIS's statutory duties to support, monitor and ensure engagement by NHS Boards and Integration Joint Boards. The SHC considered two key themes which are impacting on how this role is discharged. The first is the pace of change happening across the NHS and public sector in Scotland, and the second is the shift to how services are increasingly being planned at a regional or national level and in an integrated way across organisations. The SHC noted the work done by HIS to get ahead of this by agreeing best practice for engagement on nationally determined service changes last year and considered the ongoing early application of this guidance. It also endorsed a proposal to develop best practice guidance on joint engagement in a locality by the NHS and local authority; it has been proposed to develop this jointly with COSLA.

### 2. Anti-racism

The SHC discussed increasing local tensions with incidents of NHS staff across Scotland being exposed to racism. Implementation of the HIS anti-racism plan has so far focused on leadership within HIS and ensuring the culture of HIS is anti-racist. Given the increasingly challenging external environment, SHC members were keen for HIS to consider more externally focused work to promote an anti-racist message including support for NHS staff and volunteers. It was agreed this is an area of equalities work that stretches across both SHC and the Staff Governance Committee so would need to be taken forward jointly.

### 3. Positive performance

Overall, SHC members reflected that despite an increasingly challenging environment, HIS is tackling these challenges head on and in a timely manner which was positively endorsed. Examples of this included: progress on the delivery of the new digital Volunteering Management System which will help strengthen volunteering roles and improve capacity; the impact of the Citizens' Panel, findings from which are quoted twice in the recent Scottish Government Service Renewal Framework demonstrating the value of engagement; and being prepared for the shift to more nationally determined service changes.

The Committee accepted limited or no assurance on the following items:

#### 2.1 Statutory duties of engagement-limited assurance

## 13 November 2025

### 1. Statutory Duties of Engagement

The SHC recognised that the external environment continues to change, with the shift to how services are being planned at a national or sub-national level and in a more integrated way across organisations being even more apparent than at its last meeting. The SHC considered the progress being made by HIS to develop guidance with COSLA to underpin how organisations can engage jointly, using the specific example of joint NHS-

local authority engagement in one locality about Single Authority Models. It also noted Scottish Government's plans for an increasing number of nationally determined service changes and the national engagement required on this. For both of these areas, the SHC agreed with the plan to monitor the implications for how HIS would discharge its statutory duties in future, particularly the potential for more national or sub-national work and less work within individual NHS boards/HSCPs.

## 2. Accessible Engagement

The SHC supported the development of new resources by HIS to support staff to take accessible and inclusive approaches in engagement activities. The new guidance provides practical advice on how to engage with diverse communities. It outlines core principles, signposts to relevant resources, and provides advice on both written communication and delivering inclusive events. An accompanying resource on Easy Read communication has also been produced. SHC members were very supportive of the draft resources, noted they had originally been developed for HIS staff, and recommended they would be beneficial for people across health and social care. It was agreed that the resources should be adapted for sharing beyond HIS through the new Engagement Practical Learning & Improvement System.

## 3. Assurance of Engagement

The SHC reviewed the work undertaken by the Engagement Practice – Assurance unit and its plans for the next year. This includes three workstreams: Assurance of Engagement on service change (which comprises monitoring and assuring currently 70 service changes across Scotland, and highlighting new resources produced by HIS for major service change); Equalities, Inclusion & Human Rights (which comprises work on HIS's equality outcomes and anti-racism plan, leading good practice, and co-ordinating HIS's Public Partners); and Strategic Engagement and Community Support (which comprises discussing engagement with senior leaders across NHS boards/HSCPs and supporting communities to engage). SHC were supportive of the work undertaken, noting the progress in the other key points above, and the work planned for the next year.

