

Scottish Health Council Meeting

Agenda 1.0

A meeting of the Scottish Health Council will be held on:

Date: 29 February 2024

Time: 10.00-12:30

Venue: Via MS Teams

Contact: Susan Ferguson
07866 130791

Joining via Teams

[Click here to join the meeting](#)

Note: the format of the SHC agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the [blueprint for good governance](#).

| Item | Time | Agenda item | Lead Officer | Report |
|------------------------------|-------|---|--|--------|
| 1. OPENING BUSINESS | | | | |
| 1.1 | 10.00 | Welcome, Introduction and apologies | Chair | Verbal |
| 1.2 | 10.05 | Draft Minutes of Meeting (30/11/2023) | Chair | Paper |
| 1.3 | 10.10 | Review of Action Point Register | Chair | Paper |
| 2. SHC GOVERNANCE | | | | |
| 2.1 | 10.15 | Proposed Business Planning Schedule 2024/25 Draft Annual Report 2023/24 & Committee's Terms of Reference | Chair | Paper |
| 2.2 | 10.30 | Finance update | Angela Moodie | Paper |
| 2.3 | 10.35 | Director's Update and updated strategic vision | Director <i>Clare Morrison</i> | Paper |
| 2.4 | 10.50 | Risk Register | Director <i>Clare Morrison</i> | Paper |
| 2.5 | 10.55 | Operational Plan Progress Report | Operations Manager <i>Richard Kennedy McCrea</i> | Paper |
| 2.6 | 11.05 | Equality Mainstreaming Report Update | Equality & Diversity Advisor <i>Rosie Tyler Greig</i> | Paper |
| | 11.15 | <i>Comfort break</i> | | |
| 3. STRATEGIC BUSINESS | | | | |

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| 3.1 | 11.25 | Evidence Programme overview | Head of Evidence <i>Christine Johnstone</i> | Paper |
| 3.2 | 11.35 | Improvement Programme overview | Associate Director <i>Tony McGowan</i> | Paper |
| 3.3 | 11.40 | Assurance Programme overview | Head of Assurance <i>Derek Blues</i> | Paper |
| 3.4 | 11.45 | New process for assessing engagement on service change (that doesn't meet the major threshold) | Head of Assurance <i>Derek Blues</i> | Paper |
| 3.5 | 12.05 | Governance for Engagement – conclusion of Cycle 3 proposal | Associate Director <i>Tony McGowan</i> | Paper |
| 4. RESERVED BUSINESS | | | | |
| 4.1 | 12.15 | Service Change Sub-Committee Draft Minutes of Meeting 08/02/2024 | Head of Assurance <i>Derek Blues</i> | Paper |
| 5. ADDITIONAL ITEMS of GOVERNANCE | | | | |
| 5.1 | 12.20 | Key Points for HIS Board | Chair | |
| 6. CLOSING BUSINESS | | | | |
| 6.1 | 12.25 | AOB | All | |
| 6.2 | 12.30 | Meeting Close | | |
| 7. DATE OF NEXT MEETING | | | | |
| 7.1 | | 23 May 2024 Venue TBC | | |

SHC MINUTES – V0.1

Meeting of the Scottish Health Council

Date: 30/11/2023

Time: 10:00am-12.30pm

Venue: Via MS Teams

Present

Suzanne Dawson, Chair (SD)

Nicola Hanssen (Vice Chair) (NH)

Michelle Rogers, HIS Non-Executive Director Member (MR)

Dave Bertin, Member (DB)

Gina Alexander, Member (GA)

Nicola McCardle, Member (NMC)

In Attendance

Carole Wilkinson, Chair, Healthcare Improvement Scotland (CW)

Clare Morrison, Director of Community Engagement & System Redesign (CM)

Tony McGowan, Head of Engagement & Equalities Policy (TM)

Richard Kennedy McCrea, Operations Manager (RKM)

Wendy McDougall, EPM (WM)

Chris Third, Public Involvement Advisor (CT) (Item 2.5)

Angela Moodie, Director of Finance, Planning & Governance (AM) (Item 2.6)

Jane Illingworth, Head of Planning, Governance & Finance (JI) (Item 2.6)

Rosie Tyler-Greig, Equalities & Diversity Advisor (RTG) (Item 3.4)

Apologies

Emma Cooper, Member (EC)

Derek Blues, EPM (DBI)

Claire Curtis, Acting Head of Engagement Programmes (CC)

Jamie Mallan, Member (JM)

Committee Support

Susan Ferguson, PA to Director of Community Engagement & Chair of SHC

Declaration of interests

No Declaration(s) of interests were recorded.

| 1. | OPENING BUSINESS | <u>ACTION</u> |
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| 1.1 | Chair's Welcome, Introductions and Apologies | |
| | The Chair (SD) welcomed everyone to the meeting and extended a warm welcome to Carole Wilkinson, (CW) Chair of Healthcare | |

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| | <p>Improvement Scotland (HIS). It was also noted that this was the first Scottish Health Council (SHC), meeting for the new members, Gina Alexander (GA) and Nicola McCardle (NMC).</p> <p>The following three points were shared with the SHC;</p> <ul style="list-style-type: none"> a) The success of the recent Community Engagement and System Redesign (CESR) Directorate's all staff event which provided the opportunity for everyone to meet face to face. Thanks were extended to CW for her attendance on the day. b) SHC in person development day, which allowed the new members GA and NMC to be introduced to all the current Council. Thanks were extended to the Directorate Leadership Team (DLT) who supported the day. It was advised that SD and the Director of CESR, (CM) were meeting to discuss the next steps following the meeting. c) HIS Annual Review, it was highlighted that SD who was representing the SHC, had the opportunity to share the value of Community Engagement. <p>Apologies were noted as above.</p> <p>It was also noted that Michelle Rogers, HIS Non-Executive Director Member (MR) would need to leave to join another meeting.</p> | |
| 1.2 | Draft Minutes of Meeting | |
| | <p>It was requested that on page 3 in the draft minute of 24 August 2023 the word "appeased" be changed to "addressed".</p> <p>The SHC were content to approve the minute with the change in place.</p> | |
| | Matters arising | |
| | There were no matters arising. | |
| 1.3 | Review of Action Point Register | |
| | <p>The SHC reviewed the Action Point Register with updates being provided for each action point.</p> <p>Action 3.1/3.2 24/08/2023- It was agreed that CM and the new Head of Engagement (once appointed) would follow up with Simon Bradstreet (SB) early in the new year 2024.</p> <p>Action 2.5 17/11/2022- An action was agreed for the Associate Director (TMG) to follow up with Sandra Flanigan (SF) Head of Organisational Development & Learning (OD&L) re council members access to TURAS learning system and provide an update on the outcome.</p> | |

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| | <p>Action 3.2 19/05/2022- it was agreed that this action would require a rewrite which will be reviewed next year.</p> <p>It was noted that Nicola Hanssen (Vice Chair) (NH) would be referring back to item 3.1 Evidence Programme overview / Evidence from engagement activities as progress on expanding the directorate's research work would still be required whilst the recruiting for the Head of Evidence is still to be completed.</p> <p>The SHC noted the content of the Action Point Register and highlighted that some work is required to bring up to date.</p> <p>Action Associate Director (TMG) to follow up with SFI re council members access to TURAS learning system and provide an update to the on outcome.</p> | TMG |
| 2. | SHC GOVERNANCE | |
| 2.1 | Business Planning Schedule | |
| | <p>The Business Planning Schedule for 2023/24 was presented for comment and noting.</p> <p>The SHC noted the schedule with no further document.</p> | |
| 2.2 | Director's Update | |
| | <p>CM provided a paper about the work undertaken by the Director and the DLT in the past quarter which focused on the directorate's organisational change.</p> <p>The following three points were highlighted for discussion and approval;</p> <ul style="list-style-type: none"> a) On Organisational change- Advised that appointments have been made to the following posts: Head of Evidence for Engagement, Head of Assurance of Engagement and the three Strategic Engagement Leads all with a start date of 1st January 2024. It was noted that the Head of Improvement of Engagement has still to be filled and this will be done through the normal recruitment process. It was noted that a date for this has still to be agreed. It was also noted that agreement has still to be met in Partnership for the process of matching and slotting in of the next posts. b) CE&SR All staff development day- It was advised that the primary aim of the day was to bring together all staff providing everyone with an opportunity to connect. The day was focused on positivity and wellbeing and, based on feedback received post event, the day was deemed a success with no negative feedback being received. c) Next steps – It was advised that focus will be on completion of the organisational change and establishing a shared strategic vision for the whole new directorate moving forward. | |

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| | <p>The SHC thanked CM for providing the update and raised the following points and feedback;</p> <ul style="list-style-type: none"> a) They were heartened to see the Development Day had a focus on people and queried the number of attendees. b) How many vacancies are anticipated after completing the matching process and are there any concerns around productivity? c) Noted that Community Engagement (CE) is not the only directorate affected by organisational change and to date there is no evidence of a dip in performance. <p>In response to the feedback and points raised the following assurance was provided;</p> <ul style="list-style-type: none"> a) Advised that approximately 85 colleagues attended the day and any non-attendees will have the opportunity to see the highlights of the day which were captured on video. b) Advised that there are seven vacancies and noted that with regards to productivity, colleagues are working incredibly hard, but undoubtedly this does have an impact. For assurance it was highlighted that the directorate had focused its more limited workforce on achievement across key delivery areas, although this has meant that other areas of work have had to be put on hold. <p>The Council members felt assured and approved the Director's update.</p> | |
| 2.3 | Risk Register | |
| | <p>CM provided an update on the Risk Register and noted there had been no changes to the ratings and is hopeful that the workforce and strategy risk will reduce once organisational change comes to fruition.</p> <p>The SHC thanked CM for providing the update and noted the Risk Register</p> | |
| 2.4 | Operational Plan Progress Report | |
| | <p>The Operations Manager RKM provided an update on the Directorate's progress during Quarter 3 of 2023-24</p> <p>The following topics were highlighted to the SHC for assurance and discussion;</p> <ul style="list-style-type: none"> a) Building trust and relationships across the Boards and regions - advised that this is ongoing and very much a medium to long term action with the end aim of having an open door where questions and help can be asked for within a two-way open dialogue. b) Monthly webinar- Advised that a discussion panel approach was trialled, with learnings taken from after it generated a low 50 % satisfaction rating. It was noted that the following webinar went up to a 95 % satisfaction rating. | |

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| | <p>c) Engagement work topics for Scottish Government/Boards- Advised that new reports are being created from existing intelligence/evidence that the directorate has already captured which prevents repetition.</p> <p>d) Advised that mandatory training for the whole directorate is now sitting at 90% completion.</p> <p>SD thanked RKM for the update and asked the SHC for feedback on the report in terms of gaining the assurance that is needed.</p> <p>The following point was raised by SHC;</p> <p>a) A point was raised under Building capacity on awareness of who downloads the resources from the web e.g., broken down by geography or repeat visitors.</p> <p>Reassurance was provided from RKM who explained how information is gathered from Google analytics and is mostly anonymous due to GDPR restrictions.</p> <p>It was agreed that RKM and DB would have a follow up discussion on this subject matter.</p> <p>Actions</p> <p>SHC members to provide SD with feedback on the Operational Plan Progress Report in terms of meeting the mark to gain the assurance that is required.</p> <p>RKM to follow up with DB with regards to web downloads.</p> | <p>SHC members</p> <p>RKM</p> |
| 2.5 | Corporate Parenting Action Plan/ Report | |
| | <p>The Public Involvement Advisor, Chris Third (CT) provided an update for awareness and highlighted the following points;</p> <p>a) HIS was among the first corporate parents in NHS Scotland to publish their report on 1st April 2023</p> <p>b) Mandatory training - HIS was an early adopter of the new Corporate Parenting module that was produced in May.</p> <p>c) Advised that strong connections have been established with NHS Education Scotland (NES) and Public Health Scotland (PHS) which enabled them to work together in some areas of learning and development moving forward.</p> <p>d) It was highlighted that the organisational change within a few directorates has had impact on some of the actions that had been planned for corporate parenting.</p> <p>e) Assurance was provided that a plan was in place to get these actions back on track and will be discussed at the next Children and Young Peoples Working Group (CYPWG) meeting. It was also highlighted that there will be a CYPWG development day in March 2024.</p> <p>The SHC thanked CT for providing the update and for the honesty in highlighting the areas which needed to get back on track. They felt assured that there was a plan in place to achieve this going forward.</p> | |

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| | <p>A suggestion was made that the focus could be some quick wins through the review of Equality Impact Assessments (EQIAs) and the developing of the shared relationship with other Boards.</p> <p>CT noted the points highlighted by the SHC.</p> | |
| 2.6 | New Annual Planning Process update | |
| | <p>SD welcomed Angela Moodie, (AM) Director of Finance, Planning & Governance and Jane Illingworth, (JI) Head of Planning, Governance & Finance who presented a paper to provide the SHC with an overview of the integrated annual planning process for 2024/25 for HIS and the SHC's remit within this process.</p> <p>The following points were highlighted from the paper;</p> <ul style="list-style-type: none"> a) The HIS integrated plan covers three main planning documents: the financial budget, the delivery plan and the workforce plan. b) Advised that the 2024/25 draft budget is due to be submitted to SG in mid-January 2024. c) HIS funding for next year will be confirmed post Scottish budget in December 2023. d) Provided an update on the budgets, highlighting some challenges. e) Provided an update on the work programme noting that the information was taking from the Q2 baseline, and that CE has been realigned to accommodate the changes. f) An update was provided on the development of the annual delivery plan which is submitted to SG. <p>The SHC thanked AM and JI for providing the update and raised the following points;</p> <ul style="list-style-type: none"> a) The importance of seeing that public involvement can be part of the solution to the issue of the funding situation. b) There is a need to create a proactive plan to extend the directorate's evidence work which prioritises national need. c) Assurance was provided in that the need for public involvement is frequently discussed with SG. d) Noted that the underspend CE have this year is due to the vacancies that have been carried as a result of the ongoing organisational change. e) Highlighted that submitting this work has been a challenge this year as they are still in the process of forming a new directorate. <p>In response to the comments made AM provided the following feedback;</p> <ul style="list-style-type: none"> a) In planning and delivery, advised there is a lot of change happening across the health & care system in Scotland so it's important that HIS have their voice heard in the work that is being carried out. b) The 1.2% overspend must be delivered. c) Importance of discussions around the need to avoid, defer or pause work to makes programmes affordable. <p>The SHC noted the paper on the approach being taken to the</p> | |

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| | <p>integrated budget for 2024/25, the challenges facing the directorate and to support the direction of travel.</p> <p>Action: a draft workplan and further update will be shared with SHC, along with other HIS governance committees, early in the new year.</p> | AM/JI/CM |
| 3.0 | STRATEGIC BUSINESS | |
| 3.1 | Evidence Programme overview | |
| | <p>The Acting Engagement Programmes Manager (EPM) Wendy McDougall (WM) provided an update to the SHC for awareness and highlighted the following points;</p> <ul style="list-style-type: none"> a) Palliative care Gathering Views commission -SG are developing a new palliative care strategy for Scotland which will be more bespoke and will be published next year 2024. b) Praise from Professor Jason Leitch at the HIS Annual Review on the work of the Citizens Panel. c) Citizens Panel- highlighted that SG published its Tobacco and Vaping framework and noted that the Citizens Panel's findings were cited in this report. <p>In response the SHC raised the following points;</p> <ul style="list-style-type: none"> a) How did the National Care Services Charter discussion go with SG? b) There is a need to be cautious about engagement not being wide enough, the public need to be aware and have the right to make comment and influence the design of the service they use. <p>In response to the points raised by SHC the following assurance was provided;</p> <ul style="list-style-type: none"> a) Advised that a draft of the Gathering Views report on the NCS Charter has been provided to SG and a meeting will be set up to discuss findings in the next few weeks Confident the end of February date will be met for the publication of the final report. b) Agreed with the need for wider engagement and advised that the focus has been on quality engagement as opposed to quantity. Moving forward the focus will be on the scale when the directorate have the capacity with the organisational change in place. c) Advised that SG are approaching the directorate with a lot more of requests for engagement work. d) Referred to the 3.1 action on the Action Point register meeting with SB to gain more detail on where we can expand to in the future and how to engage well. <p>The SHC thanked WM for providing the update.</p> | |
| 3.2 | Improvement Programme overview | |

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| | <p>The Associate Director, Tony McGowan (TMG) provided an update for awareness and discussion and highlighted the following three points;</p> <ul style="list-style-type: none"> a) Advised there has been a steady increase in the number of Peoples Experience Volunteers (PEV) and there has been an increased utilisation of these volunteers throughout some directorates in HIS. It was advised that some are keen to consider the next step and be developed to become a Public Partner. b) On volunteering advised that the teams have been supporting NHS Dumfries and Galloway, NHS Ayrshire and Arran, and NHS Fife in the development of their volunteering strategies. c) Bridge Builder volunteers - highlighted that this is a good example of when volunteering adds value to the patient experience and doesn't clash, conflict or impinge upon NHS staff members. It was noted that the directorate are working with NHS Lothian, SG and the University of Edinburgh around a pilot that is taking place in the Lothian area. Advised the directorate's focus was to understand potential applicability within the wider Scottish context and on effective governance arrangements. <p>Following the update, a discussion focused on the Bridge Builder volunteers and it was highlighted that there were still concerns around this model.</p> <p>The SHC sought further assurance that this model is volunteering and not a practice based placement.</p> <p>To provide assurance it was noted that the comments that have been shared previously by the SHC have been reflected in our involvement in this. This includes that the pilot is being run by and funded within NHS Lothian rather than being run by the directorate. It was also advised this was a volunteering role rather than a placement.</p> <p>It was noted a fuller update taking in the further points raised would be provided at a future SHC meeting.</p> <p>The SHC noted the paper and agreed that further assurance would be needed for the Bridge Builder model.</p> | |
| 3.3 | Assurance Programme overview | |
| | <p>CM provided an update for awareness and discussion and highlighted the following three points;</p> <ul style="list-style-type: none"> a) On testing and development areas - highlighted that the live testing of the new assurance process for service change that doesn't meet the threshold of major service change was taking place in NHS Greater Glasgow and Clyde (NHSGGC) on changes to the GP out of hours service. It was noted that good progress has been made with testing the process. b) Service change at a national level - advised that a template | |

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| | <p>would be drafted to provide greater clarity on engagement expectations at Board level when service changes have been decided nationally. SG have agreed to share greater details on the engagement they undertake nationally to inform this template. Further development work will be needed with boards.</p> <p>c) Highlighted that we are currently supporting 61 service changes with 16 of those focusing on the NHS GGC Mental Health strategy update.</p> <p>The SHC raised the following point;</p> <p>a) What is the timescale for the expectations template?</p> <p>In response to the point raised the following assurance was provided</p> <p>a) Advised that there is still discussion and agreement to be had with SG and then engagement with boards, so a timescale hasn't been agreed as yet.</p> <p>The SHC thanked CM for the update.</p> | |
| 3.4 | <p>Assurance of Equalities, Inclusion and Human Rights duties and programme</p> <p>The Equalities & Diversity Advisor Rosie Tyler Greig (RTG) provided an update to the SHC and highlighted the following three points for awareness and discussion;</p> <p>a) Delivery of Equality outcomes - successfully completed the first level accreditation for the Close the Gap "Equally safe at work" employer programme.</p> <p>b) Monitoring compliance - advised that use of EQIAs has been monitored through an organisational KPI since Q4 last year and working closely with Finance, planning and governance team which has been valuable.</p> <p>c) Engaging staff – advised that a lot of work has been going on including delivering staff activities on Black History month, anti-racist approaches to women's workplace inequalities, and closing the gender pay gap.</p> <p>The SHC thanked RTG for providing the update and for the information in the papers.</p> <p>Like Corporate Parenting, it was noted that the Equalities, Inclusion and Human Rights duties are a HIS wide responsibility.</p> <p>The SHC raised the following point;</p> <p>a) On the EQIAs, has the content and quality improved?</p> <p>In response to the point raised the following assurance was provided;</p> <p>a) Advised that not all EQIAs can be quality checked but to help combat this an update was applied to the online screening process which was much more robust and clearer.</p> <p>The SHC noted the paper for awareness and discussion.</p> | |

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| 4.0 | RESERVED BUSINESS | |
| 4.1 | Service Change Sub-Committee meeting minutes | |
| | The draft minutes from the Service Change Sub-Committee on 26 October 2023 meeting were presented to the SHC for awareness. | |
| 5.0 | ADDITIONAL ITEMS of GOVERNANCE | |
| 5.1 | Key Points | |
| | <p>After discussion, it was agreed the following three key points to be reported to the Board;</p> <ul style="list-style-type: none"> 1. Corporate Parenting Action plan 2. Assurance Programme overview 3. Capacity Issues | |
| 6.0 | CLOSING BUSINESS | |
| 6.1 | AOB | |
| | No other business was discussed | |
| 7.0 | DATE of NEXT MEETING | |
| 7.1 | <p>The next Scottish Health Council meeting will be held on: Thursday 29 Feb 2024 10.00-12.30 Via Teams</p> | |
| | <p>Name of person presiding:</p> <p>Signature of person presiding</p> <p>Date:</p> | |

ACTION POINT REGISTER

Meeting: Scottish Health Council
Date: 30 November 2023

| Minute ref | Heading | Action point | Timeline | Lead officer | Status |
|---|----------------------------------|--|------------|--------------|---|
| Committee meeting 30/11/2023 1.3 | Review of Action Point Register | Associate Director (TMG) to follow up with Sandra Flanigan re council members access to TURAS learning system and provide an update to the outcome. | 29/02/2024 | TMG | Complete – if any Council Members are encountering difficulties, please advise Su Ferguson in the first instance. |
| Committee meeting 30/11/2023 2.4 | Operational Plan Progress Report | SHC members to provide SD with feedback on the Operational Plan Progress Report in terms of meeting the mark to gain the assurance that is required. | 29/02/2024 | SHC members | Complete – Feedback received (Nov 2023) |
| Committee meeting 30/11/2023 2.4 | Operational Plan Progress Report | RKM to follow up with Dave Bertin with regards to web downloads. | 29/02/2024 | RKM | Complete- Meeting held with Dave and Richard 20 Feb 2024 |

Date: 17/11/2023

File Name: SHC Action register

Version:

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| Committee meeting 30/11/2023 2.6 | New Annual Planning Process update | A draft workplan and further update to be shared with SHC, along with other HIS governance committees, early in the new year. | 29/02/2024 | CM/AM/JI | Ongoing- discussed with Board on 24 January and Partnership Forum on 6 February. Following this, to discuss with QPC (at scheduled meeting on 7 February) and SHC (paper to be sent by email ahead of discussion at scheduled meeting on 29 February). AM presenting a paper to SHC at meeting on 29 Feb 2024 |
| Committee meeting 24/08/2023 3.1/3.2 | Evidence Programme overview / Evidence from engagement activities | CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process. | 29/02/2024 | CM/HOE | Ongoing- will progress once Head of Evidence in post. |
| Committee meeting 25/05/2023 2.4 | Risk Register | CC to check the organisational risk and then update the risk 1239 as appropriate. | 14/12/2023 | CC | Ongoing -Revised draft risk updated for use once the final structure has been implemented. |
| Committee meeting 25/05/2023 3.1 | Focus on the new Vision – Evidence | HIS-CE communications strategy to be shared with the SHC. | 29/02/2023 | CM | Ongoing – to plan once new structure directorate leadership team is in place. |
| Committee meeting 17/11/2022 | Engaging People in the work of HIS | TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. | 02/03/2023 | TMG | Update – HIS Succession Planning Committee to undertake refresh of the non-executive director skills matrix |

 Date: 17/11/2023

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| 2.5 | | | | | (essentially a skills audit to identify gaps in knowledge and skills) during 2024/25. SHC Members to be included in this work. |
| Committee meeting 17/11/2022 3.3 | Corporate Parenting | CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above) | 02/03/2023 | CT/TMG | Update – linked to 2.5 |
| Committee meeting 17/11/2022 3.3 | Corporate Parenting | CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a further paper to the Committee at a later date. | 02/03/2023 | CT/TMG | Completed – corporate parenting update provided at SHC meeting in November 2023. |
| Committee meeting 19/05/2022 3.2 | Service change update including Action plan | DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities | 02/03/2023 | DBI | Update – Propose to close this action. Plans to develop a series of workshops for non-execs will be brought forward after the NHS chairs meeting on 26 February 2024. |

 Date: 17/11/2023

GOVERNANCE COMMITTEE ANNUAL REPORT 2023/24

Scottish Health Council Annual Report

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| Committee Chair | Suzanne Dawson |
| Lead Director | Clare Morrison |

a) Introduction

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 Committees during the year and provides assurance to the Board that the Committee have met its remit during the year.

