Scottish Health Council Meeting

Thu 20 February 2025, 10:00 - 12:30

Via MS Teams

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

Agenda

10:00 - 10:15
15 min

1. OPENING BUSINESS

1.1. Welcome, Introduction, apologies and declarations of interest

10.00-10.05 *Chair*

Verbal /paper

- 1.1 20250220 -SHC- Register of Interests.pdf (2 pages)
- 1.1 20250220 -Appendix 1-SHC- 2024-25 REGISTER OF INTERESTS v0.1 Feb25.pdf (7 pages)

1.2. Draft Minutes of Meeting- SHC (14 November 2024)

10.05-10.10 *Chair*

Paper

- 1.2 20241114- SHC- Draft Minutes.pdf (7 pages)

1.3. Review of Action Point Register

10.10-10.15 *Chair*

Paper

- 1.3 20250220 - SHC Action Point Register.pdf (3 pages)

10:15 - 10:55
40 min

2. HIS STRATEGIC BUSINESS

2.1. Engagement on Service Change

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

Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement
(includes output from the Service Change SHC sub-committee)

Paper

- 2.1 20250220 - SHC- Engagement on service change.pdf (4 pages)

2.2. Governance for Engagement

10.25-10.40 *Director/Associate Director of Community Engagement, Clare Morrison /Tony McGowan*

Ensuring HIS meets its public involvement duties
(includes output from the Governance for Engagement SHC sub-committee)

Paper

- 2.2 20250220 - SHC - Governance for Engagement Cycle 3 report.pdf (4 pages)

- 2.2 Appendix 1 20250213 - Governance for Engagement Cycle 3 report v03 (for SHC).pdf (39 pages)

2.3. Equality, Inclusion and Human Rights

10.40-10.45 Equality, Inclusion & Human Rights Manager/Rosie Tyler-Greig

Ensuring HIS meets its equalities duties

Paper

- 2.3 20250220 - SHC-EIHR - final.pdf (5 pages)
- 2.3 20250220 - Appendix 1 -SHC - EIHR-Draft Equality Mainstreaming Report - db.pdf (47 pages)
- 2.3 20250220 - Appendix 2 - SHC- EIHR - HIS Anti-racism plan.pdf (12 pages)
- 2.3 20250220 - Appendix 3- SHC- EIHR -Human Rights Capability WG.pdf (6 pages)

2.4. HIS Integrated Planning

10.45-10.55 Head of Planning & Governance, Jane Illingworth

HIS annual delivery planning for 2025-26

Verbal

10:55 - 11:50
55 min

3. COMMUNITY ENGAGEMENT BUSINESS

3.1. Evidence Programme

10.55-11.05 Head of Engagement Practice- Evidence, Christine Johnstone

Evidence strategy including evidence from engagement

Paper

- 3.1 20250220 - SHC - Engagement Practice - Evidence update.pdf (6 pages)

3.2. Improvement Programme

11.05-11.15 Head of Engagement Practice- Improvement, Diane Graham

Improvement strategy including learning system, innovation and volunteering

Paper

- 3.2 20250220 - SHC - Engagement Practice - Improvement update.pdf (6 pages)

3.3. Assurance Programme

11.15-11.20 Head of Engagement Practice- Assurance, Derek Blues

Current service change activity (note: most items covered in section 2)

Paper

- 3.3 20250220 - SHC - Engagement Practice - Assurance update.pdf (6 pages)

3.4. Strategic Engagement

11.20-11.30 Strategic Engagement Leads, Lisa McCartney & Sharon Bleakley

Engagement across Scotland: maintaining and building local relationships

Paper

- 3.4 20250220- SHC- Strategic Engagement.pdf (5 pages)

3.5. Operational Plan Progress Report 24/25

11.30-11.40 Operations Manager, Richard Kennedy-McCrea

Q3 Update

- 3.5 20250220 - SHC - 2024-25 Q3 update - cover paper.pdf (3 pages)
- 3.5 20250220 - Appendix1 - SHC - 2024-25 Q3 update.pdf (6 pages)

3.5.1. Comfort Break 11.40-11.50

11:50 - 12:15
25 min

4. SHC GOVERNANCE

4.1. Risk Register

11.50-11.55 Director, Clare Morrison

Paper

- 4.1 20250220- SHC - Risk register.pdf (3 pages)
- 4.1 20250220- SHC Appendix 2 - Risk Register extract.pdf (1 pages)

4.2. Key Performance Indicators

11.55-12.00 Director, Clare Morrison

Paper

- 4.2 20250220 -SHC - KPIs paper.pdf (3 pages)
- 4.2 Appendix 1 DRAFT Q3 Performance Report.pdf (2 pages)

4.3. Business Planning Schedules

12.00-12.05 Chair

2024/25 and proposed plan for 2025/26

Paper

- 4.3 20250220- SHC- Business Planning Schedule 2024-25.pdf (1 pages)
- 4.3 20250220- SHC- Proposed Business Planning Schedule 2025-26 V0.1.pdf (1 pages)

4.4. Draft Annual Report 2025/26 and Terms of Reference; Scottish Health Council, Service Change and Governance for Engagement Subcommittees

- 4.4 20250131- Scottish Health Council Draft Annual Report 2024-25 V0.1.pdf (9 pages)
- 4.4 20250220- Appendix 4 -SHC- Scottish Health Council ToR.pdf (2 pages)
- 4.4 20250220 -Appendix 5- SHC-Draft ToR SHC Service Change sub-committee (SD 23 Jan 25).pdf (2 pages)
- 4.4 20250220- Appendix 6- SHC-Draft ToR SHC Governance for Engagement sub-committee (SD 23 Jan 25).pdf (3 pages)

12:15 - 12:20
5 min

5. RESERVED BUSINESS

5.1. Service Change Sub-Committee Draft Minutes of Meeting (30/01/2024)

12.20-12.25 Head of Engagement Practice- Assurance, Derek Blues

Paper

- 5.1 20250130 - SCSC - Meeting note 2025-01-30 DRAFT v03.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

8.1. Thursday 15 May 2025-10.00-12.30 Delta House In person (TBC)

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
Title:	**Register of Interests**
Agenda item:	**1.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Susan Ferguson, Committee Secretary**
Purpose of paper:	**Decision**

1. Situation

A Register of Interests is maintained for Board Members and senior staff members within Healthcare Improvement Scotland (HIS) and is published on the website once it has been considered at each Board meeting. As a matter of best practice and to ensure transparency, it has been agreed to produce a Register of Interests for the Members and Executive Director of the Scottish Health Council.

2. Background

Non-Executive Directors have a responsibility to comply with the HIS Code of Conduct which mirrors the Standards Commission Model Code of Conduct for Members of Devolved Bodies. This requires that declarations of interests are made and any changes to their entry are notified within one month of them occurring. This Register must also show all interests declared by Non-Executive Directors during the period of their appointment. The Register of Interests for Scottish Health Council Members at appendix 1 now aligns to this approach.

3. Assessment

Declarations of Interests have been collected from Scottish Health Council Members and collated with those already held for the Non-Executive Members of the Council and the Executive Director on the central register and are provided at appendix 1.

Assessment considerations

Quality/ Care	The Register of Interests is one means of preventing bribery and corruption. This ensures that strategic decisions made about the services delivered and their quality, are taken on the basis of securing the best outcomes for stakeholders.
Resource Implications	There are no direct financial impacts as a result of this paper. The Register ensures transparency in financial decisions.
	The Register of Interests is one way that we ensure transparency in decision making. This supports an open culture in the organisation which in turn promotes staff wellbeing.
Risk Management	There are no risks in respect of the Register recorded on the risk database. The Register will be scrutinised at each Scottish Health Council meeting and the Chair will remind members to declare any interests relevant to the discussions.
Clinical and Care Governance (CCG)	There are no specific CCG implications.
Equality and Diversity, including health inequalities	There are no additional impacts. The Register is part of good corporate governance which supports the best outcomes for stakeholders.
Communication, involvement, engagement and consultation	The Register for the Non-executive Members and Executive Directors was last considered by the Board at its meeting on 4 December 2024. This is the first time this Scottish Health Council Register has been presented to the Council.

4 Recommendation

The Council is asked to approve the Register of Interests for publication on the Community Engagement website. It is recommended that the Council accept the following Level of Assurance given that the Register has been compiled recently from member declarations and from the main register for Non-Executive Members: **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.

Healthcare Improvement Scotland (HIS) - Register of Interests February 2025

The HIS Code of Conduct mirrors the Standards Commission Model of Conduct for Members of Devolved Bodies and sets out which interests held by Non-executive Directors of HIS should be registered. As a matter of best practice and to ensure public transparency, the stakeholder members of the Scottish Health Council are also asked to declare their interests in line with this Code. The register below shows all interests declared by stakeholder members of the Scottish Health Council during the period of their appointment with the dates that the interest was in place. This register is updated quarterly on the HIS Engage website but a more up to date register is held on file and is available on request.

In accordance with the Ethical Standards in Public Life etc (Scotland) Act 2000 (Register of Interests) Regulations 2003, Board Members of devolved public bodies are required to give notice of their interests under the following headings:

REGISTERABLE INTEREST	DESCRIPTION OF INTEREST
1 - Remuneration	A description of – (a) Remuneration received by virtue of being – (i) employed or self-employed; (ii) the holder of an office; (iii) a director of an undertaking; (iv) a partner in a firm; (v) appointed or nominated by my public body to another body; or (vi) engaged in a trade, profession or vocation or any other work. (b) Any allowances received in relation to membership of any organisation; (c) The full name and details of the nature of the business, organisation, undertaking, partnership or other body; (d) The nature and regularity of the work that is renumerated; and (e) The name of the directorship and the application of the applicable business
2 - Other Roles	A description of a directorship that is not itself remunerated, but is of a company or undertaking which is a parent or subsidiary of a company or undertaking which pays remuneration.
3 - Contracts	A description of the nature and duration, but not the price of, of a contact which is not fully implemented where –

	(a) goods and services are to provided to, or works are to be executed for, the devolved public body; and (b) any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.
4 -Election Expenses	A description of, and statement of, any assistance towards election expenses relating to election to the devolved public body.
5 - Houses, Land and Buildings	A description of any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body.
6 - Shares and Securities	A description of, but not the value, shares and securities in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body and: (a) owing or having an interest in more than 1% of the issued share capital of the company or other body; or (b) the market value of any shares and securities is greater than £25,000.
7 - Gifts and Hospitality	A description of any gifts and hospitality received.
8 - Non–Financial Interests	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the devolved public body, including without prejudice to that generality membership of or office in – (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations
9 - Close Family Members	A description of any close family member who has transactions with the devoted public body or is likely to have transactions or do business with it.

1. MEMBERS OF THE SCOTTISH HEALTH COUNCIL

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST IN PLACE
Gina Alexander			
1 - Remuneration	Nil		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		
Emma Cooper			
1 - Remuneration	Employment at Scottish Land Commission	Scottish Land Commission Non-departmental public body Role: Head of Land Rights & Responsibilities	May 2020 to present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Convener at Friends at the End	Friends at the End Registered SCIO Supports & promotes end-of-life choice, including assisted dying- Non remunerated	December 2020 to present
9 - Close Family Members	Nil		
Dave Bertin			
1 - Remuneration	Nil		
2 – Other Roles	Nil		

3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
Jamie Mallan			
1 - Remuneration			
2 – Other Roles			
3 - Contracts			
4 – Election Expenses			
5 - Houses, Land and Buildings			
6 - Shares and Securities			
7 - Gifts and Hospitality			
8 - Non–Financial Interests			
9 - Close Family Members			
Nicola McCardle			
1 - Remuneration	Employed	Senior Improvement Adviser, Care Inspectorate	21.09.2021- present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		

2. NON-EXECUTIVE BOARD MEMBERS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2024/25
Suzanne Dawson			
1 - Remuneration	Nil		
2 – Other Roles	Member of Law Society of Scotland Admissions Sub-Committee	Regulation of Scottish legal trainees	1/3/19 – present
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Director and Charity Trustee, Eastgate Theatre & Arts Centre	Community cultural venue	1/3/19 to 11/09/2023
	Charity Trustee, Borders Further Education Trust	Grant decisions made for further education projects in the Scottish Borders	1/3/19 to 28/09/2023
	Fellow of Chartered Institute of Marketing	Professional membership organisation	1/3/19 to 28/09/2023
9 - Close Family Members	Brother employed by NHS Borders	Administrative post	1/3/19 to 28/09/2023
Nicola Hanssen			
1 - Remuneration	Director of Hensikt Consulting		1/8/21 to present
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		

8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		
Michelle Rogers			
1 - Remuneration	Contractor - Clackmannanshire Council, local authority Community	Community Justice Coordinator	1/9/22 to 4/8/24
	Employee - Clackmannanshire Council, local authority	Community Justice Coordinator	5/8/24 to present
2 – Other Roles			
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Nil		
8 - Non–Financial Interests	Nil		
9 - Close Family Members	Nil		

3. EXECUTIVE DIRECTORS

CATEGORY	INTEREST	DESCRIPTION	DATE INTEREST STARTED/ ENDED IF IN FY 2024/25
Clare Morrison			
1 - Remuneration	Director of Engagement & Change - Healthcare Improvement Scotland		
2 – Other Roles	Nil		
3 - Contracts	Nil		
4 – Election Expenses	Nil		
5 - Houses, Land and Buildings	Nil		
6 - Shares and Securities	Nil		
7 - Gifts and Hospitality	Hospitality (One night's accommodation)	Accepted for attending National Improvement Leaders Workshop	03/09/2024
8 - Non–Financial Interests	Fellow of the Royal Pharmaceutical Society Registered Pharmacist with the General Pharmaceutical Council	RPS fellowship awarded in 2017 for distinction in pharmacy, member of the RPS since 1998. Registered Pharmacist since 1998 with independent and supplementary prescribing annotations.	1998 to present 1998 to present
	Member of Unite	Trade union and professional indemnity	2009 to present
	Honorary Doctorate, University of the Highlands and Islands	Awarded in 2022 for improving access to care across the Highlands and Islands and nationally.	2022 to present
9 - Close Family Members	Husband is employed by the Scottish Ambulance Service		2006 to present

