

MINUTES – V1.0

Meeting of the Scottish Health Council (SHC)

14 November 2024, 10.00-12.30 MS Teams

Present	In Attendance
Suzanne Dawson, HIS Non-Executive Director, Chair (SD)	Clare Morrison, Director of Engagement & Change, Lead Director (CM) up to 12.10
Gina Alexander, Member (GA)	Derek Blues, Head of Engagement Practice - Assurance (DBL)
Dave Bertin, Member (DB)	Sharon Bleakley, Strategic Engagement Lead (SB)
Emma Cooper, Member (EC)	Sybil Canavan, Director of Workforce (SC)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)	Diane Graham, Head of Engagement Practice–Improvement (DG)
Jamie Mallan, Member (JM)	Richard Kennedy McCrea, Operations Manager (RKM)
Nicola McCardle, Member (NMcC)	Lisa McCartney, Strategic Engagement Lead (LMC)
Robbie Pearson, Chief Executive (RP)	Tony McGowan, Associate Director Community Engagement (TM)
Michelle Rogers, HIS Non-Executive Director (MR)	Duncan Service, Employee Director (DS)
Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)	Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
Board/Committee Support	Apologies
Susan Ferguson, Committee Secretary (SF)	Christine Johnstone, Head of Engagement Practice - Engagement (CJ)
	Angela Moodie, Director of Finance, Planning & Governance
	Safia Qureshi, Director of Evidence & Digital
	Simon Watson, Medical Director & Director of Safety

1.	Opening Business
1.1	Chair's Welcome, Introductions and Apologies
	<p>The Chair (SD) welcomed everyone to the meeting and apologies were noted as above. SD noted there were no declarations of interest made at the start of the meeting.</p> <p>SD highlighted to the SHC members, the need to return the Register of Interests that been sent for completion and noted this was to include nil returns.</p>
1.2	Draft Minutes of Meeting
	<p>The draft minutes of the meetings held on 12 September 2024 and 10 October 2024 were accepted as an accurate record. There were no matters arising.</p> <p>Decision: The SHC approved the minutes from 12 September 2024 and 10 October 2024</p>
1.3	Review of Action Point Register
	<p>The SHC reviewed the Action Point Register with updates being provided for each action point for assurance.</p> <p>In response to a comment on action 4.2 KPIs, CM advised that the KPIs would move into 2025.</p> <p>Decision: The SHC noted the content of the Action Point Register and requested that the the directorate's full name is used on the Register.</p>

	Actions: SF to ensure directorate's full name is used on Register.
2.	HIS STRATEGIC BUSINESS
2.1	Engagement on Service Change
	<p>CM provided the SHC with an update on key strategic issues relating to engagement on service change, noting, all actions from the SHC Extraordinary meeting held on the 10 October 2024 were closed. The Guidance on engagement on nationally determined service change had now been co-published with Scottish Government (SG), who sent a letter out to all Boards and Health & Social Care Partnerships (HSCPs) highlighting the Guidance and the need to follow it. It was also noted that a session to provide a better understanding of the Guidance was planned later in the year for the Engagement Practitioners Network (EPN). It was advised that the short life working group (SLWG) for non-compliance of Planning with People (PWP) was progressing well and noted the completion of assurance on the major service change for NHS Dumfries and Galloway (D&G) four cottage hospitals which met PWP guidance.</p> <p>Recognition was noted for the work involved with D&G major service change, and it was highlighted that there is an important need for a wider sharing of intelligence across the work of HIS moving forward.</p> <p>In response to the need for wider escalation of sharing intelligence, CM advised that the directorate has vital intelligence to share and is keen to be part of the further development of sharing intelligence processes across HIS.</p> <p>In response to a comment relating to the need to set foundations for the National Guidance to operate effectively, it was advised that the Guidance had been positively received from one of the Boards recently visited.</p> <p>Decision: The SHC noted the content of the paper and the volume of work that has been undertaken to this point, however, are aware there could be a risk with its implementation. The SHC accepted the moderate assurance provided and approved the report.</p>
2.2	Governance for Engagement (GfE)
	<p>TMG provided an update to the SHC on the progress of Cycle 3 of the GfE process which included the key themes taken from the meetings with Evidence and Digital, Nursing and Systems, Finance, Planning, Governance and the People and Workplace directorates. It was advised that TMG was in receipt of several of the directorates finalised 12 month improvement plans, which will be used in Cycle 4.</p> <p>TMG advised that further to an earlier meeting with SD and CM, it was proposed to relook at the Self-Assessment Tool to produce a revised version for the corporate functions. Once complete, a revised draft will be provided for the next GfE sub-committee meeting on 12 December and shared with corporate directors for feedback.</p> <p>In response to the update provided, the SHC agreed that all directorates should be required to complete the GfE process, recognising this is an important part of SHC's assurance role. However, noted it was also important that the process should be proportionate and would need an adapted approach for the corporate directorates within the organisation to avoid duplication of their reporting to other governance committees.</p> <p>Thanks were extended to TMG and the team for the work in evolving this process to date.</p> <p>Decision: The SHC noted the progress made and were assured that a new draft report on an adapted approach for corporate directorates would be ready for consideration at the next GfE meeting on 12 December 2024.</p> <p>Action(s): TMG to present a revised draft of a proportionate Self-Assessment Tool for the corporate directorates at the next GfE meeting on 12 December 2024. The draft will be</p>