This report is therefore submitted on behalf of the Scottish Health Council (SHC) for the year 1 April 2023 to 31 March 2024.

b) Purpose of the Committee (from Code of Corporate Governance)

The purpose of the SHC is to:

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:

- 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 Board that Healthcare Improvement Scotland (HIS) is meeting its duties in respect of: (i) patient focus and public involvement¹ (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

Detailed terms of reference are contained within the Code of Corporate Governance. The SHC should review its terms of reference annually as part of considering its annual report.

Has the Committee reviewed its terms of reference?

Yes

c) Remit of Committee (from Code of Corporate Governance)

| Remit (list each part of remit) | How did the Committee meet its remit during 2023/24 (with examples) |
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| Approval of HIS-Community Engagement (HIS-CE) strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to | In the first half of the year, a new strategic vision for the HIS-Community Engagement (HIS-CE) directorate was developed which the SHC influenced. The vision sets out how HIS-CE will deliver its part of the HIS strategy and the priorities for the directorate. From this vision, the new directorate structure |

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

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| ensure convergence between these plans | <p>was developed. The SHC approved both the vision and the new structure.</p> <p>The SHC regularly reviewed progress with implementing the new structure. Council members took part in a development day in November 2023 at which the functioning of the new directorate programmes was explored in detail.</p> <p>The SHC also discussed in the second half of the year whether the formation of the larger Community Engagement & System Redesign Directorate (CESR) would impact on the directorate's community engagement statutory duties and were reassured this was not the case. An updated vision for the whole new directorate is in development and was discussed by SHC in February 2024.</p> |
| Detailed scrutiny of performance against the workplan and delivery of outcomes | <p>Delivery of the directorate's workplan and performance measurement is scrutinised at every SHC meeting.</p> <p>The SHC updated its business planning schedule to reflect the work of the newly structured directorate:</p> <ul style="list-style-type: none"> • Evidence from Engagement • Improvement of Engagement • Assurance of Engagement • Strategic Engagement – understanding and influencing engagement at a strategic level across Scotland. <p>This provides an oversight of all programmes at every meeting, plus in-depth scrutiny of specific areas on an annual basis.</p> |
| The establishment of terms of reference, membership, and reporting arrangements for any sub-committees acting on behalf of the Committee | <p>The Scottish Health Council Committee agreed that it should be known as the "Scottish Health Council" in May 2023 in order to reduce confusion about the work and responsibilities of both the council and the directorate; and this was updated in the terms of reference.</p> <p>A further review of the terms of reference was carried out at the February 2024 SHC meeting.</p> <p>The SHC has two sub-committees:</p> <ul style="list-style-type: none"> • Service Change • Governance for Engagement. <p>The SHC receives minutes and action points from both sub-committees at each meeting. It then reviews any developments and actions required for each sub-committee.</p> <p>Two new members of the SHC were appointed in October 2023: Gina Alexander and Nicola McCardle. They have both joined as members of the Service Change sub-committee. They replaced Alison Cox and Elizabeth Cuthbertson who reached the end of their terms as SHC members.</p> <p>The Service Change sub-committee has been implementing the recommendations of an internal audit report, including via the new directorate organisational structure.</p> |

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| | <p>The Governance for Engagement sub-committee completed cycle 2 of its established process which considers evidence relating to HIS' duties with respect to engagement and equalities and finalised its report in August 2023.</p> |
| Approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services | <p>The SHC approved the new structure for the delivery of Community Engagement work and scrutinises workplan performance at every meeting. This includes two areas in which assessments of performance in relation to public involvement:</p> <ul style="list-style-type: none"> • Assurance of Engagement – including both external service change and internal Governance for Engagement • Strategic Engagement – assessing and influencing engagement taking place across Scotland. <p>The SHC's two sub-committees have both worked on new processes to assess performance in relation to public involvement:</p> <p><i>External to HIS:</i></p> <p>The Service Change sub-committee formed a short life working group to develop a new assurance process for service change that does not meet the "major" threshold. This has been tested in one NHS board and developed with input from other Boards/Health Social Care Partnerships (HSCPs). A final process will be considered at the SHC February 2024 meeting for approval.</p> <p><i>Internal to HIS:</i></p> <p>The Governance for Engagement sub-committee completed cycle 2 of the process to ensure that all directorates across HIS participate in meaningful engagement. The SHC approved the Governance for Engagement cycle 2 report in August 2023. Work is now underway to update and test the process for cycle 3 based on the new CE Quality Framework. Following testing in Q4 of 2023/24, the SHC is expected to consider the new process for approval in early 2024/25.</p> |
| 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 | <p>The SHC considered reports on the following areas:</p> <ul style="list-style-type: none"> • Governance for Engagement – covering engagement and equalities duties across all directorates. An increase in the number of EQIAs across HIS was reported. • Equalities Mainstreaming Report • Corporate Parenting Report • Volunteering Report (including Public Partners and Peoples' Experience Volunteers in HIS) |
| The Committee will manage any associated risks assigned to it. The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report. | <p>During 2023/24 the SHC reviewed strategic risks within their remit at each meeting. There were two of these risks reviewed during the year:</p> <ol style="list-style-type: none"> 1. Risk relating to service change <p><i>There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting</i></p> |

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| | <p><i>in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.</i></p> <p>This risk is being continually reviewed and updated as mitigations are put in place (updated Planning with People guidance, new assurance processes, new staffing structure) and new risks emerge (worsening financial picture increasing the volume of service change).</p> <p>2. Risk relating to workforce and reputation.</p> <p><i>There is an operational risk to HIS-CE of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Creating a new vision and structure to address this has required organisational change which is a risk on delivery of our strategic priorities, our organisational performance and staff wellbeing, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS-CE.</i></p> <p>This risk has been continually reviewed and updated through the organisational change process in 2023/24.</p> <p>All risks across the new CESR Directorate are under review in discussion with the HIS Risk Manager, and updated risks are likely to be produced for the SHC in 2024/25 as a result.</p> |
| d) Reporting arrangements | |
| <p>The following appendices provide a summary of the work of the Committee during 2023/24:</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> | |
| e) Risks (summary of risk landscape during the year) | |
| <p>The SHC reviewed the two risks, as detailed above, at each meeting.</p> <p>Over the course of the year, the risk associated with workforce and reputation has been discussed at length by SHC and mitigations put in place:</p> <ul style="list-style-type: none"> • Clearly defined vision and new structure • Organisational change consultation and process • Organisational change outcomes • Communication plans, including animation about vision <p>The current view is that this risk is now reducing and is likely to be reduced significantly by the completion of the organisational change in March 2024.</p> <p>However, the picture with the service change risk is less positive. The current view is that the service change risk is likely to significantly escalate as financial pressures are felt across NHS boards leading to an increased volume and speed of service change. This has been reported to the HIS Risk Manager and HIS Board Chair.</p> | |

The SHC discussed and approved mitigations to reduce the risks associated with service change during 2023/24:

- Clear definition of Assurance of Engagement programme
- Strategic level engagement with NHS Boards and HSCPs
- Development of new assurance process
- Development of more flexible staffing structure across Community Engagement programmes to be able to respond to higher work volume in a particular area

However, until a clearer picture of the volume and speed of service change in 2024 is understood, there is a strong possibility this risk will escalate in terms of both Boards and HIS being unable to meet statutory requirements on engagement in service change.

f) Conclusion: (include what worked well/not well/what are the future actions)

a) Did the Scottish Health Council meet its remit for the year 1 April 2023 to 31 March 2024?

Yes

Commentary:

The SHC met its remit and statutory duties in 2023/24. It approved the new vision for Community Engagement which describes how the directorate will deliver the HIS strategy, and the new directorate structure to deliver the vision. The SHC created an updated business planning schedule to ensure it provided appropriate scrutiny for the directorate's new work programmes and then scrutinised the workplan and performance at every meeting. It also provided robust scrutiny of the organisational change to implement the new directorate structure.

The two sub-committees continue to function well, with the SHC reviewing minutes and actions from both at every meeting. These sub-committees monitor the directorate's functions to assure public involvement externally (through the Service Change sub-committee) and internally within HIS (through the Governance for Engagement sub-committee). The SHC scrutinised both and was satisfied with outcomes reported.

The SHC has reviewed risks and approved mitigations at every meeting and followed up that planned mitigations have been put in place.

b) What are the future actions?

Commentary:

The priorities for the SHC in 2024/25 are:

1. To fully understand and scrutinise the risk and planned mitigations around the increasing volume of service change arising from financial challenges in NHS Scotland.
2. To raise the profile of the SHC within HIS so that its role as a governance committee of HIS, with a remit and statutory function that reaches across the organisation is better understood.
3. To scrutinise and approve the new process for Governance for Engagement.
4. To scrutinise the elements of the ongoing establishment of the new Community Engagement & System Redesign directorate which relate to the delivery of HIS's statutory duties on engagement. This includes the vision, structure and updated risk register.

g) Sign-off Details

Committee Chair, signature, date:

Lead Director, signature, date:

DRAFT

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 involvement¹ (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.

The SHC will manage any associated risks assigned to it².

¹ The term ‘community engagement’ may be used to signify the duties of patient and public involvement.

² 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

3. Membership

The Chair of the SHC is appointed by the Cabinet Secretary for Health and Sport. 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 Scottish Health Council, 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 & System Redesign is expected to attend meetings and will be supported by members of the directorate senior management team.

The HIS Chair cannot be a 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.

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Integrated Planning Update |
| Agenda item: | |
| Responsible Executive/Non-Executive: | Angela Moodie, Director of Finance, Planning & Governance |
| Report Author: | Julia Simac, Policy & Business Analyst |
| Purpose of paper: | Awareness |

1. Situation

In the context of significant financial constraints and uncertainty, we are taking steps to ensure our planning for 2024-25 enables us to deliver our strategic priorities and meet the needs of the health and care system.

This paper outlines the ongoing decision making process regarding our Annual Delivery Plan for 2024-25. This includes prioritisation of work we will take forward, as well as work we will be refocussing, and in some cases, pausing or stopping. We are required to submit a draft Medium Term Plan and Annual Delivery Plan to Scottish Government by 7 March 2024. These will be presented to the Healthcare Improvement Scotland (HIS) Board for final approval at its meeting on 27 March 2024.

This work remains in progress and has been discussed at the HIS Board seminar in January 2024 as well as two meetings of the Quality and Performance Committee in February 2024. This is presented to the Council by way of briefing on key strategic changes and their implications for the organisation.

2. Background

Since November 2023 the organisation has been working on our three-year integrated plan, including financial plan, delivery plan and workforce plan.

As part of this process, we also developed a detailed work programme for 2024-25, but the Scottish Budget announcement on 19 December has required this plan to be revisited due to the lower financial settlement awarded to HIS.

The Scottish Budget outlined that:

- HIS's baseline funding for 2024-25 is £33.8m
- Certain allocations baselined or earmarked as baselined during this past year have been reversed and will be re-considered for 2025-26

- HIS has been given a recurring funding cut of £1 million as part of the Non-Frontline National Boards Savings Challenge

This further compounded the legacy of the abrupt shock to the system caused by the pandemic. We also know that there has been a sustained deterioration in performance against key aspects of health and social care delivery and have evidence through our scrutiny work of a deterioration in the safety and quality of care.

We have therefore been required to undertake a process of prioritisation to ensure we continue to deliver our strategic priorities and statutory functions within the funding that will be available to us. Throughout this process we have and will continue to update Scottish Government colleagues and the NHS Scotland Planning and Delivery Board. We also continue to engage with staff via the Partnership Forum as well as all-staff huddles. Staff are also able to submit questions on the intranet, which are being responded to in a Q&A area.

3. Assessment

Our priorities

Our plans for 2024-25, as well as our Medium Term Plan for 2024-27, require our steadfast commitment to:

- Protecting statutory functions
- Retaining a key focus on the safety and quality of healthcare
- Being responsive to changing pressures and risks in the system
- Ensuring our priorities are in line with the delivery of our strategy

We will be guided by the key principle, as set out in our legislation, that,

"The safety and wellbeing of all persons who use services provided under the health service and independent health care services are to be protected and enhanced."

Furthermore, our strategy states that:

"we will drive a stronger and more consistent focus on safety at a national level and support a better understanding of what actions are needed to deliver sustained improvement".

We intend to apply this approach to meeting the following major national priorities, which directly align with Scottish Government's national drivers of recovery:

- Maternal healthcare
- Primary and community care
- Mental health
- Acute care
- Clinical governance and health system

Key decisions and impacts

We have had to make key decisions in the following areas regarding our budget and work programme:

- How we will use our baseline funding, including repurposing some of our funds, and looking at how we can increasingly offer bespoke support to boards through multidisciplinary teams from across the organisation

- How we will proceed with additional allocation-funded work, including how we will limit expenditure and risk in the absence of a guarantee of funding from Scottish Government

Baseline funding

We will refocus certain baseline funds, namely Continuous Quality Improvement Allocations (CQIA) to NHS Boards, to commence work in maternal health (£0.9m). External quality assurance of the safety and quality of maternity services in Scotland is a recognised gap, particularly following the Ockenden review and other recent high-profile failures in maternity services, and there is likely to be further focus on this and the role of HIS in assuring it following the forthcoming publication of the Neonatal Mortality Review and the first report from the National Hub for Reviewing and Learning from the Deaths of Children and Young People ('National Hub'). There will also be statutory obligations for the organisation in relation to healthcare staffing in maternity services coming into effect in April 2024.

Further work on our baseline prioritisation is underway, but at this stage we are expecting to repurpose some of our resources to the areas noted below (£tbc):

- **Securing cross-organisational support to establish more flexible bespoke, multi-disciplinary support to boards**

In further embedding a holistic quality management approach to our assurance, improvement, evidence and engagement functions we need to build on learning from previous targeted multi-disciplinary improvement support to boards in response to inspection findings about safety and quality of care and continue to develop our improvement offer in respect of this.

A cross-organisational approach to providing targeted improvement support is therefore being developed. Targeted support will be provided following a specific trigger, such as the findings of an inspection carried out by the Quality Assurance and Regulation Directorate (QAD). It will involve short-term intensive support to enable the supported team/board to address immediate concerns and develop plans for the future. This targeted support complements our ongoing and longer-term improvement work and proposals for how this can be delivered are in development.

- **Additional investment in assurance and scrutiny**

The organisation's statutory inspection functions and assurance review programmes are key strategic priorities in relation to the safety and quality of care, and demands on our programmes have increased as the pressures in the system have increased. The budgetary constraints present a strategic and reputational risk for HIS in this area and therefore it is recommended we repurpose existing baseline resources into further investment in assurance and scrutiny, specifically:

- Investment in the recruitment of Quality Assurance Directorate Inspector and Reviewer posts
- Stabilisation of resource for established review programmes, particularly the Adverse Events, National Hub and Responding to Concerns work programmes, as well as enable development work for a revised approach to the assurance of cancer and screening services.

We will need to ensure systematic discipline of the Quality Management System (QMS) in how we deploy resources and follow our commitment to One Team. This will take time to release in 2024-25 and to re-orientate some teams. We are already seeing this in action, for example in the

ongoing co-design of the next phase of the SPSP Acute Adult Programme, which has engaged across the HIS One Team and wider networks to understand perspectives on the prompt, “what are the safety issues in acute care that a national improvement collaborative should focus on?” The approach has been designed to produce a programme which delivers against all of HIS’s strategic priorities.

Protecting statutory functions: service change

It has been agreed that as part of this prioritisation process the organisation needs to protect the ongoing delivery of key statutory functions, including those relating to involving people and communities in designing, developing, and delivering services.

It is anticipated that the level of volume and complexity of service change-related work across the healthcare system will increase sharply during 2024/25 and subsequent years as NHS boards and integration authorities are forced to take difficult decisions across the range of their services to move to more sustainable models of delivery. The voices of the public, communities of lived experience, and people within the protected characteristics need to be heard to understand and mitigate risks associated with changes to service provision, especially in the context of reprofiling or retracting services.

In order to respond to the anticipated significant increase in service change-related activities, will be prioritise and redirect resources accordingly. The organisation must continue to maintain, monitor, and identify additional resources to meet peaks and troughs of demand relating to service change, and ensure fulfilment of our statutory responsibilities.

Service changes necessitated by cost or patient safety pressures, or resulting from inspection reports may often benefit from ‘real-time’ additional support beyond engagement and equalities considerations, from the assortment of expertise found from across Healthcare Improvement Scotland (e.g. with respect to strategic planning, options appraisal, other improvement methodologies). There is potential scope to explore the practical means of delivering this in a way that is responsive for NHS boards and integration authorities, and sustainable for Healthcare Improvement Scotland.

Additional allocations

We are operating under the guidance from Scottish Government that all allocations are at risk in 2024-25. Scottish Government has committed to confirming 80% of allocations by the end of Q1, however these may be a percentage of their original value. This represents a higher financial risk to the organisation.

In light of this, and in order to balance the risk of delivery against our financial obligations, we are proposing a differentiated approach to additional allocations, where some allocation funded areas of work will need to be stopped or paused from 1 April 2024. In total, our allocation funding is expecting to be in the region of £3m lower than last year (30%).

We will also absorb some smaller value allocations into the current baseline budget; this includes the following within the remit of the SHC:

| Allocation | Value |
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| Citizens’ panel | £21k |
| Volunteering systems | £23k |

Under our current plans there are no other allocations to be stopped or paused within the remit of the SHC, however we recognise there will be an indirect impact felt across work based on action being taken in other areas.

Benefits of proposed delivery plan changes

While these proposed changes come with challenges, we also anticipate benefits and opportunities, including:

- A clearer refocus of our work to directly align to our strategy
- A stronger connection between work across directorates as well as our strategy and priorities
- A closer link between external assurance and improvement
- Safety data/measures guiding priorities across HIS
- A One Team approach to larger programmes of work
- Clearer measurement of impact
- External quality assurance of the safety and quality of maternity services in Scotland, which is a recognised gap
- More robust assurance and scrutiny offering
- More disciplined approach on what new work will we accept or choose to start at the expense of prioritised work

Risks

There are, however, associated risks:

- There is a risk we are unable to deliver significant parts of our work programme and a failure to bring about improvement, resulting in reputational damage with key stakeholders including Scottish Government & the public.
- There is an increased risk of not having the right people in the right place at the right time caused by higher staff turnover (for example because of fixed term contracts, redeployment and retention, staff leaving due to uncertainty about their exact role) resulting in a negative impact on our ability to deliver. We will need to take this work forward in partnership and the interim workforce plan will be a key mitigation.
- This will bring about another year of change for staff and depend on mobilising staff in a different way. This change will be operationally challenging.

These risks are being reviewed alongside our strategic and operational risk registers which will be updated accordingly.

Assessment considerations

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| Quality/ Care | We are prioritising our work for 2024-25 on the basis that it will ensure we are able to deliver both our statutory requirements as well as strategic priorities, which are grounded in driving the highest quality care for people in Scotland. |
| Resource Implications | We are undertaking this process in response to constraints and uncertainty in resources to ensure we continue to deliver our strategic priorities and statutory functions within the funding that will be available to us. |
| | Staff will be required to work in different ways than we have previously. This will be operationally challenging and brings the |

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| | risk of not having the right staff in the right place at the right time. |
| Clinical and Care Governance (CCG) | The Clinical and Care Staff Forum has been updated on planning. Clinical governance is a key priority and has been a key factor in decision making to this point. |
| Risk Management | We have identified the risks associated with this process and its implications and are reviewing these alongside our strategic and operational risk registers. <ul style="list-style-type: none"> • A strategic risk has been raised in relation to service change and specifically the ability of the service to undertake appropriate public involvement specifically in the current operating context |
| Equality and Diversity, including health inequalities | We will be reviewing the original equality impact assessments for programmes of work which may be hibernated or paused under the reprioritising, and this will be used as part of the decision making process. |
| Communication, involvement, engagement and consultation | We are engaging with staff through all-staff huddles, an open Q&A on the intranet, and this work continues to be discussed with the Partnership Forum. |

4 Recommendation

The Council is requested to note further progress on planning for 2024-25.

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Director's Update |
| Agenda item: | 2.3 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Redesign |
| Report Author: | Clare Morrison, Director of Community Engagement & System Redesign |
| Purpose of paper: | Discussion and approval |

1. Situation

This paper provides an update to the Scottish Health Council (SHC) about the work undertaken by the Director and the Directorate Leadership Team in the past quarter in relation to Directorate-wide activities and planned next steps. Updates for each of the Community Engagement work programmes are provided in separate Agenda items.