MINUTES – Draft 0.1

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

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

1.	**Opening Business**
1.1	**Chair's Welcome, Introductions and Apologies**
	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. SD highlighted to the SHC members, the need to return the Register of Interests that been sent for completion and noted this was to include nil returns.
1.2	**Draft Minutes of Meeting**
	The draft minutes of the meetings held on 12 September 2024 and 10 October 2024 were accepted as an accurate record. There were no matters arising. **Decision: The SHC approved the minutes from 12 September 2024 and 10 October 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. In response to a comment on action 4.2 KPIs, CM advised that the KPIs would move into 2025. **Decision: The SHC noted the content of the Action Point Register and requested that the the directorate's full name is used on the Register.**

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

Draft

	forwarded onto corporate directors for further comment. **The SHC accepted the moderate assurance provided and approved the report.**
2.3	**Equality, Inclusion and Human Rights**
	RTG provided the SHC with an update on HIS progress in meeting its equality duties. The SHC was advised that progress is being made around the completion of Equality Impact Assessments (EQIAs) with the vast majority of the HIS programmes that require an EQIA having one in place. It was highlighted there are still six programmes that are still outstanding at this time and an offer of support has been made by the Equality, Inclusion and Human Rights team to help with completion. Progress is also being made on developing Equality Outcomes for the organisation to work towards from 2025. Helpful feedback was received from the Staff Governance Committee (SGC) and has now been incorporated into the draft. The SHC noted that the draft has moved forward since the SGC meeting and welcomed the changes made to Outcome 1. It was highlighted that there needs to be more clarity on which outcomes are internal or external as this would avoid duplication of work between the SHC and SGC. In response to the question raised by the SHC on whether the organisation's Equality Outcomes included Volunteering, RTG advised that there is also ambition to diversify the volunteers to ensure they have all the benefits of the equality work. RTG thanked the SHC for their feedback and advised she would reflect further on the Equality Outcomes and endeavour to incorporate the suggestions made by the SHC in the next draft. On the question regarding the HIS Anti Racism Plan and who will be responsible, it was advised this will be for both internal and external work. **Decision: The SHC thanked RTG for the progress of the work to date and for reflecting on the comments made.** **The SHC accepted the Moderate assurance provided and approved the report.**
2.4	**Corporate Parenting Action Plan/Report**
	RTG provided the SHC with the following update on HIS's Corporate Parenting responsibilities and advised that the Children and Young Peoples Working Group had recently undertaken a review of progress in the Corporate Parenting Plan and identified several priorities including, development of our support offer for care experienced people as an employer and the Community Engagement advice offer. RTG highlighted that these are the topics that are currently being focused on. It was noted that following the United Nations Convention on the Rights of the Child (UNCRC) Incorporation Scotland Act coming into force, the organisation has been mapping areas of strength and gaps in terms of meeting requirements of the Act. In response to the comments raised by SHC, the following additional information was provided: 1. With regards to linkages with NMcC's Care Inspectorate work, RTG agreed to link NMcC into an email to the Nursing and Systems Improvement (NSI) directorate who deal with the complaints programme. 2. RTG noted she would appreciate sight of The Promise plan 24/30 from MR. 3. In terms of support from SG, it was noted that there is statutory guidance available on meeting the requirements of UNCRC. NHS Education for Scotland has been commissioned by SG to deliver updates and training around the changes to the Boards. **Decision: The SHC noted the progress made and accepted Moderate assurance for the paper.**
3.	**COMMUNITY ENGAGEMENT BUSINESS**
3.1	**Engagement Practice - Evidence Programme**
	TMG provided the SHC with an update on work within the Engagement Practice – Evidence Unit, highlighting from the report, that Citizens' Panel 14 (CP14) represents the first evidence-based

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

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

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

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

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

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

3.2 Engagement Practice - Improvement Programme

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

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

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

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

Draft

3.3	**Engagement Practice - Assurance Programme**
	DBI provided the SHC with an update on Engagement Practice - Assurance, noting that several of the points in the paper were previously covered in item 2.1. Key highlights were; a number of Planning with People workshops were delivered in September and October including sessions with Boards and Partnerships. There are plans to host an EPN session focused on the nationally determined service change in mid-December and looking at updating some of the content within the CE webpage on major service change. **Decision: The SHC, noted the contents of the paper and accepted Moderate assurance for the paper.**
3.4	**Strategic Engagement**
	SB provided an update on the work of the Strategic Engagement Team. She advised that the focus is now on the intelligence gathered from communities and how this can be used to help influence the work of the directorate, HIS, and what can be fed back to the Boards and Partnerships. Following feedback gathered from the public on how PWP affects them, both sets of Engagement Advisors (EAs) are putting together some public friendly animation and information that clearly sets out what CE's role and expectations are. The Strategic Engagement Leads (SELs) are currently producing a directorate wide report based on various pieces of work that is going on within a particular Board area, this report will be evaluated after running for three months. In response to questions raised from SHC, the following additional information was provided; a) CM advised she agreed that there is a risk in carrying the SEL vacancy in the West region and provided some assurance to the SHC that work from this vacancy is currently being supported within different areas of CE, which also included regular contact with the Boards in the West. b) On how much information is being received, SB advised there is a high volume which is currently being broken into themes to ensure nothing is missed and to allow for continued review. c) In response to the question, if there had been any missed opportunities when collating the intelligence to date. It was advised that a lot of opportunities had been picked up and have moved forward, however, noted more focus on protected characteristics will be looked at in the future. **Decision: The SHC noted the contents of the paper and the importance of capturing intelligence. It was also noted that filling the SEL vacancy was important to reduce any further risk. Moderate assurance was accepted for the paper**
3.5	**Operational Plan Progress**
	RKM provided a summary of some of the impacts noted for Q2 and advised that this report looks back at work in previous quarters and years. The following highlights were noted; a) Raising awareness of the directorate's work, advised that being proactive with Communications colleagues has led to a volunteering piece of work being picked up outside the remit of Scotland. b) Citizens' Panel work has been highlighted in the Chief Medical Officer's (CMO) report. c) Noted the peaks and troughs of the different stages of some of the work mentioned in the report. **Decision: The SHC were assured that the long-term impact and commitment to follow up are now evident within the report and the report had showed good progress. Significant assurance was accepted for the paper.**
4.	**SHC Governance**
4.1	**Risk Register**
	CM presented a paper which provided the SHC members with a revised version of the wording to

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

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

Approved by: [Signature] [Name], Board/Committee Chair
Date:

Next meeting: [Date and time of next meeting]

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Agenda item 1.3
2025/CM
Scottish Health Council Meeting
20 February 2025

ACTION POINT REGISTER

Meeting: **Scottish Health Council**
Date: **14 November 2024**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Scottish Health Council Meeting 14/11/2024 1.3	Review of Action Point Register	Scottish Health Council's full title is used on the Register.	20/02/2025	SF	**Recommended for closure** Action Point Register now reflects full Scottish Health Council title
Scottish Health Council Meeting 14/11/2024 2.2	Governance for Engagement (GfE)	TMcG to present a revised draft of a proportionate Self-Assessment Tool for the corporate directorates at the next GfE meeting on 12 December 2024. The draft to be forwarded onto corporate directors for further comment**.**	12/12/2024	TMcG	**Ongoing** Initial draft of a tailored self-assessment tool was shared with corporate directors in early December 2024. Feedback has subsequently been received and work will continue on the tailored tool during February 2025.
Scottish Health Council Meeting 14/11/2024 4.1	Risk Register	CM to update wording to include the risk to public confidence, seek PMcC's advice, update the Strategic Risk Register accordingly and provide an update to the next SHC meeting (20/02/2025)	20/02/2025	CM	**Recommended for closure** Wording updated in strategic risk register; advice sought from Angela Moodie in PMcC's absence.
Scottish Health Council Meeting 14/11/2024	Key Performance Indicators (KPIs)	CM to include RAG status to the KPI report.	20/02/2025	CM	**Recommended for closure** RAG status included in report.

4.1					
Scottish Health Council Meeting 14/11/2024 4.3	Business Planning Schedule	SD, CM and TMcG to work on including Governance for Engagement and Service Change sub-committees into the SHC Business Planning Schedule for 2025/26**.**	20/02/2025	SD,CM, TMG	**Recommended for closure** This has been discussed and agreed that the business planning schedule and agenda adequately incorporate detail on the two sub committees.
Scottish Health Council Meeting 14/11/2024 4.3	Business planning Schedule	SF to change Improvement Lead Officer name on Business Planning Schedule to Head of Engagement Practice– Improvement.	20/02/2025	SF	**Recommended for closure** Business Planning Schedule now reflects name change from Improvement Lead Officer to Head of Engagement Practice– Improvement.
Scottish Health Council 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	**Recommended for closure** Finance, Planning, Governance & Communication and People & Workplace directorates considered together at October 2024 meeting; and will be considered together in future. **Ongoing** Further discussion between SD, CM and TMcG took place on 14/11/2024, Executive Team discussion planned for 10/02/2024, and actions to address overlaps will be taken

					ahead of Cycle 4.
Scottish Health Council 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	**Recommended for closure** Wider KPIs included in Appendix to paper. **Ongoing** The process for developing KPIs for 2025/26 will begin when the Annual Delivery Plan is confirmed with Scottish Government and the Board (ongoing February 2025).

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 update on key strategic issues relating to engagement on service change.

2. Background

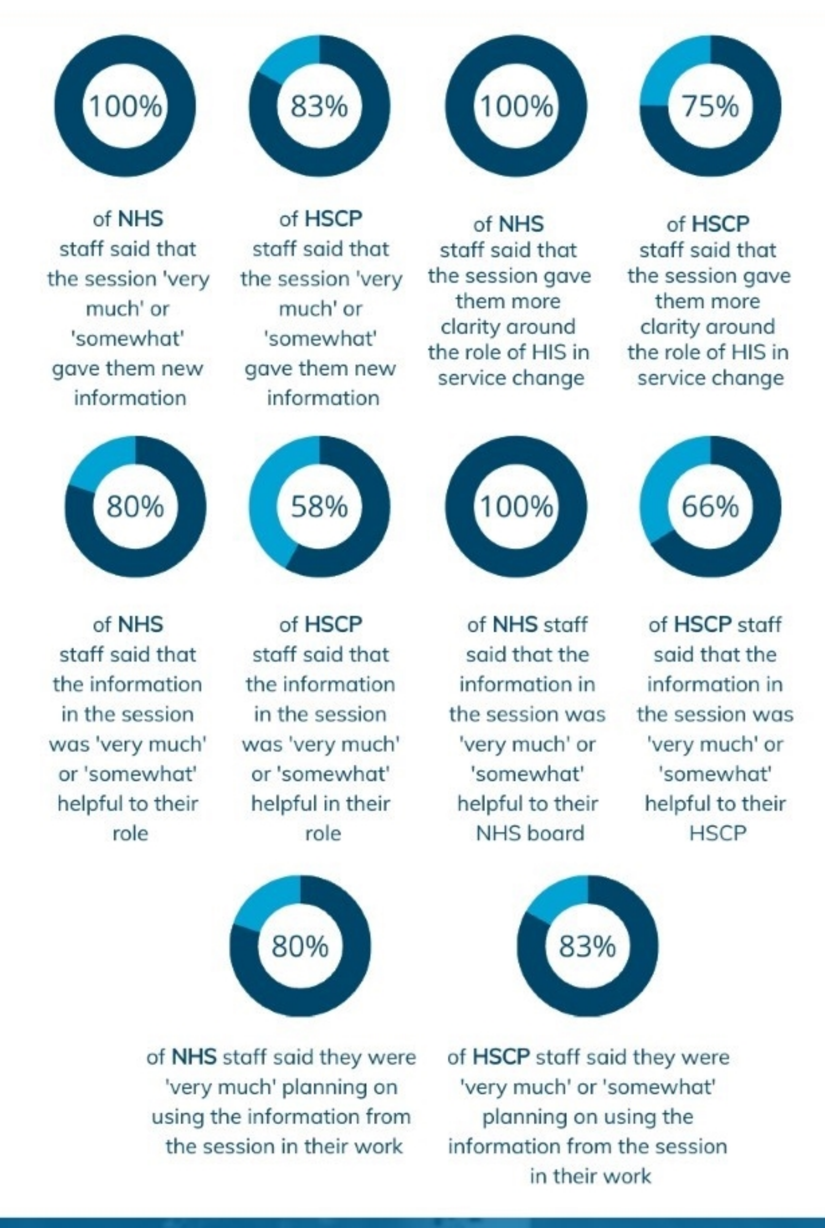
The Community Engagement & Transformational Change Directorate discharges Healthcare Improvement Scotland's (HIS) statutory duties in relation to monitoring, supporting and assuring engagement on service change. This work includes oversight of service changes taking place in NHS Boards and Integration 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.

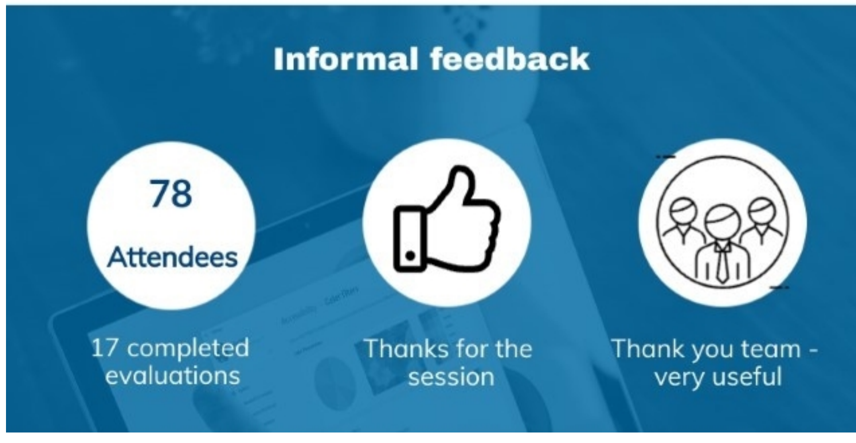
3. Assessment

Planning With People **sessions with NHS Boards and HSCPs**

In September and October 2024, the Directorate hosted four 90-minute sessions on *Planning With People*; two for NHS boards and two for HSCPs. The purpose of the sessions was to provide an opportunity to seek clarification on, and discuss the practicalities of implementing, the updated *Planning With People* guidance including the new process for assuring engagement on service change that does not meet the major threshold. Attendees were encouraged to review the updated guidance and the summary flowcharts produced by HIS in advance of the session.

