Scottish Health Council Meeting

Thu 14 November 2024, 10:00 - 12:30

Via MS Teams

Agenda

10:00 - 10:15
15 min

1. OPENING BUSINESS

1.1. Welcome, Introduction, apologies and declarations of interest

10.00-10.05 *Chair*

1.2. Draft Minutes of Meetings

10.05-10.10 *Chair*

Papers

- 1.2 20240912 -SHC -Draft Minutes v0.2 cm.pdf (5 pages)
- 1.2 20241010-SHC Extraordinary meeting draft minutes.pdf (3 pages)

1.3. Review of Action Point Register

10.10-1015 *Chair*

Paper

- 1.3 20241114 - SHC Action Point Register v1.0.pdf (2 pages)

10:15 - 11:00
45 min

2. HIS STRATEGIC BUSINESS

2.1. Engagement on Service Change

10.15-10.25 *Director, Clare Morrison & Head of Assurance-Engagement Practice, Derek Blues*

Paper

- 2.1 20241114 - SHC-Eng on service change db tmg.pdf (4 pages)

2.2. Governance for Engagement

10.25-10.35 *Director, Clare Morrison & Associate Director of Community Engagement, Tony McGowan*

Paper

- 2.2 20241114 - SHC - Governance for Engagement Cycle 3 update v01 (draft).pdf (4 pages)

2.3. Equality, Inclusion and Human Rights

10.35-10.45 *Equality, Inclusion & Human Rights Manager, Rosie Tyler-Greig*

Paper

- 2.3 20241114 -SHC-Equalities v0.1.pdf (5 pages)
- 2.3 Appendix 1 Letter to Chairs BCEs anti-racism plans.pdf (2 pages)
- 2.3 Appendix 3 Draft equality outcomes 2025-29 v0.2.pdf (11 pages)

2.4. Corporate Parenting Action Plan /Report

10.45-10.55 *Equality, Inclusion & Human Rights Manager, Rosie Tyler-Greig*

Paper

- 2.4 20241114 -SHC- Corporate parenting v0.1.pdf (3 pages)
- 2.4 Appendix 2 Corporate Parenting Plan 23-26 v1.2 (2).pdf (14 pages)
- 2.4 Appendix 3 UNCRC Session Analysis v1.0.pdf (8 pages)

2.4.1.

10.55-11.00 Comfort Break

11:00 - 11:50
50 min

3. COMMUNITY ENGAGEMENT BUSINESS

3.1. Evidence Programme

11.00-11.10 Head of Evidence-Engagement Practice,Christine Johnstone

Paper

- 3.1 20241114 - SHC - Engagement Practice - Evidence Update v02 (draft).pdf (5 pages)

3.2. Improvement Programme

11.10-11.20 Head of Improvement-Engagement Practice, Diane Graham

Paper

- 3.2 20241114 -SHC- EPI Paper v1.0.pdf (5 pages)

3.3. Assurance Programme

11.20-11.30 Head of Assurance-Engagement Practice, Derek Blues

Paper

- 3.3 20241114- SHC- Assurance programme db.pdf (6 pages)

3.4. Strategic Engagement

11.30-11.40 Strategic Engagement Leads, Lisa McCartney & Sharon Bleakley

Paper

- 3.4 20241114- SHC- Strategic Engagement 0.2.pdf (5 pages)

3.5. Operational Plan Progress Report 24/25 Q2

11.40-11.50 Operations Manager, Richard Kennedy-McCrea

Paper

- 3.5 20241114- SHC-2024-25 Q2 update - cover paper.pdf (3 pages)
- 3.5 Appendix 1 SHC - 2024-25 Q2 update.pdf (5 pages)

11:50 - 12:15
25 min

4. SHC GOVERNANCE

4.1. Risk Register

11.50-12.00 Director, Clare Morrison

- 4.1 20241124- SHC - Risk register.pdf (3 pages)
- 4.1 Appendix 2 20241114 Risk Register.pdf (1 pages)

4.2. Key Performance Indicators

12.00-12.10 Director, Clare Morrison

Paper

4.2 20241114 SHC - KPIs paper (002).pdf (3 pages)

4.2 Appendix 1 202401031 Q2 Performance Report_corporate KPIs.pdf (2 pages)

4.3. Business Planning Schedule

12.10-12.15 *Chair*

Paper

4.3 2024111- SHC- Business Planning Schedule 2024-25.pdf (1 pages)

12:15 - 12:20
5 min

5. RESERVED BUSINESS

Chair

5.1. Service Change Sub-Committee Draft Minutes of Meeting 24/10/24

12.15-12.20 *Chair*

5.1 20241031-SHC- Service Change Sub-Committee Meeting 2024-10-24 DRAFT vo.4.pdf (4 pages)

12:20 - 12:25
5 min

6. ADDITIONAL ITEMS of GOVERNANCE

6.1. Key Points for HIS Board

12.20-12.25 *Chair*

12:25 - 12:30
5 min

7. CLOSING BUSINESS

7.1. AOB

12.25-12.30 *All*

7.2. Meeting Close

12.30

12:30 - 12:30
0 min

8. DATE OF NEXT MEETING

20 February 2025, 10.00-12.00 Via MS Teams

Healthcare Improvement Scotland

MINUTES draft 0.2

Meeting of the Scottish Health Council (SHC) at
12 September 2024,10.00-12.30, MS Teams

Present	In Attendance
Suzanne Dawson, HIS Non-Executive Director, Chair (SD)	Clare Morrison, Director of Engagement & Change, Lead Director (CM)
Gina Alexander, Member (GA)	Derek Blues, Head of Assurance of Engagement (DBL)
Dave Bertin, Member (DB)	Sharon Bleakley, Strategic Engagement Lead (SB)
Emma Cooper, Member (EC)	Sybil Canavan, Director of Workforce (SC)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)	Diane Graham, Head of Engagement Practice–Improvement (DG)
Jamie Mallan, Member (JM)	Ben Hall, Head of Communications (BH)
Robbie Pearson, Chief Executive (RP), up to item 2.1.2	Christine Johnstone, Head of Evidence of Engagement (CJ)
Michelle Rogers, HIS Non-Executive Director (MR)	Richard Kennedy McCrea, Operations Manager (RKM)
	Lisa McCartney, Strategic Engagement Lead (LMC)
	Angela Moodie, Director of Finance, Planning & Governance (AM)
	Lynda Nicholson, Head of Corporate Development (LN)
	Duncan Service, Employee Director (DS)
	Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTG)
Board/Committee Support	**Apologies**
Pauline Symaniak, Governance Manager	Nicola McCardle, Member (NMC)
	Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)
	Lynsey Cleland, Director of Quality Assurance and Regulation
	Tony McGowan, Associate Director Community Engagement (TM)
	Susan Ferguson, Committee Secretary (SF)

1.	Opening Business
1.1	**Chair's Welcome, Introductions and Apologies**
	The Chair (SD) welcomed everyone to the meeting and apologies were noted as above. SD noted there were no declarations of interest made at the start of the meeting.
1.2	**Draft Minutes of Meeting**
	The draft minutes of the meeting held on 23 May 2024 were accepted as an accurate record. There were no matters arising. **Decision: The SHC approved the minutes from 23 May 2024.**
1.3	**Review of Action Point Register**
	The SHC reviewed the Action Point Register with updates being provided for each action point for assurance. It was noted that the action to reinstate declarations of interests on the agenda was outstanding.

	Action: Add declarations of interest to future agendas; circulate the board template for recording declared interests (SF).
2.	**HIS STRATEGIC BUSINESS**
2.1.1	**Engagement on Service Change**
	CM provided SHC with an update on key strategic issues relating to engagement on service change, including proposals for a consistent approach where a service change takes place but has not followed the Planning With People (PWP) guidance. DBL advised that the pace of change in boards is fast due to the financial pressures and that the Service Change sub committee supported proposals. In response to questions by SHC Members, the following additional information was provided: a) The key challenges are around the volume of change to respond to the financial crisis and the need for meaningful engagement balanced with financial requirements. PWP guidance is clear but HIS has been challenged on it and sought clarification from Scottish Government. b) A paper is being developed by HIS regarding the position with what boards call temporary changes and these will still need meaningful engagement. c) HIS does a lot of work to communicate the PWP guidance including recent attendance at national Board Chief Executives and Board Chairs meetings. A meeting with Chief Officers of Health and Social Care Partnerships is planned. d) In the current context, HIS needs to adapt its communications but be clear that if the PWP guidance is not followed, the matter will be escalated to Scottish Government. **Decision: The SHC agreed the recommendation within the paper and accepted the moderate level of assurance offered.**
2.1.2	**Engagement on Service Change**
	CM advised that the second paper under this heading set out considerations related to public engagement during NHS reform, in particular whether HIS has an assurance role in relation to engagement about national changes. A letter was received from Scottish Government advising that HIS doesn't have an assurance role in nationally planned changes but will have an assurance role in local engagement related to national changes as per the PWP guidance. The letter advises that Scottish Government will undertake engagement at a national level and report on this to all boards. SHC Members expressed concern about the complexity of the matter and appropriate interpretation of guidance, not only for national changes but also regional changes, and the practical application of the guidance in the letter in real world scenarios. They agreed that HIS should seek its own legal advice on the matter and this would be brought back to SHC for consideration, at an extraordinary meeting if required. Consideration of this would be usefully supported by the creation of scenarios that demonstrate different types of engagement and how the guidance might work in practice. **Actions: Obtain independent legal advice on HIS's role from Central Legal Office (CM); prepare scenarios (DBL).**
2.2	**Governance for Engagement (GfE)**
	CM provided an update to the SHC on the progress of cycle 3 of the GfE process, noting that a new approach is being tested and the first directorate to provide their self-assessment was the Community Engagement & Transformational Change directorate. The SHC welcomed the report as well as the engagement and progress reported. Thanks were extended to TM for his input to the process. It was noted that matters could emerge from the self-assessments and discussions that were relevant to the Staff Governance Committee so this will be examined and information shared appropriately.

	Decision: SHC considered the update and accepted the moderate assurance offered. **Actions: Consideration to be given to the support services directorates being considered alongside each other (TMcG); any overlaps that arise with workforce matters within the remit of Staff Governance Committee to be shared (CM).**
2.3	**Equalities, Diversity & Inclusion**
	The SHC Chair referred the meeting to the joint session held with the Staff Governance Committee on 5 September which will provide input for the Board strategy day on 18 September. Thanks were extended to RTG for her input to the planning and delivery of the joint session. RTG advised that HIS continues to monitor its legal equalities duties through the use of Equality Impact Assessments and the majority of programmes have them in place. New equality outcomes are being drafted and there will be engagement before finalising them. In response to a question from SHC Members, RTG advised that reasonable adjustment passports are now live within the organisation and there will be a communications launch in October. **Decision: The Committee noted the good progress with embedding equalities within the organisation and accepted the significant assurance offered in the paper.**
2.4	**Role of Public Partners (PPs)**
	CM provided a paper updating SHC on development of PPs and recent recruitment. RTG advised that there are currently 13 PPs in post and an additional one has been recruited. There will be further recruitment activity in October. A HIS volunteering policy is also being developed to support PPs and People Experience Volunteers. In response to questions from SHC Members, RTG advised that PPs are recruited through the Volunteer Scotland website and we are looking at how to diversify our PPs and attract new ones. PPs are involved in various work programmes but there is not one currently on the SHC sub committees, instead they sit on a panel that acts as a sounding board. SHC noted that having a PP attend the Committee could potentially cause confusion with the role of SHC Members. However, it was noted that a more embedded and strategic approach for ensuring public engagement and lived experience should be captured in our work. **Decision: The SHC considered the update and accepted the significant assurance offered.**
3.	**COMMUNITY ENGAGEMENT BUSINESS**
3.1	**Evidence Programme**
	CJ provided an update on work within the Engagement Practice – Evidence Unit, including Gathering Views exercises and the most recent Citizens' Panels. Recent topics of note have been sustainability, safety of medicines and patient experience at NHS Greater Glasgow & Clyde emergency departments. In response to questions from SHC Members, the following additional information was provided: a) There are no obvious trends in relation to the level of engagement for Citizens' Panels. b) Resource has been identified to fulfil aspirational work such as publication in professional journals. c) Citizens' Panel number 13 looked at access to services and it would useful to share with GPs. Work will be done to better communicate Panel reports to the appropriate people. d) Regarding NHS Greater Glasgow & Clyde emergency departments review, Care Opinion was used to provide a summary of trends. **Decision: The SHC considered the summary of activities and accepted the significant assurance offered.**

3.2	**Improvement Programme**
	DG provided a summary of work ongoing to establish the overarching programme of work, create the team structure and culture, and fill vacant posts. Key achievements to date relate to receiving the commission and budget for the Volunteer Management System, securing 12 new coaches for the Care Experience Improvement Model and planning for the What Matters to You programme. **Decision: The SHC considered the update and accepted the moderate assurance offered given the outstanding vacancies.**
3.3	**Assurance Programme**
	DBL provided the SHC with an update on the Evidence Practice – Assurance programme. Key achievements have been the delivery of a board masterclass on 29 May which was well received, follow up engagement practitioner sessions planned for September and October, and major service change in NHS Dumfries and Galloway which is ongoing until 27 September. **Decision: The SHC considered the update and accepted the moderate assurance offered.**
3.4	**Strategic Engagement**
	LM provided an update on the work of the Strategic Engagement Team. They have met with strategic leads from 39 out of 40 north and east Health & Social Care Partnerships and Boards to discuss PWP guidance. This work will develop relationships and support intelligence gathering. In response to questions from SHC Members, the following additional information was provided: a) The Strategic Engagement Lead for the west region remains a vacant post and next steps will be to consider an external advert. b) Engagement advisers are ready to engage with their communities and local networks are already strong, so the expectation is that intelligence will start to gather. **Decision: The SHC considered the update and accepted the moderate assurance offered.**
3.5	**Operational Plan Progress**
	RKM presented an update on progress with the Directorate's work outlined in the Operational Plan for 2024-25. Of note are the following points: a) Following organisational change, new structures are embedding and work programmes are being developed. b) There was no direct engagement with the public during Q1, largely due to the activity described above but work has included tracking the eventual impact of the 9th Citizens' Panel report which is seeing impacts two years after publication. c) Scottish Government advised that two additional allocations for Citizens' Panel and What Matters to You will be included in baseline funding next year and confirmation of this is awaited. Members welcomed the anticipated baseline conversion for the two programmes highlighted, recognising that this reflects how positively the work is received, and noted the need to share back impacts to participants of Citizens' Panel. In response to a question about the level of assurance, it was advised that if the paper was considered as part of the totality of the reports presented, it might merit a significant level of assurance. **Decision: The SHC considered the update and accepted the moderate assurance offered while recognising progress is moving in a positive direction.**

4.	**SHC GOVERNANCE**
4.1	**Risk Register**
	CM provided an update on the strategic risk presented, advising that the rating has changed due to making progress in the last quarter including publication of PWP guidance and that more detail is provided around decision making for the rating. **Decision: The SHC noted the risk register and accepted the moderate assurance offered in relation to management of the risk.**
4.2	**Key Performance Indicators (KPIs)**
	CM provided an update on the KPIs assigned to the SHC, highlighting that this is a new approach to assign KPIs to relevant committees for assurance. The full range of KPIs is provided on this occasion for context. There are also corporate KPIs which are assured by the Quality and Performance Committee. In response to a question from Members, it was advised that SHC Members were not consulted on the KPIs this year but consideration will be given to doing that in future years. Members noted that it is useful to see the wider KPIs for context but they needn't be part of the main paper. **Decision: The SHC reviewed the KPIs assigned to them and accepted the significant assurance offered in relation to their progress.** **Actions: Provide wider KPIs with each future report but as additional reading (CM); consider how to involve Members in developing the KPIs in future years (CM).**
4.3	**Business Planning Schedule**
	The SHC were presented with the latest schedule of proposed business for 2024/25. **Decision: The SHC approved the business planning schedule for 2024/25.**
5.0	**RESERVED BUSINESS**
5.1	**Service Change Sub-Committee Draft Minutes of Meeting 22/08/2024**
	The draft minutes from the Service Change Sub-Committee meeting held on 22 August 2024 were shared with the SHC for information. **Decision: The SHC noted the draft minutes.**
6.0	**ADDITIONAL ITEMS of GOVERNANCE**
6.1	**Key Points for HIS Board**
	The following key points were agreed for reporting to the HIS Board meeting; a) HIS's role in engagement on national service change. b) Planning With People – the need for a consistent approach when PWP is not followed. c) Progress with delivery of community engagement activity in HIS following implementation of new structure.
7.0	**CLOSING BUSINESS**
7.1	**AOB**
	No other business was discussed.
7.2	Meeting Closed
8.0	**DATE OF NEXT MEETING: 14 November 2024 via MS Teams**

Approved by:
Chair, Scottish Health Council
Date: Next meeting: 14 November 2024

Healthcare Improvement Scotland

MINUTES draft 0.1

Extraordinary Meeting of the Scottish Health Council (SHC) at
10 October 2024,12.00-12.30, MS Teams

Present	**In Attendance**
Suzanne Dawson, HIS Non-Executive Director, Chair (SD)	Clare Morrison, Director of Engagement & Change (CM)
Gina Alexander, Member (GA)	Sybil Canavan, Director of Workforce (SC)
Dave Bertin, Member (DB)	Jane Illingworth, Head of Planning and Governance (JI)
Nicola Hanssen, HIS Non-Executive Director, Vice Chair (NH)	Christine Johnstone, Head of Evidence of Engagement (CJ)
Nicola McCardle, Member (MNC)	Tony McGowan, Associate Director of Community Engagement (TMG)
Michelle Rogers, HIS Non-Executive Director (MR)	Angela Moodie, Director of Finance, Planning & Governance (AM)
Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)	
Robbie Pearson, Chief Executive (RP),	
Board/Committee Support	**Apologies**
Susan Ferguson PA to Chair of SHC & Director of Engagement & Change (CETC)	Jamie Mallan, Member (JM)

1.	**Opening Business**
1.1	**Chair's Welcome, Introductions and Apologies**
	The Chair (SD) welcomed everyone to the extraordinary meeting and noted this was to review engagement on national service change and provide an update on the developments made since the previous SHC meeting which was held on 12 September 2024. Apologies were noted as above.
1.1(1)	**National Service Change**
	SD introduced CM to provide an update on the paper presented. CM advised that the paper and appendices presented were to provide further assurance and clarity on the following asks from the previous SHC meeting held on 12 September 2024. • Seek Central Legal Office (CLO) advice about HIS's role in assurance of engagement on national service change which provided clarity that HIS is delivering its statutory duties and not overstepping them. • Work with Scottish Government to prepare a paper providing further clarity of proposed responsibilities for engagement. CM noted that the new draft guidance provided better clarity on the difference between engagement required at a local and national level and who the responsibilities sit with. The SHC was asked to consider the CLO advice and draft national guidance, and to decide whether to approve the guidance and/or recommend any amendments for further discussion with Scottish Government.