Register of Scottish Health Council Attendance 2025-26

		15-mai-25	04-sep-25	13-nov-25	12-feb-26
<b>Members</b>					
Suzanne Dawson	Chair	✓	✓	✓	
Nicola Hanssen	Vice Chair	✓	✓	✓	
Michelle Rogers	Non-executive Director	✓	✓	✓	
Nicola McCardle	Member	✓	✓	✓	
Gina Alexander	Member	x	✓	✓	
Emma Cooper	Member	✓	✓	x	
Jamie Mallan	Member	✓	✓	x	
Dave Bertin	Member	✓	✓	✓	
<b>In attendance</b>					
Clare Morrison	Director of Community Engagement & System Redesign	✓	✓	✓	
Tony McGowan	Associate Director of Community Engagement	✓	✓	x	
Christine Johnstone	Head of Evidence for Engagement	✓	✓	x	
Derek Blues	Head of Assurance of Engagement	✓	✓	✓	
Diane Graham	Head of Engagement Practice-Improvement	✓	✓	✓	
Lisa McCartney	Strategic Engagement Lead	✓	x		
Sharon Bleakely	Strategic Engagement Lead	✓	x		
Richard Kennedy McCrea	Operations Manager	✓	✓	✓	
Rosie Tyler-Greig	Diversity & Inclusion Manager	✓	✓	✓	
Evelyn McPhail	Chair, Healthcare Improvement Scotland	x	✓	✓	
Robbie Pearson	Chief Executive	x	✓	✓	
Duncan Service	Employee Director	✓	✓	x	
John Lund	HIS Non-Executive Director (Observer)	✓			
Judith Kilbee	HIS Non-Executive Director (Observer)			✓	
John McKee	Head of Comms (Item 2.2)			✓	
Donald Crichton	Programme Manager (Observer)			✓	
Jackie Weir	Public Involvement Manager (Observer)			✓	
Camille Brizell	Project Officer (Observer)			✓	
Karen Rankin	Project Officer (Observer)			✓	
Lisa McCartney	Strategic Engagement Lead (Observer)			✓	
Louise Wheeler	Engagement Advisor (Observer)			✓	
Susan Ferguson	Committee Secretary	✓	✓	✓	

Key: ✓ = attended; x = apologies;

Council Business	Lead Officer	15.05.25	04.09.25	13.11.25	12.02.26	
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**HIS STRATEGIC BUSINESS**

<b>Engagement on Service Change:</b>						
Strategic considerations on HIS's statutory duty to assure NHS boards' /JIBs' duties on public involvement	Director/Head of Engagement Practice-Assurance					Note: includes strategic engagement high level report
<b>Governance for Engagement:</b>						
Ensuring HIS meets its public involvement duties	Associate Director					Note: Annual Review overview/public involvement included on Agenda 13/11/2025
<b>Equalities, Diversity &amp; Inclusion:</b>						
Ensuring HIS meets its equalities duties	Equality, Inclusion and Human Rights Manager					
<b>Role of Public Partners</b>						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
<b>HIS Integrated Planning</b>						
HIS annual delivery planning for 2026-27						

**COMMUNITY ENGAGEMENT BUSINESS**

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

**SHC GOVERNANCE**

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

**RESERVED BUSINESS**

Service Change Sub-Committee meeting notes	Head of Engagement Practice-Assurance					
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**ADDITIONAL ITEMS of GOVERNANCE**

3 Key Points for HIS Board	Chair					
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**CLOSING BUSINESS**

AOB	All					
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# Key Performance Indicators

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 4.2

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

**Report Author:** Richard Kennedy-McCrea, Operations Manager, and Clare Morrison, Director of Engagement & Change

**Purpose of paper:** Discussion

## 1. Purpose

HIS tracks Key Performance Indications (KPIs) at both corporate and committee level. This paper updates the Scottish Health Council on the corporate KPIs at the end of Q3. The Council is asked to note and discuss the two committee-level KPIs that sit under its remit.

## 2. Executive Summary

### KPIs for 2025/26

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

Voices & Rights of People & Communities	2024/25 actual	2025/26 target	Quarterly target	Q1 result	Q2 result	Q3 result
<b>Governance for Engagement</b> % of Directorates with improvement plans agreed and actions/impacts reported on	100%	100%	Meetings scheduled for Q2 (target 43%) and Q3 (target 100%)	n/a	33%	33%
<b>Equality impact assessment</b> % of relevant projects/programmes with an initial screening and/or full assessment completed	95%	100%	90% (Q1); 95% (Q2); 100% (Q3-4)	91%	96%	98%

During Q2, two out of the planned three directorates presented their annual update to the Governance for Engagement sub-committee. The third directorate requested an extension due to vacancies at senior level within the team. The sub-committee did not meet in Q3. Three

directorates will present to the sub-committee in Q4 and the corporate teams' presentation will carry over into Cycle 4 in 2026-27. We anticipate 85% completion by end of Q4.

