

## Scottish Health Council Meeting Minutes – 1.0

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)

Duncan Service, Employee Director (DS)

## 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 (N&IC) 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 completing Equality Impact Assessments (EQIAs) screening; 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 on social care. 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) who 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.

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

### 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 of, monitoring and assuring the correct engagement is in place for the current 70 proposed 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 the 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:** 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 evaluating participation 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 whether 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, 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 risk appetite for quality and safety on service change would be for the HIS Board and not SHC and accepted a **Moderate** level of assurance.

**Action:** None

#### **4.2 Key Performance Indicators**

CM provided an update on the two 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 three 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 the 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: Suzanne Dawson, SHC Chair

Date: 12 February 2026