2. Background

SHC approved a new strategic vision for the Directorate and a proposed new directorate structure in March 2023. A 12-week organisational change consultation on the proposed new structure ran from April to July, and a final report was approved and published in August 2023. In May 2023, SHC asked for the regular Director's report to focus on delivery of the strategic vision.

3. Assessment

3.1 Organisational change

The organisational change in Community Engagement is now progressing well. For Agenda for Change bands 8c, 8b, 8a, 7 and 6: the process of slotting in, matching and recruitment has been completed. Slotting in and matching has been completed for band 5, and recruitment is under way. This will then be followed by slotting in for band 4. The process will be completed by the middle of March. At that point, it is anticipated that all staff who were within the Community Engagement ring fence in April 2023 and who continue to work for the Directorate will have confirmed roles in the new structure.

The number of existing Community Engagement staff is smaller than the total number of posts within the new structure. Therefore, it had been anticipated that, following the filling of the structure with existing staff, the next step would be recruitment to remaining vacancies. However, due to a revised HIS budget for 2024-25, there are some alterations to this plan (see section 3.3).

3.2 Unifying the new Directorate

The new Directorate was formed in August 2023 by bringing together the Community Engagement Directorate and the ihub's Transformational Redesign Unit. It was decided then to continue working in current structures while the Community Engagement organisational change was ongoing.

In January 2024, it was announced that Healthcare Improvement Scotland (HIS) will have a smaller budget in 2024-24 compared with 2023-24. The HIS response and financial plan is covered in Agenda item 2.2. This financial pressure determined a more urgent timeline for creating a new Directorate structure, however, all decisions will be driven by the aims of:

- a) Unifying the Directorate, rather than being a directorate of two halves
- b) Providing clarity and focus on the Directorate's work going forward
- c) Providing stability for our staff.

To deliver the £331k savings target required within the Directorate, it is necessary to remove six posts by 1 April across the whole Directorate. This date coincides with the introduction of the new Community Engagement programmes following the organisational change. It is hoped that all the structural changes could be concluded together to bring stability to the Directorate. The reduction in posts can be achieved by removing existing vacancies.

3.2.1 Updated strategic vision

The first step in creating a unified Directorate is to clearly define the whole Directorate's purpose and work. This will involve creating an updated strategic vision to set out how the Directorate will play its part in delivering the overall HIS strategy.

The SHC's remit includes assuring HIS's statutory duties in community engagement and approving the HIS community engagement strategic and workplan. This was previously defined within the Community Engagement strategic vision and workplan. Now that the Directorate has been expanded, community engagement is incorporated within a wider vision and workplan. However, the importance of community engagement and its achievement through evidence, improvement and assurance is unchanged.

A first draft of the new Directorate vision was developed by the Directorate Leadership Team in December 2023 and January 2024, building on work undertaken previously by the two separate directorates. In February 2024, this draft vision was shared with everyone across the Directorate with an ask to help shape a final version by 8 March 2024.

Central to the vision is to capture how the Directorate will be united around a clear single purpose: to deliver change through meaningful engagement. It is purposively short and succinct. The draft vision is provided in Appendix 1. Once finalised, an easy read version and animation format will also be produced.

3.2.2 New structure

The future structure of the Directorate will be built around the vision, which is about delivering change through meaningful engagement: this gives the Directorate a new name, “Engagement Led Change”. Details of the new structure are still under development, but a preliminary plan is:

- *Engagement Led Practice Change unit.* This unit will focus on supporting best practice in engagement led change. It will support health and care services to improve their practice, influence change through engagement, and provide assurance of engagement activities
- *Engagement Led Transformational Change unit.* This unit will focus on delivering innovative, radical transformation through engagement led change. It will work with people and services to deliver change in nationally identified high priority areas within health and care.
- *Cross Directorate team.* This team will deliver strategic engagement with the health and care system, and delivery of robust operational management and governance.

The details will continue to be developed through February and March. The expectation is that these changes will not fall under the definition of organisation change. The HIS policy states “*changes to line management arrangements or the repositioning of teams within a directorate or between directorates is not considered to be organisational change*”. However, in line with good engagement practice, staff who have a change in line management will be offered an individual meeting to discuss the changes and there will be a period of engagement with all Directorate staff.

3.3 Service change

The financial pressure described in this paper is also having a widespread impact across NHS Scotland. This is resulting in a growing concern there will be a high volume of service changes and service cuts, and a faster speed at which change needs to be delivered. There is a high risk this will impact of Boards’ ability to meaningfully engage on service change.

This issue will be covered within agenda items 2.4 (Risk Register) and 3.3 and 3.4 (Assurance Programme) so will not be discussed in detail here. However, it is important to note in this paper both because of its significance and because of the risk that the Directorate will be overwhelmed by the volume of service change work. However, the revised Community Engagement structure was designed to be flexible to be able to respond to peaks of workload, to have a greater focus on Assurance work and to improve our understanding of Boards' plans via our Strategic Engagement Leads: all elements of this structure will be in place on 1 April, so it is hoped this mitigates the risk.

3.4 Next steps

Following an analysis of learning and development needs across the Directorate in the autumn, all staff have been offered a two-day bespoke training course in project management in March.

Work is under way to support the transition into the new structure from 1 April, with the Community Engagement leadership team taking up their posts in January so that they could focus on supporting staff and updating work processes.

A new Directorate Leadership Team structure was established from 1 January. It has been primarily focused to date on defining the new vision and directorate structure, but the next steps are defining a delivery plan, reporting requirements (process measures, outcome measures and impact) and governance arrangements. This includes a consideration of risk management which has been planned for March with the HIS Risk Manager.

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| Quality/ Care | Delivery of the updated strategic vision will enable the directorate to maximise its impact to support and assure the health and care system to deliver change through meaningful engagement. A delivery plan with defined outcome measures will be developed to support future governance oversight. |
| Resource Implications | The new Directorate structure must be within the budget allocation for 2024/25. |
| | The progress with the organisational change process has been positive, but the change continues to be challenging for some staff. Further changes are likely to cause additional concern. Support has been offered including individual discussions, team discussions, HR advice, support from Partnership Forum representatives, and support via the new Employee Assistance Programme. |
| Risk Management | There are people and workforce risks in the development of a new structure. This is reflected in the risk register. |

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| Equality and Diversity, including health inequalities | The new structure will take equality, diversity and inclusion into account, with a strengthened role in supporting equality and diversity within HIS. |
| Communication, involvement, engagement and consultation | There was extensive engagement on the development of the Community Engagement vision, and this will be repeated in the development of the updated Directorate vision. The HIS policies relating to the ongoing organisation change has been followed, and there have been discussions about the new Directorate structure with directorate staff, Partnership Forum and trade union representatives. |

4 Recommendation

SHC is asked to:

- Gain assurance around the Directorate's work
- Comment on the draft Directorate strategic vision

Appendix 1: Draft strategic vision

Engagement Led Change: strategic vision 2024-28

"Delivering change through inclusive, meaningful engagement"

Our Aims

We will drive better health and care outcomes through meaningful and quality assured community engagement, innovative system redesign, and sustainable improvement. We will:

1. Understand the views and needs of people in Scotland so we can respond to national priorities, reduce inequalities and deliver equitable change.
2. Deliver innovative, transformational changes in national priority areas, which are co-produced with people who use, need, and provide services.
3. Take a person-centred approach to support sustainable improvement at scale through building evidence, sharing learning, and providing practical implementation support.



Our Principles

- We put people at the centre of everything we do: championing equality and inclusion, taking a human rights-based and person-centred approach to safe care, and working in a sustainable way.
- We ensure our work is relevant, timely and addresses national priorities, both now and for the future.
- We work with people: by enabling them, we build local capacity for engagement, redesign and improvement.
- We ensure our work is evidence-based. We measure and report on the impact and outcomes of our work.
- We are forward-thinking and ambitious, continually developing our expertise in engagement led change.
- We collaborate with partners across health and care and with local communities, building trust and acting with compassion and kindness.

1. Understanding the views and needs of people in Scotland

- We will be the go-to place for best practice in engagement and for evidence from engagement.
- We will influence and inform decisions on national health and care services and policies by building relevant, timely evidence from engagement.
- We will empower people, communities, and the public to have their say in health and care. This will include fulfilling our statutory role to support, ensure and monitor NHS boards' duty to involve the public in the design, delivery, and improvement of services.
- We will enable the participation of people and communities in our transformational change work.

2. Delivering innovative transformational change

- We will deliver innovative, transformational change in high priority areas in health and care, now and for the future.
- We will work in a responsive, timely way, engaging with people before identifying what needs to change.
- We will work collaboratively across complex health and care systems with multiple interdependencies.
- We will use qualitative and quantitative data to describe the outcomes and impact of our work, testing our understanding at each stage of the process.

3. Supporting sustainable improvement at scale

- We will co-create and deliver practical support to help stakeholders achieve best practice in engagement, redesign, improvement, volunteering, and equalities and human rights.
- We will provide learning systems that support us and stakeholders to learn, develop and improve. This will include gathering and showcasing best practice, hosting networks, providing workshops, developing training, and establishing a knowledge hub for resource sharing.
- We will be committed to continuous improvement and learning in all that we do, including freely sharing our tools, approaches, knowledge and learning across Scotland.

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Risk Register |
| Agenda item: | 2.4 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Redesign |
| Report Author: | Clare Morrison, Director of Community Engagement & System Redesign |
| Purpose of paper: | Awareness |

1. Situation

At each meeting the Scottish Health Council (SHC) is provided with a copy of the operational risks relating to the SHC's remit.

2. Background

The Community Engagement risk register is detailed in Appendix 1. This is extracted from the Healthcare Improvement Scotland (HIS) corporate risk management system 'Compass'. The full strategic Risk Register is scrutinised at the HIS Audit & Risk Committee.

Risk 1163 relates to service change.

Risk 1239 relates to workforce and strategy.

3. Assessment

Risk 1163 (service change) has been updated to a higher rating of 20 (previous report 16). The change reflects an increase in the likelihood of the risk; the impact remains the same. The wording of this risk has also been updated so it is identical to the service change risk in the Strategic Risk Register.

The updated wording reflects the concerns that increasing financial pressures across NHS Scotland will result in a high volume of service change and impact on Boards' ability to meaningfully engage.

Our planned mitigations remain in progress: alerting Scottish Government to our concerns about this risk, developing a new assurance process for all service change activity (to be considered at this SHC meeting), discussions with Scottish Government about proportionate engagement on national service change decisions, and the planned introduction of both the new Assurance of Engagement programme and Strategic Engagement Leads from 1 April 2024.

Risk 1239 (workforce and strategy) continues to sit at a rating of 12 (same as last report). It describes the current risks with the lack of stakeholder awareness of our role and the risks associated with organisational change that were needed to address this. This risk mirrors the wording in the HIS-wide risk on organisational change which describes the risk on delivery of our strategic priorities, organisational performance and staff wellbeing.

The narrative in this risk has been updated to reflect the current progress made with the organisational change process.

Assessment considerations

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| Quality / Care | N/A |
| Resource Implications | Resource implications for the new directorate structure in risk 1239 were fully considered with the finance team. |
| | Workforce implications are a key element of risk 1239. Actions to mitigate these risks have been taken with further mitigations planned. |
| Risk Management | Risk Register attached in Appendix 1. |
| Equality and Diversity, including health inequalities | The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the directorate's vision, structure and risks. |
| Communication, involvement, engagement and consultation | The directorate's risks have been informed by our ongoing engagement with a range of stakeholders, and in discussion with the HIS Risk Manager. |

4 Recommendation

The Committee is asked to note the update on the two existing risks, in alignment with the Community Engagement vision.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Risk Register Extract

Active Risks - Committee Report

| Category | Project/Strategy | Risk No | Risk Director | Risk Description | Risk Appetite | Last Updated | Inherent Risk Level | Current Controls | Current Mitigation | Current Update | Current Risk Level | Jan - 2024 |
|----------------------------|--------------------|---------|----------------|--|---------------|--------------|---------------------|---|---|---|--|----------------|
| Reputational / Credibility | Service Change | 1163 | Clare Morrison | There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity. | Cautious | 05/02/2024 | High - 16 | "Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions, and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance. Revised Planning with People published on 21 April 2023. Significant HIS-CE involvement in shaping the content of this publication. | The Scottish Health Council and its Service Change Sub-Committee continues to provide governance over the issue (discussed at each meeting). Regular discussions with Scottish Government to monitor the risks. Revised Planning with People and Quality Framework for Engagement to support its implementation published in 2023. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS. Involvement in regional and national planning is helping to highlight the importance of engagement in planning decisions. This is being further enhanced by introduction of new Strategic Engagement Lead role to engage at board and regional level - posts to start on 1 April 2024. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG. | There is growing concern (Jan 2024) that financial pressures are increasing and this will lead to a high volume of service change and impact boards' ability to meaningfully engage around service change. We are reviewing the support we provide for boards to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. We have nearly completed the development of a new assurance process for engagement on all service change activity which has been tested with one board and with input from 10 statutory health & care bodies. We are discussing with Scottish Government new guidance on engagement required at a local service for service changes decided nationally. Through the Community Engagement organisational change, we now have three Strategic Engagement Leads to work at a national, regional and board level, and have partly filled the posts in our Assurance of Engagement programme. The organisational change is due to be completed by March 2024. The risks will be further discussed at the next Scottish Health Council meeting in February 2024. | Very High - 20 Impact - 4 Likelihood - 5 | Very High - 16 |
| Operational | Workforce Strategy | 1239 | Clare Morrison | There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Creating a new vision and structure to address this has required organisational change which is a risk on delivery of our strategic priorities, our organisational performance and staff wellbeing, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS-CE. | Open | 01/02/2024 | Medium - 12 | Community Engagement comms strategy. HIS Organisational change policy & procedure. Organisational change implementation process agreed in Partnership. | Plans to refresh Comms strategy in April 2024. HIS Organisational change consultation completed by August 2023. Organisational change implementation due to be completed by end of March 2024, with new Community Engagement team structure activated on 01 April 2024. | A strategic vision for HIS-Community Engagement was approved in March 2023. A 12 week consultation for a proposed new directorate structure took place in April-July 2023. A final organisational change report and final new structure was endorsed by the HIS Governance Chairs on 1 August 2023. The next stage is implementation: After some delay the process has now been agreed and advertising of posts is underway alongside final agreement on the matching process for all staff affected. The organisational change implementation will be completed by end March 2024, with activation of the new structure on 01 April 2024. The impact of this change process on staff wellbeing remains a significant concern throughout this period and continues to be considered and discussed frequently. Colleagues continue to have a number of established channels to raise any queries, concerns and suggestions. Individual matching conversations are currently underway, with the full schedule arranged in diaries up to March 2024. This will be followed by external communication with all our partners in advance of the new structure activation on 01 April 2024. While the risks associated with an out of date structure and a lack of understanding of our role remain for the time being, these will be addressed by the new structure implementation and supporting work leading to the activation on 01 April 2024. | Medium - 12 Impact - 4 Likelihood - 3 | Medium - 12 |

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2023 |
| Title: | 2023-24 Operational Plan Q3 Progress Report |
| Agenda item: | 2.5 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement |
| Report author: | Richard Kennedy-McCrea, Operations Manager |
| Purpose of paper: | Discussion |

1. Situation

This paper provides the Council with an update on the directorate's progress with our work outlined in the Operational Plan for 2023-24, particularly noting impacts from Q3 of 2023-24. The Council is asked to note and discuss the contents of the paper.

2. Background

The Community Engagement & System Redesign directorate provides a consistent package of engagement support to Healthcare Improvement Scotland's (HIS) 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.

Rather than listing activities on a team-by-team basis, this update report describes how our work has contributed to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

3. Assessment

We continue to deliver a broad range of high-quality programmes of work and our staff are to be commended on their commitment and dedication to their work as well as their

enthusiasm and willingness to respond to whatever is asked of them, especially in the current context of organisational change implementation.

The positive contribution of our Citizens' Panel was recognised in glowing terms by Professor Jason Leitch, National Clinical Director at HIS' annual review in November 2023.

Our expertise engaging with people and communities that traditionally have been seldom heard by policy makers means that, increasingly, we are being commissioned to carry out targeted engagement with smaller but more specialised groups. Our positive influence means that engagement with the broader general public has already been carried out before we are approached. In line with our strategic vision, we are being recognised as the go-to place for evidence from engagement.

Assessment considerations

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| Quality/ Care | All of our work supports health and social care services to improve the quality of care they provide to the people of Scotland, with a particular focus on ensuring the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and the development and delivery of services. We have embedded improvement methodologies within our own work to ensure we foster a culture of continual improvement. |
| Resource Implications | The resource implications for the directorate's work programmes have been reflected in the budget for 2023-24. Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of the Scottish budget and upcoming financial reviews are anticipated and mitigated wherever possible. Additional funding was secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, to develop a business case to replace the current national Volunteer Information System, and to support promotion of 'What Matters to You?' |
| | We continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff – particularly to support individuals and teams during the organisational change implementation period and as we form a new structure which will take effect from 01 April 2024. |

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| Risk Management | Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Leadership Team. |
| Equality and Diversity, including health inequalities | <p>The directorate has a specific role in supporting equality, diversity and inclusion within HIS.</p> <p>We maintain a central register of completed equality impact assessments relating to the work of the whole organisation, and completion of EQIAs is reported in quarterly Key Performance Indicators (KPIs).</p> <p>We have built in a requirement that external organisations which commission us to gather public views will have undertaken an EQIA beforehand so that we understand which communities will be most impacted by the work and can tailor our approach accordingly.</p> |
| Communication, involvement, engagement and consultation | Consultation and engagement with a range of stakeholders continues to be our bread-and-butter. This includes patients, carers, families, community groups, third sector organisations, NHS boards, integration authorities and Scottish Government. We are reviewing our internal approach to communications for the new directorate structure so that we maximise the opportunities and reach for publicising our work. |

4 Recommendation

The Council is asked to note and discuss the content of the 2023-24 Quarter 3 Update.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2023-24 Quarter 3 Update

Quarter 3 Update: October – December 2023

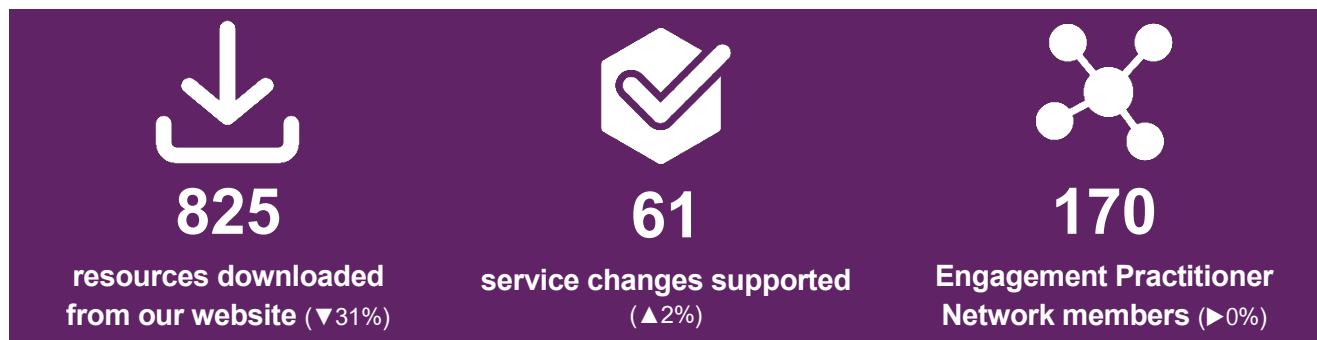
This progress report describes the impact of our work noted between October and December 2023. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **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 of Community Engagement)
- **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 also 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

Resources were downloaded from our **website** a total of 825 times during Quarter 3 (a 31% decrease from the previous quarter). The most-downloaded resources our Community Engagement Planning and Quality Framework templates and a [guide to best practice in volunteer management](#) which was co-produced with NHS volunteer managers.

41% of **webinar** attendees during Q3 (down 9% on the previous quarter) agreed or strongly agreed they had gained practical tools or resources that they could use in their practice.

The **Engagement Practitioners' Network** held a workshop for 30 attendees in November 2023 to hear about the Caelus project, a collaboration between NHS Grampian, NHS Ayrshire & Arran and a technology company exploring how drones may help improve medical care and equity of care by transporting medicines in rural and remote communities.

During Q3 we held 3 **service change workshops** covering topics such as duties and principles (October 2023), planning effective engagement and *Planning with People* (November 2023) and the Voice Tool, evaluation and the Quality Framework (December 2023). These were attended by a total of 31 members of staff from across Scotland.

The **Volunteering in NHS Scotland** team organised a peer networking session in November 2023 which was attended by 9 volunteer managers. Participants described the session as supportive, interesting, friendly, informative and valuable. A practice development session in December 2023, attended by 12 people, heard from Michael Timmons from Playlist for Life who gave a presentation and Q&A on the work of the charity.

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 Health & Social Care Partnerships (HSCPs) undertaking service change. During Q3, the team monitored and supported 61 service changes across all board areas (see separate paper 3.3 for more detail).

An [assurance report](#), confirming that NHS Ayrshire & Arran had fully met the requirements of national guidance when consulting on proposals for changes to Systemic Anti-Cancer Therapy services, was published in October 2023. Significant service changes are ongoing in NHS Greater Glasgow & Clyde to do with GP Out-of-Hours services and a refresh of the Mental Health Strategy.

Our service change team continues to work on developing a new approach to the assurance of service changes that do not meet the threshold for major service change, as well as developing a proportionate engagement approach for the local implementation of national decisions.

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

Our engagement officers and service change advisors regularly **share learning across NHS board areas** to help health and care staff improve their practice. In November 2023, we took part in a development day for staff from Perth & Kinross HSCP. This relationship first started several years ago at a Learning Disability Day Support Collaborative organised by colleagues in the former ihub directorate. We provided information and resources to support their staff, including health and social care students, and they in turn shared examples and resources which we can build on. We have added [Talking Mats](#) as a new tool on our website, and are incorporating their learning on how to engage with adults who have learning disabilities, sensory impairment and dementia into future updates.