	SD thanked CM for the update and welcomed any comments, views or discussion on the paper put forward. The following views were raised; a) Doesn't give the full reassurance needed and felt there was a need to discuss the risks involved as to when poor national engagement impacts local engagement. b) There is a need to consider what the risks are in this, however recognised the fact that this approach hasn't been tested and may become clearer where HIS sits once examples are provided. c) If the engagement Scottish Government (SG) undertakes falls short of the agreed framework, could this be called out publicly or can we escalate our concerns to Scottish Ministers without this being assurance. d) There is still a lack of clarity on the timing opportunities to escalate the risks in some of the process. e) Some concerns on what the process would be if SG's engagement doesn't meet with standards set out in the guidance. f) Still not clear on what constitutes assurance. SD noted that everyone welcomed the quality and clarity of the paper content, however there are still several risks that members feel need to be addressed. CM responded to the points raised with the following feedback; a) Highlighted that the guidance had been jointly produced with SG and makes the role of both SG and HIS much clearer. This reduces the risk to HIS and commits SG to the defined engagement. b) Noted that HIS do not have an assurance role in SG's engagement at this moment in time and a change in legislation would be required to achieve this. Advised there may be a need for us to reflect on this to avoid overstepping what is set out in the current legislation which is not assuring SG engagement. c) For the risks involved, it was important that if the guidance is published, we do ensure that there is complete clarity on what HIS has assurance for and what it does not. d) Noted that the escalation route is currently to SG and Scottish Ministers if we are not content with any Board's engagement. e) Agreed that there is risk on SG 'marking its own homework' but to mitigate this we should publish what HIS's process is in collaboration with SG as a joint agreed framework. f) On what constitutes assurance, advised that if not satisfied with quote from CLO, we could approach them again for further clarification if necessary. RP reminded SHC members that the current process is for Parliament to hold Ministers to account and that it is important to respect this democratic process. He provided some clarity on using the term assurance and the right for a public body to be allowed to make comment to SG. He advised that there is nothing to prevent us from making comment if we feel something isn't correct. A discussion took place on the need to revisit the service change risk on the Strategic Risk Register. It was decided that this would be a discussion for the HIS Board to agree on wording and whether national service change would need to be a separate risk. SD noted that the SHC were happy with the paper content, however recognised the risks that has been identified. The SHC was asked to consider the level of assurance offered from the paper.

	It was noted that there was significant assurance on the paper itself however advised that there are still residual risks until this process is tested out. **Decision: The SHC considered the paper and accepted the moderate assurance offered.** **Actions:** • **HIS board to revisit the service change risk on the Strategic Risk Register** • **Joint HIS-SG publication of new guidance approved** • **Review the implementation of the guidance on an ongoing basis** SD extended thanks to everyone for their attendance and input at the meeting. Further thanks were expressed to CM and the Team for the work involved in preparation of this paper.
2.0	**Meeting Closed 12.30**

Approved by:
Chair, Scottish Health Council
Date: Next meeting: 14 November 2024

Healthcare Improvement Scotland

ACTION POINT REGISTER

Meeting: **Scottish Health Council**
Date: **12 September 2024**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee Meeting 1.3 12/09/2024	Review of Action Point Register	Add declarations of interest to future agendas; circulate the board template for recording declared interests.	14/11/2024	SF	Complete – now added to Agenda template. Board template for recording declared interests sent to SHC members 31/10/2024
Committee Meeting 2.1.2 12/09/2024	Engagement on National Service Change	Obtain independent legal advice on HIS's role from Central Legal Office (CM); prepare scenarios (DBL).	Immediate	CM/DBL	Complete – CLO legal advice requested and received. Scenarios discussed with SG. Final paper taken to SHC extraordinary meeting in September. Guidance published
Committee Meeting 2.2 12/09/2024	Governance for Engagement	Consideration to be given to the support services directorates being considered alongside each other (TMcG); any overlaps that arise with workforce matters within the remit of Staff Governance Committee to be shared (CM).	14/11/2024	TMcG/CM	Ongoing – Finance *et al* and People & Workplace directorates considered together at 10 October 2024 meeting. Further discussion between SD, CM and TMG to follow. Meeting arranged for 14/11/2024
Committee Meeting 4.2 12/09/2024	Key Performance Indicators (KPIs)	Provide wider KPIs with each future report but as additional reading (CM); consider how to involve Members in developing the KPIs in future years (CM).	14/11/2024	CM	To start when work begins on developing next year's KPIs – table for February meeting.

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Engagement on Service Change**
Agenda item:	**2.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Derek Blues, Head of Engagement Practice - Assurance**
Purpose of paper:	**Discussion**

1. Situation

To provide the Scottish Health Council with an overview of the activity of the key matters relating to service change.

2. Background

The Community Engagement & Transformational Change Directorate discharges Healthcare Improvement Scotland's statutory duties in relation to monitoring, supporting and assuring engagement on service change. This work includes oversight of service changes taking place in NHS Boards and Integration Joint Boards (IJBs). In the current climate of financial and workforce pressures, there is a risk that NHS Boards and IJBs may look to make service changes quickly and without undertaking engagement in line with the *Planning With People* guidance.

3. Assessment

Nationally determined Service Changes

There has been significant progress in agreeing a 3-step approach for nationally determined service changes. Nationally determined service changes are services that are defined by Scottish Government (including those that Scottish Government commissions via the NHS Scotland Planning and Delivery Board) and are delivered by NHS Boards and Integration Joint Boards.

Step 1
Responsibility for engagement activities is led nationally by Scottish Government. Engagement includes commissioned activities across Scotland (including by HIS) in a coherent nationally co-ordinated plan. Assurance of all engagement activities within this stage is by Scottish Ministers via the Scottish Government's

Participation Framework. HIS provides support and advice but has no assurance role.

Step 2
Scottish Government provides written notice to all affected boards explaining the national decision and engagement undertaken. This is the delineation point at which responsibility for engagement activities moves from national to local level and assurance responsibility moves from Scottish Ministers to HIS. HIS provides advice to boards about the local engagement required.

Step 3
Responsibility for engagement activities is held by NHS Boards and Integration Joint Boards. Engagement includes local activities undertaken by boards. Assurance of engagement is by HIS, in line with Planning With People. HIS cannot participate in engagement activities when it has an assurance role. If engagement does not meet Planning With People, HIS has the option to escalate to Scottish Ministers.

Following the extraordinary meeting of SHC on 10 October 2024, the guidance was finalised and published. It was sent to all NHS boards and HSCPs by Scottish Government on 31 October 2024. The guidance and letter is available on the HIS website. We plan to host a session for the Engagement Practitioners Network (EPN) before the end of the calendar year to discuss the practical implications of the new guidance.

Non-compliance with the *Planning With People* guidance

The volume of service change has been steady over recent months, however we have noted a small increase in service changes that are proceeding without following the *Planning With People* guidance where a proposal for change has been approved without meaningful engagement around the impact of the change having taken place.

In these situations, it has been necessary to write to NHS Boards and IJB's concerned to highlight that the guidance had not been followed and suggest remedial actions with a requirement to report back to HIS setting out the actions taken within a specific timescale. In one case we have had ongoing communication with a member of the public who had expressed concerns that a service change had been agreed and implemented without the guidance being followed.

However, in other areas, it is important to recognise that it is encouraging to have early dialogue with partners who are keen to move forward with service changes and who recognise the importance of following the *Planning With People* guidance.

In response to this, a Short Life Working Group was established to consider our approach for dealing with these types of situations and they have developed a draft framework to take account of 9 different circumstances of non-compliance as follows:

1. No response to follow up on initial advice given to NHSB/HSCP.
2. No interaction with HIS and we are made aware of change - pre-decision.
3. No interaction with HIS and we are made aware of change - post-decision
4. Non-compliance with recommendations and requirements made- engagement.

5. Non-compliance with recommendations and requirements made-consultation (non-major change)
6. Non-compliance with recommendations and requirements made-consultation (major change)
7. Non-compliance with PWP advice re temporary changes.
8. Non-compliance with recommendations- implementation (non-major)
9. Non-compliance with recommendations- implementation (major)

The framework includes a 3-step approach to escalation for each of the nine circumstances noted above and also provides draft wording to be used to help ensure a consistent approach is taken across the directorate. We anticipate commencement of the framework in December 2024 once a final version has been agreed.

Dumfries & Galloway HSCP - Community Hospitals Major Service Change

The major service change report regarding the future of 4 cottage hospitals based in the Dumfries & Galloway HSCP has been completed and published here. Based on the findings outlined in this report, it is our view that Dumfries and Galloway HSCP's consultation process has met the *Planning With People* guidance set out by the Scottish Government and COSLA. An extraordinary meeting of the IJB to consider the outcome of the consultation, the HIS report and additional information (including finance) will be held on 29 October 2024.

Assessment considerations

Quality/ Care	Assurance of engagement in relation to Service Change is a legislative requirement in line with existing statute and the *Planning With People* 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 reporting of Assurance of Engagement activity relating to resources, capacity and capability.
Clinical and Care Governance (CCG)	The assurance of meaningful engagement in service change supports high quality health and social care.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register.
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 Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been/will be presented to the following: • Presented to Scottish Health Council and shared with Scottish Government

4 Recommendation

The Scottish Health Council is asked to:

- Note and discuss on the contents of this report.
- Accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Governance for Engagement**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Tony McGowan, Associate Director of Community Engagement**
Purpose of paper:	**Assurance**

1. Situation

This paper provides an update on the implementation of Cycle 3 (2024/25) of the Healthcare Improvement Scotland (HIS) Governance for Engagement process.

2. Background

The HIS Governance for Engagement process aims to provide assurance that the organisation meets its legislative and other duties on engagement and equalities-related matters. The process seeks to identify and improve on good engagement practice through examination and discussion of practical examples. All HIS directorates have taken part in the Governance for Engagement process since its establishment in 2021 and improvements to engagement practice have been observed.

For Cycle 3 (2024/25) the Governance for Engagement process has adopted the Quality Framework for Community Engagement & Participation.

The planned programme of Cycle 3 Governance for Engagement sub-committee meetings is now underway, with each HIS directorate completing a self-assessment tool based on the Quality Framework. This is then considered by the sub-committee, including a 'supportive scrutiny' discussion with the relevant Director and their team. Subsequent to the meeting a 12-month directorate improvement plan is developed with supporting actions. At the end of Cycle 3, an overall HIS report will be formulated summarising areas of good engagement and equalities practice, areas for further development focus, and incorporating each directorate improvement plan.

3. Assessment

Since the last Council meeting, a further two sub-committee meetings have taken place (29 August 2024 – Evidence & Digital directorate, and 10 October 2024 – Finance,

Planning, Governance & Communications directorate, People & Workplace directorate, and Nursing & System Improvement directorate). During these meetings directorates shared their self-assessments, discussed examples of good practice, and areas for further focus. Key points:

Evidence & Digital directorate

- Good quality engagement and equalities practice is demonstrable across the range of the directorate's activities when work programme processes are active.
- The directorate is working towards taking a more strategic approach to engagement including the establishment of key shared principles across all teams.
- Different teams within the directorate follow differing approaches to engagement evaluation due to legacy arrangements, and there are resourcing constraints that serve as a barrier to identifying impact post-project / work programme conclusion.
- There is a keenness to ensure the same members of the public are not approached by other parts of HIS in quick succession on topics covering similar subject matter.
- The benefits of the Digital team being part of the directorate are developing, including considerations around the facilitation of public participation via digital methods.
- View given by the Director of Evidence & Digital that every staff member within the directorate understands their responsibilities regarding engagement and equalities practice, and that these represent enjoyable aspects of their roles.

A 12-month improvement plan has been drafted to support the directorate to focus on the following headline areas:

- Establish consistency of approach to evaluation of engagement across directorate teams and work programmes.
- Development of directorate-wide database of community and voluntary sector organisations to share intelligence and reduce duplication.
- Development of learning sessions and events to showcase good engagement practice.
- Establish consistent directorate approach to the consideration of engagement and equalities at project and work programme inception.
- Review of directorate EQIA practice to ensure quality and intended impact on health inequalities.

At the time of writing (24 October 2024) the headline improvement areas above are subject to final agreement with the Director of Evidence & Digital.

Nursing & System Improvement

- There have been resourcing challenges within the directorate over the past year which have had an impact on operational delivery. These challenges are easing with recruitment to key posts underway.
- The focus for the directorate over the past year has been to ensure solid foundations are in place in the operation of each of its work programmes, including exploring and undertaking engagement and equalities activities.
- Over the next year the directorate will be developing its vision and strategy for engagement and defining its role in tackling health inequalities.

- The directorate has good working relationships with the Community Engagement & Transformational Change (CETC) directorate, and these are being drawn upon to inform approaches to engagement and equalities practice, and the formation of its vision and strategy for engagement.

A 12-month improvement plan is currently in the process of being discussed and drafted to support the directorate's focus, and this will be finalised during early November 2024.

<u>Finance, Planning, Governance & Communications directorate</u>
<u>People & Workplace directorate</u>

- HIS' corporate directorates have consistently conveyed their challenges in participating in the Governance for Engagement process since its establishment in 2021. This view was articulated again during the 10 October 2024 meeting.
- The Director of Finance shared their view that the time and capacity required when completing the Governance for Engagement process by corporate directorates was questionable as they are already subject to other significant governance processes. The Director of Workforce agreed with this view.
- Both Directors shared their view that the nature of the corporate directorates' work is often technical and confidential (e.g. payroll, HIS Board reserved matters) and this represents a barrier to engagement.
- Equality Impact Assessments (EQIAs) are completed where the corporate directorates determine they are necessary, with many processes / policies already having an EQIA in place at national level (e.g. Once For Scotland workforce policies).
- The development of the new HIS website has benefited from stakeholder feedback, with the general public being identified as a "low user" (the website is utilised more frequently by clinicians for safety and assurance purposes).

The Chair of the Scottish Health Council, Director of Engagement & Change, and Associate Director of Community Engagement will meet in November 2024 to reflect on the feedback provided by both Directors during the 10 October 2024 meeting. One of the potential actions may be a tailoring of the self-assessment tool for corporate directorates to make more explicit the relevance of the process to their work, and the provision of further advice and support to share understanding and build commitment.

Assessment considerations

Quality/ Care	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)	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 & Transformational Change 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 are overseen by the Scottish Health Council. An annual report is also shared with the Quality & Performance Committee.

4 Recommendation

The Scottish Health Council is asked to note and discuss the update provided in this paper.

It is recommended that the Council accept the following level of assurance:

MODERATE: meaning reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This is because the Cycle 3 process is in its first year of operation and while reasonable assurance is being gained with respect to externally-facing directorates, challenges remain with HIS' corporate directorates and their interaction with and understanding of the process.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Equality, Inclusion and Human Rights**
Agenda item:	**2.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager**
Purpose of paper:	Awareness

1. Situation

The Equality, Inclusion and Human Rights Team ensure Healthcare Improvement Scotland meets its statutory equality duties and progresses good practice across the organisation. Council members are asked to note progress including in the development of a refreshed set of equality outcomes, and to offer relevant feedback.

2. Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. We must report on how we have mainstreamed equality; publish equality outcomes and report on progress; carry out equality impact assessments for new or revised activities; gather, use and publish employee information including our gender pay gap; and have an equal pay statement.

Fiona Hogg - Chief People Officer in Scottish Government's Health Workforce Directorate - wrote to all NHS Chief Executives, Chairs and Human Resource Directors in March 2024 (see Appendix 1). She set out that all boards must 'develop and deliver against their own anti-racism plan'. Scottish Government guidance on this was subsequently published in September 2024 (see Appendix 2). An anti-racism plan for HIS is being developed concurrently with our 2025-29 equality outcomes. The plan will be co-sponsored at executive level by Clare Morrison and Safia Qureshi.

3. Assessment

Equality mainstreaming and workforce reporting

As with Quarter 1, a majority of HIS programmes which require an equality impact assessment (EQIA) have one in place. At Quarter 2, out of a total of 81 eligible work programmes, 67 had a full EQIA in place and a further 8 had carried out initial screening. 6 programmes were yet to progress an EQIA. This is a 3% improvement in completion status compared to quarter 1.