In total, 78 people attended across the four sessions, this breaks down to 21 NHS board staff and 57 HSCP staff. We also held individual meetings with NHS boards and HSCPs who had specific questions on their projects. A summary of the evaluation from 17 people who provided feedback is noted below.





Next steps

There is now an opportunity to deliver strategic sessions for executive and non-executive members of NHS Boards and HSCPs to raise awareness of the *Planning With People* guidance and the associated Quality Assurance role for HIS.

The Engagement Practice – Assurance unit will refine the content of the sessions for a strategic audience and present it to the Service Change Sub-committee for review and comment, and then move to test externally. As part of this work, we will also consider an approach to "contract" with participants to increase the evaluation response levels following the sessions and to identify an approach to ongoing evaluation. Our intention is to establish an evidence base to demonstrate the impact and improvement these sessions have delivered for engagement practice across Scotland to ensure it is in line with *Planning With People*.

New Consumer Duty

The Consumer Duty is a statutory duty introduced by the Consumer Scotland Act 2020. It places a duty on relevant public authorities including health boards in Scotland, and HIS is listed as one such relevant authority in the Scottish Statutory Instrument . The duty is due to come into effect from 1 April 2025 and there is currently an "implementation period" prior to this date.

The duty says that when HIS is making strategic decisions, it must have regard to the impact of the decision on consumers in Scotland and the desirability of reducing harm to consumers. The 2020 Act includes a broad definition of a "consumer" which covers users of public services such as patients. HIS therefore needs to be able to demonstrate it takes the duty into account.

Impact assessment is outlined in the guidance, but there is a recognition that some organisations may already be meeting the requirements and giving sufficient regard to their impact on people or "consumers". In this case, ensuring a record is kept of how an organisation has met the duty for any particular strategic decision is considered to be proportionate.

Given the nature of HIS's functions and existing duties, it is proposed that HIS seeks guidance from Consumer Scotland on whether the following is an acceptable approach:

1. Acknowledge the Consumer Duty as part of governance papers for strategic decisions; and
2. State that our existing Public Sector Equality Duty and Governance for Engagement framework provide assurance that the Consumer Duty is met by default.

Horizon scanning

One aspect of our assurance of engagement responsibilities that is becoming more prominent is the need to undertake effective and sustained national horizon scanning work. This work aligns with the existing activity of our Strategic Engagement Leads in their respective geographical areas, and also includes consideration of national and locally produced publications which may impact on the delivery of health and social care and any potential changes they bring.

At the January 2025 meeting, the Service Change Sub-committee approved a proposal to add a standing item covering assurance horizon scanning to the agenda to provide members with a summary of meaningful national and local policy decisions and publications in order to support members in discharging their duties. This item will be added to the three remaining meetings in 2025 and reviewed at that time for a decision on the value added for sub-committee members.

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 of engagement 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	Statutory duties on engagement relating to service change are 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;
- Agree the proposal to seek guidance from Consumer Scotland on HIS' existing governance provisions meet the new Consumer Duty; and
- 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

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
Title:	**Governance for Engagement Cycle 3 (2024/25) report**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Tony McGowan, Associate Director of Community Engagement**
Purpose of paper:	**Assurance**

1. Situation

The draft Governance for Engagement Cycle 3 (2024/25) report sets out the process and findings from the third year of its operation which saw the adoption of the Quality Framework for Community Engagement & Participation self-assessment tool.

2. Background

The Governance for Engagement process is undertaken by a sub-committee of the Scottish Health Council, and seeks to identify and improve upon good engagement practice through practical examples from HIS Directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility. It seeks to do this in a 'supportive scrutiny' context where the approach deliberately focuses on evidence from, and conversation with, HIS Directors that celebrates successes and encourages candid discussions about areas for further development.

All directorates have taken part in the Governance for Engagement process since its establishment in 2021 and improvements to engagement practice have been observed over its first two cycles. During 2023/24 it was agreed to update the process to adopt the Quality Framework for Community Engagement & Participation. The Framework, launched in April 2023, was developed collaboratively with stakeholders including the Care Inspectorate, NHS boards and integration authorities. It includes a self-assessment tool which provides a means of readily identifying good engagement practice and areas for improvement.

In April 2024 the Executive Team endorsed the adapted Framework, and Cycle 3 of the process commenced in July 2024. A full cycle of sub-committee meetings was completed with each HIS directorate participating in the process.

3. Assessment

The draft report sets out the process and findings from Cycle 3, including feedback from the sub-committee (consisting of general themes and specific directorate findings), examples of engagement practice, identified areas for improvement, and process learning points.

General themes

- Resourcing challenges within directorates were a consistent theme raised during Cycle 3, which had a general detrimental impact on the capacity to plan for and / or deliver engagement including evaluation activities. This also had an impact in some instances on the capacity to complete the self-assessment tool. Despite this, the majority of directorates were able to demonstrate good examples of engagement practice.

- Following feedback from some participants in the process, the self-assessment tool will be reviewed to ensure any duplication across domains and supporting statements is addressed. This review is in addition to the development of a tailored version of the self-assessment tool for corporate directorates.

- There is crossover (and duplication) between the Governance for Engagement process and a key aspect (dimension 3) of the Clinical & Care Governance process which focuses on patient engagement. Consideration should be given to streamlining.

- There is clear appetite for the establishment of engagement practice training and other learning opportunities within HIS, and there is an opportunity to develop this as part of the new learning system for community engagement & participation programme within CETC, and in association with HIS Campus. There should also be linkage to the emergent Scottish Approach to Change which is also being led by CETC.

The report provides areas for improvement focus for directorates, and these will be supported by CETC during 2025/26.

Assessment considerations

Quality / Care	Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we offer. Therefore, effective governance of how the organisation engages with people and communities has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	No financials out-with existing core funding. No workforce out-with existing core resources.
Clinical and Care Governance (CCG)	There is crossover / duplication between the Governance for Engagement process and Dimension 3 (patient engagement) of the Clinical & Care Governance process. Consideration should be given to streamlining.
Risk Management	An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and not fully effective approach to engagement with people and communities and the monitoring of our equalities activities.
Equality and Diversity, including health inequalities	The Community Engagement & Transformational Change (CETC) directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The governance for engagement process directly supports the organisation in meeting its Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	The arrangements to support governance for engagement were originally considered during the Scottish Health Council review process, and then by the Scottish Health Council and HIS Executive Team during 2020/21. After running two successful cycles, in April 2024 the Executive Team endorsed the adoption of the Quality Framework for Community Engagement & Participation's self-assessment tool, and Cycle 3 was completed during the remainder of 2024/25.

4 Recommendation

The Council is asked to:

- Note, discuss and approve the content of the draft Governance for Engagement Cycle 3 (2024/25) report.

It is recommended that the Council accept the following Level of Assurance:

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

This is because Cycle 3 represents the first application of the Quality Framework for Community Engagement & Participation self-assessment tool within HIS, and further

adaptations and improvements to the process are required, including a tailored version of the self-assessment tool for our corporate directorates.

5 Appendices and links to additional information

The following appendices are included with this report:

HIS Governance for Engagement Cycle 3 (2024/25) report (DRAFT)

Governance for Engagement report

Cycle 3 (2024/25) DRAFT

v03

1 Introduction

1.1 The Governance for Engagement sub-committee is a sub-committee of the Scottish Health Council, which in turn is a governance committee of the Healthcare Improvement Scotland (HIS) Board. The Scottish Health Council is responsible for assuring the engagement and equality legal duties of HIS, and to agree the overall strategic direction of the community engagement-related activities within the Community Engagement & Transformational Change (CETC) directorate. A small team within CETC supports the work of the Governance for Engagement sub-committee.

1.2 The sub-committee seeks to identify and improve upon good engagement practice through examination and discussion of practical examples provided by Directors, senior managers and staff from across all parts of HIS. The purpose is to gain assurance that the organisation's required legislative and other duties on engagement and equalities-related matters are being met. The sub-committee seeks to do this in a 'supportive scrutiny' context where the approach deliberately focuses on evidence from, and conversation with, HIS Directors that celebrates successes and encourages candid discussions about areas for further development.

1.3 All directorates have taken part in the Governance for Engagement process since its establishment in 2021 and improvements to engagement practice have been observed over its first 2 Cycles. During 2023/24 it was agreed to update the process to adopt the Quality Framework for Community Engagement & Participation. The Framework, launched in April 2023, was developed collaboratively with stakeholders including the Care Inspectorate, NHS boards and integration authorities. It includes a self-assessment tool which provides a means of readily identifying good engagement practice and areas for improvement.

1.4 Planned work to adapt the Framework to more accurately reflect the nature of HIS' work (i.e. being a non-patient facing health body) was paused while the Community Engagement formal organisational change process was undertaken during the second half of 2023/24. In April 2024 the Executive Team endorsed the adapted Framework, and Cycle 3 of the process commenced in July 2024.

1.5 2024/25 saw a full cycle of sub-committee sessions completed with each HIS directorate participating in the process. Information on the background to the process including the membership and remit of the sub-committee can be found in Appendices A and B.

1.6 This report sets out the process and findings from Cycle 3, including feedback from the sub-committee (consisting of general themes and specific directorate findings), examples of engagement practice, identified areas for improvement, and process learning points.

1.7 2025/26 will be a reporting year for directorates meeting with the sub-committee during the year to discuss progress against their respective improvement plans.

Cycle 4 will take place during 2026/27 with directorates completing the self-assessment tool again and presenting to the sub-committee.

2 Cycle 3 process

2.1 Self-assessment tool

Each directorate was sent, in advance of their sub-committee session, copies of their Cycles 1 & 2 submissions, and the HIS Quality Framework self-assessment tool (see Appendix C) for completion.

The self-assessment tool looks at engagement activity across three domains:

1. Ongoing engagement and involvement of people in the application of our work;
2. Involving people in the planning, strategy and design of our work; and
3. Internal systems for governance and leadership of engagement.

Ongoing engagement and involvement of people in the application of our work

In this domain, the self-assessment invites directorates to consider whether:

- it undertakes ongoing engagement with people & communities to ultimately help ensure that services meet their needs, identify suitable service improvements, and to develop trust; and
- the approach to engagement is inclusive, meaningful and is evaluated to identify learning and impacts.

Involving people in the planning, strategy and design of our work

In this domain, the self-assessment invites directorates to consider whether:

- the involvement of people & communities has had a positive impact on work programmes, changes to services, and strategy development, and has been planned as part of the directorate's wider engagement strategy; and
- people representing communities have been involved throughout the development, planning and decision-making process relating to work programmes, changes to services, and strategy development.

Internal systems for governance and leadership of engagement

In this final domain, the self-assessment invites directorates to consider whether:

- robust corporate governance arrangements are followed for involving people & communities, founded on mutuality, transparency, equality, diversity and human rights principles; and
- to engage effectively and inform decision-making, it supports and improves the participation of people & communities by dedicating resources (in people, time and budget).

2.2 When completing the self-assessment tool, directorates were asked to provide concise details and supporting evidence (documents, weblinks to relevant information, etc.) about how they are performing in relation to each domain. Each domain comprises a series of statements, where directorates self-assess how they are meeting each. The rating can be 'Yes', 'No' or 'Partial'.

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2.3 The following key questions are provided within the self-assessment to help guide directorates in completing it:

- How is the directorate doing in respect to this overall domain?
- How do you know this?
- What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

2.4 In advance of each sub-committee session, each directorate was offered preparatory support from the Lead Officer to address queries and discuss the process, consideration of good examples of engagement practice, and potential areas for improvement focus. Feedback from directorates who took up the preparatory support offer was consistently positive throughout Cycle 3.

2.5 The sub-committee maintained its practice of meeting together two or three days prior to each session for a 'pre-meet' to discuss and prepare any specific areas of focus, comments, or questions to be asked. This was facilitated by the Lead Officer who provided a summary of the discussion to sub-committee members immediately after the pre-meeting.

The Lead Officer also provided feedback to directorates immediately following the 'pre-meet' for any additional information and / or adjustments to be made to their presentations. It was noted in each sub-committee session that the detail provided by Directors and their teams within their presentations added much-valued weight and context to the self-assessment submissions.

2.6 Presentations and conversation

During Cycle 3, and in keeping with previous Cycles, the majority of the directorates provided a PowerPoint presentation to illustrate and summarise their self-assessment submission to the sub-committee. Sub-committee members were able to engage with Directors to establish where progress was being made, and probe to explore where further focus was required.

All of the presentations and subsequent conversations were positively received by the sub-committee, and general feedback from Directors and their teams involved in the presentations highlighted that they found the process to be useful. All indicated the desire to follow-up with CETC colleagues on specific areas for improvement focus.

2.7 Corporate directorates

As highlighted in previous Cycles, the sub-committee again found differences in the way externally facing directorates can readily provide examples of engagement practice within their submissions, presentations, and in the conversation element of sub-committee sessions, in comparison to HIS' corporate directorates (i.e. Finance, Planning, Governance & Communications directorate, and People & Workplace directorate).

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Corporate directorates shared their views during Cycle 3 that the time and capacity required when completing the Governance for Engagement process was questionable as they are already subject to other significant internal governance processes (e.g. Audit & Risk Committee, Staff Governance Committee, etc.). Furthermore, it was highlighted that the nature of their work is often technical and confidential (e.g. payroll, HIS Board reserved matters, etc.) and this represents a barrier to engagement.

At the time of writing (February 2025), work is underway to tailor and shorten the self-assessment tool for corporate directorates to directly address their feedback, help make more explicit the relevance of the Governance for Engagement process to their work, and the provision of further advice and support to share understanding and build commitment.

It is for this reason that our corporate directorates are not included within section 3 of the report. It is the intention that, subject to agreement, the corporate directorates will use the tailored self-assessment tool during 2025/26.

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3 Key points from HIS directorates

3.1 Meeting dates 2024/25

Directorate	Meeting date
Community Engagement & Transformational Change	25 July 2024
Evidence & Digital	29 August 2024
Nursing & System Improvement Finance, Planning, Governance & Communications People & Workplace	10 October 2024
Quality Assurance & Regulation Medical & Safety	12 December 2024

3.2 General themes

Some general themes gained from the process throughout Cycle 3 are given below.