For equality impact assessment (EQIA) we measure the percentage of relevant HIS programmes with at least an initial screening completed. By 'relevant programme' we mean any external-facing programme that is currently live. At Q3, this was 75 programmes across HIS. An initial screening should be carried out to determine where any negative impacts are anticipated. If so, a full impact assessment is also required. At Q3 only one programme across HIS had not yet carried out an initial screening.

The corporate KPIs for Citizens' Panel/Gathering Views reports and for assurance of engagement on service changes are tracked by the Board. They are included for information in Appendix 1.

### KPIs for 2026/27

KPIs for 2026/27 are currently in development. The SHC is asked to consider the draft KPIs in the table below:

Theme	KPI metric	2026/27 target
<b><i>Draft SHC KPIs</i></b>		
<b>Improving Engagement Practice</b>	% stakeholders reporting improved confidence and ability to apply high-quality engagement practice after accessing Engagement Practice Learning System resources, pathways or events	80%
<b>HIS equality impact assessments</b>	<i>Activity:</i> % of relevant HIS projects / programmes with at least an initial screening completed  <i>Impact:</i> number of quarterly new impact or good practice story shared	100%  4
<b>Evidence from Engagement</b>	<i>Activity:</i> number of published outputs of evidence from engagement  <i>Impact:</i> number of quarterly reports demonstrating how evidence from engagement (Citizens' Panels, Gathering Views and other social research) has meaningfully informed decision-making across NHS Scotland	8  4
<b>Strengthening National Volunteer Management</b>	% of NHS boards actively using the Volunteering Management System (VMS) to record and monitor volunteering activity and achieving quality data compliance based on VMS audits	85%
<b><i>Draft Board KPIs</i></b>		
<b>Engagement on Service Change</b>	<i>Activity:</i> number of NHS Board / IJB service change engagement plans supported or influenced by HIS advice, assurance or review activity	70

Theme	KPI metric	2026/27 target
	<i>Impact:</i> % of NHS Boards / IJBS rating our service change engagement support as “very good” or “excellent” through evaluation feedback	75%
<b>Scottish Approach to Change</b>	% of NHS Reform publications by Scottish Government that include meaningful references to the Scottish Approach to Change	75%
<b>HIS Portfolio working</b>	% of boards receiving a clearly aligned HIS-wide offer on mental health (eg, assurance, improvement, evidence)	75%
<b>HIS quality planning</b>	% of work programmes in the HIS Annual Delivery Plan where there is a demonstrable influence of HIS intelligence, insight and evidence shaping its development	80%

### 3. Recommendation

The Council is asked to discuss the KPI report for 2025/26 and the new KPIs for 2026/27.

It is recommended that the Council accepts a **Moderate** Level of Assurance. Although the KPIs SHC tracks have not been met in this quarter, plans are in place to address the shortfall and we anticipate being on track in Q4.

The 2026/27 KPIs are subject to final ratification by the Performance & Delivery Board. Minor amendments are anticipated to ensure consistency.