Equality outcomes development

Internal and external engagement is informing the development of equality outcomes for Healthcare Improvement Scotland during the period 2025-29. Four equality outcomes have been developed and delivery activities identified. See Appendix 3 for a full current draft. The draft outcomes include themes of anti-racism, perinatal health, disability and LGBT+ communities. They relate to both the Healthcare Improvement Scotland workforce and our external facing delivery. The outcomes will be published in April 2025 as part of HIS equality mainstreaming report. In summary, the draft outcomes are:

- Outcome 1: Disabled people experience an inclusive work environment and opportunities for professional development.
- Outcome 2: We promote good relations for and among LGBT+ communities by using learning tools and frameworks such as the NHS Scotland Pride Badge initiative.
- Outcome 3: We champion clear approaches to improve the quality and safety of maternity care for women and birthing people from minority groups.
- Outcome 4: Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within both the workplace and healthcare system.

Specific feedback relating to outcome 1 was received from the Staff Governance Committee. This has been incorporated so that the outcome presented here has a narrower focus. Follow up work to further refine the outcome and supporting narrative is in train via relevant organisational working groups.

A more detailed organisational anti-racism plan supporting the delivery of outcome four activities is also in draft, co-produced with the Race and Ethnicity Network. NHS boards including Healthcare Improvement Scotland have begun reporting on the development of local anti-racism plans this quarter (Q2) and will report on progress again in Q4. This is included as part of reporting against our Annual Delivery Plan to Scottish Government.

Engagement supporting the development of a HIS anti-racism plan

The Community Engagement and Transformational Change directorate has launched external engagement to support further development of Healthcare Improvement Scotland's anti-racism plan, including equity-focussed service delivery components. Our engagement will additionally provide helpful community intelligence to national NHS boards as they develop their own plans. Our community engagement teams will be engaging people and communities between 7th October and 8th November, targeting those who:

- Have a minority ethnic background or identity.
- Have used NHS Scotland services in the last three years - at least once between August 2021 and August 2024. For example, this could be visiting the GP, attending a hospital appointment, receiving care in the community or staying in hospital to receive care or treatment.
- Are happy to talk about their experience using NHS services as someone with a minority ethnic identity.

Assessment considerations

Quality/ Care	Equality outcomes Healthcare Improvement Scotland meet the Public Sector Equality Duty. The outcomes are intended to have a positive impact on quality of care by focussing HIS activities on the healthcare inequalities we can help reduce. As the evidence presented in Appendix 3 demonstrates, inequitable health outcomes derive in part from lower quality services disproportionately offered to particular demographic groups. All NHS boards including HIS share a legal duty to avoid discrimination and promote equality of opportunity.
Resource Implications	No financial resource implications.
	Delivering on the equality outcomes we set will require a OneTeam delivery approach utilising a range of staff and functions and including our staff equality networks. Staff capacity will be required. Activities and resource will be directed by the organisation's Equality Mainstreaming Action Plan, overseen by the Equality, Inclusion and Human Rights Working Group.
Clinical and Care Governance (CCG)	Equality outcomes will support HIS to meet all 7 principles of the Clinical and Care Governance Framework.
Risk Management	The key risk is that we set outcomes we do not have organisational capacity to delivery, including because the delivery of equality outcomes is de-prioritised to support other system priorities. The risk is being mitigated by developing outcomes in collaboration with HIS teams who can sense-check proposals and integrate the planned activities into their existing workplans.
Equality and Diversity, including health inequalities	Setting equality outcomes is one way that HIS meets the needs of the Public Sector Equality Duty. We are required to develop and publish a refreshed set of equality outcomes every four years and report on our progress in meeting them every two years.
Communication, involvement, engagement and consultation	The Equality, Inclusion and Human Rights Team engage regularly with HIS teams to support the implementation of EQIA. The draft equality outcomes presented have been developed through consultation with a range of internal stakeholders, including: • Equality, Inclusion and Human Rights Working Group, 2nd May and 8th August 2024 • Scottish Health Council, 23rd May 2024 • Transformational Change in Mental Health, 10th June 2024

	• HIS Senior Leadership Group, 11th June 2024 • QARD DMT, 19th June 2024 • Engagement Practice – Improvement, 19th June 2024 • Engagement Practice – Evidence, 24th June 2024 • Perinatal Quality Management System, 19th July and 3rd September 2024 • Staff Equality Networks and Menopause Café via Teams spaces and regular meetings. • Staff Governance Committee, 23rd October A community engagement exercise to hear from minority ethnic communities who are prioritised outcome 4 is currently underway and due to complete on 8th November.

4 Recommendation

Scottish Health Council members are asked to:

- Note progress in developing Healthcare Improvement Scotland's equality outcomes for 2025-29
- Provide any feedback to support further development of the outcomes
- Note that a full Equality Mainstreaming Report will be presented for review at the council's meeting in February 2025.

It is recommended that the Board/Committee accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

- Appendix 1: Letter to Chairs BCEs anti-racism plans
- Appendix 2: Anti-racism plans - guidance https://www.publications.scot.nhs.uk/files/dl-2024-23.pdf
- Appendix 3: Draft equality outcomes 2025-29

Health Workforce Directorate
Fiona Hogg
Chief People Officer

E: fiona.hogg2@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

To

NHS Board Chief Executives
NHS Board Chairs
NHS Board HR Directors

* Boards are asked to forward a copy of this letter onto their Remuneration Committees

Dear Colleagues,

2024/25 Objective Setting for Executives within NHS Scotland

As we approach the start of a new financial year, I know you will already be well advanced in the planning process and, as such, I wanted to take this opportunity to remind you all about objective setting requirements for our Executive and Chief Executive colleagues.

We will be issuing more detail in the coming weeks, in relation to the appraisals and arrangements for National Performance Management Committee oversight of performance year 2023/4, which will include additional guidance and information aiming to speed up the process and reduce the level of queries and follow up by the Committee.

In relation to the objective setting for the Executive and Chief Executive cohort, guidance is set out in the following circular: https://www.publications.scot.nhs.uk/files/pcs2019-esm-01.pdf This part of the process is critical, to ensure that the objectives set align to the Board's priorities and plans, are SMART (specific, measurable, agreed, realistic and timed). This will create the basis for a balanced and effective performance appraisal.

In summary, each Executive's objectives (Including proposed weightings) should be entered into the TURAS appraisal system with the relative weightings, in addition to the agreement of the line manager. The discussion should be minuted for future reference and any concerns or challenges addressed, before the objectives are finalised and fully approved. Remuneration Committees should also be satisfied that the objectives and weighting are appropriate for the role and grade and that individually and collectively the objectives will deliver the performance desired.

For the 2024/25 reporting year I wanted to make you aware of an additional requirement within Executive objectives. The original commitment to have anti-racism objectives was made in 2021 following the recommendations of the Expert Reference Group on Covid-19 and Ethnicity. And embedding anti-racism across all Boards is a vital part in service recovery following the pandemic. That is why this is a key focus within the Nurture strand of our National Workforce Strategy and our commitment to addressing racialised health inequalities in health and social care across Scotland through an anti-racism approach.

Within each individual set of Executives objectives for 2024/25, there should be a commitment that the Board will develop (if not already in place) and deliver against their own anti-racism plan, which covers both workforce and racialised healthcare inequalities. This does not have to be a specific objective, but to be contained within the overall objectives, in the most appropriate place.

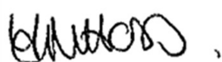
Board Anti-Racism Plans should be co-produced with input from stakeholders, including forums representing ethnic minority colleagues and minority ethnic communities themselves and the progress with delivery should be discussed and scrutinised at relevant forums and committees and report with the quarterly updates to the Board annual delivery plans.

Recognising that every board will have different populations and priorities and will be at a different stage in their plans, the approach is not prescriptive in what should be in the plans. However, colleagues in Scottish Government Population Health and Health Workforce Teams will work with others to produce guidance and resources for Boards, to support them in this, where this is helpful.

We know that all Boards will already have a strong commitment to Equality, Diversity and Inclusion across their workforce and service delivery, including a specific objective for Board Chairs in this area and we appreciate all of the excellent work to drive forward improvements. However, we also know that having a specific focus on key areas will drive sustained improvement and progress, towards our vision of reducing inequalities.

We appreciate your support in this matter. If you have any questions about this letter or the objective setting process, or if you would like support or advice in the development of your plans, please contact me at fiona.hogg2@gov.scot.

Kind regards



Fiona Hogg
Chief People Officer, Health Workforce Directorate
Scottish Government

Healthcare Improvement Scotland

Equality Outcomes 2025-2029

Equality Outcome 1 – disability

Outcome: By 31st March 2029, employees who are disabled, neurodivergent and / or have a long-term condition experience an inclusive work environment and opportunities for professional development.

The General Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not.

Situation / Evidence

Our staff survey supporting the development of equality outcomes identified inclusion for disabled staff as a top priority. The need to train staff and managers in best practice was a key part of the feedback.

Just over 6% of the HIS workforce identify as disabled.[1] While this number could in reality be higher due to under-reporting, disabled people seem to be significantly under-represented when accounting for around 26% of the Scottish population.[2] Only 45.9% of disabled people are in employment in Scotland compared to 81.7% of non-disabled people.[3] Alongside this employment gap, Healthcare Improvement Scotland's most recent pay gap analysis shows that our local disability

[1] HIS Workforce Equality Report 2021-24
[2] CBP-9602.pdf (parliament.uk)
[3] Employment - Inclusion Scotland

NHS SCOTLAND

pay gap is 20.7% (both mean and median) - more than double that of our gender pay gap. Moreover, the gap has increased by 3% (mean) over the last three years.

While the number of job applications we have received from disabled candidates over the last three years has been broadly consistent, there has been a 6% increase in job offers made to disabled candidates. We aim to continue this momentum and make inroads in our local employment gap. Alongside this, we would like to ensure that we retain talent by investing in an accessible and inclusive workplace and offering promotion opportunities – positively impacting our disability pay gap too.

While we are unable to stratify our workforce data to understand the interplay of multiple protected characteristics, we anticipate the need to be alert to the intersectional disadvantage that may impact specific groups - for example, disabled women. Close the Gap say that disabled women are among the most marginalised in the labour market and face a wider gender pay gap than non-disabled women. Through a series of focus groups Close the Gap identified key themes, including: inflexible work, poor employer knowledge about disability, discriminatory recruitment practice, impact of caring roles, whether or not reasonable adjustments are put in place by an employer, being visible at work and needing to educate others, difficulty accessing training and feelings of being judged.[4]

We anticipate that taking action to improve accessibility and inclusion for disabled colleagues will create positive learning and impact for other staff groups too. For example, Healthcare Improvement Scotland's staff guidance on the menopause notes a range of adjustments that could benefit employees with related symptoms. Employment law has shown discrimination in relation to menopause symptoms can track a number of protected characteristics including, disability. [5] Moreover, menopause symptoms can intersect with a range of long-term conditions and sensory or neurological differences.[6]

As a matter of good practice, adjustments should be considered for any employee with a health condition which could potentially be considered as disability per the Equality Act 2010.[7] The duty for employers to make reasonable adjustments is set out under section 20 of the Act.[8] There are many conditions and life changes that can result in disability across the life course. We think a range of measures besides reasonable adjustments can support this, and we would like to invest in good practice around workplace accessibility.

Activities

We will deliver this by:

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[4] Close the Gap | Blog | Emerging findings from Close the Gap research on disabled women and work

[5] Menopause, Employment Law & Workplace Rights | My Menopause Centre; Menopause in the workplace: Guidance for employers | EHRC; Mrs M Lynskey v Direct Line Insurance Services Ltd: 1802204/2022 and 1802386/2022 - GOV.UK

[6] For example: "A perfect storm": Autistic experiences of menopause and midlife - Miranda J Brady, Christine A Jenkins, Julie M Gamble-Turner, Rachel L Moseley, Margaret Janse van Rensburg, Rose J Matthews, 2024 (sagepub.com)

[7] Business Disability Forum

[8] Equality Act 2010 (legislation.gov.uk)

- **Activity 1:** Supporting managers to understand and apply good practice in relation to the reasonable adjustments, through local guidance and awareness.
- **Activity 2**: Ensuring staff receive training and resources about how to meet an appropriate standard of accessibility for internal and external meetings and include disabled staff and stakeholders.
- **Activity 3:** Promoting good practice in reasonable adjustments through resources and training for employees and line managers.
- **Activity 4:** Carrying out a disability audit of our recruitment practices to identify and remove barriers and build on existing areas of good practice.
- **Activity 5:** Raising awareness about inclusive practice in relation to specific conditions or differences such as mental health, energy impairments / long covid and neurodivergence.
- **Activity 6:** Identifying relevant opportunities to share learning from disability best practice with other staff groups, including via our Carers Network and Menopause Café.

Equality Outcome 2 – gender reassignment and sexual orientation

Outcome: By 31st March 2029 we have promoted good relations for and among LGBT+ communities by using learning tools and frameworks such as the NHS Scotland Pride Badge initiative.

The General Equality Duty

This outcome meets the need of the general equality duty to foster good relations between people who share a protected characteristic and those who do not.

Situation / Evidence

Just over 6% of our staff identify with an LGBTQ+ identity - an increase of 1.4% over the last three years. The 2022 Scottish Census showed that 4% of the population identify as lesbian, gay or bi; and 0.4% are trans, almost half of whom are aged 16-24.[9]

Since 2021, our internal Pride Network for LGBTQ+ staff and allies has established itself in the organisation. The network has improved awareness of LGBTQ+ issues within our workforce and developed a more supportive workplace policy environment.

In our external facing work, Healthcare Improvement Scotland has contributed to the Scottish Government's NHS Gender Identity Services: Strategic Action Framework 2022-2024 with the September 2024 publication of Gender Identity Healthcare Services Standards. Our standards will support clinical services and health boards to deliver positive changes in partnership for people requiring gender identity services in Scotland.

Throughout the positive work we have undertaken, we have been aware that social understanding and attitudes impact significantly on LGBTQ+ communities, particularly transgender people and their

[9] Scotland’s Census 2022 - Sexual orientation and trans status or history | Scotland's Census (scotlandscensus.gov.uk)

allies. For example, the Glasgow Centre for Population Health (2024) reports evidence that transgender people 'endure the worst forms of societal, political, institutional and interpersonal discrimination, exclusion and microaggression'.[10]

The NHS Scotland workforce is not sheltered from this. We know that the 'prior experience and/or perception among LGBT+ groups that interactions with healthcare services will be stressful, judgemental, ill-informed' impacts access to appropriate and equitable healthcare.[11] Moreover, social attitudes also impact on staff delivering or working to improve healthcare services for this population. The Scottish Government has noted that despite the provision of funding, some gender identity services 'have reported at times significant challenges in both the recruitment and retention of clinical staff … The reasons for challenges in recruitment and retention are varied but include … the politically polarised context of the work with significant media scrutiny and public exposure'.[12] Our own staff experienced some of this exposure in publishing our standards.

At the same time there are reports of continued disparity in mental health outcomes for LGBTQ+ communities, and in particular trans and non-binary people. NHS Lothian, Greater Glasgow and Clyde and Public Health Scotland's 2022 LGBT health needs assessment showed that more than half of survey respondents said they had mental health problems like depression, anxiety and stress. This was highest for trans and non-binary people at around 75%. Only a quarter of survey respondents rated their general mental and emotional wellbeing positively – for trans and non-binary people it was just 10%.[13]

Some of this disparity could be attributable to long waiting times for mental health services and gender affirming care. It is clear however that polarised public discourse and bullying and harassment in public spaces, including online, takes a significant toll on emotional wellbeing.

As the 2024 Cass report highlighted, polarised debate detracts from the provision of quality healthcare. It is important that our staff experience safe, supportive workplaces with opportunities to learn and ask questions.[14] It is also important that those accessing healthcare services have assurance that NHS Scotland staff understand the issues relevant to the LGBT+ community and can respond appropriately, with compassion and respect.

It has always been of utmost importance that we respect the diversity of our workforce. Case law since 2021 has shown that gender-critical beliefs can be protected from discrimination under the Equality Act 2010. Secondly, however, it has shown that the ways in which such beliefs can manifest themselves in the behaviour of individuals might not be protected.[15] It is imperative that we maintain a workplace environment where everyone can come to work and expect to be treated with dignity and respect.

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[10] Examining the social determinants of LGBT+ health and wellbeing (gcph.co.uk)

[11] Examining the social determinants of LGBT+ health and wellbeing (gcph.co.uk)

[12] improving-access-delivery-nhs-scotland-specialist-gender-services-children-young-people-report.pdf (www.gov.scot)

[13] Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk)

[14] Final Report – Cass Review

[15] Employment Tribunal rulings on gender-critical beliefs in the workplace (parliament.uk)

The NHS Scotland Pride Badge initiative has proved to be a useful framework for our staff to learn about the issues experienced by LGBT+ communities and to signal their allyship. While seventy-four HIS employees formally signed the NHS Scotland Pride badge pledge form during the active campaign period, the initiative has supported wider awareness and understanding and provided an ongoing mechanism for explaining LGBT+ issues and allyship. We would like to make the most of this framework, shared with our colleagues across the system, to understand the issues experienced by different LGBT+ communities - including those who experience the widest disparities in health, wellbeing and social acceptance.

As part of the Scottish Government's NHS Gender Identity Services: Strategic Action Framework 2022-2024, NHS Education for Scotland has published a Transgender Care Knowledge and Skills Framework. This provides a learning resource to support understanding of the care requirements of trans and non-binary people, and we will use this to develop the knowledge and understanding of our workforce.

Activities

We will deliver this outcome by:

- **Activity 1**: Delivering a series of LGBT+ awareness sessions for HIS staff, covering the social and healthcare issues unique to different sections of this diverse community.

- **Activity 2:** Sharing learning and best practice developed through our own work with LGBT+ communities, with colleagues in HIS and the wider health and care system.

- **Activity 3:** Working with NHS Education for Scotland to deliver learning on the Transgender Care Knowledge and Skills Framework that is appropriate for our staff.