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

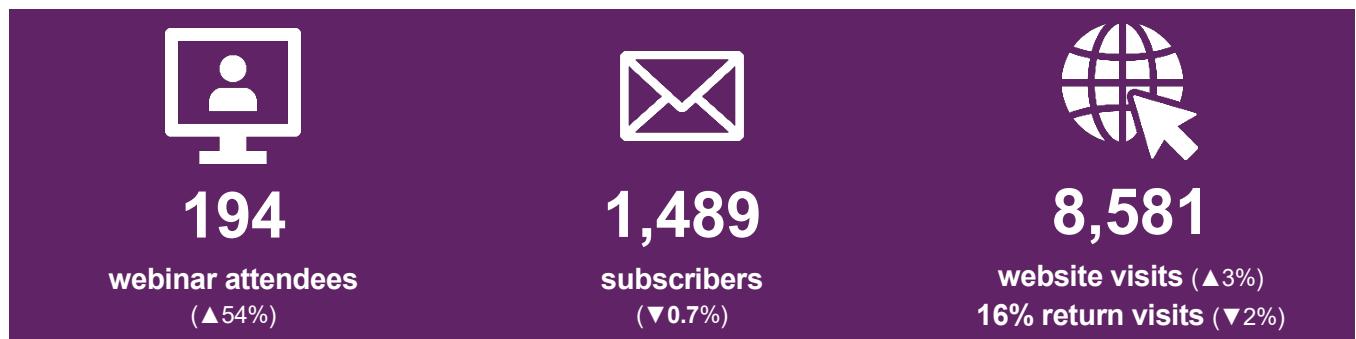
Staff from across the directorate continue to share their learning through a variety of methods to suit different learning styles. We have a **learning channel** hosted on MS Teams where staff post useful links and resources, including training on *cultural humility*, the practice of reflecting on how our backgrounds and the backgrounds of others can impact our relationships – including being aware of social power imbalances, biases, and respecting other's values.

People and communities are empowered to participate in health and care

A **workshop** on Public Involvement, Working Together Effectively and Communication & Influencing was held with Falkirk HSCP in December 2023, with 18 staff from Health Promotion and Policy and Comms attending. Participants described the session positively and found the use of MS Teams tools engaging. Several people were interested in the pushing/pulling styles of influencing. Two people found the content to be quite basic for professionals, however appreciated the opportunity to reflect on the principles. Some people said they would consider their communications styles moving forward within their teams, particularly active listening. The health promotion team found most benefit in reflecting how they interact with members of the public in their roles (for example smoking cessation and ADP roles).

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

We held 2 **webinars** during Q3: in October 2023 speakers from CHAS described how they sensitively involved young people and families in strategic planning around hospice services (96 attendees). In December 2023 we heard about the positive difference made by NHS Scotland volunteers (98 attendees). Feedback from attendees was very positive: 99% of respondents rated the webinars 'excellent' or 'very good' (up 31% on last quarter) and 92% (up 42%) agreed or strongly agreed that they had increased their knowledge on the topic. Specific comments included:

- inspiring, helpful, moving and emotional
- game changer

- eye opening and resourceful
- very informative and now will take back the feedback to my team, so thank you
- very interesting and loved the enthusiasm of the presenters. thank you
- professionally done. Passionate speakers. Enjoyed it!

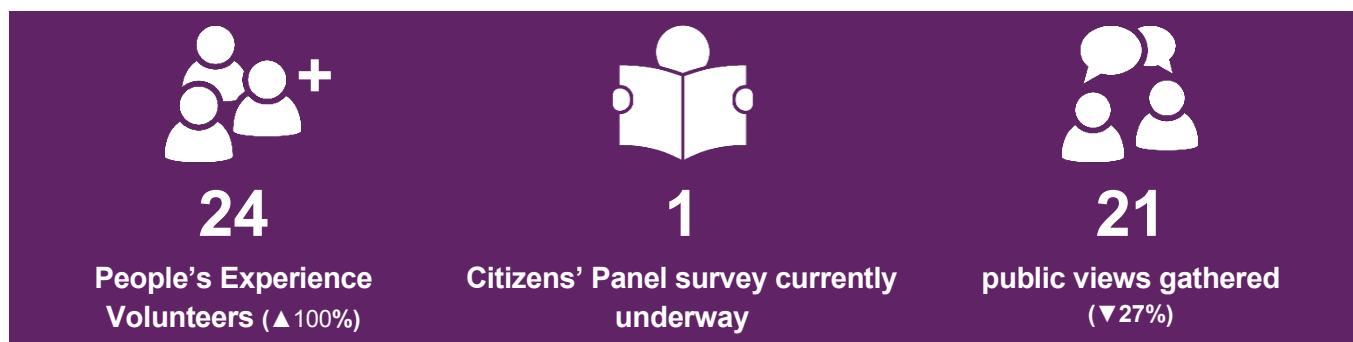
Stakeholders have an increased awareness and understanding of our role, work and impact

In his summary remarks at Healthcare Improvement Scotland's annual review in November 2023, the Scottish Government's National Clinical Director of Healthcare Quality and Strategy, Professor Jason Leitch, praised the work of our Citizens' Panel:

"It's really, really good. I don't think there is any other country in the world doing that level of detail in a Citizens' Panel – maybe Canada, which is where we 'stole' that method from – but nobody else is asking questions of citizens in the way that Scotland is doing. You should be really proud of that."

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

During Q3 we carried out engagement with members of the public from specific protected characteristics to **gather their views** on a new Charter for the National Care Service. A total of 21 people were engaged through individual interviews.

The 13th survey of the **Citizens' Panel** – covering people's preferences for accessing health and care services and the NHS Scotland Climate Emergency and Sustainability Strategy – was sent to Panel members in November 2023. The survey will report later in 2024.

Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

Increasingly, we are commissioned to carry out Gathering Views work with **targeted communities and groups** across Scotland. This complements more general engagement with members of the public that has already been carried out by commissioning organisations – and reflects our expertise and reputation built up over many years. For the engagement on a new charter for the National Care Service, carried out in Q3, we were asked to specifically gather feedback from:

- the trans community, including non-binary people
- pregnant people and mothers of children who are up to 18 years old
- people from minority ethnic communities
- people from minority religious communities

In our October 2023 webinar, presenters from CHAS shared examples of how **children and young people with life-shortening conditions**, and their families and carers, had successfully helped to co-create a new strategic plan for the organisation. The speakers reflected on storytelling and visual art techniques which engaged the participants in a meaningful way. They also discussed how to sensitively gather views on a future strategy whilst families are in the midst of very difficult circumstances.

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

Our research team follows up with the Scottish Government commissioning teams after 6, 12 and 18 months to track the ongoing impact on policy and practice of feedback we have gathered.

Feedback on **principles for access to general practice** – which was collected from interviews, focus groups and our Citizens' Panel in March 2023 and reported in October 2023 – helped to shape the Scottish Government's [final set of Access Principles](#). This sets out a framework for the core principles of how GP services should be delivered and was approved by then Cabinet Secretary for Health and Social Care, Michael Matheson.

Following our February 2023 report on **people's experiences of living with chronic pain**, in November 2023 the Scottish Government published an update to its [Pain management service delivery framework: implementation plan](#) and a [progress report](#) against its initial 18 actions. These provide an update on the recommendations contained in our report. A new pain informed care toolkit is being developed for health and care professionals, which will increase their understanding of living with chronic pain and how it can be managed. Information for patients and carers on the NHS inform website about chronic pain has been updated and improved. This work was [directly informed by people with experience of living with chronic pain](#). The findings from our report will be reflected in an equality impact assessment to inform how the Scottish Government develops chronic pain policy.

On 22 November 2023, the Scottish Government published its [Tobacco and vaping framework: roadmap to 2034](#), describing an implementation plan which will run until November 2025. The report acknowledged the input from public views gathered by our **Citizens' Panel** (published in May 2023):

"Engagement also included views from... the 11th Citizen Panel for Health. This engagement was critical in developing and shaping the content of the next [action] plan."

Feedback from the public helped policy makers understand that vaping needed to be included within the implementation plan.

We published a report gathering public views on new **waiting times guidance** in August 2023. In December, the Scottish Government updated its [waiting times guidance](#). The Planned Care Team considered the feedback we gathered and our recommendations are reflected in the final guidance. Now concepts such as "reasonable offer" and "implied acceptance", which people told us were difficult to understand, are explicitly defined. The guidance also includes details about improving communication with patients, including understanding the range of communication barriers which patients and their carers may face. The Scottish Government is completing an equality impact assessment (EQIA) which will make sure that the guidance and future policy meets the needs of diverse people. Once it is finalised, it will be shared with all health boards to inform their local EQIAs.

Staffing



6

posts filled in the
new structure



4

staff leavers



97%

mandatory training
completion (▲20%)

Recruitment to permanent posts in the **new Community Engagement structure** commenced in Q3, with 6 of the most senior posts filled before the holiday period. Matching and recruitment to the remaining posts will be completed before the end of Q4.

All Healthcare Improvement Scotland staff were required to complete 15 **mandatory training** modules by the end of November 2023. As of December 2023, the Community Engagement & System Redesign directorate had reached 94% completion, 97% when adjusted to account for staff currently on parental leave and external secondment.

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Equality Mainstreaming Report update |
| Agenda item: | 2.6 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement |
| Report Author: | Rosie Tyler-Greig, Equality and Diversity Advisor |
| Purpose of paper: | Discussion |

1. Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires public bodies including Healthcare Improvement Scotland (HIS) to publish organisational equality outcomes every four years, and to report every two years on progress against these outcomes and efforts to mainstream equality. Organisational responsibility for driving delivery of legal equality duties and good practice sits within the Community Engagement & System Redesign directorate.

2. Background

In April 2021, HIS published equality outcomes covering the period until April 2025 (see Appendix 1). Per our statutory requirements, we published an Equality Mainstreaming Update report in April 2023 (see Appendix 2). The key messages from this report were communicated to the Scottish Health Council in March 2023 (see Appendix 3).

A final report for 2021-25 will be due in April 2025, covering the following outcomes:

- A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen HIS activities;
- Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups;
- People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes; and
- Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

3. Assessment

In the HIS final Equality Mainstreaming Report 2025, narrative additional to our 2023 update report will be included. It is anticipated this will include:

Support for the HIS workforce

- HIS participated in the NHS Scotland pilot of Close the Gap's employer accreditation programme, *Equally Safe At Work* and successfully completed the development level of accreditation in October 2023. The HIS Chair, Equality and Diversity Advisor, Public Protection Lead and Employee Director attended an award presentation in December 2023, with social media coverage following.
- HIS has progressed joint work to secure a transparent process around reasonable adjustments, supporting disabled staff and managers. We expect this to complete during Q\$ 2023/24.
- A new and improved Employee Assistance Programme was launched. This is available to both staff and volunteers.
- Work to support awareness and good management practice in relation to staff experiencing menopause symptoms has continued, with new activities aimed at managers led by the Staff Governance Associate.

Awareness and training

- NHS24 staff were supported to understand and challenge the role of stigma in accessing healthcare support, through bespoke training on LGBT+ mental health. The training received positive feedback and is now being adopted for future delivery by NHS24.
- A workshop on critical appraisal for anti-racism was facilitated for staff from HIS and the wider system, by an international expert. This has helped shape the organisation's approach to evidence and highlight HIS as a committed anti-racist organisation.
- Close the Gap delivered a staff webinar on taking an anti-racism approach to women's workplace inequality. This was well attended and raised staff awareness about intersectional approaches to advancing equality.
- We spread good practice around involving disabled people in the work of HIS. This has included a Community Engagement webinar about engaging disabled participants, a 'Learning Live' session about using Easy Read information, and further support for staff in reviewing and disseminating project information in Easy Read format.
- Learning resources around good practice for Equality Impact Assessment are in development, with a case study on the Scottish Government's Digital Front Door due to be published on the HIS Community Engagement website during spring 2024.

Measuring performance: Equality Impact Assessment

- Since Q4 2022/23 we have recorded organisational compliance with Equality Impact Assessment (EQIA) as part of our corporate Key Performance Indicators (KPIs). Updates are provided by the programme to the HIS Audit and Risk Committee through the Finance, Planning and Governance Team. Over three reporting quarters, there has been a 15% improvement in EQIA completion across the organisation. We hope to see further improvement by the time we report in April 2025.

In developing new equality outcomes, HIS must further the needs of the general equality duty across all protected characteristic groups. It must also take reasonable steps to involve people with relevant protected characteristics and to consider relevant equality evidence. As part of identifying HIS equality outcomes for 2025/29, it is proposed the following will be considered:

Recognised issues and priorities for protected characteristic groups

Priority issues should be identified from internal and external stakeholder groups, aligned with areas HIS can influence or has set objectives in. For example, we may wish to draw on our Strategic Anchors Plan, Workforce Plan or Equal Pay Statement to focus priorities alongside our staff equality networks and community stakeholders.

HIS strategy and strategic priorities

The HIS Strategy 2023/28 focuses on quality and safety, with priorities around improving understanding, sharing intelligence, highlighting the voices and rights of people and communities, and practical support for sustainable system improvements. As the health and care system continues to recover from the shock of the pandemic and navigate a challenging financial environment, HIS has identified key priorities for its contribution. These include maternal healthcare, primary and community care, mental health services, acute care and clinical governance. Within these priorities, we will focus on the most at-risk and under-served communities, the maximisation of clinical resources, and the mobilisation of our quality management system.

Our equality outcomes should align with these priorities to maximise our impact in these challenge areas. It is proposed therefore that one of our equality outcomes covers the pregnancy and maternity characteristic and another covers the disability characteristic, with specific reference to mental health.

Impact and learning from HIS outcomes 2021-25

Our 2023 update report, along with the anticipated new content for our final report, indicates that we have achieved across each of the outcomes we set in 2021. Outcome three, concerning the involvement of minority ethnic communities in our work, could have been strengthened through additional and focussed engagement activity. Framed in relation to our external-facing work programmes, this has been challenging to deliver. Simultaneously however, we have laid good foundations for anti-racism and better serving minority ethnic communities through our internal organisational activity. This includes specific learning and development opportunities, the relaunch of our Race and Ethnicity Network, and the inclusion of anti-racism in our 2023/28 strategy.

The development of our 2025/29 equality outcomes should therefore include the ability to continue work in areas where we may not have fully realised our potential, pivoting the focus to build on identified strengths. An equality outcome framed around the workforce and how we utilise community expertise across the protected characteristics to shape ways of working, including anti-racist approaches, is proposed.

Assessment considerations

| | |
|--|---|
| Quality / Care | Work to produce HIS' Equality Mainstreaming Report 2025, including equality outcomes for 2025/29 will support the organisation's capacity to deliver its strategic priorities in relation to quality and care. |
| Resource Implications | <p>By aligning with organisation / system priorities, the Equality Mainstreaming Report 2025 and its development should increase the organisational resource dedicated towards identified priorities.</p> <p>The process for developing equality outcomes, including literature review and stakeholder engagement, should commence by 01 April 2024, and complete with organisational sign-off via the Scottish Health Council and Staff Governance Committee in February 2025.</p> <p>Organisational change processes may cause delay in starting stakeholder engagement activities. It is however anticipated there will be sufficient resource from April 2024 to carry out robust engagement and development activities if this is prioritised.</p> |
| Risk Management | <p>The work outlined manages organisational risk by assuring HIS meets the legal requirements of the Public Sector Equality Duty and continues to develop good stakeholder relationships with equality groups.</p> <p>Progress of the work will be monitored by the HIS Equality, Inclusion and Human Rights Working Group. The workstream will report to the Scottish Health Council and Staff Governance Committee via the Equality, Inclusion and Human Rights Manager (a new appointment as part of the Community Engagement organisational change implementation).</p> |
| Equality and Diversity, including health inequalities | The work outlined is integral to the mainstreaming of equality across HIS. Equality outcomes set strategic direction for the equality contribution of HIS internally and externally and facilitates equality mainstreaming throughout the organisation. |
| Communication, involvement, engagement and consultation | The development of this work will include engagement with HIS staff, NHS partners and external stakeholders. |

4 Recommendation

Council members are asked to:

- **Note** existing and anticipated work in relation to the Healthcare Improvement Scotland Equality Mainstreaming Report 2025;
- **Agree** the proposed focus for the development of HIS equality outcomes 2025/29; and
- **Advise** on any additional considerations for the development of equality outcomes 2025/29.

5 Appendices and links to additional information

- Appendix 1 – HIS Equality Mainstreaming Report 2021, including equality outcome 2021-25
- Appendix 2 - Equality Mainstreaming Update report 2023
- Appendix 3 – SHC paper March 2023

Quarter 3 Update: October – December 2023

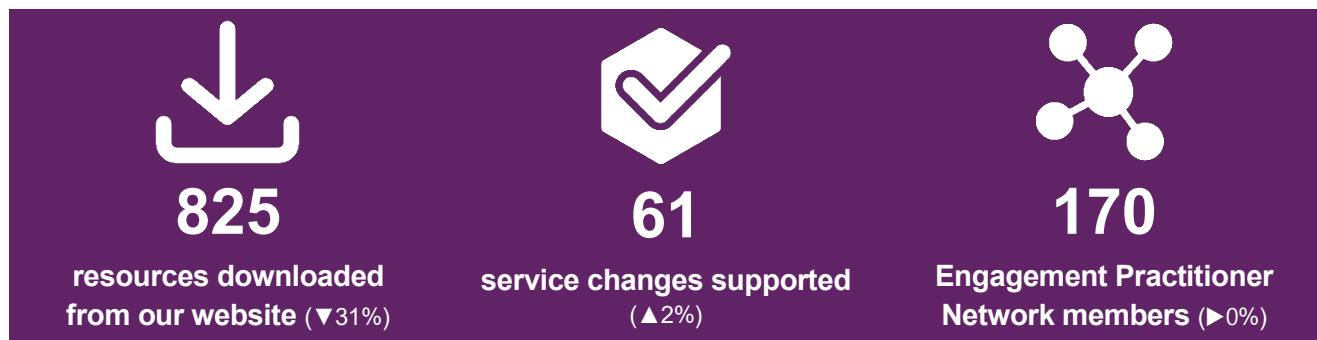
This progress report describes the impact of our work noted between October and December 2023. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **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 of Community Engagement)
- **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 also 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

Resources were downloaded from our **website** a total of 825 times during Quarter 3 (a 31% decrease from the previous quarter). The most-downloaded resources our Community Engagement Planning and Quality Framework templates and a [guide to best practice in volunteer management](#) which was co-produced with NHS volunteer managers.

41% of **webinar** attendees during Q3 (down 9% on the previous quarter) agreed or strongly agreed they had gained practical tools or resources that they could use in their practice.

The **Engagement Practitioners' Network** held a workshop for 30 attendees in November 2023 to hear about the Caelus project, a collaboration between NHS Grampian, NHS Ayrshire & Arran and a technology company exploring how drones may help improve medical care and equity of care by transporting medicines in rural and remote communities.

During Q3 we held 3 **service change workshops** covering topics such as duties and principles (October 2023), planning effective engagement and *Planning with People* (November 2023) and the Voice Tool, evaluation and the Quality Framework (December 2023). These were attended by a total of 31 members of staff from across Scotland.

The **Volunteering in NHS Scotland** team organised a peer networking session in November 2023 which was attended by 9 volunteer managers. Participants described the session as supportive, interesting, friendly, informative and valuable. A practice development session in December 2023, attended by 12 people, heard from Michael Timmons from Playlist for Life who gave a presentation and Q&A on the work of the charity.

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 Health & Social Care Partnerships (HSCPs) undertaking service change. During Q3, the team monitored and supported 61 service changes across all board areas (see separate paper 3.3 for more detail).

An [assurance report](#), confirming that NHS Ayrshire & Arran had fully met the requirements of national guidance when consulting on proposals for changes to Systemic Anti-Cancer Therapy services, was published in October 2023. Significant service changes are ongoing in NHS Greater Glasgow & Clyde to do with GP Out-of-Hours services and a refresh of the Mental Health Strategy.

Our service change team continues to work on developing a new approach to the assurance of service changes that do not meet the threshold for major service change, as well as developing a proportionate engagement approach for the local implementation of national decisions.

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

Our engagement officers and service change advisors regularly **share learning across NHS board areas** to help health and care staff improve their practice. In November 2023, we took part in a development day for staff from Perth & Kinross HSCP. This relationship first started several years ago at a Learning Disability Day Support Collaborative organised by colleagues in the former ihub directorate. We provided information and resources to support their staff, including health and social care students, and they in turn shared examples and resources which we can build on. We have added [Talking Mats](#) as a new tool on our website, and are incorporating their learning on how to engage with adults who have learning disabilities, sensory impairment and dementia into future updates.

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

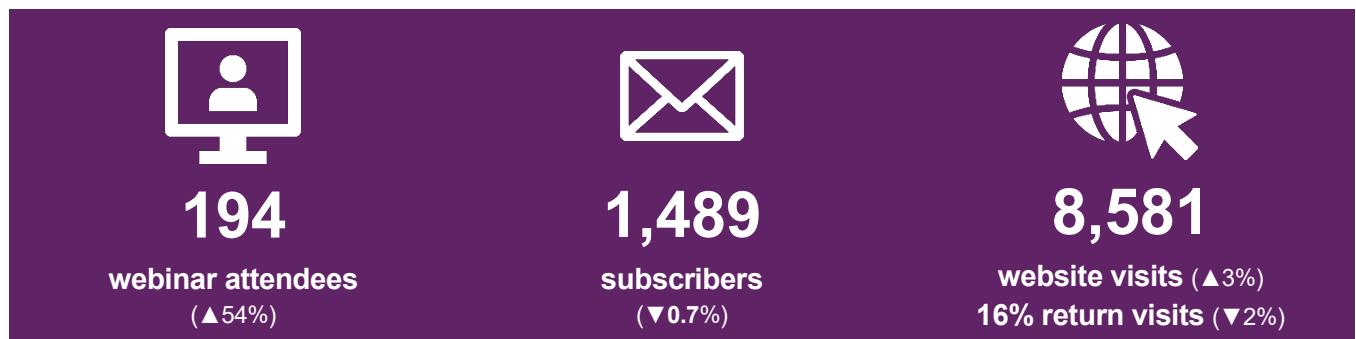
Staff from across the directorate continue to share their learning through a variety of methods to suit different learning styles. We have a **learning channel** hosted on MS Teams where staff post useful links and resources, including training on *cultural humility*, the practice of reflecting on how our backgrounds and the backgrounds of others can impact our relationships – including being aware of social power imbalances, biases, and respecting other's values.

People and communities are empowered to participate in health and care

A **workshop** on Public Involvement, Working Together Effectively and Communication & Influencing was held with Falkirk HSCP in December 2023, with 18 staff from Health Promotion and Policy and Comms attending. Participants described the session positively and found the use of MS Teams tools engaging. Several people were interested in the pushing/pulling styles of influencing. Two people found the content to be quite basic for professionals, however appreciated the opportunity to reflect on the principles. Some people said they would consider their communications styles moving forward within their teams, particularly active listening. The health promotion team found most benefit in reflecting how they interact with members of the public in their roles (for example smoking cessation and ADP roles).