	<p>forwarded onto corporate directors for further comment. The SHC accepted the moderate assurance provided and approved the report.</p>
2.3	Equality, Inclusion and Human Rights
	<p>RTG provided the SHC with an update on HIS progress in meeting its equality duties. The SHC was advised that progress is being made around the completion of Equality Impact Assessments (EQIAs) with the vast majority of the HIS programmes that require an EQIA having one in place. It was highlighted there are still six programmes that are still outstanding at this time and an offer of support has been made by the Equality, Inclusion and Human Rights team to help with completion. Progress is also being made on developing Equality Outcomes for the organisation to work towards from 2025. Helpful feedback was received from the Staff Governance Committee (SGC) and has now been incorporated into the draft.</p> <p>The SHC noted that the draft has moved forward since the SGC meeting and welcomed the changes made to Outcome 1. It was highlighted that there needs to be more clarity on which outcomes are internal or external as this would avoid duplication of work between the SHC and SGC.</p> <p>In response to the question raised by the SHC on whether the organisation’s Equality Outcomes included Volunteering, RTG advised that there is also ambition to diversify the volunteers to ensure they have all the benefits of the equality work. RTG thanked the SHC for their feedback and advised she would reflect further on the Equality Outcomes and endeavour to incorporate the suggestions made by the SHC in the next draft. On the question regarding the HIS Anti Racism Plan and who will be responsible, it was advised this will be for both internal and external work.</p> <p>Decision: The SHC thanked RTG for the progress of the work to date and for reflecting on the comments made. The SHC accepted the moderate assurance provided and approved the report.</p>
2.4	Corporate Parenting Action Plan/Report
	<p>RTG provided the SHC with the following update on HIS’s Corporate Parenting responsibilities and advised that the Children and Young Peoples Working Group had recently undertaken a review of progress in the Corporate Parenting Plan and identified several priorities including, development of our support offer for care experienced people as an employer and the Community Engagement advice offer. RTG highlighted that these are the topics that are currently being focused on. It was noted that following the United Nations Convention on the Rights of the Child (UNCRC) Incorporation Scotland Act coming into force, the organisation has been mapping areas of strength and gaps in terms of meeting requirements of the Act.</p> <p>In response to the comments raised by SHC, the following additional information was provided:</p> <ol style="list-style-type: none"> 1. With regards to linkages with NMCC’s Care Inspectorate work, RTG agreed to link NMCC into an email to the Nursing and Systems Improvement (NSI) directorate who deal with the complaints programme. 2. RTG noted she would appreciate sight of The Promise plan 24/30 from MR. 3. In terms of support from SG, it was noted that there is statutory guidance available on meeting the requirements of UNCRC. NHS Education for Scotland has been commissioned by SG to deliver updates and training around the changes to the Boards. <p>Decision: The SHC noted the progress made and accepted moderate assurance for the paper.</p>
3.	COMMUNITY ENGAGEMENT BUSINESS
3.1	Engagement Practice - Evidence Programme
	<p>TMG provided the SHC with an update on work within the Engagement Practice – Evidence Unit,</p>

highlighting from the report, that Citizens' Panel 14 (CP14) represents the first evidence-based indication of the public's priorities for NHS Reform in Scotland. He advised that the Evidence programme is working with Communications colleagues to ensure the results and outputs are shared with a wide audience when the report is published. Highlighted that the CP refresh had recruited five new members, noting the importance of getting the correct mix of representation that is required for the CP.