- Resourcing challenges within directorates were a consistent theme raised during Cycle 3, which had a general impact on the capacity to plan for and / or deliver engagement, including evaluation activities.

  This also had an impact in some instances on capacity to evaluate engagement, including completing the self-assessment tool. Despite this, the majority of directorates were able to readily demonstrate good examples of engagement practice within their self-assessments (specific directorate examples are provided throughout section 3 of the report).

- A key component of the new learning system for community engagement & participation will be the creation of accessible case study resources that draw upon these examples of good engagement practice from across HIS, and others from across health & care. The learning system is currently in development and will launch during 2025/26.

- Following feedback from some participants in the process, the self-assessment tool will be reviewed to ensure any duplication across domains and supporting statements is addressed. This review is in addition to the development of a tailored version of the self-assessment tool for corporate directorates.

- Consideration should be given to streamlining certain governance processes within HIS. More specifically there is crossover between the Governance for Engagement process and a key aspect of the Clinical & Care Governance process which focuses on patient engagement (dimension 3). It was also noted that it is often the same colleagues within directorates who are tasked with gathering the evidence required and drafting reports to satisfy the organisation's range of governance requirements, and that this can become onerous on individuals.

- There is clear appetite for the establishment of engagement practice training and other learning opportunities within HIS, and there is an opportunity to develop this as part of the new learning system for community engagement & participation programme within CETC, and in association with HIS Campus.

  It is envisaged that learning resources will include understanding and use of engagement tools and evaluation methods. There will also be linkage to the emergent Scottish Approach to Change which is also being led by CETC.

3.3 Community Engagement & Transformational Change

The Community Engagement & Transformational change directorate's overall aim is to drive better health & care outcomes through meaningful and quality assured community engagement, innovative system redesign, and sustainable improvement. This is expressed across three priorities which are being taken forward during 2024-28:

- We will engage with people in Scotland to understand their views & needs;
- We will deliver innovative transformational change in priority areas in health & care; and
- We will take a people-led approach to support sustainable improvement at scale.

It was noted that half of the directorate (formerly Community Engagement) had recently completed a wide-ranging formal organisational change process to a new functional structure, followed by a merger with the Transformational Redesign Unit (formerly part of the disbanded ihub directorate) and a restructuring to form a new directorate.

The directorate's self-assessment indicated that the majority of statements across the three domains were rated as 'Yes'.

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The sub-committee found the presentation, which took a thematic approach including purpose & structure, emerging practice, and collective impact & decision-making, provided a comprehensive overview of the newly formed directorate's role and responsibilities.

The sub-committee observed that the unified directorate's self-assessment submission and the subsequent discussion provided assurance that focused work was underway to ensure it was not working as two separate halves, and that good engagement and equalities practice was well-evidenced.

Examples of engagement practice shared during the session included:

User-centred approach in improvement programmes

All newly designed improvement programmes undergo a discovery phase, which includes a comprehensive literature review detailing the experiences of those affected. In the development of the Unscheduled Care Alternatives programme, the directorate reviewed evidence from service users on their experiences of treatment. This work was further supported by additional evidence gathered by colleagues within HIS. The directorate is actively exploring design methodologies to ensure that user research tools remain at the forefront of innovation while addressing ethical considerations and potential disadvantages faced by certain groups.

Incorporating lived experience in the Drugs, Alcohol & Housing programme

Engagement with individuals with lived experience within the Drugs, Alcohol & Housing programme has revealed significant concerns regarding the lack of 'recovery capital' which is a multidimensional framework that considers personal, social, cultural, and economic resources in supporting long-term recovery from addiction and mental health challenges. By integrating this feedback, the programme has influenced the design, commissioning, and investment in recovery services. Furthermore, it has contributed to shaping the Scottish Government's approach to Medication-Assisted Treatment (MAT) programmes and residential rehabilitation aftercare.

Mental Health programme developments

The directorate's Mental Health programme has historically been primarily focused on patient safety. However, insights from the programme's expert panel, including individuals with lived experience, have indicated that community mental health is the most pressing area of concern. Additionally, a whole-family approach has been identified as a critical factor in driving meaningful change, warranting a higher priority within HIS. In response to this feedback, the programme is actively pursuing recurrent funding to support ongoing mental health reform. The Coming Home Programme Board, which aims to improve the discharge process for individuals transitioning from long-term care to more appropriate settings, was established as a direct response to feedback from patients and their families.

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The following areas for improvement focus were identified and agreed with the directorate for the subsequent 12 months, including intended output / impact:

- **Systematic & cohesive approach to ensure public views are explicitly factored into decision-making processes.**
  By end March 2025, the directorate can readily demonstrate enhanced decision-making that reflects public & stakeholders views and priorities, evidenced within Directorate Leadership Team and governance meetings.

- **Clarity on areas of work that the directorate will not be involved in. Review of team coffee trials and other measures to support shared understanding of team & directorate roles.**
  By end December 2024, clarity shared by staff and stakeholders regarding the directorate's role, remit and areas of focus. Communication plans will be in place from the outset of each work programme within the directorate.

- **Directorate-wide contributions to the new learning system for community engagement & participation.**
  By end June 2025, a learning system for community engagement & participation has been fully established with a developing set of appropriate resources that are of practical benefit to the health & care system in improving engagement and equalities practice.

- **Deliberate work to demonstrate the impact of the Engagement Practitioner's Network (EPN).**
  By end March 2025, a rolling programme of EPN meetings & events has been established along with supporting evaluation & follow-up approaches that readily demonstrate the Network's impact on improving community engagement practice.

- **Proactive action to improving the engagement practice of organisations that commission us to undertake social research.**
  By end March 2025, bespoke learning opportunities for organisations that commission us to undertake social research have been established to support the quality & depth of their own engagement activities.

- **Review of Equality Impact Assessment (EQIA) process to ensure quality and intended impact on health inequalities.**
  By end June 2025, a full review of directorate and HIS EQIA practice is completed including recommendations for improvement and more specifically on practical ways for consideration of health inequalities aspects can be mainstreamed.

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3.4 Evidence & Digital

The Evidence & Digital directorate provides evidence-based support to enhance health & care services for the people of Scotland. The directorate encompasses several key functions including health technology and medicines assessment, clinical guidelines development, and digital transformation.

The directorate's self-assessment indicated that all statements across the three domains were rated as 'Yes'.

The sub-committee found the presentation provided an excellent overview of the directorate's approach to engagement across its multiple programmes, highlighting key principles in accessible engagement including taking an informed approach through EQIAs, working with third sector organisations, and meeting people where they are.

It was acknowledged that the self-assessment submission and presentation did not provide a great deal of information about the work of the Digital parts of the directorate and any engagement approaches they may be taking to directly inform their work. This was noted as a work-in-progress given that the directorate was newly formed.

Examples of engagement practice shared during the session included:

Evidence & Digital Strategy

The strategy defines the directorate's purpose as "using evidence to improve health & care services for the people of Scotland" and is supported by six common goals, two of which are relevant in the Governance for Engagement context:

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- Developing outputs that meet the needs of stakeholders; and
- Working in partnership with colleagues and stakeholders.

Third-sector organisations and charities play a key role in this process by offering valuable insights into effective public engagement, ensuring that the needs and experiences of individuals inform decision-making and programme development.

Cross-directorate Patient & Public Involvement Group

Patient & public involvement is embedded within all relevant directorate programmes and the cross-directorate group supports this approach, ensuring representation from various teams. Engagement is facilitated through multiple channels, including:

- Public involvement groups within the Scottish Intercollegiate Guidelines Network (SIGN), Scottish Health Technologies Group (SHTG), and the Scottish Medicines Consortium (SMC);
- Partnerships with third-sector organisations to identify individuals for participation;
- Public Partner membership on various committees;
- SMC's Patient Group Partners who contribute to medicine assessments and Patient & Clinician Engagement (PACE) meetings; and
- The Research Data Services (RDS) team which collaborates with The ALLIANCE to involve patient and public partners in their work.

Standards & Indicators

This programme has a structured consultation process, including a facilitation briefing for running inclusive focus groups. Core engagement principles, such as reducing the need for individuals to repeatedly share their experiences, are documented. Engagement efforts include visiting local community groups, holding out-of-hours sessions, and co-hosting activities with people with lived experience. Initiatives in the past year have involved participation in 'knit & natter' events, community retirement lunches, parent & baby groups, and young people's support groups.

The following areas for improvement focus were identified and agreed with the directorate for the subsequent 12 months, including intended output / impact:

- **Establish consistency of approach to evaluation of engagement across directorate teams and work programmes.**
  By end August 2025, the directorate has established an evaluation approach to all engagement activities that ensures improvements and understanding of impact can be readily identified. By end February 2026 the directorate will review six months' worth of data and develop a further improvement plan for 2026/27.

- **Develop a directorate-wide database of community and voluntary sector organisations to share intelligence and reduce duplication.**

By March 2026 SMC, SHTG and SIGN will develop mechanisms to improve communication and the sharing of intelligence around community and voluntary sector engagement.

- **Development of learning sessions and events to showcase good engagement practice.**
  By end June 2025, the directorate is collaborating with HIS Campus, under the leadership of CETC to plan, run and evaluate learning sessions and events to showcase good engagement and equalities practice for internal and external audiences. Sharing of practical ways to support understanding and improvement of engagement methods and approaches is mainstreamed between both directorates, leading to more efficiency and boosting levels of enthusiasm for engagement across the health & care system.

- **Establish consistent directorate approach to the consideration of engagement & equalities at project and work programme inception.**
  By end March 2025, the directorate has an updated approach to the consideration of engagement & equalities requirements at the start of new projects and programmes, leading to more informed decision-making and planning.

- **Review of directorate EQIA practice to ensure quality and intended impact on health inequalities.**
  By end June 2025, a full review of directorate EQIA practice is completed including recommendations for improvement and more specifically on practical ways to mainstream the consideration of health inequalities.

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3.5 Nursing & System Improvement

The Nursing & Systems Improvement directorate was formed in August 2023, following informal structural change and the merging of existing organisational teams into a new directorate. It has a key role across all elements of the Quality Management System, leading, developing, implementing, influencing and assuring health and social care provision by a skilled workforce across the integrated and independent health & social care landscape in Scotland, contributing critically to the improvement of safety and quality of care for people using health & social care services. This includes specific legislative responsibilities in relation to healthcare staffing.

The directorate's self-assessment indicated that statements across the three domains were rated as a broadly equal mixture of 'Yes' and 'Partial'.

The sub-committee acknowledged continued capacity challenges that had faced the directorate throughout the past year, including when completing the self-assessment tool, and noted that through discussion it was evident the commitment the directorate has to community engagement and public involvement.

It was discussed during the session that the directorate's component teams have differing participatory ethos, which coupled with differing engagement needs, has led to a relatively complex set of approaches to engagement which require consolidation and simplification.

Examples of engagement practice shared during the session included:

Community Care and Dementia Portfolio

This Portfolio actively involves people living with dementia and / or frailty, as well as carers, in both programme planning and delivery. Key partnerships include regular engagement with Alzheimer Scotland, the Scottish Dementia Working Group, and the National Dementia Carers Action Network. Additionally, the Dementia Stress and

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Distress Programme Delivery Group benefits from the direct involvement of individuals with lived experience, ensuring service development is informed by those it aims to support.

Excellence in Care (EiC) framework and strategy

This was developed in collaboration with the families involved in the Vale of Leven Hospital Inquiry. The programme strategy includes a commitment to engaging key stakeholders, including public representatives, throughout each phase of the programme. Public Partners and Vale of Leven Hospital Inquiry families are active members of the EiC Programme Board, ensuring their input informs ongoing work.

Primary Care improvement Portfolio

This Portfolio is currently developing structured engagement activities, supported by a multi-disciplinary team and CETC, to strengthen the implementation of the Primary Care Improvement Plan.

The following areas for improvement focus were identified and agreed with the directorate for the subsequent 12 months, including intended output / impact:

- **Incorporate within directorate vision & strategy clear commitment to inclusive engagement & equalities practice.**
  By end March 2025, the directorate has incorporated a clear commitment to inclusive engagement & equalities practice within its vision and strategy, ensuring these considerations are part of each work programme.

- **Establish consistent directorate approach to the consideration of engagement & equalities at project and work programme inception.**
  By end June 2025, the directorate has established an updated approach to the consideration of new work which includes understanding of engagement & equalities requirements at project and work programme inception, leading to more informed decision-making and planning.

- **Review of directorate communication & engagement plans (including EQIA practice) to ensure quality and intended impact on health inequalities.**
  By end June 2025, a review of directorate communication & engagement plans (including EQIA practice) is completed including recommendations for improvement and more specifically on practical ways for consideration of health inequalities aspects can be mainstreamed.

- **Establish opportunities to share learning on engagement & equalities practice between directorate work programmes and in the wider HIS.**
  By end June 2025, the directorate is collaborating with CETC to plan, run and evaluate learning sessions and events to showcase good engagement and equalities practice for internal and external audiences. Sharing of practical ways to

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support understanding and improvement of engagement methods and approaches is mainstreamed between both directorates, leading to more efficiency and boosting levels of enthusiasm for engagement across the health & care system.

- **Develop approach to ensure organisational learning is gained from all aspects of the HIS complaints process.**
  By end June 2025, a systematic approach has been developed to identifying and sharing organisational learning from all aspects of the HIS complaints process, including ensuring people who engage with the process receive quality feedback both in addressing their complaint, and in seeking ways to improve the process.

3.6 Quality Assurance & Regulation

The Quality Assurance and Regulation directorate carries out a wide range of inspection, regulation and review programmes, including responsive reviews, which aim to drive improvements in the quality of health and care services in Scotland. These are set out in the Quality Assurance and Regulation Plan 2024/25.

The directorate's self-assessment indicated that statements across the three domains were rated as a mixture of 'Yes' and 'Partial'.

The sub-committee acknowledged continued capacity challenges that had faced the directorate throughout the past year, including when completing the self-assessment tool. It was noted through the session discussion that commitment to community engagement and equalities practice was nonetheless evident despite these challenges.

Examples of engagement practice shared during the session included:

Perinatal & maternity inspection programme

The directorate's inspection teams employ well-established methodologies to gather service user perspectives. As part of the development of this new programme, staff conducted a comprehensive review of available evidence on inequalities in pregnancy and maternity care. This review identified key concerns, including:

- Gaps in mental health support for women giving birth;
- Poor experience of Muslim women during labour, delivery, and the postnatal period;
- Higher rates of potential depression among refugee and asylum-seeking women;
- Increased maternal mortality risk for Black women; and
- Inequalities in care experienced by transgender and non-binary individuals.