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

### 4. Appendices and links to additional information

- Appendix 1: Quarter 3 performance report for the corporate KPIs

## Appendix 1: Corporate KPIs for end of Q3 2025/26

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Q3	Comments
Hospital @ Home Beds	Expansion of scope of existing programme (bed numbers)	1,100	800	650	600	600	655	Lack of resources to support H@H services, early flu pressures in the system, and the lag in data collection/ submissions are significantly impacting on HIS meeting the 25/26 target. Q3 outturn is based on data collected end of Oct; Nov and Dec figures incomplete.
Frailty Teams	Hospital sites with access to specialist staff in frailty teams	3 Boards	100%	70%	40%	87%	87%	
Timely Access to Services	Primary care improvement programme participants demonstrating improved access to care	35%	70%	40%	40%	50%	50%	Entered the write-up phase, no new demonstrator site or collaborative work planned for the rest 25/26 therefore 50% applies across remaining quarters
People	Citizens' Panel (full reports and pulse surveys) and Gathering Views reports to consider NHS renewal and accessing services	-	8	1	1	0	1	The anticipated outturn for the year is a 2 further surveys to be complete by the end of Q4, with 2x gathering views started and aiming for publication in Q1 of 26-27.
National Position Statements	Delivery of national evidence statements on major priority areas	-	2	-	N/A	1	1	
Mental Health Reform	% of supported NHS boards with an improvement in design or delivery of services	100%	80%	50%	50%	50%	80%	
Sickness Absence Reduction	In line with national target	4.2%	4%	4%	3.3%	3.3%	3.5%	
Recurring Savings	As approved in budget	£1.3m	£1.5m	£0.375m	£0.1m	£0.4m	£0.3m	Total YTD recurring savings £0.8m. To meet recurring savings balance a target of £0.4m savings was agreed against the HIS Employee scheme following the November Audit and Risk Committee meeting. We are at risk of not meeting this target within 25/26, if so this will need to be carried forward and achieved in 2026/27. We expect to meet our savings target on a non-

KPI Area	KPI Metric	24/25 Actual	25/26 Target	Quarterly Target	Q1	Q2	Q3	Comments
								recurring basis for 2025/26 given current underspend position in the organisation.
NHS Inspections	Number of onsite inspections carried out	24	3	5	3	7	7	
Independent Healthcare Inspections	Number of registered services inspections undertaken	96	129	32	28	35	32	
New Medicines Advice	% of decisions communicated within target timeframe	80%	85%	85%	50%	71%	57%	SMC continues to receive an increased volume of monthly submissions in comparison to this time last year. This will have a negative impact on KPIs throughout 25/26.
Service Change Engagement	Number of NHS board/IJB service change engagement plans influenced by advice and assurance	68	60	60	51	70	70	
Healthcare Staffing	% of boards' compliance monitored by HIS through Board reporting and engagement	81%	100%	80%	80%	79%	89%	
Scottish Health Technologies Group (SHTG)	Number of advice outputs issued	12	12	3	3	3	1	Publications that had been planned to be published in December 2025, have now moved into January 2026 due to backlog in directorate sign off. All relevant stakeholders have been kept up-to-date. The backlog will be resolved. i.e. we should be back on track next quarter
Adverse Events	% NHS boards sharing learning summaries with HIS	-	100%	25%	0%	0%	65%	
Responding to Concerns	% of cases with initial assessment undertaken within agreed timescales	100%	100%	100%	100%	100%	100%	
High Quality & Safe Healthcare	Deliver inspection of Child and Adolescent Mental Health Services and national inpatient unit	-	4	2	1	2	1	

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

DRAFT

# Risk register

**Meeting:** Scottish Health Council

**Meeting date:** 12 February 2026

**Agenda item:** 4.3

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

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

**Purpose of paper:** Assurance

## 1. Purpose

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

## 2. Executive Summary

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

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

### Service change - engagement

The risk is identified as:

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

Key mitigations for this risk are:

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

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

Current updates relating to this risk are:

- Updated [guidance on major service](#) was published in September 2025. Resources for people and communities on *Planning with People* were published in January 2026
- HIS regularly provides advice to Scottish Government on engagement on nationally determined service changes and we are monitoring progress with use of this new guidance.
- HIS is currently working with Scottish Government to develop guidance on engagement for sub-national planning units (expected February 2026), see item 2.1.

### Service change – quality and safety

The risk is identified as:

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

Key mitigations for this risk are:

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

Current updated relating to this risk are:

- Scoping of the signposting document across HIS has been undertaken to agree the key components: Domains of Quality, Essentials of Safe Care, Quality Management Systems and the draft Clinical governance standards.
- The new HIS clinical governance standards expected to be published in February 2026: once these are published, the signposting guidance outlined above will be developed and taken to the Quality & Performance Committee for approval.