- **Activity 4:** Developing a digital ‘badge’ to enable visible allyship within our hybrid workplace.

- **Activity 5:** Continuing to support our internal Pride Network, including by celebrating their contribution during Pride Months

Equality Outcome 3 – pregnancy and maternity

Outcome: [By 31st March 2029], we have championed clear approaches to improve the quality and safety of maternity care for women and birthing people from minority groups.

The General Equality Duty

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The needs of the general equality duty that this outcome is intended to support are:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not.

Situation / Evidence

We reviewed available evidence on inequalities relating to pregnancy and maternity, including the perinatal period which encompasses the first year following birth.

Recent UK wide reporting on maternal mortality shows Black women are almost four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, than their majority White counterparts.[16][17][18]

Some of these issues are also reflected in the experiences of people with minority religions and non-British cultural backgrounds. For example, refugee and asylum-seeking women in the UK experience a higher risk of perinatal mental health problems and postnatal depression.[19] Muslim women have reported poorer experiences during labour, delivery and the postnatal period.[20]

A number of factors are influencing this disparity for minority ethnic and religious groups. These factors relate to the management of clinical risk as well as cultures within care settings. For example:

- People from non-English speaking backgrounds may be at greater risk of delayed recognition of deterioration or harm. [21]
- There are known variations in the accuracy and range of clinical observations for different ethnic groups.[22] This includes delayed recognition of conditions such as sepsis.[23] These disparities also extend to the care of newborns.[24]
- Minority ethnic women report experiencing lack of choice and consent in maternity settings. They also cite low physical and psychological safety. [25]
- Muslim women have reported low cultural competence, inaccessible information and not

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[16] MBRRACE-UK, 2023
[17] Working together to achieve equity in health outcomes FEB 26.02.20 copy (england.nhs.uk)
[18] MBRRACE-UK Maternal Compiled Report 2023.pdf (ox.ac.uk)
[19] Amma Birth Companions Birth Outcomes and Experiences Report
[20] Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities
[21] Michelson et al., 2022 [check full ref with Damian Boyd]
[22] Crooks, C. J., West, J., Morling, J. R., Simmonds, M., Juurlink, I., Briggs, S., . . . Fogarty, A. W. (2022). *Differential pulse oximetry readings between ethnic groups and delayed transfer to intensive care units* Oxford University Press (OUP). doi:10.1093/qjmed/hcac218
[23] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
[24] Review of Neonatal Assessment and Practice in Black, Asian and Minority Ethnic Newborns: Exploring the Apgar Score, the Detection of Cyanosis, and Jaundice - NHS – Race and Health Observatory (nhsrho.org)
[25] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

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being listened to by healthcare staff.[26]

While the UK data on morbidity and mortality in the perinatal period for patients from minority ethnic backgrounds shows clear inequality, the data sub-set for Scotland is comparatively very small. This means we cannot confidently track trends and monitor interventions using Scottish quantitative data. That said, the studies we do have show that the issues are clearly relevant in Scotland. For example, a recent study by Scottish charity Amma Birth Companions reports the experiences of minority ethnic patients in maternity settings include: being given less attention, delayed pain relief during labour, inadequate consent and communications processes, insensitive and disrespectful behaviour, inadequate support and dismissive attitudes.[27]

Moreover, Public Health Scotland (PHS) (2022) have highlighted that the proportion of pregnancies registered by the 12th week of gestation is lower for all ethnic minority groups compared to those of white ethnicity, where 94% have registered by this point. The lowest registration rate, at 70%, was observed among individuals of African ethnicity.

PHS link living in more deprived areas with delayed pregnancy registration -an issue which disproportionately impacts women of African and Caribbean or Black ethnic backgrounds.[28] Socio-economic background plays an important and cross-cutting role in outcomes however, with women living in the 20% most deprived areas of the UK continuing to have the highest maternal mortality rates - more than twice as high as the maternal mortality rate of women living in the 20% least deprived areas.[29] It is important that care delivery accounts for more complex social factors and we are able to promote equity by improving care for those who experience the greatest disadvantage.[30]

The literature around inequalities disproportionately impacting minority ethnic and religious groups makes a range of practice recommendations which will be important to consider. These include ensuring people working in the system are equipped to understand and recognise the disparities that exist, including the role of systemic racism; and are then able to use that knowledge to deliver personalised, effective and respectful care and remove barriers.[31] [32] [33] It also highlights the importance of providing spaces where staff can talk about their experiences and raise concerns.[34] [35] Improved communications, including to promote choice and control for patients is also important.[36] [37]

[26] Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities, Muslim Women's Network UK, 2022

[27] Amma Birth Companions Birth Outcomes and Experiences Report

[28] https://publichealthscotland.scot/media/19763/monitoring-racialised-health-inequalities-in-scotland-may2023-english.pdf

[29] Maternal mortality 2020-2022 | MBRRACE-UK | NPEU (ox.ac.uk)

[30] Working together to achieve equity in health outcomes FEB 26.02.20 copy (england.nhs.uk)

[31] **UK parliament women and equalities committee 2023**

[32] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

[33] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

[34] final_decolonising-midwifery-education-toolkit_digital_single-page.pdf (rcm.org.uk)

[35] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

[36] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

[37] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf

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Taking these considerations into account is likely to have benefits for a wide range of protected characteristic groups. For example, the need for improved facilitation of choice and control has also been highlighted in relation to disabled women within maternity settings; whilst trans parents may also experience disadvantage around communication and cultural awareness.[38]

Activities

We will achieve this outcome by:

Activity 1: Using available data, including observational data from our maternity inspections to improve understanding of inequalities and how these could be addressed by our Quality Management System.

Activity 2: Raising awareness about what constitutes safe, effective, person-centred care specifically for minority groups, through our new clinical and care governance standards for maternity services in September 2025.

Activity 3: Ensuring people using maternity services know what to expect and are supported to uphold their rights by promoting our standards.

Activity 4: Empowering those delivering care to dismantle racial and cultural bias, through sharing intelligence and sign-posting learning.

Activity 5: Putting the voices and experiences of minority communities at the heart of service improvements by including people with lived and living experience in the design and delivery of improvements.

Activity 6: Sharing intelligence to ensure we recognise and uphold the rights of babies alongside those of women and birthing people.

Anything further TBC – external engagement live

Equality Outcome 4 – race

Outcome: By 31st March 2029, Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within both the workplace and healthcare system.

[38] Birthrights-submission-to-UN-SR-VAWG-UK-visit-1.pdf

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The General Equality Duty

The needs of the general equality duty that this outcome is intended to support are:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between people who share a protected characteristic and those who do not.

Situation / Evidence

Racism has an enduring influence on the life chances of people from minority ethnic backgrounds. It drives disparity in health outcomes, inequality in access to and experience of health services and disproportionate challenge in employment compared to white majority groups.

These issues are all well recorded and a key part of the current national equalities agenda. Reducing health inequalities, improving population health and creating a more sustainable health and care system are top priorities for the Scottish Government. On 11th March 2024, all NHS boards were asked to 'develop and deliver against their own anti-racism plan' to realise NHS Scotland's 'commitment to equality, diversity inclusion across workforce and service delivery'. In September 2024 guidance on anti-racism planning was issued. We note CRER's (Coalition for Racial Equality and Rights) finding that over the past twenty years of devolved race equality policy in Scotland, 'the same themes and priorities were present across national strategies … [and] despite this, progress has been limited … the focus has been in the right place [but] design and/or implementation has missed its mark'.[39] We know we have not done enough and we need to do much better.

As Healthcare Improvement Scotland develop our own anti-racism plan, we are setting this in the context of our equality outcomes in order to support openness and transparency in how we share the actions and we are taking and our progress against them. We will also report our progress to Scottish Government as part of our regular reporting requirements.

Current research shows that racialised inequalities in healthcare are leading to inequitable treatment and harm for minority ethnic groups. For example:

- Across the UK there are lower referral rates for psychological therapies, including cognitive behavior therapy, for people from minority ethnic backgrounds – while compulsory admissions disproportionately affect people with minority ethnic backgrounds.[40] In Scotland, the Mental Welfare Commission (2021) also found a higher proportion of detentions for 'white other' and Black people and a higher proportion of longer-term detentions for Black people. They further reported on access issues for refugees and asylum seekers, recounting traumatic stories and perhaps not being believed; as well as inadequate training for

[39] Anti-racist Policy Making in Scotland: Coalition for Racial Equality and Rights briefing paper, June 2021 (www.gov.scot)
[40] RHO-Rapid-Review-Final-Report_.pdf (nhsrho.org)

healthcare staff in promoting equality within healthcare.[41]

- There are marked ethnic disparities in routine diabetes care in Scotland in the short and medium-term following diabetes diagnosis.[42]
- Black women are 3.7 times, and Asian women 1.8 times, more likely to die during pregnancy and maternity than white women. Separate Inquiries have found that racism and religious discrimination against Muslim women is at the root of many inequalities in maternity outcomes and experiences. See outcome 1 above.

While specific contributory factors exist in each area of healthcare disparity, there are themes that emerge across all of them. This includes low trust, understanding and communication between patients and healthcare staff, patient experiences and concerns being dismissed or under-estimated, a lack of culturally appropriate care and poor understanding about the range of clinical presentations that exist in a diverse population. Racism is a clear social determinant of health, affecting socio-economic opportunity as well as healthcare access and outcomes.

In the workplace, racism has a detrimental impact on career progression and professional development for minority ethnic staff.[43] Across the UK, the vast majority of healthcare staff from minority ethnic backgrounds to contribute to research have report experiencing racism and microaggression working in the NHS.[44][45] The NHS Scotland Ethnic Minority Forum - which provides a space for representatives of local staff ethnic minority networks to come together to share issues and best practice, provide support and advice, and to be a unified voice for advocacy and change - reports receiving near 300 approaches from NHS staff with minority ethnic backgrounds requesting pastoral support with navigating racism at work.[46] Close the Gap's (2022) research found a majority of minority ethnic women in Scotland have experienced racism and/or sexism at work and that there are barriers to this being reported and dealt with appropriately.[47]

Activities and measures

We have identified a range of activities which will be delivered through our anti-racism plan.

- **Activity 1:** Setting out our organisational understanding of and commitment to anti-racism through internal and external messaging
- **Activity 2:** Creating accountability for delivery of anti-racism approaches by having executive sponsorship and transparent reporting on delivery progress.

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[41] Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk)
[42] Ethnic disparities in quality of diabetes care in Scotland: A national cohort study (wiley.com)
[43] RHO-Rapid-Review-Final-Report_.pdf (nhsrho.org)
[44] For example, bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf
[45] And for example, MDDUS - Racist Microaggressions - 011123
[46] NHS Ethnic Minority Forum annual report 2024
[47] Employer-guidance-anti-racist-gender-equality-at-work.pdf (closethegap.org.uk)

- **Activity 3:** Addressing under-representation of minority ethnic colleagues by taking positive action in recruitment and establishing mutual mentoring for career progression**.**

- **Activity 4:** Making regular learning opportunities available to staff to inform and challenge knowledge and understand of race and ethnicity.

- **Activity 5:** Ensuring employees with minority ethnic backgrounds have protected time to engage in a peer support space and inform organisational improvements in policy and process.

- **Activity 6:** Ensuring staff feel supported and safe to report incidents of racism and micro-aggression, by improving our reporting system and management of incident data.

- **Activity 7**: Building our links with minority ethnic communities to ensure equal opportunities to influence healthcare policy and services.

- **Activity 8: TBC – external engagement live.**

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Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Corporate Parenting Action Plan**
Agenda item:	**2.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Rosie Tyler-Greig, Equality, Inclusion and Human Rights Manager**
Purpose of paper:	Awareness

1. Situation

The Equality, Inclusion and Human Rights Team support Healthcare Improvement Scotland to deliver and report on its legal duties in relation to corporate parenting and children's rights.

2. Background

Healthcare Improvement Scotland is named as a Corporate Parent under part 9 of the Children and Young People (Scotland) Act 2014. The Act defines corporate parenting as 'the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers.'

As a corporate parent, Healthcare Improvement Scotland has a duty to uphold and promote the rights and wellbeing of care experienced people up to the age of 26.
The organisation must prepare and keep under review a plan in relation to the exercise of our duties under the Act, and report on our progress every three years. Previously we have combined our reporting in this area with reporting duties under Part 1 of the same Act, which relates to how we uphold and progress rights contained within the United Nations Convention on the Rights of the Child. Our last report was published in April 2023.

The UNCRC (Incorporation) (Scotland) Act 2024 came into force on 16th July 2024. Its reporting duties now supersede the Children and Young People (Scotland) Act 2014 Part 1 reporting duties. The option to combine reporting remains, and we will provide a comprehensive update on our duties in relation to both Acts by April 2026.

Healthcare Improvement Scotland's work in relation to both corporate parenting and children's rights is undertaken and monitored through the Children and Young People Working Group (CYPWG) which meets quarterly.

3. Assessment

The CYPWG has undertaken a review of progress against the organisation's current plan, including to map linkages with UNCRC articles and Plan 24-30, Scotland's route map to keeping The Promise (see Appendix 1). At its meeting on 30th September the working group identified key actions to progress before its next meeting on 17th December. Immediate priorities include:

- mapping all current Healthcare Improvement Scotland work with relevance to children and young people
- developing an optional and visible support offer for care experienced HIS employees.
- developing and promoting an 'Engaging with ... Care Experienced People' community engagement resource

Healthcare Improvement Scotland's current Corporate Parenting plan, including the progress status of actions, is attached for information at Appendix 2.

There are some related areas of change and progress to note in the delivery of Healthcare Improvement Scotland's Children and Young People workstream.

- Lynsey Cleland, Director of Quality Assurance and Regulation has been the Executive Sponsor for the work and Chair of the CYPWG. Following Lynsey's departure from HIS, Mhairi Hastings, Associate Director of Nursing and Midwifery will take on the role. Maureen Scott, Public Protection Lead will Chair the group on an interim basis.
- A mapping exercise in relation to the requirements of the new UNCRC (Incorporation) (Scotland) Act 2024 was undertaken in early August. A report has been prepared and discussion is underway around progressing delivery (see Appendix 3). It is anticipated this will compliment and strengthen corporate patenting activities.

Assessment considerations

Quality/ Care	Fulfilling our corporate parenting duties should have a positive impact on quality of care by helping us address the inequalities that impact care experienced people. Our actions are specifically focused around community engagement and the learning and development of our workforce.
Resource Implications	No immediate financial resource implications identified.
	UNCRC incorporation has increased requirements and strengthened scrutiny in this area, and some risk has been

	identified in relation to the operational capacity of HIS to meet requirements ongoing. The risk is being mitigated through offline work to clarify suitable delivery mechanisms and assess current capacity.
Clinical and Care Governance (CCG)	Delivering our corporate parenting responsibilities supports HIS to meet all 7 principles of the Clinical and Care Governance Framework.
Risk Management	Corporate parenting activities are delivered as part of Healthcare Improvement Scotland's overall duties in relation to children and young people. UNCRC incorporation has increased requirements and strengthened scrutiny in this area, and some risk has been identified in relation to the operational capacity of HIS to meet requirements ongoing. Offline discussion is underway to clarify suitable delivery mechanisms and assess current capacity.
Equality and Diversity, including health inequalities	Corporate Parenting is a specific duty for Healthcare Improvement Scotland per the Children and Young People (Scotland) Act 2014. It is part of the suite of equality and human rights duties for the organisation along with those falling under the Equality Act 2010 and UNCRC (Incorporation) (Scotland) Act 2024.
Communication, involvement, engagement and consultation	The plan is considered as part of the quarterly meetings of the Children and Young People Working Group (CYPWG).

4 Recommendation

Scottish Health Council members are asked to:

- Note the current status of Healthcare Improvement Scotland's corporate parenting duties.

It is recommended that the Board/Committee accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

- Appendix 1: The Promise
- Appendix 2: Healthcare Improvement Scotland Corporate Parenting Plan
- Appendix 3: UNCRC session analysis

Corporate Parenting Action Plan 2023-2026

Update: v1.2

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A Good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

As corporate parents named in the [Children and Young People (Scotland) Act 2014](), we have a responsibility to perform the actions necessary to uphold the rights and safeguard the wellbeing of care experienced children and young people.

Our duties as a corporate parent are to:

(a) **be alert** to matters which, or which might, adversely affect the wellbeing of children and young people

(b) **assess the needs** of those children and young people for services and support it provides

(c) **promote the interests** of those children and young people

(d) seek to **provide** those children and young people with **opportunities** to participate in activities designed to promote their wellbeing

(e) take such action as we consider appropriate to **help those children and young people to**:

(i) **access opportunities** we provide in pursuance of (d)

(ii) **make use of services**, and **access support**, which we provide, and

(f) take such other action as we consider appropriate for the purposes of **improving the way in which we exercise our functions** in relation to children and young people.

These duties have been linked to the three themes in our Corporate Parenting Plan below.

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No	Outcome & Duty	Action	UNCRC article	Target date	Lead(s)	Evidence	Promise Plan 24-30 related evidence & challenges	Status
1	We understand the issues that care experienced people face and assess their needs **Duty:** Be Alert and Assess Needs	a) Identify and map HIS work with impact on Children and Young People (CYP). b) Invite one project impacting CYP per quarter to working group to share learning. c) Promote learning opportunities identified by members via HIS Campus	Article 3, best interests of the child	Once every six months with first report due in September 2023	Public Involvement Advisor, via *Children and Young People Key Delivery Area Network*	○ Presentation on Contextual Safeguarding, October CYPWG ○ The Promise Development Session, March 2024	There are efforts to provide the workforce with training and learning opportunities to raise awareness of stigma and learn about care experience. Part of supporting the workforce involves providing access to training and continuing education. Scotland is making notable progress in developing and embedding workforce training on trauma informed practice. "Workforce support" #thePromise Plan 24-30	Amber
		d) Create care experience communications/awareness materials to support the sharing of current learning/literature/research with colleagues e.g. through flash reports and intranet pages.	Article 2, non-discrimination	Ongoing, to be reviewed annually	Children and Young People Working Group Children and Young People	• Rapid Review • EEvIT Grey Literature Check		Green

Commented [RS1]: Is the comms calendar available and can we link it here? Do we have an identified comms contact for all things CYP / CP?

