

Committee Minutes – Approved

Meeting of the Scottish Health Council of Healthcare Improvement Scotland at

Time;10.00- 12.30 Date; 15 May 2025, Delta House, Glasgow.

Attendance

Present

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

Dave Bertin, Member (DB)

Emma Cooper, Member (EC)

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

Jamie Mallan, Member (JM)

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)

Sharon Bleakley, Strategic Engagement Lead (SB)

Richard Kennedy McCrea, Operations Manager (RKM)

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

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

Lisa McCartney, Strategic Engagement Lead (LMC)

Tony McGowan, Associate Director Community Engagement (TMG)

Duncan Service, Employee Director (DS)

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

Apologies

Gina Alexander, Member (GA)

Evelyn McPhail Chair of Healthcare Improvement Scotland (HIS)

Robbie Pearson, Chief Executive (RP)

Sybil Canavan, Director of Workforce (SC)

Angela Moodie, Director of Finance, Planning & Governance

Safia Qureshi, Director of Evidence & Digital

Simon Watson, Medical Director & Director of Safety

Meeting Support

Susan Ferguson, Committee Secretary (SF)

1. Opening Business

1.1 Welcome and apologies

The Chair (SD) welcomed everyone to the meeting thanking everyone for making the effort to attend in person.

Apologies were noted as above.

1.2 Register/Declarations of Interests

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

Decision: The SHC noted the Register of Interests, and no conflict of interests were noted.

Action: None

1.3 Draft minutes of Meeting/matters arising

The SHC considered the draft minutes from the previous meeting held on 20 February 2025 and accepted them as an accurate record.

TMG expressed a note of thanks to SF for the continued support provided to the Governance for Engagement sub-committee.

Decision: The SHC approved the minutes from the 20 February 2025 meeting.

Action: None

1.4 Review of Action Point Register

The SHC reviewed the Action Point Register with updates being provided for each action for assurance and /or recommendation for closure.

CM noted the only outstanding action was 2.2, Assurance of Engagement on service change - The overlap between the CCG and GfE, and how it could be addressed.

For assurance, it was advised that the overlap with GfE/CCG will be considered when the new Chief Pharmacist reviews the CCG process in May/June 2025.

The SHC were advised that the SHC Annual Report for 2024/25 was now complete with all members comments included and will be presented in the Board Seminar papers.

Decision: The SHC agreed with the recommended actions for closure.

Action: SF to send the final version of the 2024/25 SHC Annual report to all SHC members.

2. HIS STRATEGIC BUSINESS

2.1 Engagement on Service Change

The SHC was provided with an update on the key strategic issues relating to engagement on service change. Two key points from the paper were highlighted for discussion.

Nationally determined service change on vascular care had now started with Scottish Government (SG) recommending a proposal to move from six to four vascular networks, which in turn would have the biggest impact in the Highland Region.

After discussion on engagement on the SG nationally determined service change on vascular services, CM advised there would be a learning exercise in the future.

Intelligence gathering, HIS are currently developing a new intelligence system that will be able to gather intelligence throughout HIS including arising from engagement activities undertaken. CM advised that when assuring engagement of service change, HIS may encounter concerns on quality or safety of the proposed service, in addition, there can be a public perception that HIS assures the service change itself, rather than the engagement on it. CM noted this could be a potential organisational risk and advised that the Exec Team had already discussed.

After discussion on the impact SG's proposal of the service change to vascular care, CM provided the following response to a point raised by the SHC.

The SHC agreed that intelligence from engagement is an important information source to feed into the developing HIS intelligence system. It reflected the need for HIS to undertake further work to develop guidance on how NHS boards/Health and Social Care Partnerships (HSCPs) should consider quality and safety standards in service change.

It also recommended that HIS clearly defines responsibilities in service change to reduce public misunderstanding.

Finally, SHC noted the need for the HIS strategic risk register to be updated to reflect this discussion.

Decision: The SHC noted the update and accepted a Limited level of assurance

Action: CM to update the HIS strategic risk register to reflect discussion on quality and safety standards.

