Scottish Health Council Minutes – 1.0

Meeting of the Scottish Health Council (SHC)

10.00am -12.30pm

17 September 2026

Attendance

Present

Suzanne Dawson, Healthcare Improvement Scotland (HIS) Non-Executive Director, Chair (SD)
Gina Alexander, Member (GA)
Craig Allan, Member (CA)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)
Annika Joy, Member (AJ)
Michelle Rodgers, HIS Non-Executive Director (MR)

In Attendance
Clare Morrison, Director of Engagement & Change (CM)
Diane Graham, Head of Engagement Practice - Improvement (DG)
Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
Richard Kennedy McCrea, Operations Manager (RKM)

Apologies
Dave Bertin, Member (DB)
Emma Cooper-Hobart, Member (ECH)
Jamie Mallan, Member (JM)
Derek Blues, Head of Engagement Practice - Assurance (DBL)
Tony McGowan, Associate Director Community Engagement (TMG)
Robbie Pearson, Chief Executive (RP)
Carole Wilkinson, HIS Chair (CW)

Meeting Support
Susan Ferguson, Committee Support

1.Opening Business

1.1 Welcome and apologies

The Chair welcomed all to the meeting and noted Kate Petit (Senior Engagement Advisor) had joined to observe the meeting.

Apologies were noted as above.

1.2 Declaration of Interests

The Chair invited the SHC to note the Register of Interests and declare any conflicts.
Updates to the Register of Interests were noted from SHC members.

No conflicts of interest were declared.

Decision: The SHC noted the Declaration of Interests.
Action: None

1.3 Minutes of previous Meeting

The draft minutes from previous meeting of 14 May 2026 were approved as an accurate record.

Decision: The SHC approved the minutes of the SHC meeting of 14 May 2026.
Action: None

1.4 Review of Action Register

The SHC reviewed the Action Register and noted most actions were recommended for closure. Assurance was provided on points raised on remaining actions.

Decision: The SHC noted the Action Register and agreed with the actions recommended for closure.
Action: None

2. HIS Strategic Business

2.1 Statutory duties of Engagement

The SHC considered the current approach to engagement in the context of a rapidly changing health and social care environment. The SHC agreed that the existing interim guidance on engagement for sub-national structures remains appropriate at this stage and that it should be kept in an “interim” status pending further review because of how quickly the external environment is changing. More broadly, SHC noted the need for flexibility in how Healthcare Improvement Scotland (HIS) fulfils its statutory duties on engagement because of the changing environment, while continuing to operate within the agreed framework. It was agreed that any significant changes to the guidance should be shared with the SHC for decision, but small areas of flexibility can progress.

The SHC also discussed the expansion of GP walk-in centres from a pilot programme to a scaled-up service and recognised that service delivery models vary across local areas. The SHC agreed that the expansion of GP walk-in centres from pilot to scaled-up delivery constitutes a nationally determined service change.

An offer of support from the SHC to be more involved in the engagement of high-profile service changes was noted with two specific ones being identified, Monklands and GP walk in centres. It was agreed that all SHC members should be offered an opportunity to volunteer to support short life work to support high profile service changes.

Decision: The SHC noted on the ongoing work with sub-national structures and agreed that the expansion of GP walk-in centres from pilot to scaled-up delivery constitutes a nationally determined service change. The SHC accepted a **Moderate** level of assurance.
Action: CM to send communication to all SHC members re expressing interest in support with high profile service changes.

2.2 Governance for Engagement

The SHC received an update on the Cycle 4 Governance for Engagement assessments for both Community Engagement and Transformational Change (CETC) and Evidence and Digital (E&D) directorates. The SHC noted that the assessments are progressing well and that improvements made to the self-assessment process have resulted in clearer and more succinct submissions.
The update highlighted strong evidence of leadership, public involvement, equality impact assessment activity, and the embedding of engagement within decision-making processes from both Directorates. It was noted that future work will focus on strengthening the measurement of engagement impact, promoting good practice, and sharing learning across the organisation.

Decision: The SHC noted the progress made in both directorates in Cycle 4 and accepted a **Moderate** level of assurance.
Action: None

2.3 Equalities, Diversity and Inclusion

The SHC received an update on equality, inclusion and human rights activity. The SHC noted that 86% of external-facing programmes had completed an initial Equality Impact Assessment (EQIA) screening, compared with 100% in the previous quarter. It was advised this was expected as the decrease was attributed to changes in programme reporting arrangements. The SHC also noted ongoing work to strengthen EQIA processes, improve equality outcomes monitoring and respond to recommendations from the recent equality audit.

An update was provided on anti-racism activity, including plans for a webinar to share learning from engagement with communities affected by racialised healthcare inequalities.