Commented [MS2R1]: No comms calendar available, there is a lined person from Comms but have had little input I believe due to capacity

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					Key Delivery Area Network			
		e) Review content on the updated mandatory corporate parenting e-learning module to ensure ongoing relevance. f) Bi - Annually review HIS staffs' compliance with undertaking mandatory module. g) Bi - Annually review HIS staffs' compliance with undertaking mandatory trauma informed practice module h) We publish Child Friendly /Easy read Information		Ongoing / review annually	Public Involvement Advisor Public Protection and Children's Health Service Lead Comms NSI Core team	○ New eLearning module, May 2023 - included in Mandatory training. ○ 6 monthly compliance check via ODL and include in 6 monthly Public Protection QPC report ○ Development of child friendly complaints process Autumn 2024	"There are efforts to provide the workforce with training and learning opportunities to raise awareness of stigma and learn about care experience." "Part of supporting the workforce involves providing access to training and continuing education. Scotland is making notable progress in developing and embedding workforce training on trauma informed practice." "Workforce support" #thePromise Plan 24-30	Green
		i) Identify HIS workstreams relevant to our corporate parenting duties and actions to deliver positive change.	Article 13, Freedom of expression.	Ongoing / review annually	CYPWG members Children and Young People Key Delivery Area Network	○ Mapping exercise from 2021 to be updated ○ Trauma Informed Implementation group to meet Sept 24 to May 25	Organisations across the healthcare system are developing ways to support their workforces including developing a robust quality assurance framework for trauma informed practice	Green

Commented [RS3]: Review once within the course of this 3 year plan? Is there a reason we think the content may require review annually?

Commented [MS4R3]: probably not, 3 yearly sounds ok

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						○ People and Workplace Team exploring with third sector possible opportunities for care experienced young people to have a mentor / trusted adult within HIS	including self-evaluation tools. #thePromise Plan 24-30	
		j) Develop an optional and visible support offer for care experienced HIS employees.	Article 2, non-discrimination. Article 12, respect for the views of the child.	December 2025	Healthcare Improvement Scotland Executive Team Equality Team People and Workplace Team	Seek position on where this work regarding care experienced recognised as protected characteristic on NHS Job train nationally	Care experienced pupils will: • Have opportunities for mentoring support. • Have engagement from the broader workforce around educational attainment, achievement and sustained positive destinations. • Have time, support and	Red

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							opportunity for HIS staff to develop kind, supportive relationships with care experienced learners. "The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision making and care." *the promise, page 22* #thePromise [Plan 24-30]	
		k) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities.		Ongoing to be reviewed annually	Public Involvement Advisor PPCHL	Board Masterclass held in April 2023. PPCHL 6 monthly Public Protection report to QPC which includes	There are efforts to provide the workforce with training and learning opportunities to raise awareness of	Green

						Children's Rights update and compliance with Corporate Parenting and Trauma Informed Practice mandatory modules The CYPKDAN review and reflect on reports from Joint Inspection Children's Services and national data in relation to care experienced CYP	stigma and learn about care experience. Part of supporting the workforce involves providing access to training and continuing education. Scotland is making notable progress in developing and embedding workforce training on trauma informed practice. "Workforce support" #thePromise Plan 24-30	
		l) Develop and promote 'Engaging with ... Care Experienced People' community engagement resource	Article 2, non-discrimination. Article 3, best interests of the child. Article 12, respect for the views of the child.	Ongoing to be reviewed annually	Public Involvement Advisor, via *Children and Young People Key Delivery Area Network* *Clinical Expert JICS*	As part of HIS involvement in children's inspections 's participation and involvement, through record reading and discussion with children and their parents. Independent advocacy is also an area we consider during children's inspections, through record reading and discussion with children and their parents.	In 2024, all those with a role and responsibility to keep the promise will embed clear participation and engagement processes into their work, making better use of resources and services provided by those who hold relationships with, and represent, the care community.	Red

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							In 2025, those processes will be extended to ensure they are in place for all organisations who have a role in decision-making in the lives of babies, children, young people, families and care experienced adults, and will be actively used to provide meaningful co-design opportunities.	
2	**We promote the interests of care experienced people and provide them with opportunities** **Duty:** Promote Interests and Provide Opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services.	Article 3, best interests of the child Fundamental, 'what matters to children and families'; Priority 'Listening'	October 2024	Equality, Inclusion and Human Rights Manager. CETC Strategic Engagement Leads	Delayed due to Community Engagement Directorate changes. May need to be reviewed early 2024. For review		Red
		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to	Article 12, respect for the views of the child	Ongoing to be reviewed annually	Public Involvement Advisor	We have asked the question on the equalities monitoring for most of the gathering views reported in 2023 and so far in 2024 and had zero people		Amber

Commented [RS5]: @Christopher Third (NHS Healthcare Improvement Scotland) this has been coded 'green' - is there anything we can add as evidence please?

Commented [CS6R5]: Hi @Rosie, I don't think this should be Green anymore. I think it was at Green because it was the first year of the plan but that anniversary has passed now and we don't have that data. So I suggest making it Amber. We might be able to gather some data from the upcoming work our team has on though so I can keep an eye out for that.

Commented [CS7R5]: Jus thought I'd add to this, we have asked the question on the equalities monitoring for most of the gathering views reported in 2023 and so far in 2024 and had zero people identify as care experienced. We might need to do some specific work around this.

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		make informed decisions about targeted recruitment for future engagement activities	Fundamental 'Listening'			identify as care experienced. We might need to do some specific work around this.		
		c) Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.	Article 6, life, survival and development.	March 2024	Public Involvement Advisor PPCCHL HIS OD&L Team	○ PPCHL 6 monthly Public Protection report to QPC which includes Children's Rights update and compliance with Corporate Parenting, child protection level one and Trauma Informed Practice mandatory modules	"Scotland will recognise that its workforce includes survivors of trauma. Those with lived experiences will be supported to be part of the workforce so that they can nurture their instinct to contribute and give back". #thePromise Plan 24-30	Amber
		d) Work with NHS Scotland Employability and Apprenticeships Network to explore opportunities to offer NHS work experience for care experienced people to support them to build on their strengths and prepare for the workplace.	Article 28, right to education.	October 2025	Organisational Development and Learning Team (Sandra Flanigan)	Update 22/02/2024: There are a range of different employability options out there. Will look at those and review available options with input from colleges and universities to identify the most appropriate approach for the work of HIS and for Care Experienced Children and Young People. This review will		Green

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						start in 2024 with an aim to finish and agree a way forward in 2025. It is hoped that this approach will lead to a more strategic and long-term decision about how we support young people to gain employment with HIS. MCR Pathways could make up one of those approaches and we could potentially adopt this sooner but work will still need to be done to assess suitability.		
3	**We collaborate with other corporate parents and improve the way we work with care experienced people** **Duty:** Easy to Access and Constantly Improving	a) Identify Corporate Parenting Leads in other national boards. b) Co-develop community of practice to share learning with Corporate Parenting Leads and learn from external organizations.		Ongoing	Public Protection Lead Public Involvement Advisor	○ PPCHL liaises with corporate parents in NES and NHS 24 and share learning		Amber
		c) Good practice relating to corporate parenting duties is shared with other boards		March 2024	Public Involvement Advisor All working group members	○ NES sessions & Care Inspectorate Sessions, Oct 2023		Green

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Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

A summary of the related articles available below:

- **Article 2** (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
- **Article 3** (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- **Article 28** (right to education) Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

A summary of all articles can be found here.

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Appendix 2

The Promise

A summary of the related fundamentals and principles from The Promise can be found below:

Fundamentals:

- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:

- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

Plan 21-24 contains more detail and is available here.
Plan 24-30 is an evolution of Plan 21-24. It details who needs to do what, by when to make sure the promise made to children, young people, families and care experienced adults in February 2020 is kept full by 2030. The plan is available here

Commented [MS8]: Have embedded plan 24-30

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Sophia Madden, Kristi Long. September 2024.

UNCRC Incorporation Act: Your Role

Rapid Analysis on Session Data

Background

The United Nations Convention on the Rights of the Child (UNCRC) was incorporated into Scots law in July 2024 as the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act.

On Thursday 22nd August 2024, Healthcare Improvement Scotland's Children and Young People Key Delivery Areas Network (CYPKDAN) hosted a session in collaboration with NHS Education Scotland (NES) on the 'UNCRC Incorporation (Scotland) Act 2024: Your Role'. The session aimed to explore the Act's implications for Healthcare Improvement Scotland including what the organisation is required to do to comply with the legislation.

Methods

Information was collected during virtual breakout room discussions using the Microsoft Whiteboard tool. All attendees had direct access to the virtual whiteboard and a facilitator to provide notes on their behalf if needed. The whiteboard was open for a further seven days to enable collation of any further reflections after the event.

A rapid analysis by the Evidence and Evaluation for Improvement Team (EEvIT) was commissioned to review the information collected during the session. The findings of this analysis will inform CYPKDAN's next steps in creating an action plan for the organisation.

There are different frameworks that support teams and organisations to take a human rights-based approach. The PANEL principles offer an established, popular approach to breaking down what putting people's rights at the centre of policies and practices means in practice. These principles are: **Participation, Accountability, Non-Discrimination, Empowerment and Legality**. An explainer video is offered by the Scottish Human Rights Commission.

This analysis will review information through both the lens of the PANEL principles and the guidance provided in 'The Framework: Key Steps to take to Get Ready for UNCRC Incorporation.' This method aims to help clarify how teams across the organisation can put a human rights-based approach into practice in their work for children's rights, and human rights more broadly for sustainability.

NHS SCOTLAND

Results

Summary

- First, the organisation needs to make an explicit commitment to **equality of opportunity** and a **proactive approach to tackling inequality** on the grounds of race, religion, age, disability, gender, marital status or sexual orientation.
- This commitment should **acknowledge its statutory duty on children's rights**, that every child is treated fairly and protected from discrimination, and that children and young people who need additional support to overcome barriers or difficulties are proactively identified and can access this support.
- **Leadership commitment needs to be immediate and sustained** - without buy in and action, teams are not empowered on the ground to fulfil duties.
- A **comprehensive, dedicated operational team** is required to support activity; statutory work of this scale is difficult to achieve without appropriate resourcing.
- A clear framework for action is an immediate priority. **Leadership should clarify existing processes and empower teams** to address issues across corporate duties, eg budgeting, reporting, monitoring.
- **Training for all staff** and an improved approach to **communications and awareness raising** supports recommended activity across several areas.
- A **lack of clarity overall in attendees' understanding of what a children's rights approach looks like** was evident. A project may be about or include children and young people, but that does not automatically mean a children's rights approach has been taken in its design or delivery. This should be a focus in development and action planning.
- **Intersectional considerations** such as the needs of and engagement with disabled and or minority ethnic children were raised by one attendee but not discussed.
- There is **a lack of clear application of the PANEL principles** on Healthcare Improvement Scotland work based on information collected during the session. Further exploration on the exemplified engagement activities would be beneficial to inform the action plan, for example.
- Several attendees commented about the potential to integrate equality and children's rights impact assessments, and to **strengthen the ways learning from the assessments is captured and used**. This information could feed into reporting.
- The organisation has **several existing structures and frameworks** that the team can harvest information relevant to UNCRC from, and monitor and report progress in. Mapping these and planning is a beneficial development activity.

Limitations

This analysis is based upon observations and data collected in a single workshop. The scope of examples of practice in particular may be limited by the knowledge of workshop attendees, and

thus cannot be considered to be a full mapping of relevant activity across Healthcare Improvement Scotland.

Time constraints in the workshop limited the amount of detail that could be collected on individual examples. CYPKDAN's next steps should consider the implications of these limitations and mitigate for incomplete information (eg inspections of children's services reported in section 6 are jointly completed, working with Education Scotland, Care Inspectorate and His Majesty's Inspectorate of Constabulary).

Framework activity mapping

1. Leadership and Corporate Commitment

What's already happening?

- The Children's Rights and Corporate Parenting Plan, Report 2020-2023 sets out a commitment and plan. This plan was developed in anticipation of the implementation of the UNCRC and is based on PANEL principles.
    - The action plan is primarily focused on care experienced people, but the report includes some wider examples relating to the rights of children and young people in the delivery of particular elements of Healthcare Improvement Scotland work, including guidelines and standards.

What needs to happen?

- Clear leadership from the Chief Executive and senior management across the organisation as a prerequisite to the realisation of incorporating children's rights across all areas.
- Adopt the PANEL principles across all organisational decision-making processes.
- Agreement and clarity on what the organisation's impact and influence is; "what are the levers in the system and what can we influence?"
- Explicit corporate commitment to children's rights that is embedded into service priorities, budgeting, reporting, and planning at all levels of the organisation.
- Leaders who can confidently speak about the importance of children's human rights and contribute to developing a plan to progress this, including supporting the creation of a team to operationalize commitments.
- Strategic partnerships with Scottish Government and organisations representing children and young people to enable collaboration and raise awareness of what the organisation does.
- Establish guidance for more systematic approach to incorporating children's rights into programmes of work.

2. Participation of Children and Young People

What's already happening?

- There are some specific examples of the participation of children and young people with lived and living experience in developing guidelines and standards, specifically Bairn's

Hoose Standards and SIGN guidelines on Epilepsies in Children and Young People and Eating Disorders.

- Community engagement with children and young people was cited, but further detail is required to ascertain the extent to which this engagement fully reflects the PANEL principles and the implementation framework and where any areas for improvement might be.

What needs to happen?

- Move away from the traditional approach of organisational work of starting with adult needs and then modifying to fit for children and young people because it does not enable their participation.
- Gain a better understanding of what the priorities for children and young people are for the organisation. Identify their wants and needs from Healthcare Improvement Scotland as a national board.
- Introduce a feedback mechanism, process, and framework for 16 to 18 year olds.

3. Empowerment of Children and Young People

What's already happening?

- There is a process for Children's Rights and Wellbeing Impact Assessment, although it is unclear to what extent this has been implemented and how the results have been used.

What needs to happen?

- Develop a framework to support children's right to informed decision making.
- Identify how children and young people can best contact the organisation for information, to understand what it does, and be involved in the organisation's work.
- Build on existing community engagement work and use a rights-based approach to empower children and young people and remove barriers to engage with services.
- Improve connections, communication, and collaboration with third sector organisations and communities across Scotland.
- Specific focus is required to address how the organisation can empower children and young people with protected characteristics, eg children and young people with disabilities, care experienced, in minority ethnic communities.

4. Child Friendly Complaints Procedure

What's already happening?

- The complaints policy and process includes materials for children and young people.
- A children's complaints policy which recognises the evolving capacity of children and young people and gives them an independent voice.
- The children's complaints policy takes account of those whose rights might be at risk and has approaches and formats to improve access for them.

What needs to happen?

- Raise awareness internally of the progress made with the organisation’s Child Friendly Complaints process, as part of broader communications and awareness raising.

5. Training and Awareness Raising

What’s already happening?

- Corporate parenting plan and e-learning module.
- Equality impact assessments (EQIAs) and Children’s Rights & Wellbeing impact assessments.

What needs to happen?

- Further training to help staff understand implementation of UNCRC in the organisation’s context. This should be available to all staff, not just those in the CYPKDAN and senior team.
- Agree on format of training and awareness raising plan. Options include standards training, spotlight/ masterclass through HIS Campus, and a conversational approach “to adapt learning for our organisation about what it means for us to support more universal awareness (can help understand the new provisions but also the more indirect element of our work - how we support children's rights to safety, to health, to access).”
- Support and commitment from Healthcare Improvement Scotland’s communications team to support CYPKDAN to design and deliver awareness raising plan.

6. Improving Practice - Tools and Resources to Support your Work

What’s already happening?

- Some examples of participation of children and young people in decision making in programmes of work:
    - Bairn’s Hoose Standards.
    - Gender Identity Standards.
    - Sexual Health Standards.
    - SIGN guidelines: Childhood Epilepsies, Eating Disorders
- Some examples of programmes of work which include focus on the safety and protection of children and young people:
    - Pregnancy & newborn Standards & Indicators.
    - Learning from children’s deaths.
    - Healthcare in prisons for young offenders.
    - Cross-NHS work on Responding to Concerns.
    - Public and child protection.
    - Assurance role in inspections & child protection. Inspections of children’s services (working with Education Scotland). Justice/inspection reports.
    - Improvement focus on perinatal care, quality and safety.

- However, in these cases the extent to which the work fully encompasses the PANEL principles is unclear.

What needs to happen?

- Clear mapping of and integration of existing tools and resources to improve efficiency, remove barriers, and ensure policies and procedures are compliant with the UNCRC.
- Create an action plan that empowers teams to review and improve current practice; "Approval of inequalities, public protection and needs to be knitted into all our work."
- Maximise opportunities for collaboration and 'One Team' approach. Opportunities may include updating Significant Adverse Events (SAERs), including commitment in recruitment Job Descriptions, links to ethical commissioning, and considerations within integrated planning process for 2025/26.

7. Publishing Child Friendly and Easy Read Information

What's already happening?

- Complaints policy and process information for children and young people.

What needs to happen?