2.2 Governance for Engagement (GfE)

TMG provided the SHC with an update for assurance, noting that all provisional dates for 2025/26 were now in place for the GfE sub-committee to review each of the directorate's improvement plans and discuss any progress made. He highlighted that work was still in progress with regards to simplifying the Corporate Directorates' template and is confident this will be completed by the end of June 2025.

TMG noted that he planned to take up conversation with the new Chief Pharmacist on the overlap of dimension three of Clinical and Care Governance (CCG) and GfE on his return from annual leave.

The SHC looked forward to reviewing each directorate's progress on their improvement plans in the next round of meetings.

Finally, a further point was raised by the SHC on the term's "care" and "social care" being used interchangeably in reports, a discussion took place about the need for greater clarity about the role of HIS in social care. The SHC proposed that this should be referred to the HIS board for discussion and noted this should cover clarity on both the role of HIS and terminology used in reports.

Decision: The SHC noted the update and accepted a Moderate Level of assurance

Action: None

2.3 Equality, Inclusion and Human Rights (EIHR)

RTG provided the SHC with the key points from her paper which covered the progress of use of Equality Impact Assessments (EQIAs) which had 71 completed of the 77 programmes requiring these in Q4. Development of an Equality Mainstreaming plan, with three new delivery groups showing good staff engagement. Also noted was the Supreme Court ruling on the definition of sex in the Equality Act and advised HIS is awaiting the updated statutory code of practice and SG guidance before assessing what action is required.

After some discussion on what impact the Supreme Court Ruling could have, it was advised that this will be decided only when HIS receive the new guidance.

The SHC noted their interest in how the three new groups progress and look forward to further updates. They also noted the great work achieved with the EQIA progress to date.

Decision: The SHC noted the progress made and accepted a Significant level of assurance.

Action: None

2.4 Role of Public Partners

TMG and RTG provided the SHC with an update highlighting the key developments for the Public Partners, (PPs) which included the development and establishment of the new HIS Volunteering Policy and Procedures, this sets out HIS's commitment to volunteering and has been very well received. It was noted that with recent recruitment there now is a cohort of 17 PPs throughout HIS. Also highlighted was the successful PP annual event held in March and the positive feedback received from the PPs themselves. It was noted that the report on the event which captured the feedback will inform some ongoing work to strengthen public involvement which included developing processes to capture and communicate impact and reviewing training resources.

SD agreed with the success of the PP Annual event, noting the number of new PPs that were in attendance was very evident. CM wanted to endorse the success of the day noting they had received so much positive formal and informal feedback for the team. RTG noted that the PP role has been further developed and taken forward by the Public Involvement Advisor Linda Young who has received excellent feedback from staff across HIS.

The SHC applauded the new HIS Volunteering Policy and Procedures and enquired if it included lone working. Further discussions took place on whether 17 PPs was an adequate amount, the support system that is in place for them and if remuneration had been considered in recognition of their contributions, and if they should have a presence on the SHC.

In response to these points, TMG thanked the SHC for all their considerations and noted that getting the policy in place shows the commitment for the PPs and it will continue to evolve. He advised that remuneration for the PPs has previously been investigated but unfortunately not possible, however open to consider any solutions put forward. On lone working, advised this would need to be investigated and RTG will review this with HR, she also provided assurance to the SHC that the PPs have regular communications with the PIAs including a yearly review.

Decision: The SHC noted the paper and agreed to change from Significant to Moderate assurance.

Action: RTG to check policy on the PP's lone working

3. COMMUNITY ENGAGEMENT BUSINESS

3.1 Engagement Practice -Evidence Programme

CJ's paper provided the SHC with an update on the proposed workplan the Evidence programme will deliver in 2025/26. It was advised that the unit's work will be concentrating on relevant topics in the SG programme for NHS reform and renewal. She noted the change of format to the SHC paper and welcomed any feedback or thoughts on it.

SHC reviewed the proposed annual workplan of the Engagement Practice - Evidence unit and endorsed the development of the additional Citizens' Panel pulse surveys and considered topics for future Citizens' Panels and Gathering Views activities.

The SHC was pleased to hear the proposed development of bespoke research to reduce reliance on commissions and improve knowledge on innovative engagement methods. It noted the need for high standards of quality assurance across the Evidence programme and the importance of capturing the impact of engagement work.