These findings will directly inform the delivery of the inspection programme, ensuring that inspections address identified disparities. The first maternity ward inspection is scheduled to take place in early 2025.

National Adverse Events Framework

A key priority for the directorate during 2024/25 has been the review and replacement of the existing framework. Recognising the importance of lived experience in shaping the new framework, extensive engagement was undertaken with individuals who had experienced significant adverse events in healthcare. In collaboration with CETC and NHS Education for Scotland, feedback was gathered on the chapter concerning patient & family engagement. The consultation process yielded positive responses, with additional evidence strengthening guidance on communication and engagement following a traumatic event. These enhancements ensure a more person-centred approach to adverse event management. The new framework is scheduled for publication during 2025.

The following areas for improvement focus were identified and, at the time of writing (February 2025), are subject to final agreement with the directorate for the subsequent 12 months, including intended output / impact:

- **Establish consistent directorate approach to the consideration of engagement & equalities at project and work programme inception.**
  By end June 2025, the directorate has established an updated approach to the consideration of new work which includes understanding of engagement & equalities requirements at project and work programme inception, leading to more informed decision-making and planning.

- **Develop staff competencies in understanding & undertaking community engagement activities.**
  By end December 2025, directorate staff are regularly accessing the CETC learning system for community engagement & participation (currently in development) and the wider CETC directorate team for advice, support, tools and approaches to support meaningful stakeholder engagement activities. Also, directorate staff are accessing organisational community engagement training via the HIS Campus (also currently in development).

- **Establish consistency of approach to keeping stakeholders informed of progress with work programmes by providing meaningful feedback.**
  By end September 2025, the directorate is systematically seeking and providing feedback from stakeholders across all work programmes, and drawing on the intelligence gained to refine & improve ways of working and inform service developments.

- **Establish consistency of approach to evaluation of engagement across directorate teams and work programmes.**
  By end December 2025, the directorate has established an evaluation approach to all engagement activities that ensures improvements and understanding of impact can be readily identified.

- **Development of learning sessions and events to showcase good engagement practice.**

By end December 2025, the directorate is collaborating with CETC to plan, run and evaluate learning sessions and events to showcase good engagement and equalities practice for internal and external audiences. Sharing of practical ways to support understanding and improvement of engagement methods and approaches is mainstreamed between both directorates, leading to more efficiency and boosting levels of enthusiasm for engagement across the health & care system.

3.7 Medical & Safety

The Medical & Safety directorate has a critical role in working to improve the reliability of healthcare and the reduction of harm within NHS Scotland. The directorate was formed following a structural change that brought together established teams from the Medical directorate and the former ihub. The directorate is currently focused on developing a safety strategy for HIS. It also provides bespoke medical and pharmacy leadership for professionals working across the organisation and the wider health & care system, encompassing areas including assurance and improvement.

The directorate's self-assessment indicated that the majority of statements across the three domains were rated as 'Partial'.

The sub-committee noted that the leadership of the directorate has been significantly compromised by a gap created by the absence of a Chief Pharmacist for most of the past year. Nonetheless, despite ongoing capacity challenges, the sub-committee noted the directorate's desire to use the Quality Framework for Community Engagement & Participation as an effective road map to improving its engagement approach, and keenness to work with CETC to gain support in this effort.

Examples of engagement practice shared during the session included:

National Cancer Medicines Advisory Group (NCMAG) programme

This group provides advice to NHS Scotland on the clinical and cost-effectiveness of certain cancer medicines that fall outside the remit of the SMC. The programme is committed to deliver meaningful engagement with patient group partners and Public Partners by providing tailored resources, offering briefing calls prior to group meetings, and collating feedback to improve existing processes. There is collaboration with the Evidence & Digital directorate as the SMC public involvement team support the NCMAG patient group partner process development, as well as ongoing engagement activities. There is also collaboration with CETC who supports Public Partners involved in the group.

Scottish Patient Safety Programme (SPSP)

The programme actively involves patients and people with lived experience to enhance healthcare safety and quality across Scotland. This is achieved through a person-centred approach, ensuring patient perspectives share healthcare improvements, and collaborative learning systems where patients and clinicians share insights to inform safer care. Additionally, patients are directly engaged in programme

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development, ensuring initiatives address their needs and experiences. By embedding these strategies, SPSP ensures that patient involvement is a core element of its work to improve healthcare outcomes.

The following areas for improvement focus were identified and, at the time of writing (February 2025), are subject to final agreement with the directorate for the subsequent 12 months, including intended output / impact:

- **Incorporate within directorate vision & strategy clear commitment to inclusive engagement & equalities practice.**
  By end June 2025, the directorate has incorporated a clear commitment to inclusive engagement & equalities practice within its vision and strategy, ensuring these considerations are part of each work programme.

- **Establish consistent directorate approach to the consideration of engagement & equalities at project and work programme inception.**
  By end September 2025, the directorate has established an updated approach to the consideration of new work which includes understanding of engagement & equalities requirements at project and work programme inception, leading to more informed decision-making and planning.

- **Develop staff competencies in understanding & undertaking community engagement activities.**
  By end December 2025, directorate staff are regularly accessing the CETC learning system for community engagement & participation (currently in development) and the wider CETC directorate team for advice, support, tools and approaches to support meaningful stakeholder engagement activities. Also, directorate staff are accessing organisational community engagement training via the HIS Campus (also currently in development).

- **Establish consistency of approach to keeping stakeholders informed of progress with work programmes by providing meaningful feedback.**
  By end December 2025, the directorate is systematically seeking and providing feedback from stakeholders across all work programmes, and drawing on the intelligence gained to refine & improve ways of working and inform service developments.

- **Establish consistency of approach to evaluation of engagement across directorate teams and work programmes.**
  By end March 2026, the directorate has established an evaluation approach to all engagement activities that ensures improvements and understanding of impact can be readily identified.

4 Directors' reflections

4.1 Following each session, the participants were asked by the Lead Officer to share their reflections on the process. Two colleagues provided feedback during Cycle 3.

4.2 What has gone well?

- Whole process fine.
- The preparation meeting with the Lead Officer was very helpful in clarifying the expectations with regard to completion of the self-assessment.
- The Lead Officer was supportive and offered clear, helpful guidance.
- It was clear from questions and comments that sub-committee members had properly considered the self-assessment submission in advance of the meeting, and the questions asked were well-informed and constructive.
- Questions within the self-assessment very useful as a 'how to?' guide for non-specialists.
- The sub-committee members understood the challenges and constraints the directorate has been working with, and thought they struck a positive balance between acknowledging these, and at the same time looking for evidence of performance and commitment to improvement.
- On that basis, I agree it felt like 'supportive scrutiny'.
- I thought the process was good last time but believe it has improved even further since then.
- Pleased that the self-assessment and scrutiny will provide us with a tangible output in terms of an improvement plan.

4.3 What could be improved?

- Work with Clinical & Care Governance to avoid duplication.
- Consider avoiding meeting in December – there's a clash with the start of the budget setting process.

4.4 These points will be taken into consideration for future planning of the sub-committee and associated process.

Appendix A

Healthcare Improvement Scotland
Governance for Engagement sub-committee membership

Membership

Suzanne Dawson, Chair of the Scottish Health Council (Chair)
Gina Alexander, Scottish Health Council Member
Emma Cooper, Scottish Health Council Member
Nicola McCardle, Scottish Health Council Member
Jamie Mallan, Scottish Health Council Member

In attendance

Clare Morrison, Director of Engagement & Change
Tony McGowan, Associate Director of Community Engagement (Lead Officer)

Sub-committee support

Susan Ferguson, PA to Director of Engagement & Change and Chair of the Scottish Health Council
Anne Macleod, Administrative Officer

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Appendix B

Healthcare Improvement Scotland

Governance for Engagement background & remit

Background

Health and care services in Scotland must be responsive to the needs and wishes of people and communities, all of whom will use services at some point in their lives. To continue to encourage and support improvement within the system, Healthcare Improvement Scotland (HIS) needs to ensure that the voices of people and communities are directly informing and shaping our work programmes and functions, from planning to delivery. Everything we do as an organisation has the potential to be informed and improved by listening to those who use health and care services.

As part of an organisational review process in 2020/21, the Scottish Health Council's governance arrangements were revised. This included the adoption of new terms of reference that strengthen the Council's role in holding all parts of HIS to account for performance in areas of patient & public involvement, the Duty of User Focus, and equalities and human rights.

This required the development of a 'governance for engagement' approach within HIS, and the establishment of the Governance for Engagement Sub-Committee.

The governance for engagement approach enables the Scottish Health Council to hold to account and gain assurance on the performance of all HIS directorates / delivery areas. This is with respect to engaging people to directly inform and influence our work programmes and functions, including meeting our legal duties to assess, improve and report the impact of our work.

The approach includes practical ways for Council Members to provide guidance to HIS Directors and other staff relating to best practice in community engagement, to foster an environment that encourages and supports improvement.

Remit

The Governance for Engagement sub-committee seeks to identify and improve upon good engagement practice through practical examples from HIS Directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility, including:

- The use of Equality (and other) Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
- Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities;
- Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken; and

- Learning through reflection to identify, celebrate and share good engagement practice within work programmes, and determine sources of support and appropriate remedial actions where improvements are needed.

The sub-committee explores with HIS Directors, other senior managers, Public Partners and people & communities engaged by HIS, any challenges or areas of work where engagement could be improved.

The sub-committee ensures appropriate processes are developed to consider changes to community engagement policy within HIS.

The sub-committee considers the impact on stakeholders (notably the public) of any changes to organisational support provided by the Community Engagement & Transformational Change (CETC) directorate for HIS engagement activities and equalities-related outcomes.

The sub-committee regularly reviews its information gathering processes to ensure it is collecting the most appropriate information to support robust governance for engagement, without making reporting onerous for each directorate.

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Appendix C

Governance for Engagement | Cycle 3 (2024/25)

Quality Framework self-assessment tool

Introduction

This self-assessment tool is based on the Quality Framework for Community Engagement and Participation self-evaluation tool for NHS Boards, Health & Social Care Partnerships and Local Authorities published by Healthcare Improvement Scotland (HIS) and the Care Inspectorate in April 2023.

It is aligned to the Planning with People guidance published by the Scottish Government and COSLA, and has been adapted for application internally across all of HIS' Directorates during 2024/25.

The self-assessment tool is designed to give a Directorate-wide view on engagement with stakeholders in order to give assurance to HIS Board members about compliance with statutory duties and the quality of engagement.

The self-assessment tool looks at engagement activity in relation to three domains:

- Ongoing engagement and involvement of people;
- Specific engagement activities relating to planning, strategy and design; and
- Internal systems for governance and leadership of engagement

Please complete all of the sections within the self-assessment tool and return by **[INSERT DATE]** to Tony McGowan, Associate Director of Community Engagement via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot).

Further guidance and support in completing the self-assessment tool can also be accessed via Tony and the Community Engagement & Transformational Change Directorate's Engagement Practice – Assurance unit.

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When completing the self-assessment tool

Please provide details from your perspective of how the Directorate is performing in relation to each domain, including sources of evidence that support these views.

You should indicate your overall response to each statement with 'Yes', 'No', or 'Partial'.

You may not have evidence at this stage across all of the self-assessment statements – if this is the case please indicate why. Please note that it is acceptable for some of the evidence to overlap across the domains.

Supporting evidence

The evidence you provide for each of the domains is for you to consider as a Directorate and provide you with assurance as to how you are performing.

In completing the self-assessment tool, it may be useful to consider the following evidence:

- Vision statements / strategies that are in place for ongoing engagement;
- Structures that are in place to seek the views of stakeholders - for example, working groups and / or committees with Public Partners, volunteers and / or patient or public representatives;
- Policies / processes to help people take part in improving healthcare services;
- How you support people who may find it more difficult to be involved;
- How feedback (from complaints and informal feedback) is used to inform ongoing service improvement;
- Evaluation that has been undertaken of engagement activity; and
- Evidence of the difference that engagement has made and how you tell people how their views have been taken into account.

Those completing the self-evaluation tool are encouraged to use information from different sources to triangulate evidence of the quality of engagement.

To understand the quality of engagement delivered you should gather the views of people and communities who have participated in your engagement activity, for example, Public Partners, and people with lived experience.

Please share weblinks that provide evidence in support of each of the self-assessment statements. **Please do not embed supporting documents – these should be submitted separately, clearly stating which item in the self-assessment they are in relation to.**

The completed self-assessment will form the basis for an improvement plan on areas which are identified as requiring focus – detailing priorities, timeframes, owners, and appropriate measures of success.

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Directorate name	

Please use the box below to highlight any relevant contextual and background information about the directorate and its engagement work during the course of 2024/25.

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Director name	
Director signature	
Date of submission	

Domain 1 | On-going engagement and involvement of people in the application of our work

Key domain statements

- The directorate undertakes ongoing engagement with people and communities to ultimately help ensure that services meet their needs, identify sustainable service improvements, and to develop trust.
- The approach to engagement is inclusive, meaningful and is evaluated to identify learning and impacts.

Self-assessment statements & supporting evidence

Guidance The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

1.1	Does the Directorate have an engagement vision statement / strategy which promotes and supports how it carries out community engagement across its work programmes (in line with statutory duties to involve people in developing and delivering health & care services)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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1.2	Have all Directorate staff had training on engagement, including engaging with people who are seldom heard and in taking a trauma-informed approach (seldom heard people & communities as defined by, but not limited to, age; socio/economic deprivation; disability; ethnicity; and sexuality)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
1.3	Are all engagement processes accessible, inclusive, reflective of diversity and informed by Equality Impact Assessments? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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1.4	Does the Directorate proactively seek the involvement of a diversity of people, communities and stakeholders in its work (in line with statutory equality duties)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
1.5	Does the engagement undertaken by the Directorate use a range of innovative, effective and empowering methods? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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1.6	Does the Directorate evaluate the ongoing engagement it undertakes and if so, does it consider impact and apply the learning from evaluation to inform future practice? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
1.7	Does the Directorate keep all stakeholders who have engaged in its work informed of progress and provide meaningful feedback? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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1.8	Can the Directorate provide examples of working well with third sector organisations (including charities, social enterprises, patient and voluntary groups) when planning and evaluating engagement? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

Any additional information in relation to Domain 1

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.   Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

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Domain 2 | Involving people in planning, strategy and design of our work

Key domain statements

- The involvement of people & communities has had a positive impact on work programmes, changes to services, and strategy development, and has been planned as part of the Directorate's wider engagement strategy.
- People representing communities have been involved throughout the development, planning and decision-making process relating to work programmes, changes to services, and strategy development.