## 3. Recommendation

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

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

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

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

Appendix 1: Definitions of risk used by HIS

Appendix 2: Extract of the HIS Strategic Risk Register

## Appendix 1: Definitions of risk used by HIS

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

### Likelihood definitions

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

### Impact definitions

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

Risk Title	Risk Categ	Category	Appetit	ID	Compass	I Committee	Date Raised	Risk Direct	Risk Description	Inherent	Controls & Mitigations	Current update	Impact	Likeli	Resid	Appet	Modi	Risk Ac
Service Change - engagement	Strategy	Strategy	Open	9	1163	SHC	24.11.2021	Clare Mor	There is a risk that financial and workforce pressures, along with NHS reform and renewal, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, HSCPs and Scottish Government, and this may reduce public confidence in meaningful engagement. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting). Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HIS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. This includes guidance on non-compliance with Planning with People and on major service change. New resources for the public were published in January 2026. Our Assurance of Engagement Unit and Strategic Engagement Leads have enhanced our assurance processes, including improving our earlier awareness and scrutiny of service changes in the system. We regularly provide advice to Scottish Government on engagement on nationally determined service changes and we are monitoring progress with use of this new guidance. We are currently working with Scottish Government to develop guidance on engagement for sub-national planning units (expected February 2026). We are also continuing to discuss engagement within the NHS reform and renewal agenda (ongoing).	4	3	12	In	Clar	Active
Service change – quality and safety	Strategy	Strategy	Open	17	QPC	22.05.2025	Clare Mor		There is a risk that HIS becomes aware of concerns about the quality and safety of a proposed service change but does not have a statutory role to act on prospective concerns. In particular, such concerns may be identified while HIS carries out its statutory duty to assure engagement on service change which results in a risk to HIS of public and staff misunderstanding of HIS' role. Furthermore, there is a risk of harm to patients if potentially significant quality and safety concerns are not appropriately scrutinised.	16	HIS has developed the Scottish Approach to Change which defines a framework for achieving high quality change. We will add to the framework specific guidance on how to consider quality and safety standards in service change; we will then provide this when assuring engagement on service change. More broadly, we will explicitly define how to feed the intelligence gathered from engagement into our new HIS intelligence system. We will also clearly define our role and responsibilities in service change, and the responsibilities of NHS boards/HSCPs.	Discussed at ET, SHC and RTC Oversight Group in May 2025. Scottish Government made aware of assurance gap in June 2025 and endorsed plan to produce guidance. Potential guidance scoped across HIS in July 2025. This identified that new clinical governance standards are being developed and that these, in combination with the updated QMS and Essentials of Safe Care, define the quality & safety considerations required. However, the ongoing concerns being identified demonstrates the need for better awareness of relevant guidance. Therefore a signposting document will be created defining the key quality & safety considerations and linking to the relevant guidance. This will be proactively signposted by the Assurance of Engagement team and within the Scottish Approach to Change. An update was taken to QPC in August 2025 and the Scottish Health Council in September 2025 and agreed to progress. The new HIS clinical governance standards expected to be published in February 2026: once these are published, the signposting guidance outlined above will be developed.	4	4	16	In	Clar	Active

Scottish Health Council: Business Planning Schedule 2026/27 v0.1

Council Business	Lead Officer	14.05.26	17.09.26	26.11.26	25.02.27	
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**HIS STRATEGIC BUSINESS**

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

**COMMUNITY ENGAGEMENT BUSINESS**

<b>Evidence Programme</b>						
Evidence strategy including planned activities and research	Head of Engagement Practice-Evidence					
<b>Improvement Programme</b>						
Improvement strategy including learning system, innovation and volunteering	Head of Engagement Practice-Improvement					
<b>Assurance Programme</b>						
Service change activity	Head of Engagement Practice-Assurance					
<b>Operational Delivery</b>						
Operational Plan Progress Report	Operations Manager					

**SHC GOVERNANCE**

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

**RESERVED BUSINESS**

Service Change Sub-Committee meeting notes	Head of Engagement Practice-Assurance					
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**ADDITIONAL ITEMS of GOVERNANCE**

3 Key Points for HIS Board	Chair					
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**CLOSING BUSINESS**

AOB	All					
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