With reference to the use of digital tools in engagement, CJ encouraged the SHC to inform her if they have any knowledge of digital tools that they feel would be of benefit to enhancing the suite already used in engagement.

In response to the point raised on the use of an external agency for the research undertaken within the CP and why this not being developed internally. CJ advised that due to the volume of work involved including administration of the database and sending surveys out, it is more efficient to use a specialist research company.

Decision: The SHC noted the proposed strategic direction outlined, endorsed the recommendations of the paper and were happy to accept a Moderate level of assurance.

Actions: CJ to respond to GA's points on Primary Care as Gathering Views topic and bespoke research, also views about ownership of individual health records being linked with digital exclusion/inclusion.

CJ to share details of the Citizens' Panel Operational Management/Costs to SHC.

3.2 Operational Plan Progress Report 2024/25

RKM provided a summary of some of the impacts noted for Q4. The following highlights were noted;

Feedback from Gathering views- initial findings from the Sodium Valproate report have already been provided.

Assurance- Noted that we have met our public duty with respects to the Equality Mainstreaming report.

Volunteering- Noted that the PPs are keen to communicate their impact and the difference they are making, this will be reported to the SHC.

The SHC noted the importance of capturing the impact of the directorate's work, noting that a lot of progress has been made in this area.

A point was raised on if there were targets for the number of public views gathered.

In response it was advised that there is not a target because it would just be an arbitrary figure since numbers differ depending on the type of engagement and topic being engaged on.

A further point was raised on the reduction of resources downloaded from the website and asked if there was anything that could be done to communicate the range of resources available.

RKM provided the rationale for this, noting that the HIS-Engage website is currently in transition, with all the HIS websites moved onto one corporate website.

The work on CEIM (Care Experience Improvement Model) was also recognised by the SHC.

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

Action: None

4. SHC GOVERNANCE

4.1 Risk Register

CM provided an update to the SHC on the strategic risk on engagement on service change, noting that there was no change to the risk's wording, rating, or key mitigations since last meeting in Q4. She highlighted the two current issues, the reflection on the nationally determined service change and the ongoing vacancy for the Strategic Engagement Lead (SEL) in the West and was hopeful now that the HIS transformational Oversight Board had agreed a process, this would allow for a small organisational change for the members of that team to take place in the near future.

SD requested CM to inform GA of the update with regards to the SEL vacancy.

A discussion took place on the importance of the Risk update and how more time should be allowed for this to take place. Several suggestions were put forward on how this could be achieved. It was agreed that SD and CM would discuss this at their next meeting and agree where it should be moved to on the agenda going forward to allow more time for discussion.

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

Action: CM to email GA the SEL vacancy update provided at the SHC meeting.

SD and CM to include Risk and KPIs agenda slots at next 1:1 meeting.

4.2 Key Performance Indicators

The SHC were provided with an update on Q4 and year end 2024/25 KPIs. CM provided the rationale for why the engagement activities failed to meet the target, which was due to a need to redirect resource for the unplanned engagement required for the review of emergency departments in NHS Greater Glasgow and Clyde. She noted that all other KPIs were met for the directorate.

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

Action: None

4.3 Business Planning Schedules

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

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

Action: None

5. RESERVED BUSINESS

5.1 Service Change Sub-Committee Draft Minutes of Meeting

The draft minutes from the Service Change sub-committee meeting held on 27 March 2025 were shared with the SHC for information.

Decision: The SHC noted the draft minutes from the Service change sub-committee meeting.

Action: None

6. ADDITIONAL ITEMS of GOVERNANCE

6.1 Key Points for HIS Board

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

- a) Service change quality and safety and public understanding of HIS role
- b) Evidence from Engagement
- c) Clarity on social care role

7. ANY OTHER BUSINESS

7.1 There were no items of any other business.

7.2 Meeting closed

8. Date of Next Meeting

Next meeting will be held on Thursday 4th September 2025 10.00-12.30 via MS Teams

Approved by: Suzanne Dawson, Chair of Scottish Health Council

Date: 04 September 2025