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

We held 2 **webinars** during Q3: in October 2023 speakers from CHAS described how they sensitively involved young people and families in strategic planning around hospice services (96 attendees). In December 2023 we heard about the positive difference made by NHS Scotland volunteers (98 attendees). Feedback from attendees was very positive: 99% of respondents rated the webinars 'excellent' or 'very good' (up 31% on last quarter) and 92% (up 42%) agreed or strongly agreed that they had increased their knowledge on the topic. Specific comments included:

- inspiring, helpful, moving and emotional
- game changer

- eye opening and resourceful
- very informative and now will take back the feedback to my team, so thank you
- very interesting and loved the enthusiasm of the presenters. thank you
- professionally done. Passionate speakers. Enjoyed it!

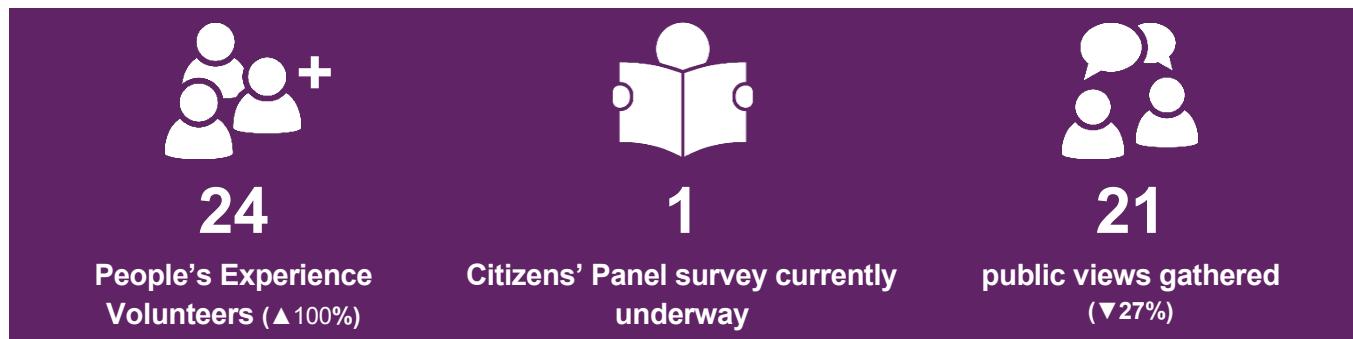
Stakeholders have an increased awareness and understanding of our role, work and impact

In his summary remarks at Healthcare Improvement Scotland's annual review in November 2023, the Scottish Government's National Clinical Director of Healthcare Quality and Strategy, Professor Jason Leitch, praised the work of our Citizens' Panel:

"It's really, really good. I don't think there is any other country in the world doing that level of detail in a Citizens' Panel – maybe Canada, which is where we 'stole' that method from – but nobody else is asking questions of citizens in the way that Scotland is doing. You should be really proud of that."

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

During Q3 we carried out engagement with members of the public from specific protected characteristics to **gather their views** on a new Charter for the National Care Service. A total of 21 people were engaged through individual interviews.

The 13th survey of the **Citizens' Panel** – covering people's preferences for accessing health and care services and the NHS Scotland Climate Emergency and Sustainability Strategy – was sent to Panel members in November 2023. The survey will report later in 2024.

Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

Increasingly, we are commissioned to carry out Gathering Views work with **targeted communities and groups** across Scotland. This complements more general engagement with members of the public that has already been carried out by commissioning organisations – and reflects our expertise and reputation built up over many years. For the engagement on a new charter for the National Care Service, carried out in Q3, we were asked to specifically gather feedback from:

- the trans community, including non-binary people
- pregnant people and mothers of children who are up to 18 years old
- people from minority ethnic communities
- people from minority religious communities

In our October 2023 webinar, presenters from CHAS shared examples of how **children and young people with life-shortening conditions**, and their families and carers, had successfully helped to co-create a new strategic plan for the organisation. The speakers reflected on storytelling and visual art techniques which engaged the participants in a meaningful way. They also discussed how to sensitively gather views on a future strategy whilst families are in the midst of very difficult circumstances.

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

Our research team follows up with the Scottish Government commissioning teams after 6, 12 and 18 months to track the ongoing impact on policy and practice of feedback we have gathered.

Feedback on **principles for access to general practice** – which was collected from interviews, focus groups and our Citizens' Panel in March 2023 and reported in October 2023 – helped to shape the Scottish Government's [final set of Access Principles](#). This sets out a framework for the core principles of how GP services should be delivered and was approved by then Cabinet Secretary for Health and Social Care, Michael Matheson.

Following our February 2023 report on **people's experiences of living with chronic pain**, in November 2023 the Scottish Government published an update to its [Pain management service delivery framework: implementation plan](#) and a [progress report](#) against its initial 18 actions. These provide an update on the recommendations contained in our report. A new pain informed care toolkit is being developed for health and care professionals, which will increase their understanding of living with chronic pain and how it can be managed. Information for patients and carers on the NHS inform website about chronic pain has been updated and improved. This work was [directly informed by people with experience of living with chronic pain](#). The findings from our report will be reflected in an equality impact assessment to inform how the Scottish Government develops chronic pain policy.

On 22 November 2023, the Scottish Government published its [Tobacco and vaping framework: roadmap to 2034](#), describing an implementation plan which will run until November 2025. The report acknowledged the input from public views gathered by our **Citizens' Panel** (published in May 2023):

"Engagement also included views from... the 11th Citizen Panel for Health. This engagement was critical in developing and shaping the content of the next [action] plan."

Feedback from the public helped policy makers understand that vaping needed to be included within the implementation plan.

We published a report gathering public views on new **waiting times guidance** in August 2023. In December, the Scottish Government updated its [waiting times guidance](#). The Planned Care Team considered the feedback we gathered and our recommendations are reflected in the final guidance. Now concepts such as "reasonable offer" and "implied acceptance", which people told us were difficult to understand, are explicitly defined. The guidance also includes details about improving communication with patients, including understanding the range of communication barriers which patients and their carers may face. The Scottish Government is completing an equality impact assessment (EQIA) which will make sure that the guidance and future policy meets the needs of diverse people. Once it is finalised, it will be shared with all health boards to inform their local EQIAs.

Staffing



6

posts filled in the
new structure



4

staff leavers



97%

mandatory training
completion (▲20%)

Recruitment to permanent posts in the **new Community Engagement structure** commenced in Q3, with 6 of the most senior posts filled before the holiday period. Matching and recruitment to the remaining posts will be completed before the end of Q4.

All Healthcare Improvement Scotland staff were required to complete 15 **mandatory training** modules by the end of November 2023. As of December 2023, the Community Engagement & System Redesign directorate had reached 94% completion, 97% when adjusted to account for staff currently on parental leave and external secondment.

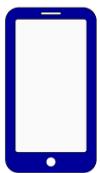
Equality Mainstreaming Report

April 2023 update

If you would like to read this report but need another language or format please let us know:



his.contactpublicinvolvement@nhs.scot



0131 623 4300

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April 2023

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Foreword

Healthcare Improvement Scotland is the national improvement agency for health and care, and we are driven by a commitment to achieve better health and care for the diversity of people living in Scotland.

In April 2021 we published our Equality Mainstreaming Report and included information about four equality outcomes Healthcare Improvement Scotland will work to achieve by 2025. The outcomes we set were based on our understanding that addressing health inequalities, challenging discrimination and promoting equality is a vital route to improving care and promoting better health outcomes across the population. They also reflect our belief that a diverse workforce with equitable opportunities for all staff is vital in ensuring Healthcare Improvement Scotland continues to drive improvement and quality across NHS Scotland and be a great place to work.

This report sets out how we have worked over the past two years to deliver on our equality outcomes and to mainstream equality throughout all of our work. It provides the information we are required to publish by the Scotland Specific Duties of the Equality Act 2010. We hope it also gives our stakeholders and members of the public insight into our Ways of Working - showing how we are promoting equality in our everyday activities, highlighting the pieces of work we are particularly proud of, and being honest about what we still have to do.

The report does not just include information about our projects. It also talks about the diversity of our workforce, how equitable our pay is according to gender, disability and ethnicity, and what we are doing to ensure staff from marginalised backgrounds receive the pay, support and progression opportunities they deserve.

We want to be an exemplar organisation, not only in terms of the work we deliver to support and improve services across NHS Scotland, but also as an inclusive public sector employer. We are encouraged by the progress we have made so far, and we know we still have some way to go towards achieving what we have set out to. We hope you enjoy reading about what we have done since April 2021. I encourage you to get in touch if you have feedback or suggestions that could help us meet our equality outcomes and better promote equality in all we do.



Robbie Pearson

Chief Executive



Carole Wilkinson

Chair

1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires us to report every two years on the progress we have made in advancing equality. This report is intended to meet that requirement by:

- Describing the progress we have made towards the equality outcomes we set in 2021.
- Demonstrating how we have mainstreamed equality in our work over the last two years. This means information about the steps we have taken to eliminate discrimination, advance equality, tackle prejudice, and promote understanding between different groups of people.
- Providing information about our gender pay gap.
- Providing information on the pay gap between our disabled and non-disabled employees.
- Providing information on the pay gap between employees from minority ethnic groups and those from the majority white ethnic group.

We hope the information in this report is accessible. Please let us know if you need the information in another format.

2. Executive Summary

- Overall, we are able to report good progress towards meeting the [equality outcomes we set in 2021](#).
- We have made most progress in relation to outcomes one and four. Outcome one is that a greater diversity of people are attracted and retained to work or volunteer with Healthcare Improvement Scotland, and through sharing their relevant lived experience actively shape and strengthen our activities. Outcome four is that disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.
- The report highlights a range of work and initiatives undertaken towards our equality outcomes so far. For example, it notes the launch of our staff equality networks, updates to our equality and diversity training, the appointment of new non-executive board members, updated policies and guidance, staff training to produce Easy Read formats, and embedding lived experience leadership within our work.
- It also provides a variety of examples demonstrating how we have mainstreamed equality in our work over the last two years. There are several teams whose efforts are reflected in the report and that we are proud to showcase. At a glance, this includes the work of: our Knowledge and Information Skills Specialists who are supporting the use of evidence in equality impact assessments, Community Engagement colleagues who undertake *Gathering Views* exercises, our Carers Positive Group who have provided a space for peer support and organisational improvement in relation to informal carers, our Evidence Directorate for their work on healthcare standards including the Scottish *Bairns Hoose* model, our Mental Health Transformation Programme who are setting their priorities with lived experience leadership, and our new *People's Experience* Volunteer initiative which is bringing new and diverse community voices into our work.
- Given current progress in meeting our equality outcomes, we have identified some distinct focus areas for the next two years. The focus areas relate to the specific actions under our equality outcomes we have not yet taken forward, or the areas we feel we have made least progress in. We will focus therefore on the following: developing our understanding and practice around wellbeing for different staff groups, identifying opportunities to better understand and target the health inequalities impacting minority ethnic groups, developing our approach to flexible working for colleagues with caring responsibilities, ensuring managers' commitment to equality and diversity is clear and pragmatic at all stages of team development and promoting best practice in accessibility, both internally and externally.

- The report also covers the diversity of our workforce profile as well as occupational segregation – or what the diversity profile is like within each pay band – and pay gaps in respect of gender, disability and ethnicity.
- In the last year, the diversity of our workforce has improved overall and our gender pay gap has decreased to 15.3%. However, we still have a long journey ahead of us and the potential to do much better. The actions we are taking to address this are reflected in our 2021 Equal Pay Statement. Our participation in the [Equally Safe at Work NHS Scotland pilot](#) is also supporting us to focus on the related issues of women’s safety and economic equality, and take concrete steps to improve our offer for women in the workforce.
- We have calculated our disability pay gap for the first time, and found it to be 17.7%. We are disappointed to have such a significant gap, but not surprised given the low representation of disabled people in our workforce. We will take actions to improve from this initial baseline by continuing to participate in the UK [Disability Confident initiative](#) and by working with our staff Disability Network to take focused action around workplace culture and accessibility.
- We also calculated our ethnicity pay gap for the first time. We found we have no notable pay gap in respect of colleagues from visible minority ethnic groups, but a pay gap of 14% for colleagues from white minority groups compared to the white majority group. These figures are skewed by small staff numbers and we have noted we need to continue to seek better representation for minority ethnic colleagues in the workforce. We have also stated our alignment with the national ambition to actively embed anti-racism approaches within NHS Scotland. We have set out our intention to consider the most impactful ways to obtain and respond to information about the experiences of minority ethnic colleagues so that we can be responsive to issues and continue to set the right culture for new and current employees.

3. Equality Outcomes (2021-2025) Update

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 required us to publish equality outcomes we intended to achieve over the period April 2021 to April 2025. We set the following four equality outcomes:

1. A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities.
2. Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.
3. People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

We have taken a number of actions over the past two years to help achieve these outcomes. A summary of some of our activities for each outcome is detailed below. A complete review of our equality outcomes will be undertaken and then published in April 2025.

Equality Outcome 1

A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen Healthcare Improvement Scotland activities

Since April 2021, we have mostly focused on developing our staff equality networks so that staff from marginalised groups are able to access peer support and share their experiences and perspectives meaningfully. The networks have proven to be an effective way of engaging staff, and the richness of staff experience has helped shape some of the other outputs noted in relation to this equality outcome. Achievements so far related to this outcome are noted below.

2.1. Staff Equality Networks

We have established three staff equality networks, including our:

- Race and Ethnicity Network, launched on 22nd March 2021
- Pride Network, launched in November 2021
- Disability Network, launched in December 2021

Each network engages colleagues from across all grades and job roles - with over 30% of Healthcare Improvement Scotland staff currently participating. The networks facilitate a combination of confidential peer support for colleagues with the relevant identities as well as an on-going opportunity for allies to share information and resources. Each network is additionally supported and championed by a member of our Executive Team. Since inception, each network has co-produced Terms of Reference, established a presence on the organisation's intranet pages, and hosted a range of awareness activities, including celebrations for Pride Month 2022, Black History Month 2022 and Disability History Month 2022.



As the organisation responds to pressures within the health and social care system, there is an on-going challenge in facilitating adequate staff time to participate in network activity. Healthcare Improvement Scotland recognises however that the networks are essential to a sustainable organisational culture which celebrates diversity and promotes equality and rights. Network participants are already delivering impactful work. For example:

- Race and Ethnicity Network members shared learning about tackling racialised healthcare inequalities at the organisation's all staff huddles. As part of our mainstreaming update below, we share examples of our work which have considered health outcomes and service access for minority ethnic communities.
- The Executive Lead for our Race and Ethnicity Network has actively contributed to the development of anti-racist approaches for NHS Scotland through the NHS Scotland Ethnic Minority Forum.
- The Pride Network facilitated Healthcare Improvement Scotland's engagement with the [NHS Scotland Pride Badge Initiative](#). This saw a significant number of staff, including every member of our Executive Team, demonstrate support for the LGBT+ and minority ethnic communities; and pledge to be a listening, friendly, and responsive ear to people in need and an ally to progress.
- Our Pride Network was a finalist for our internal Margaret McAlees Award 2022. The award honours our late colleague, who sadly passed away in 2017. Margaret McAlees was a respected UNISON Steward and passionate about promoting, supporting and ensuring equality and diversity. The Pride Network was recognised for "demonstrating genuine commitment to promoting, supporting and ensuring equality and diversity, influencing our organisational culture and promoting good practice". Below, we describe our Workplace Transgender Equality Policy which the network took forward.
- Our Disability Network has worked to raise awareness about the diversity of experiences among disabled staff. The network is currently linking with our Partnership Forum to develop resources

to support an accessible work environment for all. It is also exploring the use of Reasonable Adjustment Passports and how these might support disabled colleagues joining, working in and progressing careers within HIS and NHS Scotland.

3.2. Equality learning and capacity building

We modified our facilitated Equality and Diversity training session to be delivered virtually every three months, beginning on 10th June.

With the support of our staff equality networks, we updated the module to include more detailed information about inequalities relevant to race and ethnicity, disability and LGBT+ identities. So far, we have engaged over 70 staff members in the new course. This also includes a majority of our current non-executive board members, as they refresh and update their understanding of diversity and equality issues. We also ran a slightly modified version of the training for our Public Partners in August 2022.

We continue to evaluate this training through an online survey as well as ‘discovery interviews’ to understand its impact and to scope the training needs of participants. As a result of feedback, we have sign-posted additional explanatory resources on gender identity, the social model of disability and the experiences of minority ethnic colleagues in the NHS.

3.3. Diversity in recruitment

We are continuing to build an inclusive approach to recruitment. For example:

- Our Early Intervention in Psychosis work took positive action in recruitment to encourage applications from people with lived or living experience of psychosis or another mental health condition.
- New board vacancies were advertised in April 2022, supported by the boards Succession Planning Sub-committee and a succession plan focusing on diversity. One of the criteria for new board members was ‘personal experience of health and social care or housing services as a service user, patient or carer’. The circulation of vacancies was supported by a communications plan which included disabled people’s organisations, race equality organisations and organisations and groups of minority ethnic people, colleagues and contacts to account for the ethnic imbalance in the board. We also trialled different engagement methods to attract prospective board members, including an online webinar with our Chair and two current board members. We successfully recruited four new members. Read about them [here](#).
- In September 2022, Healthcare Improvement Scotland joined the [NHS Scotland pilot of Equally Safe at Work](#) - Close the Gap’s employer accreditation programme promoting women’s market place equality and addressing violence against women. As part of our participation, we will be reviewing our approach to flexible working, recruitment and progression and upskilling managers to support victim-survivors. You can read our full statement on participation on [our website](#).

3.4. Policy updates

We have continued to develop our workplace policies to support staff with marginalised identities or who may have challenging experiences in relation to those.

- In April 2022, following staff consultation, we launched our Workplace Transgender Equality Policy and Guidance. The policy was taken forward by our Pride Network and in collaboration with our friends at NHS National Services Scotland. The policy sets out Healthcare Improvement Scotland's position as an employer of transgender, including non-binary, people. It aims to align our organisation with the provisions of the Equality Act 2010 and other relevant legislation. It provides guidance for our employees and managers, clarifying best practice in line with NHS Scotland values and aiming to increase staff confidence around discussing and meeting the needs of transgender people.
- We revised and updated our Menopause Policy and guidance. The revision was taken forward by women with experience or interest in the menopause, representing a range of roles within the organisation. The result is that our policy provides a more robust account of the perimenopause and menopause and related symptoms. It highlights workplace adjustments and signposts a range of internal and external support options that women in our organisation have found helpful. Engagement around the policy update was so successful that our Healthy Working Lives Group subsequently organised two staff awareness sessions on the menopause and established our first Menopause Café. The Menopause Café has been meeting monthly and operating an online support space with excellent engagement.

3.5. Inclusive Language Guide

We published an Inclusive Language Guide to support HIS staff to understand and use current language in relation to the protected characteristic groups and a range of marginalised identities within those. We have been responsive to feedback on this resource from volunteers with lived experience and our senior teams, producing updates to reflect expertise and requirements. The guide is currently in use by teams across the organisation, and has been shared with some of our external stakeholders as an example of good practice.

Over the next two years we will continue working towards this outcome. We will focus specifically on achieving flexible working for colleagues with caring responsibilities; and on taking pragmatic steps in developing managers' commitment and competence in embedding equality at all stages of their team development.

Equality Outcome 2

Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups.

Since April 2021, we have been focused on developing our new Ways of Working - ensuring the diversity of people who work within Healthcare Improvement Scotland can achieve a healthy life balance and reach their potential. As we emerge from the initial phase of the COVID-19 pandemic we have been keen to learn about the experiences of our staff and adapt our working methods and available support. Our key achievements are below.

3.6. Developing our new Ways of Working

From January through June 2022, we gave staff the ability to choose office working, home working or a hybrid approach and to explore the most suitable way of engaging with the workplace for themselves and their team. During this test period, we facilitated regular opportunities for staff to reflect and offer feedback on their experiences. As part of this, we ran regular 'Tuesday @Two' sessions, exploring different themes about work style and environment in-depth. We are now operating an overall hybrid style of working. We trust staff to choose the place they work and we aim to ensure our staff have access to the resources and infrastructure to support their choices. We understand that continued success in creating an inclusive work culture means we need to keep learning. We are collating and sharing practice tips for hybrid working and staying in conversation with our staff Disability Network.

3.7. Trauma-informed training

We have taken a number of steps to ensure all our staff are aware of, informed about and trained in trauma-informed practice and principles. This has included signing up to the National Trauma Training Programme (NTTP) Leadership Pledge of Support. In doing so, we are signaling our commitment to:

- Work with others to put trauma-informed and responsive practice in place across our workforce and services
- Deliver services that wherever possible are actively informed by people with lived experience of trauma
- Recognise the central importance of relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma-informed approach
- Respond in ways that prevent further harm, and that reduce barriers so that people affected by trauma have equal access to the services they need, when they need it, to support their own journey of recovery.

Alongside our participation in the NTPP, we have also done the following:

- Identified our Public Protection and Child Health Service Lead as the organisation's Champion for Trauma-Informed Practice. They are responsible for overseeing, encouraging and raising awareness of trauma-informed and trauma-responsive practice across all services within HIS.
- Established a trauma-informed steering group to bring together key stakeholders to plan and implement trauma-informed practices across the organisation. The group has now met twice with further meetings scheduled. Members have already or will undertake NHS Education for Scotland's (NES) Scottish Trauma-Informed Leaders Training (STILT) training.
- Made it mandatory, from November 2022, for all our staff to undertake a Practice Level one module – Understanding the Impact of Trauma and Responding in a Trauma-Informed Way – on

the NHS Scotland learning platform, Turas. This has received good early uptake. Moreover, teams with a specific remit have been asked to complete an additional module relating to their remit. For example, those working in areas related to substance use have additionally completed the specialist module relating to substance use that is part of the NES trauma-informed training offer.

- Developed a Public Protection and Trauma-Informed Learning and Education Framework for all staff so they can readily identify and access public protection and trauma-informed practice modules relevant to their roles and responsibilities.
- Maintained on-going review of delivery programmes across our ihub directorate, clinical supervision processes and gender based violence policy to ensure trauma-informed principles and practices are included and emphasised.

3.8. Signposting support

We have continued to sign-post our Employee Assistance Programme to staff. In addition to this, we have considered more tailored resources for different staff groups.