- A new approach to communications that builds capacity and skills in teams to create information for publication that is children friendly, and easy read if appropriate.
- Identify training opportunities to upskill employees across the organisation on accessible information and publication standards to support the new approach.
- Introduce a new feedback mechanism about services and access redress in case of issues, separate to the organisation's complaints procedure.

8. Measuring Progress

What's already happening?

- Children's Rights and Corporate Parenting Plan report.
- Equality Impact Assessments.
- Children's Rights and Wellbeing Impact Assessments.
- Some standards and indicators may be relevant, eg Bairn's Hoose.

What needs to happen?

- Introduce an overarching framework for measurement and reporting for statutory equalities, inclusion, and human rights obligations including children's rights. Agree reporting process and oversight bodies, with clear roles and responsibilities.
- Agreement on a clear set of indicators for progress measurement and evaluation.
- Map existing structures and frameworks to capture progress: for example, anchor strategic plan, annual delivery plan, others. Consider opportunities to use them to harvest information and monitor progress.
- Identify team operationally responsible for: how the organisation will collect disaggregated

information, how it will evaluate its progress, and how it will use this information to monitor how it is protecting and progressing children's rights.

- Better awareness of those who are most at risk of their rights being breached.

9. Children's Rights Budgeting

What's already happening?

- Nothing identified.

What needs to happen?

- Demonstrate how children's rights into account when making decisions about the allocation of budgets/resources across the organisation. This could be logged through reporting.
- Senior leadership supporting teams to mitigate Scottish Government related pressures, eg budget cuts, reallocation of existing resources, potential challenges to organisational decisions from families and communities.
- Reflect and agree on rationale if unable to demonstrate explicit budget lines which specifically support children's rights eg tackling child poverty or inequality.
- Address barriers in the process of budget development to improve transparency and introduce participation of children and young people where possible.

10. Accountability and Reporting on Children's Rights

What's already happening?

- Children's Rights and Corporate Parenting Plan.

What needs to happen?

- Develop a clear, rights-based reporting structure that collates the right information and meaningfully informs actions to further advance children's rights. Map and streamline existing reporting pathways first to understand current provision.
- Better understanding of accountability and legality by all staff; "Having a clear framework for reporting and knowing what need to deliver will help us to ask the right questions and gather the right information for reporting."
- Agree the resourcing required to achieve this with support from Chief Executive and senior leadership; a dedicated daily operations team supporting this work would facilitate the organisation's national reporting duty.
- Make the most of "Exciting reporting opportunities: more accessible content, need to upskill staff, consultation first, user testing once draft in place."

11. Non-Discrimination and Rights at Risk

What's already happening?

- Children and young people may be considered within the age element of equality impact

assessments.

- Children’s Rights and Wellbeing Impact Assessments.
- Children's complaints policy also has regard to approaches & format to access those who might find rights at risk
- Corporate parenting plan, with specific focus for care experienced young people.
- There are some specific examples of the identification of children’s rights at risk and action taken within the context of programme delivery:
    - Unpaid Carers Team identified gaps around young carers as well as the need for short breaks for disabled children and their families. This was highlighted to Scottish Government.
    - The Transformational Change and Engagement Directorate are currently working with Grampian health board on developing a learning approach to change - this is across all areas of work, including child poverty.
    - Mental Health and Substance Use’s EQIA identified negative impact of residential rehab arrangements on mothers and children and recommendations for delivery based on these findings.
    - It is not clear how consistent this approach is across the organisation, and there is not currently a method of gathering this information.

What needs to happen?

- Publish explicit public organisational commitment that every child is treated fairly and protected from discrimination. Acknowledge statutory duty.
- Acknowledge where the organisation’s work currently asks children and young people to deal with high levels of uncertainty, eg navigating a health care system built for adults of endless waiting lists with little information and communication.
- Agree approach to proactively identify children and young people who need additional support to overcome barriers or difficulties, eg care experienced, minority ethnicity, disability. Address how to mitigate identified barriers.
- Explicit organisational commitment to equality of opportunity and a proactive approach to tackling inequality on the grounds of race, religion, age, disability, gender, marital status or sexual orientation.
- Clarify existing organisational commitment and obligation on human rights more broadly. Begin developing broader action plan in line with the upcoming Scottish Government’s Human Rights Bill.

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Engagement Practice - Evidence Programme Update**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Christine Johnstone, Head of Engagement Practice - Evidence**
Purpose of paper:	**Awareness**

1. Situation

This paper provides a brief overview of current activities within the Engagement Practice - Evidence Unit.

2. Background

The purpose of the Engagement Practice – Evidence Unit is to provide evidence from engagement to inform service and policy development and how to engage meaningfully. This evidence base helps to ensure citizens' voices are heard in the design and delivery of health and care services; influences Scottish Government and other organisations' policies; and provides an evidence base on best practice in engagement.

Following the introduction of a new structure, activities have concentrated on building the Team, developing ways of working and producing the Unit's work plan and supporting processes. Further discussions will take place across the Directorate to ensure that the format of work plans is both consistent and works for each Unit. The activities of Engagement Practice – Evidence have been grouped into 4 workstreams which are also aligned to Healthcare Improvement Scotland Our Strategy 2023-28 Priorities:

Evidence from Engagement

Covering developing and expanding our evidence base, Gathering Views and Citizens' Panel programmes, using feedback from engagement and undertaking our own bespoke research, etc.

Evidence for Engagement

Covering producing research guidance and support and the development of toolkits, guidance and associated resources, etc.

Learning, building relationships and maximizing impact

Covering promoting innovation in engagement, collaboration with stakeholders and information sharing including the re-establishment of a Participation Research Network and external networks, analysis of Gathering Views and Citizens' Panel reports, etc.

Aspirational Engagement

Includes the Unit working towards future ambitions such as generating bespoke research, expanding Gathering Views and Citizens' Panel commissions, exploring the potential for publication of our outputs in relevant medical journals and improving the processes for our outputs, etc.

3. Assessment

Below is a summary of current work activities within the Evidence Practice – Engagement Unit along with background where needed and timescales for various project.

Evidence from Engagement	Background and Status	Timescales
Citizens' Panel 14: Realistic Medicine, Value Based Health and Care and NHS Reform	This survey which was issued to Panel Members in June 2024 generated a response rate of 50%	Aiming for a report publication date of 14 November 2024 (brought forward from end November)
Citizens' Panel 15: Medicines Safety Strategy, Preconception Health and Long Term Conditions Policy	Currently undergoing user testing of the questions.	Aiming for issue to the Panel in early November 2024
Patient led actions for sustainability in health care	Initial discussions have been held with the Green Theatres Programme about how Engagement Practice – Evidence can support sustainability and patient led actions. This is based on the work we did with Citizens' Panel 13 and the feedback from the Panel on sustainability in the NHS.	Progress to be reported when available.
Citizens' Panel Refresh	Recent work undertaken to refresh the Citizens' Panel recruited 5 new members which	The next Panel refresh is scheduled for February-March 2025.

	is less than previous refreshes. The Panel therefore is less representative than it has been in particular with younger people, ethnic minorities and social and private tenants. There is a real need to boost the panel with these particular demographics. The Team has been working on options for how best to go about this by potentially using stratified random sampling, engaging with nationally used Chief Scientist Office database and/or using the Directorate's knowledge of contacts and local communities.	
Gathering Views on the use of Sodium Valproate	In March 2018, the UK's Medicines & Healthcare Products Regulatory Agency (MHRA) strengthened its regulatory position on the use of Valproate medicines and said that it must no longer be used in any woman or girl able to have children. unless she had a pregnancy prevention programme, including a signed risk acknowledgement form in place. Engagement Practice – Evidence is supporting gathering some lived experience views from people to gain an understanding of the needs of the affected population including those most at risk of health inequalities. Potential questions have been drafted and shared with the Scottish Government for comment.	Engagement with people planned during November-December (pending activity on NHSGG&C Review taking precedent). Final findings due in June 2025.
NHS Greater Glasgow & Clyde Review of Emergency Departments	Engagement Practice – Evidence is conducting a review of patient experience of NHS Greater Glasgow & Clyde emergency departments at the Queen Elizabeth University Hospital, Glasgow Royal Infirmary and the Royal Alexandra Hospital (Paisley). It involves surveying circa 1,800 patients through a postal	Surveys will be distributed by NHS Greater Glasgow & Clyde towards end October 2024 and a first draft report of the results available mid December 2024.

	questionnaire and telephone/video conversations. Contingency planning using NHS Greater Glasgow & Clyde's targeted digital communications to users of emergency services is underway in the event that there is a low return of the paper based questionnaires and online survey.	
Evidence for Engagement	**Background and Status**	**Timescales**
Evaluation Toolkit Refresh	This toolkit been developed to support the evaluation of public involvement and community engagement in health and care services. It is a stand-alone guide for assessing the way in which engagement has been undertaken (*process*) and the results of that activity (*outcomes*). The Toolkit has now been refreshed and is being finalised for publication.	Publication, comms and dissemination planned for January – March 2024.
Learning, building relationships and maximizing impact	**Background and Status**	**Timescales**
Participation Research Network	This network will be open to practitioners, policy makers, researchers and everyone with an interest in sharing evidence on participation (public involvement, engagement, co-production) in health and social care. The network is a forum for sharing the latest information and evidence and updates on UK and international practice. It connects researchers, practitioners and policy makers.	Scoping paper on introduction of the Research Network planed for November 2024 with events scheduled for March/April 2024.

Assessment considerations

Quality/Care	The Engagement Practice - Evidence unit work programme enabling 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. All costs for the work are aligned within the current allocation.
Resource Implications	All costs for the work are aligned within the current allocation. Additional funding may be required from central funding to support the review of NHS Greater Glasgow & Clyde emergency departments patient experience activity.
Clinical and Care Governance (CCG)	The activities outlined, in particular Gathering Views work, will be recorded through the Clinical and Care Governance Framework.
Risk Management	No risks identified. Specific risks associated with the NHS Greater Glasgow & Clyde Review of emergency departments are included in an associated risk register for the programme.
Equality and Diversity, including health inequalities	The overall directorate vision acknowledges our 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 this programme.
Communication, involvement, engagement and consultation	People involved in the workstreams will be kept informed about how their views are being used and provided with regular updates. Internally, mechanisms are in place to ensure staff and teams working on various projects are kept informed at all stages.

4 Recommendation

The Scottish Health Council is asked to note the summary of current activities of the Engagement Practice – Evidence Unit.

It is recommended that the Scottish Health Council accept the following level of assurance:

SIGNIFICANT: meaning that reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be insignificant amount of residual risk or none at all.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Engagement Practice Improvement Programme Overview**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Diane Graham, Head of Engagement Practice Improvement**
Purpose of paper:	**Awareness**

1. Situation

This paper provides a brief overview of progress on the work programme of the Engagement Practice Improvement Unit.

2. Background

The Engagement Practice Improvement Unit's purpose is to lead improvements in the engagement and volunteering practices of Healthcare Improvement Scotland (HIS) and health and social services in Scotland.

The programme delivers three core workstreams, that focus on:

1. Building an engagement practice learning system
2. Leading and supporting planned improvements of engagement practice, and
3. Volunteering transformation

The programme also provides responsive engagement improvement support (internal and external), where that is required.

3. Assessment

The planned work in Learning Systems workstream has been slightly delayed due to recruitment for an Improvement Advisor, who will commence on 16 December 2024. Other outstanding vacant posts include a Project Officer in the Improvement Workstream, and two fixed term posts (Senior Project Officer and Project Officer) to support the volunteer management system implementation. These posts are expected to be filled over the next 4 – 8 weeks.

The following outlines progress in a sample of work areas for the Engagement Practice Improvement Programme. Relevant updates have been included from both Q1, and Q2. as this is the first activity update provided following the workplan outlined in the Q1 report:

Workstream: Learning system

Building the Engagement Practice Learning System

Scoping and collation of an evidence base has commenced to inform the planning of this workstream. This will be expanded and led by the Workstream Lead who will be in post by December 2024. This initial scoping phase is being carried out with input and collaboration from the HIS Evidence Teams and will be conducted in alignment with the HIS Quality Management Framework.

Care Experience Improvement Model (CEIM) Leaders Programme

CEIM Leaders is a learning programme that builds in-house coaching capabilities in health and social care services. CEIM enables staff to routinely and intentionally hold discovery conversations with people who receive or connect with services and use these insights to make improvements that are directly informed by what's been heard.

In Q1 the CEIM Leaders programme commenced its spread phase and delivered a learning programme (cohort 3) with 12 participants from 9 health and social care organisations (3 Social care providers, one third sector social care provider, 4 Health Boards and one HSCP community care provider). The virtual programme evaluated well, with a 97.8% positive experience rating overall for the four virtual sessions, and an 80% confidence level for coaching their organisation to apply the CEIM approach.

Recruitment to cohort 4 commenced in Q2, and the learning programme will start in Q3, on12 November 2024.

What Matters to You? (WMTY) Programme

During Q2, preparations were underway for a national WMTY webinar that will take place in November 2024 (date to be confirmed). This will involve guest speakers, Victor Montori, Professor of Medicine at Mayo Clinic and an endocrinologist, and Dominique Allwood, Chief Medical Officer for UCL Partners (the world's largest academic health science centre, based in London).

In Q3, the team will support the filming of a national video outlining Scottish examples of using WMTY in practice, from Fife and Tayside. This is being developed in collaboration with Scottish Government, and with input from Tommy Whitelaw from Health and Social Care Alliance Scotland (the ALLIANCE).

Workstream: Improvement (engagement practice)

People-led Transformational change: NHS Forth Valley type 2 diabetes prevention

The Type 2 diabetes Early Intervention Team has been taking part in a Human Learning System (HLS) experiment. They tested the facilitation of relationship focused support for people living at risk of type 2 diabetes within community settings. This was undertaken with a community at high risk of health inequality, situated in an area of high multiple deprivation.

A final draft report shows this relational approach demonstrates service improvements in cost, potential saving 80% of professional time. It also shows that 59% of people will lower their blood glucose level after a single conversation, with or without formal support,

compared to 36% who follow a traditional pathway. People with type 2 diabetes have also reported felling more valued, having better relationships with care professionals, increased resilience, and better physical and mental health. This project is one aspect of the work that is informing the development of a Scottish Approach to Change for health and care being led by the Community Engagement & Transformational Change Directorate reported through the HIS Quality & Performance Committee.

People-led Transformational change: CHAS admissions process redesign

This work focuses on the Children's Hospice admissions process in a young person's complex palliative care and respite service. The work has gathered insights from both staff and families who access the Hospice at Rachel House in Kinross, to understand the processes and impacts of the admissions process on family and staff experiences.

The fourth in a series of co-design events with hospice staff was held on 3 September 2024. At this event 20 key staff from across the professional and support specialties used the experiences of families to help shape change ideas that would be taken forward after the event. The change ideas that were worked up on the day included, creating a dedicated admissions team, developing an app to support families to book and keep track of their stay and supports, and creating a CHAS passport to support care planning.

Specialist advice to HIS Programmes: Focus on Frailty Improvement Programme

A facilitated workshop was delivered in Q1 on 24 April 2024 at the third Focus on Frailty Improvement Programme learning session. This focused on using lived experience data to influence change. As a result, coaching was provided during Q2 to the NHS Lanarkshire demonstrator site team to assist them in developing an approach to holding discovery conversations. This is being used to gather experiences from people living with frailty that access local services, and to inform their improvement of frailty services.

Specialist advice to HIS Programmes: Primary Care Improvement Portfolio

Two workshops were delivered in Q2 for the HIS Primary Care Phased Investment Programme (PCPIP) Team to enable them to support engagement practice in their demonstrator sites. These virtual workshops (on 2 and 11 July 2024) supported the improvement team to create a CEIM Discovery Conversations discussion plan for their Community Treatment and Care (CTAC) teams, the next workshop guided teams through the creation of a conversation plan for their Pharmacotherapy teams and introduced concepts on setting up Reflective Improvement Meetings.

Feedback from these workshops suggest that all participants are confident to get started in coaching demonstrator site teams in the use of the CEIM approach. The key takeaways included, recognising the value of systematic use of experience feedback data in improvement work. Following these sessions all demonstrator sites have been introduced to the CEIM model, with two sites ready to explore its application.

Specialist advice to HIS Programmes: SPSP Perinatal, Neonatal and Paediatric Improvement Programme (PNPIP)

Support was provided during Q2 to co-design a series of workshops with the SPSP improvement programme team. The workstream's Improvement Advisor will deliver and facilitate the first of these at the SPSP PNPIP programme's learning session on 31 October 2024. This session will focus on engagement approaches and exploring

opportunities for, and challenges to, engagement practice in the contexts of the NHS team participants.

CEIM Leaders Implementation Support Project

To show the effectiveness and sustainability of the CIEM Leaders Programme, and to understand the implementation support needs of participants, the CEIM Leaders Implementation Support Project has been established. This commenced with two codesign workshops with CEIM Leaders who have completed the learning program.

The first workshop on 4 September 2024 allowed CEIM Leaders to explore their experience of applying CEIM in their organisation. The second workshop on 23 September 2024 helped CEIM Leaders to identify change ideas and create a set of impact measures. The learning from these sessions will inform the project's next steps.

Workstream: Volunteering

Volunteer Management System (VMS)

Following confirmation of funding for the VMS from Scottish Government in Q1, approval was granted by the HIS Executive Team for the project to proceed on 30th August 2024. Since then, the project board has been established and work has begun on developing the Invitation to Tender.

Volunteering Practitioners Network

NHS Scotland Volunteer Impact Series: Insights from the Frontline – NHS staff perspectives was published in August 2024. The findings from this survey have provided useful insights into the positive impact that involving volunteers has on NHS staff.