Decision: The SHC noted the paper and accepted a **Moderate** level of assurance.
Action: None

3. Community Engagement Business

3.1 Engagement Practice - Improvement

The SHC received an update on progress against the Engagement Practice Improvement Unit (EPIU) 2026/27 work plan and key performance indicators.
The SHC noted continued progress across the Engagement Practice Learning and Improvement System (EPLIS) and Volunteering Transformation workstreams, including the development of engagement resources, learning programmes, responsive support services and growth of the Engagement Practice Network. The SHC also noted the positive progress in embedding the People-led Enabler within engagement and improvement activity.

It was highlighted that whilst Information Governance approval processes have presented challenges to delivery timescales of the Volunteer Management System (VMS) across NHS Boards, progress is now being made at pace with 7 Boards fully deployed and the programme remains on track to achieve its March 2027 objectives. Following discussion on the use of VMS within HIS, it was noted that processes were being developed with plans in place to test with Public Partners.

The SHC noted the good progress made against the Engagement Practice Improvement Unit's work plan and key performance indicators, including the progress and challenges associated with implementation of VMS.

The SHC recognised and thanked DG and her team for their work in developing the TURAS module.

Decision: The SHC noted the progress that the Unit had made since their last submission. The SHC accepted a **Moderate** level of assurance.
Actions: DG to organise a specific induction session on volunteering for new SHC members.

3.2 Engagement Practice-Evidence Improvement Plan
The SHC received an update on the progress made from the previous SHC meeting on 14 May 2026 and endorsed the progress made in stabilising the Engagement Practice -Evidence team and noted that performance had returned to expected levels.

The SHC recorded its thanks to Derek Blues, Chris Third and Gary McGrow for their contribution. It was agreed that no further quarterly reports were required unless performance deviates from expected levels, in which case an exception report should be provided alongside the KPI report. The SHC noted the need to strengthen internal capability to identify and develop engagement priorities, informed by the current policy context.

It was also noted that the current temporary cover arrangements were not sustainable in the longer term and agreed that options for future arrangements should be developed. The SHC recorded that should proposals progress before the next meeting, a paper will be circulated to members by email.

Decision: The SHC agreed no further quarterly reports are required unless performance deviates from expected levels, in which case an exception report should be provided alongside the KPI report. The SHC accepted a **Moderate** level of assurance.
Actions: None

3.3 Operational Plan Progress Report
The SHC received an update on the previous quarter's Q1's activity and noted the progress against the Engagement, Equalities and Volunteering Delivery Plan with the positive impact of engagement and volunteering activity. Members also noted national insight reports and welcomed the ongoing monitoring of EQIA screening compliance.

Decision: The SHC noted the paper and accepted a **Moderate** level of assurance.
Action: None

4. SHC Governance

4.1 KPIs
The SHC received an update on the Q1 Key Performance Indicators (KPI) outcomes noting majority of KPIs within the Committee's remit had been achieved or exceeded in Q1. The SHC noted that the EQIA screening KPI had not been achieved and was advised that this could be due to changes to reporting arrangements and the commencement of new work programmes.

Decision: The SHC noted the paper and accepted a **Moderate** level of assurance.
Action: None

4.2 Risk Register
The SHC reviewed the Risk Register and noted that no new risks had been added. After discussion the SHC noted the potential impact of the Programme for Government and the structural

reorganisation of NHS Boards on the current risk rating and agreed that this should be kept under review.

Decision: The SHC noted the Risk Register and accepted a **Moderate** level of assurance.
Action: CM- to review the risk rating ahead of the next SHC meeting to assess whether any changes are required because of the Programme for Government or NHS Board structural reorganisation.

4.3 Business Planning Schedule
The SHC were asked to note the 2026/27 Business Planning Schedule.

Decision: The SHC noted the 2026/27 Business Planning Schedule.
Action: None

5. Reserved Business

5.1 Service Change Sub-Committee Draft Minutes of Meeting
The draft minutes from the previous meeting of the Service Change sub-committee, held on 20 August 2026, were shared with the SHC for information.

Decision: The SHC noted the draft minutes from the Service Change sub-committee held on 20 August 2026.
Action: None

6. Additional Items of Governance

6.1 Key Points for HIS Board
The SHC agreed on the following 3 Key points for the HIS Board;
1. Strategic considerations on HIS's statutory duty to assure NHS Boards/IJBs duties of public involvement
2. Update from Engagement Practice - Improvement Unit
3. Progress update -Engagement Practice -Evidence Unit

7. Closing Business

7.1 Any Other Business
The Chair provided an update on mandatory training for SHC members. While completion of the training is not compulsory, members were strongly encouraged to complete the Cyber Security and Information Governance modules available through Turas, particularly as SHC members have now been issued with HIS equipment. The Chair also highlighted that Turas offers a range of additional learning modules that may support members in their role and development as SHC members.

8. Close/Date of next meeting

Next meeting will be held on:
26 November 2026 via MS Teams