We know that during the pandemic, LGBT+ communities found it more difficult to access their usual support spaces. With sexuality and gender at the fore of public debates in relation to the Scottish Government's commitment to LGBT inclusive education, the Hate Crime and Public Order (Scotland) Act, improvements to the Gender Recognition Act, and the banning of conversion therapy,¹ there has been an unfortunate upsurge in homophobia and transphobia. This is particularly true of online spaces.² We have been facilitating peer support through our Pride Network, with LGBT+ colleagues noting reduced isolation and improved mental wellbeing as a result. We are keen to build on our success here, and have work underway to improve our social support offer for LGBT+ staff. This work is currently being led by a group of dedicated colleagues through our in-house Improvement Foundations Skills course.

We also identified external sources of support and have made a list of LGBT+ affirmative mental health services available on our intranet pages. As part of the Pride Badge initiative, we also published an organisational contact who can provide support and signposting.

The pandemic had a disproportionate and negative impact on women's economic equality and left women with increased vulnerability to domestic violence. We recognise the links between women's economic equality and their risk or experience of gender based violence. Taking a comprehensive approach to women's equality is important, and for this reason we are delighted to be one of the first NHS Scotland organisations to join the [Equally Safe at Work](#) pilot, led by Close the Gap. We have been raising awareness internally of the issues impacting women and we have provided a



¹ [COVID-19 and Lesbian, Gay, Bisexual, Trans \(LGBT+\) Life in Scotland | Scottish Parliament](#)

² [Life in the pandemic for Lesbian, Gay, Bisexual, Transgender \(LGBT+\) people in Scotland – SPICe Spotlight | Solas air SPICe \(spice-spotlight.scot\)](#)

comprehensive list of all the available Scottish support organisations. Moreover, we make facilitated training in gender based violence mandatory to all our staff and provide more specialist training for managers.

We plan to focus further on this outcome over the next two years. This will include developing a better understanding of the role of stigma, including self-stigma, and how this impacts access to support and health services for people from different protected characteristic groups. We want to build on our focus around staff wellbeing to better support specific staff groups such as our minority ethnic, disabled and LGBT+ staff. We will also complete the pilot phase of Equally Safe at Work. We hope to be able to demonstrate increased awareness among staff of domestic abuse and its impacts, and to have taken concrete steps to support women who work with us so that Healthcare Improvement Scotland plays a positive role in their personal resilience.

Equality Outcome 3

People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.

Since April 2021, we have increased training and awareness around racialised health inequalities, participated in the NHS Scotland Ethnic Minority Forum and worked to ensure we identify and mobilise relevant evidence which may help to reduce health inequalities based on ethnicity. The key activities we have undertaken are noted below.

3.9. Training and awareness

We promote, attend and share resources from the Community of Practice on Racialised Health Inequalities facilitated by the Scottish Government and Public Health Scotland. So far, we have attended sessions on race inequality and mental health in Scotland, anti-racist policy making and inclusive communications.

We also attended the NHS Race and Health Observatory - Health, Race and Racism International Conference held on the 7th and 8th of July this year. The conference covered a range of topics, including: maternal and neonatal health, mental health, COVID-19, sickle cell disease, digital healthcare, genomics and precision medicine and race equality in the healthcare workforce.

Overall, we have used this learning to inform our own Inclusive Communications Guide (see above), to shape the information we deliver as part of equality and diversity training and any supplementary team workshops, and to highlight relevant equality focused information across the organisation's work-streams.

3.10. Ethnic Minority Forum

The Ethnic Minority Forum (EMF) brings together local race equality networks across the NHS to work in a concerted way towards an NHS that is an **adaptive, inclusive** and a **trusted** employer where minority ethnic staff feel they **belong** and are **involved** in the organisation. The Forum has developed a number of actions to ensure that NHS staff are:

- **Educated** – All staff are confident to discuss, share, and engage in matters of race equality by 2023
- **Safe** – All staff feel safe and included regardless of their racial or ethnic background by 2025
- **Accountable** – Equality, Diversity and Inclusion are monitored and acted upon from board level down by 2025
- **Just** – NHS is a fair employer where ME staff have equity of access to support and opportunities by 2025
- **Diverse** – The diversity of the NHS is reflective of Scottish society at all levels by 2025
- **Equitable** – Patient care and outcomes for minority ethnic patients across Scotland is equitable to the rest of Scotland's population.

3.11. Using available evidence

Where relevant, we have used available evidence to include specific focus on racialised minorities and health inequalities on the basis of ethnicity within relevant work-streams. For example, our Personality Disorder Improvement programme aimed to develop a better understanding of the current state of service provision for people with a personality disorder in order to identify the key opportunities for improvement and develop proposals on that basis. We identified evidence that people from minority ethnic communities may be experiencing barriers to accessing services in relation to language, costs, trust in healthcare professionals, not feeling listened to or understood by white professionals and not knowing support is available and how to access it.

Over the next two years, we plan to focus activities on achieving this outcome more fully, including through better engagement and targeted work with minority ethnic communities who experience health inequalities. We will be working to identify opportunities within our programmes of work to target any specifically relevant health inequalities impacting minority ethnic groups. We are also actively considering what anti-racism means to our organisation, and how we can apply anti-racism approaches in practice. In this regard, we will be working to identify learning opportunities and apply learning internally.

Equality Outcome 4

Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

Since April 2021, we have focused on improving the accessibility of our work and promoting best practice for staff around translation, interpretation and accessible documents. The key activities we have undertaken are noted below.

3.12. Easy Read training

Engagement Officers have consistently fed back the benefit of Easy Read materials in relation to supporting diverse participation in Gathering Views exercises, while the Participation Network had suggested accessible public facing summaries for key documents as part of its learning from the 2021 Gathering Views exercise around the redesign of urgent care services.

Easy Read is an accessible format that makes written information easier to understand. It uses simple, jargon free language, shorter sentences and supporting images. Easy Read documents make information more accessible to people with learning disabilities, but can be helpful for a range of groups including people with: dyslexia, cognitive impairments, lower literacy levels and some types of neuro-divergence. It is also beneficial to people who need quick, digestible summaries of information – possibly before a ‘deeper dive’ into the substantive document.

A cohort of ten staff have been trained by Disability Equality Scotland to produce documents in Easy Read format (see Annex 2). The cohort - our Easy Read Champions - are supported by a Teams Space coordinated by Jackie Weir and a process outlined in the guidance document. The group also have access to [Photosymbols](#), which is the Easy Read software favored by people with learning disabilities and their organisations. It has been communicated by the Interim Head of Engagement Programmes that the intention is for coordination of this space and the monitoring of demand and outputs around Easy Read to be taken forward by the Participation Network Team, following the end of the secondment within the Public Involvement Team.

3.13. Accessibility guidance

We have been keen to ensure that Healthcare Improvement Scotland colleagues have access to clear and consistent guidance to support increased accessibility for our resources and events. With the advice of third sector stakeholders and our community engagement colleagues, we have created a guidance document called *Supporting Accessible Engagement: a guide to communicating with minority language speakers, BSL (British Sign Language) users, people with learning disabilities and people with visual or hearing impairments*. The guidance contains information and advice on the following themes:

- Key legislation about accessibility
- General accessibility principles to apply to our work
- Identifying the accessible formats needed
- Specific guidance for engaging with a range of groups, including people with learning disabilities, Deaf users of BSL, people with hearing loss, people who are deafblind and people with visual impairment
- Guidance about budgeting for accessibility
- Evaluation and user feedback
- Monitoring and improvement

The guidance is currently being trialed within our Community Engagement Directorate. We will gather final feedback on its practicality and then seek approval from our Executive Team to adopt for the whole organisation. We will update on this within our 2025 Equality Mainstreaming Report.

3.14. Webinar on involving disabled participants

As part of a regular schedule of webinars run by Healthcare Improvement Scotland's Community Engagement Directorate, we hosted a webinar called *Planning for Engagement with Disabled Participants*. The webinar involved guest speakers from [Inclusion Scotland](#) and the [British Deaf Association](#) as well as the Healthcare Improvement Scotland Disability Network. It explored community engagement that is planned with disabled participants in mind first and foremost and the potential 'disability thinking' has to improve all of our engagement and move beyond the barriers both disabled people and community engagement practitioners experience. The webinar covered the law and good practice, the Social Model of Disability, practical lessons and examples of inclusive engagement. The webinar engaged 130 people and is [available to view on the HIS-CE website](#).

3.15. New models for learning disability day support collaborative

Healthcare Improvement Scotland's ihub is bringing together Health and Social Care Partnerships (HSCPs) to form a collaborative focused on the delivery of support for people with learning disabilities across Scotland. Our role is to support the Health and Social Care Partnerships to discover, plan and implement new strategies to deliver support opportunities for people with learning disabilities in their area. We are identifying evidence, sharing learning and facilitating the communication of our learning to wider networks at both a local and national level.

You can learn more about this work and access an Easy Read description on the project's webpage [here](#).

3.16. Lived experience leadership

We want to ensure that disabled people and those with long-term health conditions are able to shape the policy and practice that impacts them. Our ihub's Mental Health Improvement Team were delighted to appoint Anne Lindsay as co-chair of our Early Intervention in Psychosis Advisory Group. Anne brought two decades of professional experience in mental health improvement as well as personal experience of psychosis, helping to ensure the work could best align with the needs of people accessing mental health support. Ann said:

"Despite my professional experience in the mental health field, this role is the first where I have referred openly to my own experience of bi-polar disorder. It was not an easy decision to reach but having worked with so many others who have put their experience to incredible use, I felt it was the right step to take."

You can read Anne's full blog [here](#).

The EIP programme has a commission with a third sector organisation, Change Mental Health, to employ an engagement officer with lived experience. They have established local lived experience groups within the pathfinder sites, linking the local groups with the national lived experience reference group. They've also been key to the design and development of the two new early intervention in

psychosis services. These local and national groups are made up of people with lived and living experience and carers voluntarily helping to shape these new services.

We will continue to work towards this outcome over the next two years, specifically focusing on promoting and developing best practice in relation to accessibility. Disabled people will actively influence the external projects and internal resources which have the potential to shape their lives and work. We want to be in a position where we are not only centering inclusive engagement methodologies for our external stakeholders, but ‘walking the talk’ with our own staff too.

4. Mainstreaming Examples

The following examples illustrate how we are mainstreaming equality across Healthcare Improvement Scotland. Within this section, we aim to demonstrate a range of different activities we have undertaken. These do not fit neatly within our equality outcomes, but may nonetheless improve how we meet them. They do not represent everything we are doing – these are the pieces of work we are most proud of and able to update on presently.

4.1. Supporting teams to use equality evidence

We have continued to consider the most effective ways to support our teams with equality mainstreaming. The use of relevant evidence is key to delivering on the Public Sector Equality Duty across the organisation.

For this reason, we have developed a resource about ‘grey literature’. Grey literature refers to a wide range of resources published outwith formal commercial or academic publishing. Common types of grey literature include reports, working papers, statistics, pre-prints, theses or dissertations. These may be produced and held by a wide variety of organisations. Information relevant to people from the diversity of groups Healthcare Improvement Scotland aims to consider when developing and delivering work is often available in grey literature and these sources can be used to inform development of an equality impact assessment. Our resource signposts to key sources which could help colleagues to understand the equality impact of their work and identify any further information they may need.

The team which supports evidence and evaluation for our ihub directorate has been further developing their role in supporting ihub teams to find and use relevant evidence and knowledge to embed equality in their work systematically throughout the project lifecycle. The team is developing its internal search and discovery strategies to focus on equality based evidence and considering equality in evidence and knowledge synthesis; as well as championing accessibility and sharing best practice in inclusive and accessible communications.

4.2. Gathering Views on chronic pain

In May 2022, the Scottish Government commissioned Healthcare Improvement Scotland – Community Engagement to undertake a *Gathering Views* exercise. This was to support the on-going development of the Scottish Government’s [Draft Framework for Pain Management Service Delivery](#) to ensure the priorities of people with chronic pain, especially as they relate to local contexts, were appropriately reflected as the Framework is implemented.

Recruitment methods were agreed based on the scope and aims of this work. We carried out 92 individual interviews over a five-week period, collecting extensive and in-depth responses. Our aim was to collect rich and meaningful feedback from a wide range of people, including those living in areas of deprivation or who had not previously spoken about their chronic pain. We felt this would give a better understanding of people’s priorities than we’d achieve with a large-scale survey.

We recruited participants from across the spectrum of Urban Rural Classification in Scotland, though there was a higher percentage from rural areas. Participants were from areas across the deprivation quintiles as defined by the Scottish Index of Multiple Deprivation (2020).

Carrying out 92 interviews provided both insight into the national picture around chronic pain and people's experiences of it and allowed sub-group analysis to highlight particular examples or challenges that people with specific characteristics face, for example linked with age or sex.

Equalities monitoring questions, in the form of an online survey, were shared with the participants, either before or during the discussion. We also offered alternative ways to provide this information, via email or through a paper copy.

We received completed monitoring information for 63% of all participants who took part in this Gathering Views exercise. The report will be published on the Healthcare Improvement Scotland Community Engagement website once approved by the Scottish Government.

4.2. Advancing carer's rights

We have been aware that in light of COVID-19 an estimated 392,000 additional people in Scotland have taken on unpaid care roles for disabled, ill or older adults. This suggests that the total number of carers in Scotland is currently as many as 1.1 million. With one in every five people in Scotland now undertaking an informal caring role, this fifth of the population are providing care that the health and social care system is reliant on. This number includes staff working within Healthcare Improvement Scotland, and we responded to this fact in a range of ways:

- In July 2021, HIS achieved 'engaged' status of the Carer's Positive Award. The award incorporates three levels or stages, from 'engaged' to 'established' through to 'exemplary' and aims to encourage employers to create a supportive working environment for carers in the workplace. Having built an initial level of commitment to embedding a culture of support for carers within the organisation, we are working towards achieving the next stage of the award with the support of our internal Carers Positive Group.
- Following staff experiences during the pandemic, we have been keen for some time to grow our offer for informal carers who are also employees of Healthcare Improvement Scotland. We established a Carers Network as an area of support for staff who identify as carers or as someone supported by a carer. The network is in place for staff to come together to share advice and support. Network members have the opportunity to learn together, access peer support, attend events and shape the network's impact in the organisation. A key example of impact was a webinar organised for Carers Rights Day on 25th November 2021. We hosted this jointly with the Care Inspectorate and NHS Education for Scotland (NES). We heard from Don Williamson, Chief Executive of Shared Care Scotland about the independent review of adult social care in Scotland and the recommendation for a new carers Right to Respite. We also had a quiz and an 'open mic' session where people could chat about issues that were important to them. We covered things like the cost of living and what a supportive workplace looks like.

- Our Carers Positive Group undertook internal scoping work to understand the numbers of staff with unpaid caring roles. The group is planning a review of the processes around identifying employees who are or have become carers. Through a stakeholder mapping exercise, we also investigated the extent to which unpaid carers are considered across the programmes of work carried out by our ihub directorate.
- We have published a series of impact stories which highlight different local approaches and demonstrate the value of identifying, involving and supporting unpaid carers across a wide range of health services. We have actively shared these with our professional networks, and they are also available on our ihub website [here](#).
- Finally, we updated our Carers Leave Policy and Procedure in August 2022 to ensure it reflects up-to-date language and current legislation. We are committed to good practice in this area and will stay up-to-date with national changes so that we can reflect them in Healthcare Improvement Scotland's approach.

4.3. Mainstreaming children's rights

Healthcare Improvement Scotland has legal duties under the [Children and Young People \(Scotland\) Act 2014](#) and is also named as a [Corporate Parent](#) under part 9 of the Act.

Our Children and Young People Working Group monitors our progress in relation to our Corporate Parenting duties and implementation of children's rights. The group meets quarterly, ensuring we learn from and share good practice with staff across the organisation.

In 2021, we formed a Children and Young People Key Delivery Network to support staff to improve the way they involve children and young people, including those with experience of care, in their work. The group meets once every two months and has so far:

- Organised a development session with an external speaker to learn more about the UNCRC,
- Carried out a literature review to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff

In partnership with Who Cares? Scotland we have updated our Corporate Parenting E-learning. The module includes video case studies which explore the lived experiences of Care Experienced Young People. It makes use of recent data gathered by Healthcare Improvement Scotland's Evidence Directorate about the health and social outcomes of care experienced children and young people, tailored to meet the needs of our organisation. You can read more about this in our Children's Rights and Corporate Parenting Report.



4.4. Bairns Hoose standards

We worked with a range of third sector organisations to ensure that children and young people in Scotland have their views heard on a new Scottish approach to supporting children and young people who have experienced abuse. The draft standards for a 'Bairns' Hoose' are based on the international '[Barnahus' model](#)' and have been published by Healthcare Improvement Scotland and the Care Inspectorate.

The draft standards outline a child-centered response to health and justice for victims and witnesses of serious crime and abuse. The standards also apply to those under the age of criminal responsibility whose behaviour may have caused harm to others. The draft standards are based on robust international evidence and center rights in the UN Convention on the Rights of the Child. They ensure children's rights to recovery, participation, health and child-friendly justice are upheld. They outline what victims of abuse and their families can expect from a Scottish Bairns' Hoose.

As part of developing the standards, children and young people across Scotland were asked: "What would you like to see in the standards?" This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to our Standards Development Group. The Standards Development Group were presented with the children and young people's feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations supported children to play an active role throughout the six month standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children inputted their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

It is anticipated that the Bairns' Hoose will be a physical building bringing together child protection, health, justice and recovery services. The first Bairns' Hoose will be launched by the charity Children 1st and will aim to provide support for up to 200 children from the West of Scotland, in what will be a transformational change to services on a scale more ambitious than anywhere else in the UK. From February 2023, children and young people will work with the HIS Communications Team to create an

alternative format children's standards document to meet their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites. This means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

We will update on this work when we publish our final Equality Mainstreaming Report in 2025.

4.5. Improving access to mental health services

To inform our Mental Health Transformation Programme, Healthcare Improvement Scotland interviewed experts known for their leadership and vision in voluntary community health and wellbeing to gain insight and knowledge about current priorities and future ideas for mental health provision in Scotland.

We specifically focused on perspectives and communities that are under-represented in the service and the published literature. This included racialised minorities, asylum seekers and LGBT+ communities. Our interviews focused on transformational approaches to services. We asked what people thought the current issues were with our mental health and care system and what different and better would look like. From these discussions we identified key themes and opportunities for change. Our Mental Health Improvement Portfolio is now using this material to inform discussion about planning for future improvement and design priorities. We will update on this work as part of our final Equality Mainstreaming Report in 2025.

4.6. Improving diversity in public involvement

We believe that people and communities should be able to use their skills and experience to design and improve the health and care services that matter to them. Moreover, volunteering has been shown to have a positive effect on people, and can improve the health and care experience of people receiving care.

During Volunteers' Week, 1-7 June 2022, we launched a new *People's Experience Volunteer* initiative. Beginning in Fife and eventually spreading to all parts of Scotland, we are aiming to recruit a diverse range of people who can give feedback on specific questions about health and care. Volunteers will have opportunities to:

- Share their views and ideas about what is important to people in their local area.
- Find out how people read and understand reports, websites or information about health and care.
- Work with Healthcare Improvement Scotland on how to engage with people across Scotland on a topic or a change. Volunteers will be able to help shape and test questions, test understanding of different topics and discover the things which are most important to people.

With a time commitment of no more than half a day a month, and flexibility in the ways people can be involved (including face-to-face, online and telephone), we hope this will be a manageable opportunity to make a big difference – including for people who may not usually come forward for volunteering roles.

The Engagement Officer for Grampian targeted recruitment efforts with third sector organisations working primarily with minority ethnic communities. They also appeared on a local radio show which aims to promote volunteering opportunities in Aberdeen's regeneration areas. These activities led to six volunteers coming forward. An introduction session to discuss the role and answer questions was held with four of the volunteers before they signed up for the on-going role. The session was evaluated and feedback was positive with learning for future sessions.

We currently have a cohort of eight volunteers covering Fife and Grampian, and will update on progress with this initiative in our 2025 Equality Mainstreaming Report.

4.7. Community engagement Webinars

Our Community Engagement Directorate hosts free monthly webinars for internal and external colleagues. These webinars are an opportunity to engage with the directorate's learning and expertise on a range of engagement approaches, and their application within different projects and communities of interest or place. Examples of webinars hosted over the last two years include:

- Engaging with adults with learning disabilities.
- Involving people with dementia in healthcare research and practice.
- Engaging with Gypsy / Traveler communities.
- Inclusive volunteering – Turning intent into action.
- Planning for engagement with disabled participants.

Our past webinars are all available to view on the Community Engagement Website [here](#).

5. Our Workforce

Our workforce equality monitoring data for 2020/21 is published [here](#) and our data covering 2021/22 is here.

In order to give you a comprehensive snapshot of where we are, we have summarised key points about our current workforce profile and workplace equality for different staff groups below. The summary is based on our most recently data, as at 31 March 2022.

We employ 519 members of staff. Of these:

- 77% are women and 23% are men.
- 6% identify as disabled and 87.2% as non-disabled.
- 4% identify as part of a minority or mixed ethnic group, while over 70% identify as from a white group.
- Around 5% identify as part of an LGBT+ community.

These figures broadly resemble the most up-to-date national statistics for NHS Scotland, where at 31 March 2022:

- 78.7% of employees are women.
- Only 1.2% of employees say they are disabled.
- 4.2% of employees are from a minority ethnic group and 68.4% are from a white group.
- 2.7 % of employees identify as part of an LGBT+ community.

4.1. Pay equality

Based on our workforce data for 2021/2022, our mean pay gap has reduced over the last year by 1.6%, leaving it at 15.3%. Our median pay gap has however remained the same at 14.9% - which was a rise of 6.9% since 2019/20.

We understand our pay gap to be caused by the gender split of part-time compared to full-time contracts. Currently 88.7% of all part-time staff are women, while men are 11.3% of our part-time workforce. Moreover, the proportion of women working in the lowest pay bands is far greater than in the ‘middle’ or senior level pay bands. For example, 100% of our Band 3 staff and over 88% of Band 4 staff are women. This proportion falls within senior management posts to 52% at Band 8b, and rises again to 80% at Director grade.

While we are pleased to have a smaller gender pay gap than NHS Scotland overall, where the gap was last calculated to be 18.2%, we are dissatisfied that women continue to have less earning power within our organisation as well as in the labour market generally. A significant majority of our [Executive Team](#) are women, and women are a majority at each of our pay bands. With women making such significant contributions to the leadership of Healthcare Improvement Scotland, we view the persistence of a pay gap as disappointing and we will continue to take remedial actions around this.