The survey's most significant finding was that 99% of staff who participated said involving volunteers was a good investment of their time. Of those, 84% reported supporting volunteers for less than 30 minutes a day. This may suggest that volunteers offer high benefit for little time investment. Similarly, 26% of staff told us that volunteers support their mental health and wellbeing at work, and 69% of staff reported that involving volunteers reduces their levels of stress, alongside. Staff said that involving volunteers lowers their stress levels. Additionally, staff reported higher quality patient care, enhanced patient wellbeing, and improving staff-patient communication.

Assessment considerations

Quality/ Care	All our work involves people with lived and living experience, communities and health and social care staff in improving engagement, and care and support, in line with the Healthcare Quality Strategy for NHSScotland (2010), The Public Bodies (Joint Working) (Scotland) Act 2014; National Standards for Community Engagement (2020) and the Patient Rights (Scotland) Act 2011
Resource Implications	All costs for the work of the Engagement Practice Improvement Programme will be aligned within the current allocation for 2024/25.
	We follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff – particularly to support

	individuals who have come together as a new team and are undertaking new activities and learning.
Clinical and Care Governance (CCG)	The programme is developing a governance structure to ensure transparency and accountability, involving the programme team and HIS staff in decision-making to support safe, effective, and person-centred services.
Risk Management	Risks in relation to delivery of this programme are captured on the strategic and operational risk registers
Equality and Diversity, including health inequalities	Project planning routinely includes the completion of Equality Impact Assessments (EQIAs) and Data Protection Impact Assessments (DPIAs) to minimise disparities, increase accessibility, and address people's equality and diversity needs, ensuring their participation.
Communication, involvement, engagement and consultation	The programme emphasises stakeholder engagement, co-design and collaboration with groups like the Volunteering Advisory Board, National Partner Organisations CEIM Leaders Strategic Leads Group, What Matters to You? Working Group.

4 Recommendation

The Scottish Health Council is asked to note the contents of the paper and provide comment.

It is recommended that the Council accept the following level of assurance:

MODERATE: meaning reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This is due to the key role of Improvement Advisor that will lead one of the programme workstreams has yet to take up post.

5 Appendices and links to additional information

No appendices or links to additional information included

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Assurance Programme**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement & Transformational Change**
Report Author:	**Derek Blues, Head of Engagement Practice (Assurance)**
Purpose of paper:	**Discussion**

1. Situation

To provide the Scottish Health Council with an update and overview of the work of the Assurance of Engagement programme.

2. Background

The Assurance of Engagement programme aims 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 & care; and
- Plan and prioritise our work and resources in a clear and consistent way, including assuring the approach HIS takes to engagement, equality and diversity.

3. Assessment

Assurance Programme

Below is a summary of activities for the Assurance of Engagement Programme.

Subject	Activities	Timescale & comments
Planning With People	Support the use of the Planning With People guidance to bring forward clearer direction for NHS Boards and Integration Joint Boards and provide greater clarity of the role of HIS in assuring the engagement that takes place for service changes (major and non-major changes)	Short term Planning With People workshops held with over 80 participants in September and October 2024. Further sessions to be arranged on demand where needed.
Flowcharts	Publish the approved process flowcharts for assurance of engagement on service change for NHS Boards and Integration Joint Boards	Short term Our process flowcharts were published in May 2024 following the publication of the Planning With People guidance. They are now being used to guide our approach for assurance of all service changes across NHS Boards and Integration Joint Boards. Medium term (Q2 of 2025) Review the use of the flowcharts and consider where amendments may be required.
National Changes	Reinforce the requirements for; • Nationally provided services (National Boards) • Nationally determined services (Scottish Government)	Short term Nationally provided and determined services are included in the revised version of Planning With People (May 2024)

	• Nationally planned services (National Planning bodies).	Nationally determined services guidance has been developed by HIS and Scottish Government and published on 31 October 2024.
Workshops	HIS Board Masterclass including content on statutory duties and service change Deliver a programme of workshops for NHS Boards and Integration Joint Boards	Short term HIS Board Masterclass delivered on 29 May 2024 Ongoing – work sits with the Regional teams.
Engagement Practitioners Network (EPN)	Follow up activity to support the recent Planning With People EPN session alongside the Q&A document prepared	Short term Follow up sessions for NHS Boards and Integration Joint Boards around nationally determined service changes provisionally planned for early December 2024. Medium term Will transition to Improvement of Engagement Programme in Q4 of 2024 (discussions underway)
Service changes	There are currently 33 active service changes being supported including 11 significant changes and a further 22 other active changes**.** 34 service changes are on hold or are impacted upon by the Capital funding position. Major service change in Dumfries & Galloway (Cottage Hospitals) report published 21 October 2024. IJB will consider	Short/medium term We anticipated a rise in the number of service changes in 2024 although there is no significant increase at this time. October 2024

	recommendations on 28 October 2024. Link to our report here. Service change ways of working document has been completed with input from Strategic Engagement Leads, Engagement Advisors for Service change and Assurance Programme staff.	
Governance for Engagement	Continue to support the implementation of a new HIS Governance for Engagement process aims to provide assurance that HIS meets its legislative and other duties on engagement and equalities-related matters based on the three domains from the Quality Framework: 1. Engagement in the application of work 2. Engagement in the planning and design of work 3. Governance and leadership for engagement	Short term Community Engagement & Transformational Change July 2024 (complete) Evidence & Digital People & Workplace - August 2024 (complete) Medium term Nursing & Systems Improvement Finance, Planning & Governance October 2024 Quality Assurance & Regulation Medical & Safety December 2024
Equalities, Inclusion & Human Rights	Publish Equality Mainstreaming report Compliance with Equality Impact Assessment requirements.	Long term April 2025 Medium term Ongoing. Of the 81 eligible work programmes, 67 have a full EQIA, 8 have carried

	Gender pay gap reporting Anti-racism objectives to include development of an anti-racism action plan. Scottish Human Rights Bill	out EQIA screening and 6 have not yet progressed. Monthly publication of People and Workplace flash report. 2024/2025 objectives. Long term The Human Rights Bill was not included in the recently published programme for Scottish Government. Further work to develop the Human Rights Bill will be undertaken with the intention of taking forward the Bill in the next Parliamentary session.
Public Partners	Embed the management of public partners in the Assurance of Engagement Programme	Medium term Development of a new policy for volunteering to establish a consistent approach to managing volunteers across all work programmes. Draft policy has been prepared for discussion in September 2024 prior to implementation and roll out.

Assessment considerations

Quality/ Care	Assurance of engagement in relation to Service Change is a legislative requirement in line with existing statute and the *Planning with People* guidance.
	There are no financial implications for the directorate in the reporting of Assurance activity.

Resource Implications	There are no negative implications for the directorate in the reporting of Assurance of Engagement activity relating to resources, capacity and capability.
Clinical and Care Governance (CCG)	The assurance of meaningful engagement in service change supports high quality health and social care.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register.
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 Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been/will be presented to the following: • Presented to Scottish Health Council and shared with Scottish Government

4 Recommendation

The Scottish Health Council is asked to:

- Note and discuss on the contents of this report.
- Accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

None

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Strategic Engagement**
Agenda item:	**3.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Sharon Bleakley, Lisa McCartney, Strategic Engagement Leads**
Purpose of paper:	**Awareness**

1. Situation

The Strategic Engagement Team commenced work from 1 April 2024. This paper will provide an overview of the work undertaken by the team during the reporting period July – September 2024.

2. Background

The Strategic Engagement Team (SET) has been operational since April 2024. The team comprises Strategic Engagement Leads (SELs), Engagement Advisors (Service Change) (EASC), Engagement Advisors (Community) (EAC) and an Admin Officer. Each staff group within the team has a specific remit for supporting communities and NHS/IJB boards.

3. Assessment

Work continues on the SET workplan.

Initial conversations have taken place with 95% of all territorial NHS boards. Across the North and East areas, 94% of HSCPs have been contacted. There is still a vacancy within the West region, which has impacted on the number of NHS board and HSCPs that have been contacted within the region. An internal monthly report has been compiled to support cross organisational working across the directorate, to help to avoid duplication and to enable our staff to better understand work activity and roles within teams across the directorate. The report captures the directorate's work activity in any one specific geographical region over a one month time frame. During September this looked at activity

within Grampian and Public Health Scotland. Work activity in the Borders, Ayrshire & Arran and Highland areas plus the Golden Jubilee University Hospital and NHS Education for Scotland will be collated during Q3.

Following the development of their work plan, the EACs have continued with mapping and meeting with a range of community groups (118 meetings have taken place to date). Using these new contacts, the team have been able to work with a number of NHS boards to source patient representatives for the annual review process, provide contacts for the Citizens' Panel recruitment and the NHS board anti-racism plans. For the upcoming Gathering Views on sodium valproate the team have noted contacts who are willing to support this work.

From the EAC conversations being held around the country, intelligence is now being noted with a number of themes starting to emerge. These include access to information (and any associated barriers to this), lack of awareness on how to provide feedback to NHS and HSCP services, reduction in services due to reductions in funding and how young people are being engaged. Work is progressing on different ways to utilise this information and the most appropriate way to share within the directorate and beyond.

The EASCs continue to provide advice, guidance and support to a range of service change activities across the country. There are 33 active service changes at the time of writing, with a further 34 on hold. Following the Engagement Practitioner Network (EPN) session in June, a further ten requests for a deeper conversation around Planning with People have been received. Four additional EPN sessions were held in September and October, specifically for NHS and HSCP colleagues, with 86 attending in total.

The following table provides a summary of progress in Q2.

Work Plan Area	Activities	Progress
1. Gather and share intelligence that enables the directorate to discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement.	(a) Liaise with NHS Board and HSCP colleagues (b) Gather and share intelligence on service change activity (c) Cross directorate intelligence sharing to influence workstreams through monthly situation awareness	Relationship building has continued throughout Q2. Almost all NHS boards and HSCPs have now been contacted. Strategic Engagement Leads and Engagement Advisors Service Change identifying service changes through regular communications with board/HSCPs colleagues and media channels. Situational Awareness report produced for September 2024, providing intelligence on the range of cross directorate work activities in

	reporting and internal meetings	the Grampian region and Public Health Scotland.
2. Promote the culture and leadership around community engagement	(a) Regular informative contact with NHS Board and HSCP colleagues (b) Planning with People sessions (c) Informing topics for the Engagement Practitioners Network (d) Sharing best practice (e) Promoting Quality Framework	Ongoing conversations taking place with board and HSCP colleagues. Follow up meetings with senior leaders taken place. Following on from the Engagement Practitioner Network (EPN) session in June, a number of requests were received from colleagues to explore further their concerns and questions on the Planning with People Guidance. An additional four sessions were also provided for NHS and HSCP colleagues. Discussions will begin on a potential EPN session on the impact of National Changes. This will take place in Q3.
3. Support NHS boards and HSCPs to achieve best practice in engagement, redesign, improvement	(a) Provide NHS boards and HSCPs with timely and proportionate advice (b) Sign post to operational advice on service change, improvement and redesign (c) Promote the use of evaluation tools for improvement	Ongoing service change support provided. Adhoc support given through operational teams. Adhoc advice given through regular communication.

4. Empower people, communities and the public to have their say in health and care	(a) Follow operational activity workplan for engagement with communities (b) Share knowledge and signpost (c) Share feedback with SELs and other programmes to help inform future work activity	TSIs (third sector interface): mapping completed, contacted 44, **met with 33** to date. Carer Centres: mapping completed, contacted 52, **met with 16** to date. Minority ethnic community groups: mapping completed, contacted 34, **met with 18** to date. Mental Health groups: mapping in progress, contacted 16, **met with 8** to date. LGBT groups: mapping not started, **met with 2** to date Young people's groups: mapping not started, **met with 1** to date Connections have been made with and attendance at meetings of 13 local networks across our regions and these have proved valuable in raising awareness of HIS/our role, gathering intelligence, networking, and disseminating information on Citizens' Panel and Anti-Racism Plans. Started a HIS Public Involvement Advisors internal network, including setting up a Teams channel. First meeting due 29 October 2024 (Q3). NHS Annual Reviews have been supported in many of the board areas. Provided information stands at five public events to promote our work and signpost members of the public to engagement opportunities. This includes stalls at college freshers' fairs.

Work has started on a "ways of working" document involving both the Engagement Practice – Evidence and Improvement units. These documents will provide clarity on roles and the scope of work within each of the units.

Assessment considerations

Quality/ Care	SELs play a vital role in promoting active engagement of people and communities in healthcare design and delivery in Scotland. Through the strategic engagement efforts, the SELs work to promote accountability, and ongoing improvement in healthcare quality. This is further supported by close collaboration with the regional Engagement Advisors in the Community and Service Change, enabling the sharing of valuable intelligence. However, challenges such as resource constraints may hinder progress.
Resource Implications	No negative financial impact as the role is core funded.
	The impact of two vacancies (SEL for the West and an Admin Officer) continues to be felt across the SET, and has impacted negatively on external relationships and internal staff morale.
Clinical and Care Governance (CCG)	Positive impact on Principle 3 of the CCG - People and communities are involved in all our programmes of work.
Risk Management	Risk of stakeholders disengaging due to system pressures; ongoing relationship building will encourage continuing dialogue.
Equality and Diversity, including health inequalities	EACs will continue to target protected characteristic communities, along with a range of underrepresented communities. Use of EQIA is strongly advised and recommended by SELs and EASCs during conversations with external stakeholders.
Communication, involvement, engagement and consultation	Conversations with stakeholders continue, as relationships are maintained and built. Engagement is at the core of the work of the SET, from promoting its value to NHS boards and HSCPs to empowering members of the public to be involved in the design and delivery of health and care services.

4 Recommendation

Paper is presented for awareness and the Scottish Health Council is asked to note its contents.

It is recommended that the Board/Committee accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

No appendices or links to additional information included.

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**2024-25 Operational Plan Q2 Progress Report**
Agenda item:	**3.5**
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 2024-25, particularly noting impacts from Q2 of 2024-25. The Committee is asked to discuss the contents of the paper.

2. Background

The Community Engagement & Transformational Change directorate provides a consistent package of engagement support to Healthcare Improvement Scotland's 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

During Q2 our staff enthusiastically progressed with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

Our tailored workshops and peer networks create supportive environments for staff in NHS boards and partnerships to develop effective approaches to community engagement. We champion the positive impact of volunteers to the NHS.

We support good practice within Healthcare Improvement Scotland, ensuring that work programmes properly assess their impact on a range of communities, and deploying Public Partner volunteers to give a lay perspective to the organisation's assurance programmes. Our Governance for Engagement approach brings supportive scrutiny to ensure that directorates across HIS carry out effective and meaningful engagement.

We continue to track the impact of our evidence-gathering activities to note how people's views and experiences have shaped national policy and service delivery.

Assessment considerations

Quality/ Care	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 embed 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 2024-25. 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 in July 2024 to support the Citizens' Panel, a redevelopment of the Volunteer Information System and to promote What Matters to You? The Scottish Government has indicated that the funding for Citizens' Panel and What Matter to You will be included in baseline funding next year.
Clinical and Care Governance (CCG)	Our work embeds the third CCG principle ("People and communities are involved in all our programmes of work") and through the Governance for Engagement process we support other directorates to evidence this principle.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed monthly by our Directorate Leadership Team.

Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality, diversity and inclusion within HIS. 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). 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.
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 Committee is asked to note and discuss the content of the 2024-25 Quarter 2 Update.

It is recommended that the Committee accepts the following Level of Assurance:
SIGNIFICANT

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2024-25 Quarter 2 Update

Healthcare Improvement Scotland | Community Engagement

Appendix 1

Quarter 2 Update: July – September 2024

This progress report describes the impact of our work noted between July and September 2024. 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 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 980 times during Q2 (a 9% increase from the previous quarter). The most-downloaded resources were an overview of the key stages of the service change process, a template to support community engagement planning and the results of a survey on staff experiences of NHS volunteering.

One **training** session on the national Volunteer Information System was held during Q2, for 2 new NHS volunteer managers. The participants fed back that they enjoyed the session and felt more confident in managing their volunteers' data.

Three *Planning With People* sessions were organised in September as a follow-up to an **Engagement Practitioners Network** (EPN) workshop in July. The sessions were attended by a total of 59 people and provided a further opportunity for boards and partnerships to familiarise themselves with national guidance in a focused and supportive way. The sessions were well received by participants, with relevant discussions following the main presentation on the guidance.

Two workshops in Q2 equipped the HIS Primary Care Phased Investment Programme (PCPIP) team to support engagement practice in their demonstrator sites. The workshops guided 11 participants through the creation of **Care Experience Improvement Model** (CEIM) Discovery Conversations discussion plans and setting up Reflective Improvement Meetings in their communities. Feedback showed participants felt confident and excited to get started in coaching demonstrator site teams in the use of the CEIM approach:

> "*The team have enjoyed the CEIM session and are committed to applying CEIM to patient engagement activities*." (Edinburgh participant)

Their key takeaway was recognising the value of systematic use of experience feedback and data in improvement work. All demonstrator sites have now been introduced to the model, with 2 sites ready to explore its application.

Two co-design workshops with 6 graduates of the **CEIM Leaders Programme** in September helped identify learning about how the CEIM model could be applied, and generated change ideas for future development of the programme.

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 partnerships undertaking service change. During Q2, the team monitored and supported 33 service changes across all board areas (see separate paper for more detail). A further 34 service changes are currently on hold, most relying on Scottish Government capital funding.

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, which is due to publish in Q3.

During Q2 the **Governance for Engagement** sub-committee considered self-assessment submissions from 3 directorates (Community Engagement & Transformation Change, Evidence & Digital and People & Workplace). The self-assessment template is aligned to the Quality Framework for Engagement and Participation and each directorate received a 12-month improvement plan which sets out priority areas for action.