CM highlighted the importance of the report in relation to the feedback provided on the topics, NHS Reform and Realistic Medicine. She advised the findings were evidence based on a demographically balanced panel. It was highlighted that SG and some Boards were keen to read the report once published as this is the first stage of engaging on NHS reform.

In response to the comments raised by SHC, the following additional information was provided;

- a) The CP is widely demographically represented across Scotland, including rural communities.
- b) Each CP report publishes a full breakdown of the respondents' characteristics, however there is a limit to how many characteristics it can capture statistically significant information for.
- c) The response rate for CP14 return was 50% which was slightly down from the previous report, although still is classed as statistically robust.
- d) On capturing responses from younger people, ethnic minorities and social and private tenants for the CP in future, the directorate now have three Engagement Advisors for the communities who will be able to focus on these areas.

SD asked TMG to pass thanks to CJ and her Team for the clarity provided within the Evidence Programme report.

Decision: The SHC, noted the summary of activities and lowered the level of assurance from Significant to Moderate given that some of the work in the report is still in progress.

3.2 Engagement Practice - Improvement Programme

DG provided an update on the Improvement Programme of work, highlighting there has been further progress made in the building of the new unit since the previous SHC meeting. She noted there were still some key posts vacant, however, these should be filled by end of December. Some key activities not mentioned in the paper were highlighted. Bids for the tender for the development of the new national volunteering management system, which is currently live with a closing date of 2 December 2024, will be considered during December with a view to making the award in January 2025. There is a Care Experience Improvement Model (CEIM) leaders programme running this week with participants attending from 14 different organisations.

In response to questions raised from SHC, the following additional information was provided:

- a) With reference to who responded to the Volunteering Practitioner's Network survey, confirmed that it was people supporting volunteers at the frontline who had completed the survey. It was noted, that there was a limited response from other organisations who could have responded. DG advised that engagement with these organisations will be the focus for the next survey to help enable a wider response rate.
- b) Provided clarity on what support was requested from Neonatal Paediatric Improvement Programme, which included providing webinars on engagement practice skills to help build the skills of the teams within the health boards that have signed up to that improvement programme.
- c) Advised that for the Primary Care Improvement Portfolio there are four demonstrator sites. For clarity, CM noted that the CE role is not the delivery of these programmes but to support them in their improvement in engagement practice.

Decision: The SHC, noted the contents of the paper and accepted Moderate assurance for the paper.

3.3	Engagement Practice - Assurance Programme
	<p>DBI provided the SHC with an update on Engagement Practice - Assurance, noting that several of the points in the paper were previously covered in item 2.1. Key highlights were; a number of Planning with People workshops were delivered in September and October including sessions with Boards and Partnerships. There are plans to host an EPN session focused on the nationally determined service change in mid-December and looking at updating some of the content within the CE webpage on major service change.</p> <p>Decision: The SHC, noted the contents of the paper and accepted Moderate assurance for the paper.</p>
3.4	Strategic Engagement
	<p>SB provided an update on the work of the Strategic Engagement Team. She advised that the focus is now on the intelligence gathered from communities and how this can be used to help influence the work of the directorate, HIS, and what can be fed back to the Boards and Partnerships. Following feedback gathered from the public on how PWP affects them, both sets of Engagement Advisors (EAs) are putting together some public friendly animation and information that clearly sets out what CE's role and expectations are. The Strategic Engagement Leads (SELs) are currently producing a directorate wide report based on various pieces of work that is going on within a particular Board area, this report will be evaluated after running for three months.</p> <p>In response to questions raised from SHC, the following additional information was provided;</p> <ol style="list-style-type: none"> CM advised she agreed that there is a risk in carrying the SEL vacancy in the West region and provided some assurance to the SHC that work from this vacancy is currently being supported within different areas of CE, which also included regular contact with the Boards in the West. On how much information is being received, SB advised there is a high volume which is currently being broken into themes to ensure nothing is missed and to allow for continued review. In response to the question, if there had been any missed opportunities when collating the intelligence to date. It was advised that a lot of opportunities had been picked up and have moved forward, however, noted more focus on protected characteristics will be looked at in the future. <p>Decision: The SHC noted the contents of the paper and the importance of capturing intelligence. It was also noted that filling the SEL vacancy was important to reduce any further risk. Moderate assurance was accepted for the paper</p>
3.5	Operational Plan Progress
	<p>RKM provided a summary of some of the impacts noted for Q2 and advised that this report looks back at work in previous quarters and years. The following highlights were noted;</p> <ol style="list-style-type: none"> Raising awareness of the directorate's work, advised that being proactive with Communications colleagues has led to a volunteering piece of work being picked up outside the remit of Scotland. Citizens' Panel work has been highlighted in the Chief Medical Officer's (CMO) report. Noted the peaks and troughs of the different stages of some of the work mentioned in the report. <p>Decision: The SHC were assured that the long-term impact and commitment to follow up are now evident within the report and the report had showed good progress. Significant assurance was accepted for the paper.</p>
4.	SHC Governance
4.1	Risk Register
	CM presented a paper which provided the SHC members with a revised version of the wording to