Self-assessment statements & supporting evidence

Guidance The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

2.1	Is the development and planning of the Directorate's priorities and work programmes shaped by the meaningful involvement of people, communities and stakeholders who may be affected? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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2.2	Is the review of the Directorate's work programmes shaped by the meaningful involvement of people, communities and stakeholders who may be affected? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
2.3	Is there an Equality Impact Assessment (EQIA) for each of the Directorate's work programmes? **Yes / No / Partial** If yes, does the Directorate use the findings of the EQIA to inform engagement activity to remove or mitigate any adverse impacts? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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2.4	Are you confident that the Directorate can show how they have taken account of their engagement work in delivering their priorities and work programmes? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
2.5	Is there ongoing evaluation of the impact / effectiveness of specific pieces of planning, strategy and design work to ensure engagement activity is acted on? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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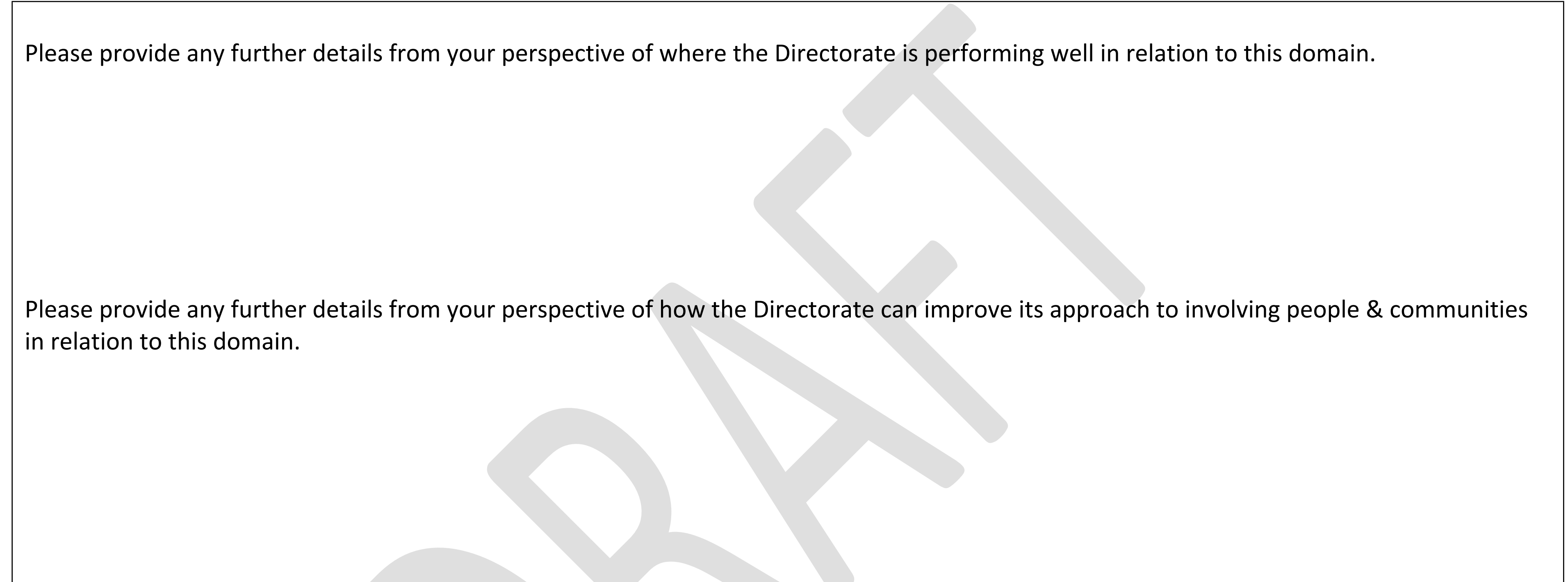
Any additional information in relation to Domain 2



Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

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Domain 3 | Governance and leadership for engagement of our work

Key domain statements

- Robust corporate governance arrangements are followed for involving people & communities, founded on mutuality, transparency, equality, diversity and human rights principles.
- To engage effectively and inform decision-making, the Directorate supports and improves the participation of people & communities by dedicating resources (in people, time and budget).

Self-assessment statements & supporting evidence

Guidance The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

3.1	Has the Directorate's senior team demonstrated a commitment to meaningful engagement by embedding it in the Directorate's work (by 'meaningful engagement' we mean working together with people affected by a particular policy, event or change and ensuring people of all backgrounds can take part and their voice heard and acted upon)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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3.2	Has the Directorate committed the necessary resources (people, time, and budget) to deliver meaningful engagement? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
3.3	Do staff in the Directorate know where to seek advice and access resources to support engagement work? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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3.4	Do all decision-making processes demonstrate how the views of people, communities and stakeholders have been taken into account? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]
3.5	Have the senior leaders in the Directorate influenced Directorate-wide policy and strategy to ensure meaningful engagement is undertaken? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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3.6	Has the Directorate worked with the Engagement-led Change Directorate to identify and share examples of good practice and learning around engagement within HIS and / or with other stakeholders? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [weblinks]

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Any additional information in relation to Domain 3

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.   Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

Thank you for completing this self-assessment tool.

Please submit it to Tony McGowan, Associate Director of Community Engagement via tony.mcgowan@nhs.scot (please also include Susan Ferguson, PA to Chair & Director via susan.ferguson12@nhs.scot)**.**

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Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 ensures Healthcare Improvement Scotland meets its statutory equality duties and progresses good practice across the organisation. Council members are asked to note progress and contribute feedback on Healthcare Improvement Scotland's 2025 Equality Mainstreaming Report, including equality outcomes 2025-29 (Appendix 1).

2. Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. HIS must report on how it has 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 its gender pay gap; and have an equal pay statement.

In addition to our Equality Act duties, we have been directed by Scottish Government to 'develop and deliver against [our] own anti-racism plan'. This is a requirement for all NHS Scotland bodies and Scottish Government guidance was published in September 2024. An anti-racism plan for HIS has been developed concurrently with our 2025-29 equality outcomes (Appendix 2). The plan is co-sponsored at executive level by Clare Morrison, Sybil Canavan and Safia Qureshi.

3. Assessment

Equality mainstreaming and workforce reporting

At the end of Quarter 3, a majority of HIS programmes which require an equality impact assessment (EQIA) have one in place. There was a 6% improvement in performance since Quarter 2. Our current position is that out of a total of 79 eligible work programmes, 70 have an EQIA in place and informing the work, while a further eight have undertaken a screening assessment to determine next steps. Only one programme during Quarter 3 reported that an assessment had not been started but was able to indicate a future date for progression. The Equality Inclusion and Human Rights Team will monitor screened work over the next quarter to ensure proportionate levels of assessment are now progressed.

Equality Mainstreaming Report and Equality Outcomes 2025-29

A draft of Healthcare Improvement Scotland's 2025 Equality Mainstreaming Report, including equality outcomes for 2025-29 is attached at Appendix 1. The report provides the following:

- An overview of Healthcare Improvement Scotland's legal equality duties
- Information about how Healthcare Improvement Scotland mainstreams equality as part of its activities, alongside mainstreaming examples from across the organisation
- A final report on the equality outcomes we set for 2021-25
- A refreshed set of (four) equality outcomes for 2025-29
- Information about our workforce diversity and pay gaps
- An updated Equal Pay Statement

The report has been informed by internal and external engagement, including with:

- HIS teams / directorates
- HIS staff equality networks
- Community engagement via interviews and group discussion with patients from minority ethnic groups in Scotland. A report about this and our findings is in draft and will be shared with Council members once finalised.
- Engagement through a targeted consultation survey with maternity based organisations.

Some sections of the report are subject to on-going discussion and require to be finalised. This includes:

- The report's Foreword to be written on behalf of the HIS Chair and Chief Executive
- Details of the measures for outcome 3 (pregnancy and maternity). Delivery of this outcome will sit within the Perinatal Quality Management System, which is still developing its broader approach to measurement.
- Equal Pay Statement, which requires agreement in Partnership and will be within the delivery remit of the People and Workplace Directorate.

The Equality Mainstreaming Report should be considered for approval by the HIS Board following recommendation from the Scottish Health Council on matters related to HIS' work programmes, and from the Staff Governance Committee on HIS workforce-related aspects.

Development of a HIS anti-racism plan

An anti-racism plan for Healthcare Improvement Scotland has been developed, and we began reporting on our progress with this during Quarter 2. Through our annual delivery plan, we will report again in Quarter 4. The anti-racism plan will also support the delivery of equality outcome four.

To manage delivery of our plan, we have brought together a cross organisational delivery group. The group met for the first time on 15 January 2025 to agree the plan and establish future working arrangements. A detailed version of the plan with delivery timescales and leads is now being developed alongside a Terms of Reference for the group, which will meet six-weekly to progress actions.

Human Rights engagement

HIS has been invited to participate in the Scottish Government's Capability Building Working Group, which will bring together views and expertise on human rights capability building across the public sector (Appendix 3). The group will provide views on activities that support the public sector to advance human rights now and lay the groundwork for new duties in the future via a Human Rights Bill. The Associate Director of Community Engagement will participate on behalf of HIS. The group replaces previous engagement structures in relation to a proposed Scottish Human Rights Bill, which is no longer to be delivered within this parliamentary term.

The Scottish Government is developing an Equality and Human Rights Mainstreaming Strategy, which it is consulting on. The strategy will provide a framework so that the Scottish Government and wider public sector can apply a consistent and impactful focus on equality and human rights in everything they do. The framework includes action against six key drivers of change one of which is enhancing capability and culture, and the Working Group will support this driver.

Assessment considerations

Quality/ Care	Applying Equality Impact Assessment across our work as well as working towards and periodically refreshing organisational equality outcomes ensures HIS meets its Public Sector Equality Duty while also impacting positively on quality of care. Our equality work focusses HIS activities on the healthcare inequalities we can help reduce. As the evidence presented in Appendix 1 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 HIS equality commitments requires a OneTeam delivery approach utilising a range of staff and functions, including through our staff equality networks and different governance groups. Each outcome has its own delivery group in place and delivery planning is underway. Staff capacity and commitment will be required for ongoing successful delivery. The Equality, Inclusion and Human Rights Working Group has had a role in overseeing and supporting delivery of HIS equality outcomes and mainstreaming activities. The Working Group is currently on hold while our equalities resource is reviewed. Reporting lines for each individual outcome remain to be clarified in line with this review.
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	The work described in this paper includes all of HIS requirements in relation to the Public Sector Equality Duty and the Scotland Specific Duties.
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 mainstreaming report presented includes examples of work from across the organisation, both in relation to our current set of equality and other efforts to mainstream

	equality. Our refreshed set of equality outcomes 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 Engagement exercises to hear from minority ethnic communities and maternity stakeholders, both of whom are prioritised in our refreshed equality outcomes, have been completed and informed the outcomes and their related activities.

4 Recommendation

Scottish Health Council members are asked to:

- Note progress made with EQIA completion across HIS
- Review the draft of Healthcare Improvement Scotland's Equality Mainstreaming Report 2025 and recommended changes as relevant.

It is recommended that the Council 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 due to ongoing finalisation of some of the detail of our equality outcomes and the mechanisms for review.

5 Appendices and links to additional information

- Appendix 1: Draft Equality Mainstreaming Report 2025, including equality outcomes 2025-29
- Appendix 2: HIS anti-racism plan
- Appendix 3: Terms of Reference: Human Rights Capability Building Working Group

Equality Mainstreaming Report

Including Equality Outcomes (2025-2029) and Equal Pay Statement

April 2025

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

his.equality@nhs.scot

0131 623 4300

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Foreword

To be drafted for approval following consideration of draft report

Robbie Pearson, Chief Executive

Carole Wilkinson, Chair

1. Introduction

This report has been prepared to demonstrate Healthcare Improvement Scotland's compliance with the Equality Act 2010 and the Public Sector Equality Duty as it applies in Scotland. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require us to:

- report on mainstreaming the Equality duty
- report our progress in relation to the equality outcomes we set in 2021
- publish new equality outcomes for 2025–2029
- assess and review our policies and practices for their compliance with the Act
- gather and use our employee information
- publish gender pay gap information, as well as information about pay gaps relaying to disability and ethnicity
- publish a statement on equal pay between women and men, people who are disabled and people who are not, and people who fall into a minority ethnic group and people who do not
- consider award criteria and conditions in relation to public procurement, and
- publish in a manner that is accessible.

We hope however that our report goes beyond this legal requirement. We aim to share with you an understanding of our organisational culture and how we ensure that equality is considered within everything we do that is, mainstreamed. We would like you to understand the contribution we make to promoting equality and non-discrimination within health and social care more widely. And lastly, we aim to share our ongoing commitment to advancing equality and the plans we have for doing this over the next four years.

2. Executive summary

We have structures and processes in place to ensure we mainstream equality considerations throughout our work. This includes:

- Examples demonstrating how we have mainstreamed equality in practice are available from across our organisations. We are proud to share multiple examples within this report from teams undertaking a range of work.
- We have provided a final progress report on the equality outcomes we set in 2021, setting out where we have achieved and where we will continue to focus activity within our refreshed set of outcomes. In particular we have set out the need to build on and strengthen our approach to addressing racialised healthcare inequalities.
- We have set out four refreshed equality outcomes for the next reporting period, which is April 2025 – April 2029. Broadly, our refreshed outcomes focus on: workplace inclusion for disabled colleagues, fostering good relations for and among staff who identify with LGBT+ communities, promoting equitable maternity care and building staff confidence around challenging racism in the workplace and wider health care system.