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

The Scottish Government confirmed funding for a replacement **Volunteer Management System** in Q1. The Executive Team gave approval at the end of August for the project to proceed. The project board has now been established and work has begun on developing the Invitation to Tender.

During this quarter, health boards across Scotland reported **active volunteers** had given 23,403 hours per month.

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

The current membership of the **Volunteering in NHS Scotland Community of Practice** is 91, with a weekly average of 32 active members during Q2. Volunteer managers access the MS Teams channel to engage with updates, access resources or attend online sessions.

The **Engagement Practitioners Network** currently has 195 members. Throughout Q2, over 150 members have been active on the MS Teams channel, sharing tools and resources, asking their peers for advice and publicising upcoming learning opportunities.

People and communities are empowered to participate in health and care

We currently have 14 **Public Partner** volunteers, an increase of 1 in Q2, with additional recruitment underway. Public Partner roles include sitting on the National Review Panel (Medicines and Pharmacy), Death Certification Review Service (DCRS) and the National Cancer Medicines Advisory Group (NCMAG). Shorter-term and ad hoc activity includes contributing to the core review group for the review of the Emergency Department at the Queen Elizabeth University Hospital, Glasgow and giving feedback on a consultation on the Adverse Events framework.

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

In August, we published the results of our survey on **staff experiences of the impact of volunteering**. The 251 responses, from 46 NHS Scotland locations in 5 NHS boards, reveal the positive impact of volunteering on NHS staff. 99% of respondents said that involving volunteers is worth the investment of their time. Of that, 84% also said that they spent less than 30 minutes per day supporting volunteers. This would then suggest that volunteers provide a high level of benefit, for minimal investment of time. 69% of staff reported that involving volunteers reduces their levels of stress, and 26% said that volunteers help to support their mental health and wellbeing at work. Staff also reported better quality patient care, improved patient wellbeing and improved communication between staff and patients. The findings support volunteers as valuable partners in delivering quality care and outcomes for patients and visitors in healthcare and confirm that the time required to support volunteers is minimal in comparison to their impact.

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

Our report on staff experiences of the impact of volunteering was presented to the NHS Scotland Volunteering Advisory Board in August, shared with executive and strategic leads for volunteering across NHS Scotland, the Volunteering Practitioners Network and wider stakeholders. The report and its message about the positive impact of volunteering has been shared by Wales Council for Voluntary Action, helpforce (where it has been viewed over 100 times) and by the blogger Rob Jackson, who described it as:

> *"really timely and valuable, helping us to positively convey the role volunteers can play alongside staff as part of a team, rather than seeing volunteering through an 'Us vs. Them' adversarial lens with paid staff."*

The Chief Medical Officer for Scotland's annual report, Realistic Medicine: Taking Care, published in August, describes the learning from our 13th Citizens' Panel survey on climate emergency and sustainability.

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

The 14th survey of the **Citizens' Panel** was open for panel members to complete between June and September. In total, 545 people (50% response rate) provided feedback on questions covering NHS Reform, Realistic Medicine and value-based health and care.

The NHS Scotland **volunteer experiences survey** ran from June to August, with 6 health boards taking part and 360 volunteers responding to the survey. The results will be published in November 2024.

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

Our Equalities, Inclusion and Human Rights team supports teams across Healthcare Improvement Scotland to ensure their work takes account of the needs of a diverse range of communities. An **equality impact assessment** (EQIA) prompts teams to consider the potential positive and negative impacts of their work on each of the protected characteristics described in equalities legislation. At Q2, most HIS programmes which require an equality impact assessment (EQIA) have one in place. Of a

total of 81 eligible work programmes, 67 had a full EQIA in place and a further 8 had carried out initial screening. 6 programmes were yet to progress an EQIA. This is a 3% improvement compared to Q1.

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

We published our **Gathering Views on Implanted Medical Devices** report in August 2024, following engagement with 65 people from across Scotland during July and August 2023. Since commissioning this work, the Scottish Government has been developing a national framework and initial action plan. Our findings have aligned closely with Theme 3: Improving the information available to patients about medical devices used in their care and have been used to inform later drafts.

Our **Gathering Views on Palliative Care** report (July 2024) has informed the Scottish Government's draft Palliative Care Strategy 2025-2030 (Oct 2024), including its lived experience and public views paper which accompanied the strategy. The paper notes that our work had "*enabled [the policy team] to focus on identified gaps from the evidence review including asking about palliative care being offered much earlier and long before an adult or child is close to dying.*"

12 months after the publication of our **Gathering Views on Waiting Times Guidance** report (Aug 2023), the Scottish Government described the clear message they received about the importance of communication and transparency. Their subsequent review of the Waiting Times Guidance means patients are now better informed about what to expect during their waiting period and any changes to their appointments. The findings have enabled the Scottish Government policy team to action a variety of changes to the Waiting Times Guidance, including:

- a standardised communication package
- inclusion of *implied acceptance* and *Patient Focussed Booking* in the guidance
- assurance that GPs and other referring clinicians are copied into patient communications
- updated forms of communication to include digital methods
- an extension of timescales for patients to respond to communications

Our report has also informed their work on EQIAs, resolved policy queries about the guidance, provided a clearer picture of the true patient experience on NHS Scotland waiting lists and presented crucial data to identify both strengths and weaknesses in existing patient pathways. The Scottish Government anticipates continual refinement of the Waiting Times Guidance to increase the quality of communication and transparency between boards and patients.

18 months after the publication of our **Gathering Views on Chronic Pain** report (Feb 2023), we sought impact feedback from Scottish Government. Our findings informed the updated Implementation Plan published in November 2023. The government also confirmed that our report will be reviewed by their service managers' network to inform their workplan, which will focus on improved service delivery.

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Risk Register**
Agenda item:	**4.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Clare Morrison, Director of Engagement & Change**
Purpose of paper:	**Decision**

1. Situation

At each meeting the Scottish Health Council (SHC) considers the strategic operational risks relating to the SHC's remit.

2. Background

The Healthcare Improvement Scotland (HIS) corporate risk management system is held on Sharepoint. The full risk register is scrutinised at the HIS Audit & Risk Committee. Risk 1163 relates to service change and an update is provided to the SHC at each meeting.

At the SHC's extraordinary meeting on 10 October 2024, it was requested that risk 1163 was reviewed and re-worded with SHC input.

3. Assessment

Risk 1163 was entered into the risk register in April 2021.The current wording is:

> "*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*."

For October 2024, the risk has been left in the HIS corporate risk register with the same wording and with the same level of risk as the previously reported assessment (likelihood 3, impact 4, see Appendix 1 for definitions and Appendix 2 for the risk register extract).

From November 2024, it is proposed to close risk 1163 and open a new risk reflecting the current service change environment. The proposed wording for discussion at the SHC meeting is:

> *"There is a risk that financial and workforce pressures, along with NHS reform, will increase the pace and volume of service change at a local and national level. This may have an impact on the quality of engagement undertaken by NHS boards, HSCPs and Scottish Government. In addition, although new guidance for engagement on national service change provides clarity, it is yet untested. Altogether, this means there is an operational and reputational risk to HIS that it will be unable to meet its statutory duties to monitor, support and assure engagement activities both locally and nationally."*

Key mitigations for this risk are:

- Updates to *Planning with People* in 2024 to provide greater clarity on engagement responsibilities
- Development of new guidance on engagement on national service changes
- Ongoing awareness raising sessions and engagement with NHS boards, HSCPs and Scottish Government leads for NHS reform
- Establishment of Engagement Practice – Assurance unit
- Establishment of Strategic Engagement team.

Assessment considerations

Quality / Care	Robust risk management helps identify quality issues.
Resource Implications	The plans for the assurance programme and strategic engagement teams are within budget for 2024/25.
	Workload and ways of working for the assurance programme and strategic engagement teams will be monitored to consider any mitigations.
Clinical and Care Governance	Risk management contributes to the CCG principles on identifying managing and acting upon risks; and on clear lines of accountability.
Risk Management	Risk is entered in corporate risk register
Equality and Diversity, including health inequalities	Inequalities that may arise from service changes are considered in all of our assurance of engagement on service change work.
Communication, involvement, engagement and consultation	Continual engagement with boards is a key role for our strategic engagement teams. The directorate's risks are being reviewed with the HIS Risk Manager.

4 Recommendation

The SHC is asked to consider the proposed wording for the risk and agree final wording. It is asked to accept Moderate Level of Assurance that controls are in place, although some residual risk remains.

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

Appendix 1: Risk definitions

The following definitions of risk used by HIS, with the levels for risk 1163 highlighted:

Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume the event will happen – only in exceptional circumstances
2	Unlikely	Not expected to happen but definite potential exists
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility this could occur
5	Almost certain	Expected to occur frequently / in most circumstances

Impact definitions

Score	Description	Descriptor
1	Negligible	Rumours, no media coverage Little effect on staff morale Unlikely to be regulatory challenge
2	Minor	Local media coverage in short term Minor effect on staff morale/public attitude Could be regulatory challenge but defended
3	Moderate	Local media coverage with long term adverse publicity Significant effect on staff morale and public perception of organisation Could be regulatory challenge and need to be defended
4	Major	National adverse media publicity for less than 3 days Public confidence in organisation undermined Use of service affected Moderate breach of legislation
5	Extreme	National and international adverse media publicity for more than 3 days Court enforcement Public Inquiry Major breach of legislation with extreme impact

Appendix 2: Risk register extract

Risk Title	Risk Category	Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk :	Modified
Service Change	Reputational / Credibili	Reputational	Cautious	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.	20	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 our new Strategic Engagement Leads to engage at board and regional level. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG.	There is a continued growing concern that financial and workforce pressures will lead to a high volume of service change and impact boards' ability to meaningfully engage. We have reviewed the support we provide to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. In the first half of 2024 we have: appointed Strategic Engagement Leads and developed an Assurance of Engagement Programme to enhance our assurance processes; developed and tested a new assurance process for engagement on all service change activity; and worked with Scottish Government to update Planning with People to clarify this assurance process, engagement on national service changes, and IJBs' engagement responsibilities. These updates were approved by the Cabinet Secretary in May 2024 and the updated Planning with People guidance was published by SG/COSLA on 29 May 2024. We simultaneously published a new flowchart to provide clarity for boards on assurance of service change, including reducing our timelines by making our processes more efficient. We met with board engagement leads in June 2024 to discuss the updated Planning with People and flowcharts. We held an Engagement Practitioners Network session in July 2024 to share this information more widely and published follow up guidance in August 2024. Further guidance on engagement on national service change was jointly published by HIS and SG on 31 October 2024.	4	3	12	04.11.2024 07:30

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**14 November 2024**
Title:	**Key Performance Indicators**
Agenda item:	**4.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Clare Morrison, Director of Engagement & Change**
Purpose of paper:	**Awareness**

1. Situation

In 2024/25, all Healthcare Improvement Scotland governance committees have been assigned some key performance indicators (KPIs) to monitor on a quarterly basis.

2. Background

HIS tracks KPIs at a corporate level and at a committee level. The Quarter 2 performance report for the corporate KPIs is attached in Appendix 1. The KPIs for SHC are:

Voices & Right of People & Communities
Governance for Engagement – percentage of Directorates supported to assess and improve their engagement
Engagement activities (Citizens Panel and Gathering Views) – number of policy areas influenced by people's views
Equality assessment – percentage of relevant projects/programmes with an initial screening completed

3. Assessment

The Quarter 2 performance for the KPIs tracked by SHC is:

Voices & Right of People & Communities	**2023/24 actual**	**2024/25 target**	**Quarterly target**	**Quarter 2 result**
Governance for Engagement Percentage of Directorates supported to assess and improve their engagement	n/a	100%	Meetings scheduled to take place in Q2 (target 50%) and Q3 (target 100%)	43%
Engagement activities Citizens Panel and Gathering Views – number of policy areas influenced by people's views	8	10	2-3	2
Equality assessment Percentage of relevant projects/programmes with an initial screening completed	56%	90%	90%	88%

Assessment considerations

Quality/ Care	Regular KPI performance tracking helps identify quality issues.
Resource Implications	Resource implications are reported within each work programme that contribute to the KPIs, there are no specific resource implications relating to tracking KPIs.
Clinical and Care Governance (CCG)	Regular KPI performance tracking contributes to the CCG principles on clear lines of accountability; and transparent and informed decision making.
Risk Management	Risks are reported within each work programme that contribute to the KPIs, there are no specific risks relating to tracking KPIs.
Equality and Diversity, including health inequalities	Having a KPI that tracks completion of equality impact assessments across HIS and is regularly reviewed by SHC is part of good governance around HIS achieving its equalities duties.
Communication, involvement, engagement and consultation	The KPI on engagement activities depends on achieving high quality external engagement. Continual engagement with other Directorates across HIS is essential for delivering the Governance for Engagement and Equalities KPI.

4 Recommendation

The SHC is asked to note the KPI report and accept a Significant Level of Assurance that the Quarter 2 performance is on target or very close to target.

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

5 Appendices and links to additional information

Appendix 1: Quarter 2 performance for HIS corporate KPIs

Corporate KPIs: Q2 RAG status	Number of KPIs	% of KPIs
Red (behind target >10%)	3	20%
Amber (within 10% of target)	0	0%
Green (ahead/on target)	8	53%
N/A	4	27%

1. Performance Measures

1.1. Corporate KPIs

KPI title	KPI metric	24/25 target	Quarter target	Q1	Q2	Notes for KPIs behind target
Safety & Quality of Health & Care Services						
NHS inspections	% of follow up inspections carried out within agreed timescales	100%	100%	100%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment (SRA) timeframes	80%	80%	26%	20%	24 of 25 inspections scheduled in Q2 were completed. Only 5 were within SRA timeframes due to the number of inspections carried forward from previous quarters, and currently we have 4WTE on long term sick leave, impacting ability to address the backlog of inspections. We continue to ensure that the most high-risk inspections are carried out considering intelligence and risk score. The Quality Assurance and Regulation Plan was updated in August 2024 to reflect new and changing assurance priorities and current available resource. As part of this the number of planned IHC inspections for 2024/25 was reduced from 158 to 129.
Adverse events	% NHS boards using the adverse events Community of Practice and sharing learning by April 2025	75%	20%	30%	74%	
Assess & Share Intelligence & Evidence						
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	90%	81%	N/A	This is on hold due to the ongoing external review of the Responding to Concerns Programme.
New medicines advice	% of decisions communicated within target timeframe	75%	75%	59%	79%	
Practical Support for Sustainable Improvement						
Responsive support	Number of commissions undertaken	4	1	1	0	The Executive Team has proposed a ‘case conference’ be held in relation to potential responsive support for a specific NHS board during November.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	12	0	4	Learning sessions and masterclasses undertaken in Q2. Year end target unlikely to be achieved due to vacancies in the team.
Mental health reform	% of supported NHS boards with an improvement plan in place	80%	20%	N/A	N/A	Pilot testing complete. Assessments for readiness with improvement leads to begin within Q3
Voices & Right of People & Communities						
Service change engagement	Number of NHS board/IJB service change engagement plans influenced by advice & assurance	60		34	27	Notional annual target surpassed due to the number of service changes being considered across the system.
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	N/A	N/A	42%	Cumulative metric. Expected to be 100% by year end.
Annual stakeholder survey	Response rate*	50%	N/A	N/A	N/A	On hold due to emergency spending controls. Alternatives under consideration.

Organising Ourselves to Deliver						
Complaints	% upheld with an improvement plan	100%	100%	100%	100%	
iMatter	Employee engagement index (EEI) score	80	N/A	75	N/A	*Annual survey*
Recurring savings	Recurring savings	£2.5m	£0.6m	£0.5m	£0.6m	Cumulatively £1.1m of recurring savings made to date
Communications	70 broadcast pieces per annum	70	17	24	42	Higher volume than expected with maternity inspections and Diabulimia stories (23/24 full year was 59)

** First year measure only while programme is established.*

Scottish Health Council: Business Planning Schedule 2024/25

Council Business	Lead Officer	23.05.24	12.09.24	14.11.24	20.02.25	Notes
HIS STRATEGIC BUSINESS						
Engagement on Service Change:						
Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement	Director/Head of Assurance of Engagement Programme					
Governance for Engagement:						
Ensuring HIS meets its public involvement duties	Director/Associate Director					
Equalities, Diversity & Inclusion:						
Ensuring HIS meets its equalities duties	Equality, Inclusion and Human Rights Manager					
Role of Public Partners						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
COMMUNITY ENGAGEMENT BUSINESS						
Evidence Programme						
Evidence strategy including planned activities and research	Head of Evidence of Engagement Programme					
Improvement Programme						
Improvement strategy including learning system, innovation and volunteering	Associate Director					
Assurance Programme						
Current service change activity	Head of Assurance of Engagement Programme					
Strategic Engagement						
Engagement across Scotland: maintaining and building local relationships	Strategic Engagement Leads					
Operational Plan Progress Report	Operations Manager					
SHC GOVERNANCE						
Draft Annual Report 2025/26 & Council Terms of Reference	Chair					
Directors update- Key Performance Indicators	Director					
Business Planning Schedule 2024/25	Chair					
Proposed Business Planning Schedule 2025/26	Chair					
Risk Register	Director					
Corporate Parenting Action Plan /Report	Equality, Inclusion and Human Rights Manager					
Equality Mainstreaming Report Update	Equality, Inclusion and Human Rights Manager					
RESERVED BUSINESS						
Service Change Sub-Committee meeting notes	Head of Assurance of Engagement Programme					
ADDITIONAL ITEMS of GOVERNANCE						
3 Key Points for HIS Board	Chair					
CLOSING BUSINESS						
AOB	All					