	<p>the Service Change risk 1163 and noted, this was an action taken from the SHC Extraordinary meeting held on the 10 October 2024. CM sought the SHC's views on whether this was now reflective of the risk for Service Change on the Corporate Risk Register.</p> <p>The SHC noted the progress made on the risk wording, however, highlighted that it should also include a risk of reduced public confidence in meaningful engagement.</p> <p>In response to a further question referencing, risk appetite and likelihood, CM confirmed this had previously been discussed with Paul McCauley (PMcC) and his advice would be sought for the revised risk.</p> <p>Decision: The SHC accepted Moderate assurance for the paper.</p> <p>Action(s): CM to update wording to include the risk to public confidence, seek PMcC's advice, update the Strategic Risk Register accordingly and provide an update to the next SHC meeting.</p>
4.2	Key Performance Indicators (KPIs)
	<p>CM provided an overview of the KPI paper, highlighting that the directorate was slightly behind for Q2 results. For assurance, she advised the SHC, that it was fully anticipated that the directorate would achieve its annual target by year end.</p> <p>The SHC agreed that it would be helpful to include a RAG status that is reflective of the same approach as the Corporate KPIs.</p> <p>Decision: The SHC accepted Significant assurance for the paper. Action(s): CM to include RAG status to the KPI report.</p>
4.3	Business Planning Schedule
	<p>The SHC were presented with the latest schedule of proposed business for 2024/25.</p> <p>SD advised that on reflection of the current schedule she would like to include reference to both Governance for Engagement and Service Change sub-committees in recognition of the work involved and to allow wider organisation awareness of the work produced from both sub-committees.</p> <p>Decision: The SHC approved the proposal to add reference of both sub-committees onto the Business Planning Schedule for 2024/25.</p> <p>Actions: SD, CM and TMG to work on including Governance for Engagement and Service Change sub-committees into the SHC Business Planning Schedule for 2024/25. SF to change Improvement Lead Officer name on Business Planning Schedule to Head of Engagement Practice–Improvement.</p>
5.0	RESERVED BUSINESS
5.1	Service Change Sub-Committee Draft Minutes of Meeting
	<p>The draft minutes from the Service Change Sub-Committee meeting held on 24 October 2024 were shared with the SHC for information.</p> <p>Decision: The SHC noted the draft minutes.</p>
6.0	ADDITIONAL ITEMS of GOVERNANCE
6.1	Key Points for HIS Board
	<p>The following key points were agreed for reporting to the HIS Board meeting;</p> <p>a) Engagement on service change, including an update to strategic risk register</p>

	b) Governance for Engagement tailored process and triangulation. c) Strategic Engagement highlighting the value of gathering intelligence
7.0	CLOSING BUSINESS
7.1	AOB
	No other business was discussed.
7.2	Meeting Closed
8.0	DATE OF NEXT MEETING: 13 February 2025 via MS Teams

Approved by:  Suzanne Dawson, Committee Chair

Date: 20 February 2025

Next meeting: Thursday 15 May 2025 10.00-12.30