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- An anti-racism plan for our organisation is presented as part of this report and will support the delivery of equality outcome 3 on race and enable us to build on our strengths and learn from our 2021 outcome.
- Our workforce data shows that we have remained under-represented across younger age demographics, disability and minority ethnic groups. We have an improved but still notable gender pay gap and a substantial and increasing disability pay gap. We also have a marginal ethnicity pay gap, skewed by low workforce representation.
- We have included actions across our refreshed set of equality outcomes to scope and address inclusion issues in relation to recruitment and progression.
- We have also published a refreshed Equal Pay Statement, in which we have commit to a range of actions to continue to assure equitable pay and conditions for all Healthcare Improvement Scotland employees.

3. Mainstreaming equality

Healthcare Improvement Scotland aims to include equality considerations across the range of work we do. In this section of our report, we provide information about the structures and processes we have in place for doing this.

Equality impact assessments (EQIA)

We have embedded EQIA into all of our programmes of work and we monitor completion through a quarterly data return. Our Equality, Inclusion and Human Rights Team actively support programme leads across the organisation to understand and engage with EQIA requirements in their area. This helps leads provide accurate data on the status of their EQIAs and access any support needed to improve performance. Over the course of the last two years, we have seen steady improvement in EQIA performance across the organisation. Overall, 90% of all Healthcare Improvement Scotland (HIS) programmes who should have an EQIA in place do so and active support is in place for those who are working to complete their assessments.

We often work jointly with partner organisations or undertake commissioned work. We ensure that any work we are involved in complies with the needs of the Public Sector Equality Duty and that we are able to make a proportionate contribution to developing an assessment or to acting on its findings. For example, the commissioning process for all our Gathering Views work requires that an EQIA has been carried out by the commissioning body and that the detail of this is shared with us to inform our engagement planning. Our Assurance of Engagement process for service changes requires that NHS boards and Integration Joint Boards carry out an EQIA as part of their planning. We assess the content of these EQIAs as part of our supporting function.

Following the redesign of our external website during spring 2024, we are working to publish all EQIAs for completed work in one easily accessible place. You can find a list our completed EQIAs on the Healthcare Improvement Scotland website.

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Equality, Inclusion and Human Rights Working Group

We have an Equality, Inclusion and Human Rights Working Group which supports the equality, inclusion and human rights agenda as it applies to Healthcare Improvement Scotland's work. With membership from across our whole organisation, the group oversees the development, implementation, monitoring and review of our equality outcomes and related action plans. Each of our staff equality networks are also represented, which helps the group identify key issues and prioritise actions in relation to areas of inequality that are impacting our work or workplace culture.

Equality learning and capacity building

We deliver a facilitated Equality and Diversity induction training session every three months to all new staff. Our training covers the requirements of equality legislation and provides insight into the way disadvantage and inequality operates for different groups in society. It gives participants – who may be new employees or existing employees looking to refresh their knowledge – the opportunity to discuss equality information relevant to their work and actively consider the range of ways they can deliver equality as Healthcare Improvement Scotland employees. We regularly review and update the materials used to ensure we reflect current and topical information.

Over the last four years we have engaged 174 members of staff in our Equality and Diversity induction. All participants who completed the evaluation were able to note improvements in their knowledge and confidence in relation to Equality and Diversity. We also asked participants whether there was anything different they would do having attended the training. Some examples training participants shared include:

- "engage with people from different marginalised communities"
- "report Equality and Diversity issues in my evidence summaries"
- "be aware of protected characteristics, seen and unseen, in situations"
- "be considerate of my language when engaging with people"
- "be able to challenge my own residual cultural hangovers".

During 2024 we also facilitated four equality and human rights focused development sessions for specific staff groups and governance committees. This included:

- 'Equality and Human Rights–Towards Conscious Inclusion' workshop run by the Equality, Inclusion and Human Rights Team for Scottish Health Council members in June. We were grateful to receive support from NHS Education for Scotland (NES) and the Leading to Change Team as well as equality colleagues in NHS Dumfries and Galloway.
- 'Unconscious Bias and Moving Towards Conscious Inclusion' workshop delivered by NES for members of our Equality, Inclusion and Human Rights Working Group in August.
- A session for Healthcare Improvement Scotland staff including senior leaders to explore the new UNCRC (Incorporation) (Scotland) Bill and what it means for us. We ran this jointly with NES colleagues in August.

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- A half-day session in September exploring equality, inclusion and human rights in respect of HIS work and culture. This was run jointly by our Equality, Inclusion and Human Rights Team and Organisational Learning and Development Team for members of our Scottish Health Council and Staff Governance Committee.

These additional sessions have helped ensure that equality, inclusion and human rights are prioritised at the highest level of leadership. Considering the strategic direction of Healthcare Improvement Scotland, non-executive board members who participated in equality development activities told our Executive Team:

> *We do not see addressing inequalities as a separate workstream, programme or activity, but embedded in all our work. We want to see Healthcare Improvement Scotland addressing inequalities in our approach to all of our work–it is the material upon which we cross-stitch improvement.*[1]

This is in the context of our 2023-28 strategy, Leading quality health and care for Scotland which commits to helping build a more equitable and sustainable future for Scotland.

Corporate objective

We introduced a corporate objective focused on inclusive engagement during our 2024 cycle of staff Personal Development and Wellbeing Reviews. Individual progress in delivering on this outcome is monitored through bi-annual one-to-one progress reviews with line managers. This means that all Healthcare Improvement Scotland staff have committed to **contribute to the inclusive engagement of staff, people and communities, with attention to protected characteristics and marginalised identities, in developing and delivering HIS activities**. To support this, staff were offered examples of the different ways they might meet this outcome. This included:

- planning or delivering public involvement activities supported by Equality Impact Assessment
- chairing, leading or participating in activities with one of our staff equality networks
- supporting a team member to chair, lead or participate in activities with a staff Equality Network
- proactively improving personal understanding and / or practice in relation to inclusive engagement and promoting equality though available training or organisational resources.

4. Mainstreaming examples

This next set of examples highlight work from across our organisation to illustrate the different ways we have mainstreamed equality and the impact this has had. These examples are

[1] HIS Board Strategy Day Steer for Executive Team (Executive Team meeting paper)

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additional to those provided in our 2023 equality mainstreaming update report, and they focus primarily on the last two years.

Supporting inclusive engagement

Our internal process *Governance for Engagement* aims to provide assurance that the organisation is meeting its duties in relation to equality and engagement with people who use NHS Scotland services. The process seeks to identify and improve on good engagement practice by examining and discussing practical examples of our work. Each of our directorates have taken part in the Governance for Engagement process since its establishment in 2021, and improvements to engagement practice have been observed.

In 2023-24, it was agreed that we would update our internal process to reflect the new Quality Framework for Community Engagement and Participation. This is the framework that Healthcare Improvement Scotland uses to carry out its role in supporting, ensuring and monitoring the duty on all NHS boards to encourage public involvement. The framework asks a range of questions including whether engagement processes are accessible, inclusive, reflective of diversity and informed by EQIA. We felt strongly that we should hold ourselves to the same standards. Through this process, improvements to engagement practice have been observed and we have been able to identify examples of good engagement practice across the organisation.

For example, our Drugs, Alcohol and Housing team have worked with Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium (SRC) to develop a survey on the experiences of people who had accessed, or tried to access, residential rehabilitation. Discussion groups were supported by the Simon Community and South Lanarkshire Beacons to ensure an ethical approach was taken throughout and that people taking part were supported by others they knew and trusted. You can read our report here: Embedding Lived Experience in the Commissioning and Contracting of Residential Rehabilitation Services in Scotland: engagement analysis and findings.

Alongside this, the team engaged with people in recovery from Drug and Alcohol Harms to identify how MAT (Medically Assisted Treatment) Standards could be further improved so that recovery services are available and also acceptable to the people who need them. The team have supported all Alcohol and Drug Partnerships to engage with service users with a range of protected characteristics. Their work was acknowledged in the Public Health Scotland evaluation of Residential Rehabilitation programme–where it was recognised that residential rehab pathways are more accessible than they previously were.

We are committed to supporting those working in health and social care to understand good engagement practice and routes to inclusion for some of the most under-represented groups. For example, we developed a guide to engaging with refugees and asylum seekers by working in partnership with staff and service users from the Scottish Refugee Council and the Mental Health Foundation's Refugees and Asylum Seekers Programme.

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We also encourage public and third sector organisations to share examples of good practice which can inform engagement in health and care services. In October 2023, staff from Children's Hospice Scotland (CHAS) presented a webinar on how they had successfully and sensitively engaged children of all ages and their families to develop a new strategic plan. In June 2024 we produced a case study describing how a robust EQIA process was central to designing the 'Digital Front Door', a new way for people in Scotland to access health and care services developed by the Scottish Government and COSLA.

Research Governance policy

Some groups of people may be underrepresented or misrepresented in research studies. This could relate to one or more of the nine protected characteristics of the Equality Act 2010 or other factors such as caring responsibilities, geography and socio-economic status.[2]

HIS Research Governance policy was due for review in 2024. Reviewing the current policy, the Research Governance Team noticed an opportunity to include up-to-date equality, diversity and inclusion policies, tools and practice recommendations. Setting out our commitment to equality as part of our research and its governance is essential. The Research Governance Team therefore explored best practice from across the research sector to support inclusive research.

The team identified that the UK's National Institute for Health and Care Research has developed an EDI toolkit 'to support researchers to understand better how to embed EDI in research design.'[3] The toolkit provides equality related definitions and guidance for researchers on how to embed equality and inclusion principles in the selection of participants, sites and samples, data collection, budgeting, public involvement, the research team, data analysis and presentation and dissemination, implementation and impact. This has been reflected within the updated Research Governance policy. All Healthcare Improvement Scotland staff involved in research must refer to the EDI toolkit and record how their work avoids discrimination and promotes equality and understanding between different groups.

The new policy refers our staff to Ramona Naicker's critically appraising for antiracism quality appraisal tool and the participant characteristics table from Trial Forge PRO EDI.[45] At present, the Research and Information Service's guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the Scottish Intercollegiate Guidelines Network's clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include data on age and body mass index levels at the time of diabetes diagnosis across different ethnicities.

Promoting the right to health in prison settings

The Healthcare within Justice (HWJ) team leads improvement in healthcare provision in Scottish justice settings through joint inspections of prisons and police custody centres, in collaboration

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[2] Equality Act 2010
[3] EDI Toolkit
[4] Critically Appraising for Antiracism;
[5]

with His Majesty's Inspectorate of Prisons for Scotland (HMIPS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS).

Our inspections help to ensure greater consistency of care for people across Scotland and to ensure people's human rights regarding healthcare are respected. Individuals in custody should receive healthcare and support in a way that is equitable compared to the general population, taking into account the constraints of the prison or custody environment. Our joint inspections have highlighted significant variation in the standard of care provided to detainees across Scotland and shown a need for robust scrutiny. Undertaking joint inspections supports Scottish Government in meeting its legal obligation to be fully compliant with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) in line with other UK countries.

The HWJ team collate findings from health provider self evaluations, evidence, discussions with staff and prisoners or detainees and through on-site inspection activities. We use these findings together to fully evaluate the quality of healthcare and shape our recommendations for improvement. Our published inspection reports feature recommendations and areas of good practice, and our unique role enables us to be at the heart of national efforts to understand and shape the quality of healthcare, particularly where challenges require a national solution. If we identify significant areas of concern that need to be escalated, we work with NHS Boards and Health and Social Care Partnerships to design and implement action plans, including follow up visits and discussions.

To further ensure inspections result in improvements, HIS introduced a new process in 2023 for reviewing action plans following each inspection. Following publication of inspection reports, HIS routinely requests an action plan from the NHS board / Health and Social Care Partnerships (HSCP) to request an outline of their plans / achievements on the back of recommendations set out within the inspection report. A response is required 3 months following report publication. The HWJ team risk assess these action plans to determine whether any follow up inspection activity is required–this provides an extra layer of quality assurance to ensure improvements are being taken forward in response to our inspection findings.

The team has strong links with the Scottish Health in Custody Network which is an umbrella of two networks: the National Police Care Network and the National Prison Care Network. It brings together NHS Boards, HSCPs, Police Scotland, the Scottish Prison Service and other partners to improve quality of life for people in the justice system. The forum enables us to share national areas for improvement and good practice to support and help advance rights and promote equality and consistency across Scotland. We also continue to partner and engage with a broad range of organisations such as the Mental Welfare Commission, Scottish Human Rights Commission and third sector organisations. The team also have a role in the UK's National Preventive Mechanism, a national organisation set up to strengthen the protection of people in detention through independent monitoring.

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Within the first year of joint police custody inspections being established, HMICS / HIS published a 'baseline review of healthcare provision within police custody centres in Scotland.' This report highlighted the wide variation across Scotland with regard to access to healthcare for people in police custody. The report also outlines examples of good practice and made a number of recommendations, including nationally agreed Waiting Time Standards for the assessment and treatment of individuals detained in police custody centres, and the development of up-to-date guidance on the delivery of police custody healthcare. In direct response to this report, the National Police Care Network is developing a Target Operating Model (TOM) for Police Custody Healthcare and Forensic Medical Services. This will enhance efficiency and effectiveness while ensuring the consistent delivery of healthcare. The development of the TOM, alongside our inspection programmes, will support people in police custody across Scotland to receive holistic person-centred, trauma-informed care that meets their needs, with dignity.

The team also collaborate with relevant stakeholders within healthcare and justice settings to share inspection themes, learning and processes and to further raise the profile of our joint work with HMIPS and HMICS. In August 2024, the National Police and Prison Care Networks facilitated a webinar session on the 'Themes and Learning from Police Custody and Prison Inspections from a Healthcare Perspective' to support the continuous professional development of staff working within the NHS, Police Scotland, Scottish Prison Service and wider partners. HWJ inspectors presented at this session and feedback from participants was very positive. In terms of wider influence on the workforce for the future, our inspectors will work with student nurses to promote careers within the justice system, by offering a range of presentations to raise the profile of the work. It is our vision for the future to have student nurses working alongside inspectors to gain a holistic overview of the work that HIS undertakes, providing an insight into regulation and inspection.