For example, as outlined at section 2.3 of this report, we are currently one of four NHS Scotland organisations participating in a pilot of Equally Safe at Work. The programme is helping us better understand and address some of the areas that could make a difference to women's employment experience and opportunities. This includes our approach to flexible working, how we account for gender differences in our policies and how we equip our staff and managers to identify and address experiences of gender based violence and sexual harassment. Our equal pay statement, which was reviewed in partnership, was published as part of our Equality Mainstreaming Report in 2021. We remain committed to what was set out in this statement and hope to provide a fuller update in our final Equality Mainstreaming Report when it is published in 2025.

Our mean disability pay gap is 17.7% and the median gap is 19.5%. Currently 6.4% of our staff identify as disabled. Although we know the number may in reality be higher, this is well below the 22% of Scotland's population who identify as disabled. A majority (3.6%) of self-identified disabled staff work at Bands 4 and 5, and there is minimal to no representation across our senior posts. We do not think this is good enough. Through our staff Disability Network and the governance groups which support it, we are actively evaluating the inclusiveness of our work practices and resources. We will also continue to participate in the UK Government 'Disability Confident' scheme, offering guaranteed interviews to disabled candidates who meet the essential criteria for vacancies, and raising the awareness and confidence of staff around reasonable adjustments. We welcome new colleagues who consider themselves disabled or neuro-divergent.

We have no notable pay gap in respect of colleagues from visible minority ethnic groups, but found a pay gap of 14% (mean) for colleagues from white minority groups compared to the white majority group. We are conscious that the number of minority ethnic staff we employ, including those from visible minorities, is small and our pay gap calculation is reflective of this. We will continue to work on diversifying our organisation, and welcome new colleagues from minority ethnic backgrounds. Moreover, having a meaningful anti-racism approach is a priority for us. As described above, we are engaged with anti-racism work currently on-going within NHS Scotland. This includes participation in the Scottish Government / NHS Scotland Ethnic Minority Forum. We are looking forward to engaging with the suite of learning resources and interventions that will be offered to NHS organisations as a result of the Forum's work. Locally we will continue to work towards the equality outcomes we have set and, through our Race and Ethnicity Network and the development of other suitable mechanisms, listen to and address any concerns raised by minority ethnic colleagues.

4.2. Learning and development

Over the period 1 April 2021 to 31 March 2022 we delivered a total of 1,535 formal training opportunities, which benefitted 458 members of staff representing 88% of our total headcount. Reflecting our hybrid working style, these opportunities included a combination of digitally facilitated and e-Learning packages. We also encourage staff to undertake informal learning opportunities through, for example, attending conferences and workshops - however this is not recorded.

Learning and development opportunities are key to improving confidence, knowledge and skills and also gaining career progression. We therefore review participation in our formal training opportunities to identify any staff groups that may be missing out. We found that at March 2022:

- The age profile of our organisation broadly reflects that of those taking up training, with staff in the 30-44 age range showing the lowest uptake proportionately.
- Overall, women are attending training at higher rates than men in the workforce.
- Non-disabled people are more likely than disabled people to be attending training.
- Broadly, minority ethnic colleagues are slightly under-represented in training while white colleagues tend to be over-represented.
- Colleagues identifying as heterosexual are slightly over-represented in training, while those with a minority sexual orientation have more-or-less proportionate representation.

The appraisal and personal development process was reinstated in October 2021 following a pause during the Covid pandemic. We took the opportunity to rebrand the process as a Personal Development and Wellbeing Review (PDWR), ensuring that a wellbeing element is included and prioritised by staff and line managers. During 2021-2022, 69% of staff were recorded as completing their appraisal. Of this figure, we found that women were less likely than men to have completed their appraisal - there was a 23% discrepancy compared to 7% for men.

Overall, we have determined that we need to focus on ensuring women are getting adequate line management support to complete appraisals and that younger people, disabled people and minority ethnic people in the workforce should be supported to take up the training we offer. This will be considered alongside current gaps in workforce representation and pay equity.

Contact information

If you have any comments or questions about this report, please contact our Equality and Diversity Advisor:

Dr. Rosie Tyler-Greig

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB

07929025815

rosie.tyler-greig@nhs.scot

April 2023

You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Public Involvement Team: [**his.contactpublicinvolvement@nhs.scot**](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland

| | |
|-----------------------|---------------------|
| Edinburgh Office | Glasgow Office |
| Gyle Square | Delta House |
| 1 South Gyle Crescent | 50 West Nile Street |
| Edinburgh | Glasgow |
| EH12 9EB | G1 2NP |
| 0131 623 4300 | 0141 225 6999 |

www.healthcareimprovementscotland.org



Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council Committee |
| Meeting date: | 02 March 2023 |
| Title: | Equality Mainstreaming 2023 Update Report |
| Agenda item: | 2.5 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement |
| Report Author: | Rosie Tyler-Greig, Equality and Diversity Advisor |
| Purpose of paper: | Awareness and discussion |

1. Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires public bodies including Healthcare Improvement Scotland to report every two years on the progress they have made as an organisation in advancing equality. Healthcare Improvement Scotland published our Equality Mainstreaming report, including equality outcomes, in April 2021. By April 2023, we are required to update on:

- The progress we have made towards the equality outcomes we set in 2021
- How we have mainstreamed equality in our work over the last two years
- Our gender pay gap. To reflect good practice, we will also report on our disability and ethnicity pay gaps.

We have produced a report on this basis.

2. Background

In April 2021, Healthcare Improvement Scotland published four new equality outcomes – an update on which forms a substantial part of this report. The outcomes we published were:

- A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen HIS activities

- Our working practices support and encourage wellbeing and resilience for staff from all protected characteristic groups
- People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes
- Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work

An equality mainstreaming action plan is in place and being monitored by the cross-organisational Equality and Diversity Working Group as part of its quarterly meeting schedule. The group has had the opportunity to input to and comment on this report. Members of the Partnership Forum and staff equality networks have also had an opportunity to consider the report.

3. Assessment

The key messages communicated within our draft Equality Mainstreaming 2023 update report are as follows:

- We have made good overall progress towards meeting our equality outcomes
- We have made most progress in relation to internal facing outcome 1 and external facing outcome 4. Highlights here include the launch of our staff equality networks, updating our equality and diversity training, appointing new non-executive Board members, updating workplace policies and guidance, training Community Engagement staff to produce Easy Read formats, and embedding lived experience leadership within our work.
- Given current progress, it is anticipated actions over the next two years will focus on internal facing outcome 2 and external facing outcome 3. This means prioritising our understanding and practice around wellbeing for different staff groups and identifying opportunities to better understand and target the health inequalities impacting minority ethnic groups.
- Per the Equality Mainstreaming Action Plan, further progress is needed in relation to outcome 1, specifically around flexible working for colleagues with caring responsibilities and developing managers' commitment to equality and diversity; and outcome 4, specifically around promoting and developing best practice in accessibility.
- We have taken lots of important steps to mainstream equality in our work over the last two years. There are several teams whose efforts are reflected in the report and we will be proud to showcase. At a glance, this includes: the EEvIT team who developed a resource to support the use of grey literature in equality impact assessments, Community Engagement colleagues who undertook a *Gathering Views* exercise to support the development of the Scottish Government's Draft Framework for Pain Management Service Delivery, our Carer's Positive Group and related work by ihub and People and Workplace, our Standards and Indicators Team and their work on the Scottish *Bairns Hoose* model, our Mental Health Transformation Programme who are setting priorities via lived experience insight, and our new *People's Experience* Volunteer initiative who are bringing new and diverse community voices into our work.
- In the last year, the diversity of our workforce has improved overall and our gender pay gap has decreased to 15.3%. However, we still have a long journey ahead of us and the

potential to do much better. We are taking actions forward to address this. These are reflected in our 2021 Equal Pay Statement and our participation in the Equally Safe at Work NHS Scotland pilot.

- We calculated our disability pay gap for the first time, and found it is 17.7%. We will take actions to improve from this initial baseline by continuing to participate in the Disability Confident initiative and working with the staff Disability Network to focus actions around workplace culture and accessibility.
- We calculated our ethnicity pay gap for the first time, and found we have no notable pay gap in respect of colleagues from visible minority ethnic groups, but a pay gap of 14% (mean) for colleagues from white minority groups compared to the white majority group. These figures are skewed by small staff numbers, and there is currently no agreed methodology for calculating ethnicity pay gaps. We will continue to seek better representation for minority ethnic colleagues in the workforce. We also align with the national ambition to actively embed anti-racism in our organisation, and have set out our intention to consider the most impactful ways to obtain and respond to information about the experiences of minority ethnic colleagues.

Assessment considerations

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| Quality/ Care | Focussing on equality helps increase the capacity of HIS to understand and take meaningful action around quality and care issues that arise in its activities. |
| Resource Implications | Together with the Community Engagement Directorate and the Scottish Health Council Committee, the Equality and Diversity Working Group oversees delivery of the organisation's equality outcomes and monitors HIS equality mainstreaming efforts. Dedicated staff and governance time is required. |
| Staff impact | Work to ensure HIS meets the requirements of the Public Sector Equality Duty involves substantial cross-organisational working and has benefits for the diversity of our staff groups. |
| Risk Management | Lack of ability to meet the requirements of the Public Sector Equality Duty will present legal, governance and reputational risk for HIS. This can be mitigated by good and consistent leadership and commitment to suitable delivery resource. |
| Equality and Diversity, including health inequalities | This work contributes to the requirements of the Public Sector Equality Duty and has a focus on understanding and addressing health inequalities through HIS role in the health and care system. |
| Communication, involvement, engagement and consultation | In the first instance, the equality outcomes we are reporting on, together with the activities we have undertaken, reflect collaboration with both external and internal stakeholders. Each staff equality network has had the opportunity to read a |

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| | draft of the report and provide comment. Comments and suggestions have been included in the current draft. When complete, the report will require internal and external promotion as well as ongoing engagement with colleagues and stakeholders. |
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4 Recommendations

The Scottish Health Council Committee is asked to:

- **Note** the content of the Equality Mainstreaming 2023 update report, Appendix A
- **Advise** on any amendments to improve the quality of the report
- **Comment** on how the Committee can support Healthcare Improvement Scotland to deliver its equality outcomes over the next two years.

5 Appendices and links to additional information

Appendix A, Equality Mainstreaming 2023 update report

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Evidence of Engagement programme overview |
| Agenda item: | 3.1 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Re-design |
| Report Author: | Christine Johnstone, Head of Evidence for Engagement Programme |
| Purpose of paper: | Awareness / Discussion |

1. Situation

In line with the directorate's new vision, this paper provides an overview of current activities within the Evidence for Engagement programme.

2. Background

The Evidence for Engagement programme aims to build and share evidence around engagement to support our directorate's vision which is aligned to the overall Healthcare Improvement Scotland (HIS) vision of: *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

The main activities of the programme are to run Citizens' Panels, carry out research, write case studies, support the compilation of service change reports, produce guidance and toolkits, support our Gathering Views programme for example by providing analytical support etc, hold workshops and events and provide other associated research related guidance/support to staff.

As part of our organisational change, additional subject matter expertise capacity has been added to the programme to expand its evidence and research work in line with the directorate's vision. That vision specifically commits to developing and expanding our evidence by for example applying for research grants to undertake our own research, working in collaboration with universities across Scotland, and expanding our commissions beyond those currently received from the Scottish Government such as for the Gathering Views Programme and Citizen's Panel.

Discussions have progressed with the Scottish Government to prioritise future commissioned work based on impact and priority, and also to ensure alignment with HIS' work priorities. This will be developed further by the Head of Evidence for Engagement once the new Team is at full compliment, as will thinking about opportunities to conduct Gathering Views work with topics generated by ourselves. This could include, for example, gathering views on national issues which would be helpful to NHS boards or 'shining a light' on widening inequalities as a result of changes to services.

An important element across all Community Engagement programmes is to focus on innovation by contributing to the testing and research into developments in engagement. For example, one aim of the Evidence for Engagement programme will be to fully understand when in-person engagement is advantageous, looking at the types of engagement, groups engaged with etc.

The additional subject matter expertise capacity will also allow the programme to explore the feasibility of taking forward new initiatives or ones which have been previously 'parked'. Some of these ideas were shared with the Scottish Health Council at its development day in November 2023 and include:

- refreshing our toolkit on evaluating participation for health and social care practitioners;
- re-establishing a Participation Research Network;
- generating bespoke research such as reviewing four nations policies around public involvement in healthcare;
- linking with universities on research projects and similar interests;
- consolidating greater in depth learning from Gathering Views projects and Citizens' Panels; and
- developing a robust method and process for capturing the impact of our engagement.

In the meantime, matching and recruitment to roles within the Evidence for Engagement programme is ongoing as part of the organisational change implementation process and further development described above will take place once the team is at full compliment led by the Head of the Evidence for Engagement.

3. Assessment

Reporting on directorate activities will also be developed in line with the three engagement programmes as the final structure is being implemented. Meantime, below is a summary of current activity which will become the responsibility of the Evidence for Engagement programme.

3.1 Current Citizens' Panels

| Citizens' Panel (CP) | Topic(s) | Timescales |
|----------------------|---|--|
| CP13 | <ul style="list-style-type: none"> NHS Climate Emergency and Sustainability People's preferences on how they want to be engaged with. | Feedback from panel due February 2024 Report due for publication May 2024 |
| CP Refresh | <ul style="list-style-type: none"> Small refresh of panel members to ensure the panel is robust and representative of Scottish population. Focus on gaps in demographics including local authority areas, young people, black Asian and minority ethnic people, people with a minority faith and people living in council or social rented housing. | Will take place March to April 2024 |
| CP14 | Anticipated topic NHS Recovery and Transformation | Survey out to panel May to June 2024 Report due for publication November 2024 |

3.2 Current Gathering Views

| Gathering Views | Progress | Impact and use of feedback |
|--|--|--|
| Implanted Medical Devices | <ul style="list-style-type: none"> Views gathered July to September 2023 Engaged with 65 people who: <ul style="list-style-type: none"> had or had recently had one or more implanted medical devices got the device from 2018 onwards got the device through NHSScotland got the device through planned care, not as part of urgent care. Collected quantitative and qualitative data Report due for publication February 2024 | Feedback will be used to support the development of Scotland's first Medical Devices Policy Framework. |
| National Care Service Charter of Patient Rights and Responsibilities | <ul style="list-style-type: none"> Views gathered October 2023 Engaged with 20 people representing: <ul style="list-style-type: none"> pregnant people and mothers of children up to 18 years old trans and non-binary individuals people from minority ethnic backgrounds people from minority religious communities Collected quantitative and qualitative data Report due for publication March 2024 | Feedback will be used to shape the National Care Service Charter from a community health perspective. |
| Palliative Care | <ul style="list-style-type: none"> Views currently being gathered On track to meet target of 6-10 individuals representing people living in remote, rural and island communities, older people (with multiple health problems, parents children and young people, carers and people and families | Feedback will be used by the Scottish Government to complement its own research in support of the development of a new Palliative Care Strategy due in 2024. |

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| | <p>with experiences of receiving specialist palliative care (e.g. a hospice day unit group)</p> <ul style="list-style-type: none"> Gathering of views is scheduled to be completed end February 2024. | |
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3.3 Impact from previous Citizens' Panels

| Citizens' Panel | Topic(s) | Impact and use of feedback |
|-----------------|--------------------|--|
| CP10 | Community Eyecare | <p>Feedback is that our work and the findings have had a positive impact on Scottish Government work and informed a new community eye care patient information leaflet. This is being printed and distributed to all community optometry practices in Scotland.</p> <p>Guide to free NHS eye examinations in Scotland</p> <p>The Scottish Government has advised that before the Citizens' Panel eye care survey, there was no Scotland specific data on the subject and so it found the results helpful. All 6 recommendations in our report have been used to inform the leaflet.</p> <p>The Scottish Government hopes that the impact of the leaflet will increase awareness of eye health and care services in Scotland and it will continue to use the findings to inform our future eye health awareness raising work.</p> |
| CP11 | Tobacco and Vaping | <p>In November 2023, the Scottish Government published its Tobacco and Vaping Framework Roadmap to 2034. It described an implementation plan to November 2025 which acknowledged the input from public views and said that the Citizens' Panel engagement was critical in developing and shaping the content of the next {action} plan. In particular, feedback from the public helped policy makers to understand that vaping needed to be included within the plans.</p> |
| CP11 | Digital Healthcare | <p>Feedback from the Scottish Government has indicated that the findings have informed policy development and provided useful evidence in supporting key workstreams such as the Data Strategy for Health and Care, the Digital Health and Care Delivery Plan, NHS inform and the Digital Front Door. The findings of the Panel have also highlighted concerns around potential digital exclusion and the need to address this.</p> |

3.4 Webinars

Since November 2023, one webinar has been held entitled "*What difference do volunteers make anyway?*" (5 December 2023). There were 98 attendees and 98% of respondents rated the webinar excellent or good.

The next webinar will take place on 14 February 2024 and will look at “*Engaging with LGBT+ Communities*”. Speakers will include HIS’ Standards and Indicators team who will share their experiences of engaging with LGBT+ people in relation to the development of clinical standards.

Assessment considerations

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| Quality / Care | A clear direction for the Evidence for Engagement programme will enable the directorate to maximise its impact on evidence to support and assure the health and care system to meaningfully engage with people in the development and delivery of services. |
| Resource Implications | All costs for the work of the Evidence for Engagement programme are aligned within the current allocation for 2023/24. This will be detailed further as the work progresses. |
| | The implementation of the directorate vision requires a period of organisational change implementation which is now fully underway and will be completed in time for activation of the new structure on 01 April 2024. |
| Risk Management | <p>Risk number 1239: There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate’s current staffing structure and working processes reflect out of date ways of working.</p> <p>The new structure seeks to address this risk, alongside the development of a communications approach that will initially focus on external stakeholder awareness and understanding of the Quality Framework for Community Engagement & Participation (in accordance with the Scottish Government’s Planning With People guidance), and then the directorate’s vision and offer to stakeholders.</p> |
| Equality and Diversity, including health inequalities | The overall vision acknowledges the directorate’s specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes. |
| Communication, involvement, engagement and consultation | There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council Members, HIS and wider stakeholders. Specific work on the Evidence for Engagement programme will |

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| | continue in the finalised structure and be shared with partners as soon as possible. |
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4 Recommendation

The work of the Evidence for Engagement programme will develop over the coming months as the directorate structure is finalised. The Scottish Health Council is asked to:

- consider current activities and future reporting for awareness and discussion.

5 Appendices and links to additional information

None

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Improvement of Engagement programme overview |
| Agenda item: | 3.2 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Re-design |
| Report Author: | Tony McGowan, Associate Director (Community Engagement) |
| Purpose of paper: | Awareness / Discussion |

1. Situation

In line with the directorate's new vision, this paper provides an overview of current activities within the Improvement of Engagement programme.

2. Background

The Improvement of Engagement programme aims to use knowledge and expertise to improve engagement in support of our directorate's vision, which is aligned to the overall Healthcare Improvement Scotland (HIS) vision: "*Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities.*"

The main activities of the programme are to:

- Create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new ideas and approaches;
- Have excellent partnership working and communication that underpins sharing knowledge; and
- Be forward-thinking and ambitious, continually improving and developing our expertise.

The Improvement of Engagement function will do this by:

- Spreading internal and external stakeholder understanding and use of the Quality Framework for Community Engagement & Participation;
- Leading networks for professionals in similar roles;
- Identifying, celebrating and sharing widely successful community engagement practice;

- Providing training and other learning opportunities on the full range of good practice community engagement and equalities & inclusion approaches;
- Supporting the establishment of a culture that values and supports people;
- Reducing unnecessary variation in community engagement and equalities & inclusion approaches;
- Sharing our expertise with internal and external stakeholders on equality, diversity, inclusion & human rights, person-centred care, and *What Matters to You?*; and
- Driving forward volunteering and public involvement across health & care in Scotland.

3. Assessment

Reporting for directorate activities will be developed in line with the three engagement programmes as the final structure is implemented. Main areas of current activity for the Improvement of Engagement programme are detailed below.

Equalities, Inclusion & Human Rights

Please note that subsequent reporting for this programme will be provided within the Assurance of Engagement overview update, in line with the new directorate structure from 01 April 2024.

Corporate objective – engagement and equalities

To support HIS in delivering its current equality outcomes, a corporate objective focused on engagement and equalities was proposed for the 2024 Personal Development & Wellbeing Review (PDWR) cycle. This has been agreed in principle by the Partnership Forum with some consideration of wording and provision of examples recommended. The draft objective proposed was ‘Contribute to the inclusive engagement of people with protected characteristics in developing and delivering HIS activities’.

The intention of setting a corporate objective in this area is to promote inclusive engagement in HIS’ external and internal-facing activities. It is anticipated it will support conversations about whether and how to involve people in work activities, as well as supporting the large number of colleagues who contribute to our staff equality networks. Moreover, Equality and Diversity is one of the dimensions of the NHS Scotland Knowledge and Skills Framework (KSF). The proposed objective would give colleagues an opportunity to evidence and improve skills in this area.

Development of Equality Impact Assessment (EQIA) case studies

Planning is underway for a new section of the ‘Equipping Professionals’ section of the HIS Community Engagement website. The new section will focus on sharing good practice around EQIA. As part of this, a case study centred on the Scottish Government’s Digital Front Door programme is in development and due to be published during spring 2024. The case study will include the voices of leads and stakeholders from across the health and care system. It will model good governance and leadership in equality mainstreaming and share specific learning from the Digital Front Door initiative.

Scottish Human Rights Bill

HIS, through the Community Engagement & System Re-design directorate, has continued to support the development of a Scottish Human Rights Bill. The Director, Associate Director, and Equality and Diversity Advisor attend the Scottish Government’s Core

Implementation Group and Wider Engagement Groups, staying abreast of and commenting on Scottish Government proposals. Discussion so far has covered the Human Rights Scheme, reporting and planning duties on public bodies, advocacy and advice, and capacity building for duty bearers.

The Scottish Government has committed to delivering a Scottish Human Rights Bill within this parliamentary session. While public bodies are unlikely to see new duties until around 2028/29, our directorate is already laying the groundwork for this change. This includes establishing a quarterly equality, inclusion and human rights bulletin, and creating human rights briefings jointly with the Children and Young People Working Group.

Equality Mainstreaming Report

A separate update paper on the HIS Equality Mainstreaming Report has been provided for consideration by the Council at this meeting.

Public Partners and People's Experience Volunteers

The number of Public Partners has recently increased and now stands at 21 Public Partners. Two Public Partners joined us in January 2024 and there are six Public Partners due to retire at the end of March 2024. This should ensure consistency with current programmes. New areas of work include representation on the HIS core indicators Task & Finish group, membership on the SIGN Palliative Care guidelines development group, and membership on the Medical Revalidation Delivery Board for Scotland.

The number of People's Experience Volunteers has remained steady at 25 volunteers. Recent examples of work include consideration and feedback relating to a draft version of an inspection report designed to be easier to read, and participating in a focus group as part of the Medicines Safety Strategy work.

Children & Young People-related work within HIS

As part of our support for the Children and Young People working group the Public Involvement team is currently planning a development day to be held in March 2024 for the group to come together and discuss a range of topics. We have arranged for a speaker to talk about 'The Promise' and how it is being implemented across the third sector. The rest of the development day will be made up of workshops with a particular focus on the UNCRC, which has recently been incorporated into Scottish law, and our Corporate Parenting plan and how we can move forward with this one year on from publication.

The Public Involvement team worked with our Public Protection and Child Health Lead to co-design and co-deliver a learning session on Children's Rights, Corporate Parenting, 'The Promise' and Child Protection. The interactive session was presented to two groups of pharmacy students that were spending time at HIS. We discussed the importance of each topic, how it relates to the organisation's work, and how it might relate to their work in the future. Feedback from the students was very positive and is being incorporated to the final design of the learning session for future roll-out within HIS.

Volunteering in NHS Scotland

The Volunteering in NHS Scotland Programme is now organising its work activities in alignment with the directorate vision, namely: improvement of volunteering; evidence for volunteering; and assurance of volunteering.

Improvement of volunteering

An outline business case for the Volunteering Management System replacement project was submitted to the Scottish Government on 28 August 2023. We continue to await a decision.

The programme team has commenced a project aiming to improve the engagement of NHS board volunteering staff in the Volunteering Practitioners Network and associated activities. Semi-structured interviews with network members began in December 2023 and will run until February 2024, after which data and feedback will be analysed, and proposals for improvements made.

Evidence for volunteering

In January 2024 the programme team published a report on [Experiences of NHS Scotland Volunteers](#). The purpose of the survey was to take a consistent approach to gathering data on volunteer's experiences of volunteering within their NHS board, and to then use the data gathered to create a local improvement plan. NHS Dumfries & Galloway, NHS Fife, NHS Greater Glasgow & Clyde, NHS Lothian, and NHS Tayside participated in the work. The programme team is now supporting volunteering staff in these boards to create and implement improvement plans based on the findings and recommendations from the survey.

The programme team has commenced discussions with NHS board volunteering staff on creating a national question set to gather the experiences of NHS staff who work alongside volunteers to identify shareable good practice, and any development areas for future focus.

The programme team hosted a webinar to celebrate International Volunteer Day on 05 December 2023. Clinical staff who work alongside volunteers shared their reflections on the difference that volunteers make to them. The webinar was attended by over 70 participants.

Assurance of volunteering

The NHS Scotland Volunteering Advisory Board began a process of identifying strategic risks to NHS Scotland volunteering through a facilitated discussion session at its meeting in November 2023. The programme team is working with the Advisory Board Chair (Tom Steele, Chair of the Scottish Ambulance Service Board) to develop the feedback gained from the session into draft risks which will also be shared with the Council during the first half of 2024.

The programme team has provided feedback on a number of NHS board volunteering policies during the last reporting period as part of local review processes. In all instances, the priority has been on ensuring consistency of approach, and adopting the learning gained from the aforementioned Experience of NHS Scotland Volunteers survey.

Bridge builder volunteers

Bridge-builders are volunteers (from students studying for careers in healthcare) who accompany people who need extra support to attend appointments in the healthcare system. The model was developed by Social Health in Denmark in 2013 and by 2023 it has expanded nationwide. The model was first reported to the Council in May 2023, with a further update in November 2023 advising that NHS Lothian was leading testing of the approach in a pilot scheme.

Since then, an oversight group has been established by NHS Lothian, with representation from a wide range of stakeholders. The volunteering programme involvement as a stakeholder on the group is to provide advice and guidance on volunteering policy and practice, community engagement and co-production approaches as required.

The advice and guidance being provided by the volunteering programme is fully in the context of views and concerns expressed previously by Council Members regarding the initiative, and particularly with respect to expectations on healthcare students to participate in what should rightly be considered as a volunteering scheme as opposed to more formal student placement.

What Matters To You?

On 17 January 2024 we hosted the inaugural [What Matters To You?](#) (WMTY) National Networking Event in Edinburgh, with 70 individuals from across Scotland participating. The purpose was to provide an opportunity for health and social care professionals to collaborate and share insights on best practice in providing good person-centred care.

The morning session saw presentations from the Centre for Person-centred Research at Queen Margaret University, NHS Lothian, NHS Tayside & Perth & Kinross HSCP, and Bristol and Weston NHS Foundation Trust. Whilst each of these presentations told different stories of their WMTY journeys, they all had similarly positive outcomes. They demonstrated that implementing the approach can energise a workspace, increase capacity, retain staff and most importantly, enhance the patient experience and associated outcomes.

In the afternoon the programme team facilitated a number of group exercises where health and social care professionals were placed into different groups to discuss the following:

- current good examples of the WMTY approach in your workplace;
- barriers to using the WMTY approach in your day-to-day work; and
- what do you have the freedom and resource to do now.

The afternoon also saw the presentation for the inaugural Jane Davies Award for Person-Centred Practice. The judging panel received a number of high-quality nominations from a wide variety of services including primary care teams, third sector teams, healthcare teams and individuals. A winner and two runners-up received their awards at the event from Jane's husband Graeme.

The winner was Penny McManus, Assistant Practitioner, COPD Team, NHS Tayside. Penny's nomination showcased an example of the difference made by careful compassionate listening. In her work she displayed a strong focus on the whole person and their whole life circumstances, and this enabled her to help them in ways that others might overlook. She often went above and beyond to help people to develop personal

goals for their care and support, looking beyond their health condition. Penny's work epitomised the ethos of the WMTY approach and how it helps people to get the outcomes that matter to them. The runners-up were Jennifer McDowall and the team on ward six, Forensic MH team, NHS Ayrshire & Arran, and Jennifer Wyld, Patient Activity Coordinator Nurse, Leverndale Hospital, NHS Greater Glasgow and Clyde.

Evaluation feedback from the event has been positive and a report of the event will follow in due course.

Assessment considerations

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| Quality / Care | A clear direction on the Improvement of Engagement will enable the directorate to maximise its impact on community engagement and equalities & inclusion-related practice to support and make improvements to the ways health and care statutory bodies meaningfully engage with people in the development and delivery of services. |
| Resource Implications | All costs for the work of the Improvement of Engagement programme are aligned within the current allocation for 2023/24. This will be detailed further as the work progresses. |
| Risk Management | <p>Risk number 1239: There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate's current staffing structure and working processes reflect out of date ways of working.</p> <p>The new structure seeks to address this risk, alongside the development of a communications approach that will initially focus on external stakeholder awareness and understanding of the Quality Framework for Community Engagement & Participation (in accordance with the Scottish Government's <i>Planning With People</i> guidance), and then the directorate's vision and offer to stakeholders.</p> |
| Equality and Diversity, including health inequalities | The overall vision takes into account the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three function programmes. |
| Communication, involvement, engagement and consultation | There has been extensive engagement with staff in the development of the vision and this will continue, along with Council Members, HIS and wider stakeholders. Specific work on the Improvement of Engagement programme will continue in the finalised structure and be shared with partners as soon as possible. |

4 Recommendation

The work of the Improvement of Engagement programme will continue to develop over the coming months as the directorate structure is implemented. The Council is asked to:

- consider the current activity, future plans and reporting for awareness and discussion.

5 Appendices and links to additional information

None

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Assurance of Engagement programme overview |
| Agenda item: | 3.3 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Re-design |
| Report Author: | Derek Blues, Head of Assurance of Engagement |
| Purpose of paper: | Discussion |

1. Situation

In line with the directorate's new vision, this paper provides an overview of current activities within the Assurance of Engagement programme.

2. Background

The Assurance of Engagement programme aims to provide assurance that people are involved in shaping services to support our directorate's vision statement which is aligned to the directorate vision: "*Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities.*"

The main activities of this programme are to:

- Fulfil our statutory role to support, ensure and monitor NHS boards' duty to involve the public;
- Provide strategic support and governance on engagement to our partners across health and care;
- Plan and prioritise our work and resources in a clear and consistent way; and
- Assure the approach Healthcare Improvement Scotland (HIS) takes to engagement, equality and diversity.

We will do this by supporting services to develop and review their engagement strategies, provide advice and quality assurance on service change, support use of the Quality Framework and impact assessments, and have a clear strategic vision and operational plan with outcome measures.

This report provides an update on specific guidance, issues that will impact the Assurance programme, general service change and practice development activity.

3. Assessment

Reporting for directorate activities will be developed in line with the three engagement programmes as the final structure is implemented. Main areas of current activity for the Assurance of Engagement programme are detailed below.

Assurance programme

As part of the continued progression of the organisational change implementation process, appointments to the posts of Programme Manager (Assurance of Engagement) and Equalities, Inclusion and Human Rights Manager have now been confirmed with both post holders commencing on 01 April 2024. Matching and recruitment to the remaining posts in the Assurance of Engagement programme will continue through February and March 2024.

The Service Change Advisors will move to the regional part of the new structure working closely with the three Strategic Engagement Leads but will also have close professional links with the Assurance of Engagement programme.

All activities relating to the Equalities, Inclusion & Human Rights team will be incorporated into the Assurance programme overview report for the next Council meeting on Thursday 23 May 2024.

Public Partners (service change)

The most recent quarterly meeting with the Service Change public partners took place on 15 December 2023. The purpose of these meetings is to allow the service change team to share their current and planned activity and receive feedback from the public partners which supports much of the ongoing practice development work. There is a commitment to continue holding these meetings after the implementation of the full organisational structure on 1 April 2024.

Engagement Practitioner Network (EPN)

The most recent session with the EPN took place on 01 February 2024 where colleagues from NHS24 and Action on Smoking & Health (ASH) Scotland shared their experiences and learning from developing youth forums, and other approaches to reaching out young people. The outputs from this session were subsequently shared with colleagues from the Scottish Ambulance Service to help inform their Young Minds Save Lives project.

There are currently 177 members in the network held on Microsoft Teams.

Scottish Government Capital Funding

The availability of capital funding from Scottish Government for the period ahead is particularly challenging and this will have an inevitable impact on planned capital projects across Health and Social Care. The Chair of the Capital Investment Group has written to NHS boards to arrange discussions about the impact on their capital programmes in light of the constrained budget position. These meetings will take place during February 2024 and will identify a list of projects that can be paused or stopped. A letter including a revised version of the [Scottish Capital Investment Manual](#) has also been published including a reference to consultation with HIS on the appropriateness of any necessary public engagement proposals.

We are planning to develop guidance (in line with *Planning with People*) to support health & care statutory bodies in undertaking meaningful and proportionate engagement and communication with communities to consider the local impact of any related capital funding decisions.

National Changes – Local Impact

The *Planning with People* guidance sets out the responsibilities NHS boards, local authorities and Integration Joint Boards / Health & Social Care Partnerships have with respect to community engagement when health and social care services are being planned, or when changes to services are being considered, and supports them to involve people meaningfully. The guidance does not apply to national Scottish Government policy decisions which can result in national policy decisions where it is clear that any local engagement by NHS Boards or Integration Joint Boards cannot influence that decision.

In line with *Planning with People*, local engagement around the impact of these decisions is necessary. Further clarity is therefore needed on health and care statutory bodies' responsibilities in this situation since any engagement can only be around the impact of local implementation, not on changing a decision which has been made nationally.

The Community Engagement team have drafted an expectations paper setting out what engagement would be expected at a local level for a service change decided nationally. The aim of the expectations paper is to provide consistency so all health and care statutory bodies receiving a new national service direction would be supported to approach local engagement in a similar way (taking account of the fact that the impact on each NHS board and / or Integration Joint Board may be different).

The next steps will be to discuss the draft expectations paper with colleagues from the Scottish Government and then also seek input into the content from health and care statutory bodies, with a view to finalising the content and publish guidance on our website during May 2024, after consideration by service change sub-committee members.

Current service changes

There are currently 49 service changes being supported including 7 significant changes and a further 28 other active changes. 14 service changes are on hold or impacted upon by the capital funding position.

NHS Greater Glasgow & Clyde (NHSGGC) GP Out of Hours services

On 12 May 2023, we wrote to NHSGGC advising them that the Scottish Health Council was of the view that NHSGGC's proposal to make permanent the temporary GP Out of Hours arrangement (which had been put in place as part of business continuity) should not be categorised as 'major' service change. However, we identified gaps in the engagement process NHSGGC had undertaken to date, recommending these areas should be reviewed in line with guidance and addressed for assurance. To support a proportionate approach to engagement, we provided a series of requirements and recommendations.

NHSGGC engaged with people and communities on the proposal over a two-month period, from 9 October to 11 December 2023 and after reviewing their activity and consultation report HIS is satisfied that NHSGGC has met our first three recommendations, which are in line with national guidance. With regard to the fourth

recommendation, NHSGGC has provided assurance that feedback received from people and communities will inform the decision-making process, currently planned to take place at its board meeting on 30 April 2024.

Practice development activities

The programme team has continued to deliver online workshops with partners in health & care statutory bodies. Topics have included:

- Duties and principles;
- Option appraisal;
- *Planning with People*; and
- Planning effective engagement.

Three workshops have been delivered with Aberdeen Health & Social Care Partnership (HSCP) (Duties & Principles, Planning Effective Engagement & Quality Framework/Voice tool) since the last Council meeting with 31 people in attendance. A new cycle of workshops will be planned to run during April and May 2024.

The service change team have also developed a new animation to help describe service change and this will be published on our website during February 2024.

Assessment considerations

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| Quality/ Care | Engagement in relation to service change is a legislative requirement in line with existing statute and the <i>Planning with People</i> guidance |
| Resource Implications | All costs for the work of the Assurance of Engagement programme are aligned within the current allocation for 2023/24. This will be detailed further as the work progresses. |
| | The implementation of the directorate vision requires a period of organisational change implementation which is now fully underway and will be completed in time for activation of the new structure on 01 April 2024. |
| Risk Management | <p>Risk number 1239: There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate's current staffing structure and working processes reflect out of date ways of working.</p> <p>The new structure seeks to address this risk, alongside the development of a communications approach that will initially focus on external stakeholder awareness and understanding of the Quality Framework for Community Engagement & Participation (in accordance with the Scottish Government's <i>Planning With People</i> guidance), and then the directorate's vision and offer to stakeholders.</p> <p>Service Change is included within the HIS corporate risk register (Risk 1163).</p> |

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| Equality and Diversity, including health inequalities | The overall vision takes into account the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three function programmes. |
| Communication, involvement, engagement and consultation | There has been extensive engagement with staff in the development of the vision and this will continue, along with Council Members, HIS and wider stakeholders. Specific work on the Assurance of Engagement programme will continue in the finalised structure and be shared with partners as soon as possible. |

4 Recommendation

The work of the Assurance of Engagement programme will continue to develop over the coming months as the directorate structure is implemented. The Council is asked to:

- consider the current activity, future plans and reporting for awareness and discussion.

5 Appendices and links to additional information

None

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Assessment of engagement in service change |
| Agenda item: | 3.4 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & Service Re-design |
| Report Author: | Derek Blues, Head of Assurance of Engagement |
| Purpose of paper: | Decision |

1. Situation

To provide the Scottish Health Council with an update on the progress in developing an assurance process for service changes which do not meet the 'major' threshold.

2. Background

This report provides an overview of the work of the short life working group to develop a draft process for assurance of all service change noting the discussions with the service change sub-committee on 8 February 2024.

3. Assessment

Overview

Following the publication of Planning with People guidance in April 2023 and after careful consideration of the discussions about the need for assurance of engagement activity for the NHS Greater Glasgow and Clyde (NHSGGC) GP Out of Hours service change, a decision to develop an assurance process for all service change (other than major service change) was reached.

Activity to date

A short life working group (including two members of the service change sub-committee) was established to develop an overarching process for assurance of all service change in June 2023. An invitation from the Director was sent to all NHS Boards and Health and Social Care Partnerships to ask if they would like to be involved in shaping the new approach. Six NHS boards and two Health and Social Care Partnerships took part in two meetings in late August 2023 to discuss the proposed approach. They told us that they were supportive of the development of this approach and provided a number of helpful comments on both the content and the approach. A further NHS board also submitted comments in December 2023.

This work takes also account of a test of change in using this approach with NHSGGC using the changes to their GP Out of Hours services where consultation took place between 09 October and 11 December 2024.

Taking account of the comments received and the experience of working alongside NHSGGC, we have revised the flowchart to simplify the approach and to reframe the language used. The revised flowchart was discussed by the service change sub-committee on 8 February 2024 and following agreement at that meeting we have re-circulated the flowchart to the partners who supported this work for further comment. The revised flowchart (subject to any further comment from partners) is submitted for approval leading to implementation in April 2024 and is attached as Appendix 1.

We have continued to discuss this approach with colleagues in Scottish Government who are supportive of this work in line with Planning with People.

Assessment considerations

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| Quality/ Care | Engagement in relation to service change is a legislative requirement in line with existing statute and the <i>Planning with People</i> guidance. |
| Resource Implications | There are no financial implications for the directorate in the reporting of Assurance activity. |
| | There are no negative implications for the directorate in the development of this approach in relation to resources, capacity and capability. |
| Risk Management | Community Engagement in Service Change is included within the HIS corporate risk register (Risk 1163). |
| Equality and Diversity, including health inequalities | Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and their Equalities Outcomes. |
| Communication, involvement, engagement and consultation | Information on the topics included within the report will be shared with Scottish Government and the Directorate Leadership Team. |

4 Recommendation

Scottish Health Council Members are invited to consider the content of this paper, together with the proposed assurance of engagement in service change flowchart and reach a decision on whether the approach set out in the flowchart can now be approved for implementation in April 2024.

5 Appendices and links to additional information

Appendix 1: Flowchart - Assurance of engagement in service change.

Healthcare Improvement Scotland

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| Meeting: | Scottish Health Council |
| Meeting date: | 29 February 2024 |
| Title: | Governance for Engagement – conclusion of Cycle 3 proposal |
| Agenda item: | 3.5 |
| Responsible Executive/Non-Executive: | Clare Morrison, Director of Community Engagement & System Re-design |
| Report Author: | Tony McGowan, Associate Director (Community Engagement) |
| Purpose of paper: | Decision |

1. Situation

Delays with the implementation of the Healthcare Improvement Scotland (HIS) Community Engagement team organisational change have resulted in a need to revisit the previously stated timeframes for the conclusion of Cycle 3 of the Governance for Engagement process. This was originally intended to comprise testing of the Quality Framework for Community Engagement & Participation with three directorates during Q4 2023/24 as follows:

- Community Engagement & System Re-design;
- Evidence & Digital; and
- People, Workplace & Organisational Development.

With management resources being applied to the prioritisation of the organisational change implementation during Q4 2023/24 to ensure activation of the new structure on 01 April 2024, this paper sets out a revised proposal for the conclusion of Cycle 3.

2. Background

The Governance for Engagement process within HIS seeks to identify and improve upon good engagement practice through examination and discussion of practical examples provided by Directors, senior managers and staff from across all parts of the organisation. The purpose is to gain assurance that the organisation's required legislative and other duties on engagement and equalities-related matters are being met.

Over its first 2 annual cycles, the Governance for Engagement process has established a robust baseline of information relating to engagement and equalities activities at organisational and directorate-levels, including the highlighting of successes, areas for focused development, and associated recommendations.

The Governance for Engagement Cycle 2 report (published in August 2023) stated that the Community Engagement team's organisational change process was planned to be finalised during autumn 2023, at which point the planning for Cycle 3, i.e. the arrangements for testing the Quality Framework with the three identified directorates during Q4 2023/24, would resume. However, due to unforeseen delays and despite intensive efforts, the change implementation (which is now fully underway) is now scheduled to be completed during Q4 2023/24. This is having a capacity impact, necessitating a revision to the plans for the conclusion of Cycle 3.

3. Assessment

Senior management capacity within the Community Engagement team is currently focused on populating the new engagement programme functional teams during Q4 2023/24 via the established organisational change processes, including scheduled matching conversations with all colleagues, and the completion of the team ring-fenced recruitment arrangements. Given the numbers of colleagues involved, these are time-intensive activities often requiring detailed associated follow-up actions.

In the spirit of pragmatism, the revised proposal for the conclusion of Cycle 3 of the Governance for Engagement process is to successfully test the Quality Framework with the Community Engagement & System Redesign directorate by the end of March 2024, and move testing of the Evidence & Digital, and People, Workplace & Organisational Development directorates to April and May 2024 respectively. This will ensure sufficient team capacity is available to support the testing process including the provision of advice to participating directorates, analysis of evidence, and production of recommendations.

The Governance for Engagement sub-committee would convene in June 2024 to receive a feedback report on the testing with the three directorates to ensure fitness-for-purpose, prior to a full roll-out of the agreed approach by the end of 2024/25 (thereby completing Cycle 4).

Assessment considerations

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| Quality / Care | Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we undertake. Therefore, effective governance of how the organisation engages with people and communities has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful. |
| Resource Implications | No financials out-with existing core funding. No workforce implications out-with existing core resources. |
| Clinical and Care Governance (CCG) | The evidence gained through the Governance for Engagement process links directly to Dimension 3 of the CCG framework ('People and communities are involved in all our programmes of work'). |
| Risk Management | An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and sub-optimal approach to engagement with people and communities, and monitoring our equalities activities. |
| Equality and Diversity, including health inequalities | The Community Engagement & System Redesign directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The Governance for Engagement process directly supports the organisation in meeting its Public Sector Equality Duty , the Fairer Scotland Duty and the Board's Equalities Outcomes . |
| Communication, involvement, engagement and consultation | The arrangements to support Governance for Engagement were originally considered during the Scottish Health Council review process, and then by the Scottish Health Council and HIS Executive Team during summer 2020. 2021/22 saw a full cycle of sub-committee meetings completed with each HIS directorate and corporate team participating in the process. The learning from this informed the planning for Cycle 2, which reported in August 2023. |

4 Recommendation

While the revised proposal involves a delay of three months over the previous anticipated timeframe for the conclusion of Cycle 3, it allows for the important testing of the Quality Framework to be undertaken as originally envisaged and reporting back to the Governance for Engagement sub-committee, prior to full adoption during 2024/25 (Cycle 4).

The Council is therefore asked to agree the revised proposal for the conclusion of Cycle 3.

5 Appendices and links to additional information

N/A