A 3-year strategy has been developed to set out our vision for improving healthcare provision for people within the context of the justice system, aligned with HIS strategic objectives. In addition to delivering outcome-focused inspections of healthcare within prisons and police custody facilities, the strategy also takes account of the potential to improve other healthcare contacts individuals have within the justice system, such as forensic services and the court system. Read about the HWJ team's work and access its reports including the strategy on the Healthcare Improvement Scotland website

Addressing perinatal health inequalities

The Scottish Patient Safety Programme (SPSP) Perinatal Programme is working to improve outcomes for women, birthing people, babies and families across Scotland. It aims to reduce stillbirths, understand variation in caesarean birth rates, improve the recognition, response and review of the deteriorating woman/birthing person and reduce neonatal morbidity and mortality.

The SPSP Perinatal programme has a focus on addressing inequities in perinatal outcomes, with content embedded throughout the improvement resources and activities of the programme. For example, the programme recently hosted a webinar focused on racialised

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health inequalities in perinatal services with guest presenters Isioma Okolo, Consultant Obstetrician and Gynaecologist at NHS Forth Valley, and Nicola O'Brien, Best Start Project Midwife at NHS Greater Glasgow and Clyde. The webinar explored:

- How racialised health inequalities relate to the SPSP Perinatal driver diagrams
- The current context of racialised perinatal inequalities in Scotland within the global context
- The intrapartum care experience and outcomes for Black, Asian and Ethnic Minority women and birthing people in Glasgow.

The webinar attracted 92 attendees including colleagues from NHS Scotland boards, Scottish Government, strategic partners, third sector, academia and colleagues from England and Wales. Attendees described the webinar as inspiring and informative, improving understanding of the impact of local data, taking meaningful action and embedding equity in all their work. *"[The webinar] was fantastic! Great mix of insights and evidence and a good practice example*."

Gender Identity Healthcare Standards

In September 2024, we published new Standards for gender identity healthcare services. The Standards formed part of the Scottish Government's strategic action framework for NHS gender identity services for 2022-24. Our Standards and Indicators Team took a robust approach to public involvement and ensured the experiences of service users shaped the development of the Standards.

Right from the project initiation stage, the team involved people with lived experience and third sector representatives through an early 'scoping group' and a later 'Standards development group.' The team also worked closed with the Equality Network lived experience coordinator throughout the Standards development stage. Together they held six focus groups with people who had experience of accessing gender identity services. 65 out of 150 people who responded to the consultation survey also had direct experience of accessing services.

Throughout the Standards development, including the consultation stage, the team ensured they addressed concerns that had been raised by people with lived experience and their representatives. Each section of the Standards describes what the standard means for the person accessing services as well as for the professionals delivering care.

The team shared their learning about inclusive engagement with the LGBTQ+ community by hosting a webinar in collaboration with the organisation's Community Engagement and Transformational Change directorate.

Complaints Handling Procedure refresh

Healthcare Improvement Scotland has undertaken a robust review of its Complaints Handling Procedure (CHP). Publication is planned for early 2025.

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In reviewing and refreshing our Complaints Handling Procedure, we based our refreshed HIS CHP on the Scottish Public Services Ombudsman's (SPSO) NHS Model Complaints Handling Procedure. This model procedure is designed to ensure that complaints are handled efficiently and fairly across all NHS services in Scotland. The procedure aligns with the principles of the Equality Act 2010, which aims to protect individuals from discrimination and promote equality including:

- Making the complaints handling procedure accessible to everyone, regardless of their background or circumstances, for example making available information in different formats and languages to ensure that all individuals, including those with disabilities or language barriers, can easily understand and use our procedure
- Ensuring that all complaints are handled impartially and fairly, aligning with the requirement to treat everyone equally and without discrimination. The procedure mandates that complaints are resolved based on evidence and facts, ensuring that no one is treated unfairly due to their protected characteristics
- Our workforce will be trained to understand and respect the diverse needs of individuals, this includes awareness of the Equality Act and how to avoid discrimination, ensuring that all complaints are handled with sensitivity and respect for equality, while taking a trauma-informed approach
- Promoting the resolution of complaints as close to the point of service delivery as possible, meaning we consider the individuals needs and circumstances and supporting promotion of equality and preventing discrimination
- We are committed to learn from complaints to improve services. Our new process includes a series of activities which support the analysis of complaints data, identification of learning and action planning with oversight arrangements to ensure that action to address issues is implemented to improve and ensure continuous improvement in providing equitable services.

In addition during the time of our review, 16 July 2024, the United National Convention on the Right of Children (UNCRC) (Incorporation) (Scotland) Act 2024 made Scotland the first country in the UK, and the first devolved national in the world, to directly incorporate the UNCRC into domestic law. It was agreed as imperative then for Healthcare Improvement Scotland to adopt the first of the SPSOs guidance**–** **Child Friendly Complaints Handling Principles** and **Child Friendly Complaint Handling Process Guidance** and we have committed to continually review and adopt future published guidance, ensuring that we implement existing and future guidance to support this new legislation to meet the rights and needs of children, upholding children's rights under the UNCRC.

Overall, Healthcare Improvement Scotland supports and demonstrates commitment through our refreshed CHP, the principles of the Equality Act by ensuring that the complaints process is

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accessible, fair and respectful of all individuals, promoting equality and preventing discrimination in our services.

5. Equality outcomes (2021-2025) – Final Progress Report

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

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

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

3. People from minority ethnic groups are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.

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

We have taken a number of actions over the past four years to achieve these outcomes. We provided an update on our progress in April 2023. You can read our update report on our website. In this section of our report, we provide a final report on our progress against each of our 2021-2025 equality outcomes.

Equality outcome 1

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

The issue

Certain groups including disabled people, people from minority ethnic groups and people from LGBT+ communities have continued to experience disadvantage in employment. This disadvantage is reflected in both employment and pay gaps as well as in the experiences people have of bias, discrimination and harassment in the workplace.

Healthcare Improvement Scotland's workforce data showed that we are under-represented in respect of the groups mentioned above. Our colleagues from these groups were also telling us that we needed to do more to foster an inclusive culture and to support visibility and leadership for diverse groups. It was also clear to us at that time that the Covid-19 pandemic was setting back progress for women as well as people with minority ethnic backgrounds and disabled

people. The widening disadvantage was a result of challenges with giving or receiving care, navigating vulnerability to illness and facing loss of employment. We knew it was important to increase the diversity of our workforce, and to do so in meaningful ways. This outcome was not solely about representation in our workforce data. We also wanted to ensure that the voices and experiences of staff from under-represented groups were heard and able to shape our activities.

Our action

In our 2023 update report we shared that we developed three staff equality networks enabling staff from minority ethnic, LGBT+ and disabled groups to access peer support and influence organisational activity. Over 30% of Healthcare Improvement Scotland staff were participating in the networks, as members with living experience and as allies, and playing a significant role in raising awareness around inequalities. Since 2023 we have continued to support and develop our staff equality networks, which has included the development of a Carer's Network and Menopause Café. Around 43% of staff now engage with one or more of these groups.

We have also successfully taken forward policy and guidance updates, led by the expertise of staff with relevant living experience. For example, this included a Workplace Transgender Equality Policy, refreshed Menopause Policy and Guidance and an Inclusive Language Guide. In the last two years, we have been able to develop further pieces of policy and guidance that centre lived experience to create positive change in our workplace. These examples are set out below.

Reasonable adjustment passport

During autumn 2024, we launched a Reasonable Adjustment Passport with guidance for our staff. This followed approval at our Partnership Forum which brings together union representatives and Healthcare Improvement Scotland managers. The passport supports employees to capture any adjustments they need to be fully included in the workplace and perform best in their roles. Employees can discuss and record agreed adjustments with a line manager, and then retain the adjustments if they change line manager but the adjustments continue to work for their role. Having the passport helps Healthcare Improvement Scotland meet section 20 of the Equality Act 2010–the duty to make reasonable adjustments–and deliver on NHS Scotland values. For example:

- Care and Compassion–by taking time to ensure our people are supported and able to contribute to their full potential
- Dignity and respect–by valuing the diversity of our workforce and work to ensuring every employee is enabled in their role
- Openness, honesty and responsibility–by building trust through transparency and doing what we say we will do
- Quality and teamwork–by understanding and valuing each other's role and contribution and being committed to maximising potential though shared learning and development.

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As part of launching our Reasonable Adjustment Passport we partnered with the Business Disability Forum to deliver a series of staff webinars on reasonable adjustments and best practice. The Business Disability Forum is the leading business membership organisation in disability inclusion and a partner of NHS Scotland. The sessions explained what is meant by disability, the law and best practice on making adjustments, and how to spot adjustments are needed, make decisions and have good supportive conversations around this.

Menopause awareness and guidance

When a new Once for Scotland Menstruation and Menopause Policy was launched and replaced our local policy and guidance in October 2024, we took steps to ensure good practice guidance was available for staff. Chaired by a colleague with lived experience, a group of staff worked together to refresh staff guidance and drive an inclusive culture through a series of awareness raising staff sessions. The sessions shared good practice in managing menopause symptoms within the workplace, and gave colleagues the opportunity to discuss any issues or questions that arose for them.

Equally Safe at Work

We reported that in September 2022, Healthcare Improvement Scotland joined the NHS Scotland pilot of Close the Gap's employer accreditation programme Equally Safe at Work. The programme promotes women's economic equality including by addressing the problem of violence against women. We were awarded Development Level accreditation in December 2023.

As part of the pilot a working group comprised of staff from different functions reviewed our in-house resources to support women employees who experience violence or abuse in their work or personal lives. We developed guidance for managers, provided clear signposting to support organisations as part of our staff intranet and renewed our Employee Assistance Programme to include better counselling and financial support options. We raised awareness about the economic consequences of women's workplace inequality and gained commitment to progress at the most senior levels of leadership. We updated our job adverts to include a commitment to flexible working and our internal communications encouraged both men and women to consider how they balance paid work with domestic and care work. Working group members

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were able to hone their skills in gender analysis with the support of Close the Gap and share learning and practice tips with other NHS Boards participating in the pilot.

By 2023, we had updated our core Equality and Diversity training to include more detailed information about inequalities impacting minority ethnic groups, disabled people and LGBT+ communities. We continue to deliver this on a quarterly basis, with regularly updated material (*see section* 2 above). In addition to this we were able to draw on the living experience and expertise of our staff to support our NHS24 colleagues by developing and delivering LGBT+ awareness training to their Breathing Space team. The training provided an overview of LGBT+ communities, the connection between these communities and mental health, and what the service can do to include people who identify as part of an LGBT+ community. All participants rated the session as very good or excellent. Participants said the training was 'a very worthwhile use of time' and helped them become 'more confident in [their] approach.' Our trainers were especially happy that one participant identifying within the LGBT community said, 'it was a really lovely presentation and I felt well supported throughout.'

Since we set this outcome in 2021, our workforce profile in respect of protected characteristic groups has remained relatively consistent.[6] Our recruitment efforts have not managed to increase the proportion of staff who identify as disabled, part of an LGBT+ community or a minority ethnic group in Scotland. We have however made significant strides in respect of workplace inclusion for staff who share protected characteristics, and these have been the result of empowered staff groups sharing their insights and ideas for change. Our staff networks have been an invaluable source of expertise and skill, taking forward improvements in policy and awareness across the organisation. As a result, we are confident that any new employees joining Healthcare Improvement Scotland will feel welcomed and supported to be themselves at work, and that employees who share protected characteristics can be confident in their power to shape our workplace.

Our next set of equality outcomes have a greater focus on our recruitment process, particularly in respect of our outcomes relating to the protected characteristics of disability and race. We fully appreciate more action is needed to diversify our workforce, and that this in turn will enable us to include more voices and perspectives in the evolution of our policies and processes. As part of our refreshed set of equality outcomes we will also therefore continue to build on the improvements we have made around workplace inclusion and to promote good relations between the different groups of people represented within our workforce and the communities we serve.

Equality outcome 2

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

[6] See Workforce Equality Monitoring Report 2021-24

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The issue

We were concerned about the number of our staff who reported feeling stressed at work, and particularly in the context of the national rise in mental health issues through the Covid-19 pandemic. Evidence showed that there has been specific and disproportionate impact on the mental wellbeing of some protected characteristic groups including disabled people, minority ethnic groups and LGBT+ communities. We wanted to invest in the wellbeing of our diverse workforce to build and maintain resilience. We thought this was especially important for colleagues from minority ethnic backgrounds whose experiences during the pandemic had highlighted the enduring and severe impact of racist structures across the NHS Scotland system and at a whole society level.

Our action

Overall, our action in this area has been targeted at and benefitted all Healthcare Improvement Scotland staff, with some examples of our approaches being tailored to target specific staff groups.

In our 2023 update for example, we reported on the development of new ways of working to cement the positive changes in our working practices that had been developed through the pandemic. We trialled and evaluated a hybrid approach to working and subsequently adopted this as an enduring feature of our workplace. In practice we have two main office bases available to staff, supporting in-person collaboration and access to a range of facilities as needed. We trust our staff and teams to work in the place that best enables them to carry out their role, whether this is in the office or at home on any given day. Our hybrid working approach has been well received by staff. We understand that there has been particular benefit for staff who have caring responsibilities, manage health conditions or sensory differences or who practice a religion. One respondent to our Carers Survey in June 2024 said for example '*flexible working is a major help, and colleagues are very understanding about me taking time out during the working day*'.

Corporate objective

As part of our staff Personal Development and Wellbeing Review cycle all Healthcare Improvement Scotland staff commit 'be part of, and demonstrate a commitment to, supporting my own and others health and wellbeing, and contribute to an inclusive and healthy work environment in the way I work.' Setting an objective for all staff has enabled everyone to take actions that are specific to their own health and wellbeing and to receive support and encouragement from their line manager to do so.

Trauma-informed practice

We described in our 2023 how we had taken a number of steps to upskill staff in trauma-informed practice and principles. This included signing up to the National Trauma Training Programme (NTTP) Leadership Pledge of Support, identifying a Champion for Trauma-Informed Practice, establishing a trauma-informed steering group to plan and implement trauma-

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informed practices across the organisation, introducing mandatory trauma-informed practice training for all staff and ensuring further training needs can easily be met.

We have continued this work, including by listening to the experiences and understanding of staff to identify effective strategies for further embedding trauma-informed practice. We have found that the distribution of knowledge and understanding of trauma-informed practice and its application in Healthcare Improvement Scotland is uneven. We have found that some work programmes embed trauma-informed approaches well but that more work is needed however to further embed this. We are now exploring tools, mechanisms and processes to enhance the personal and mental safety of staff, to support staff to expand their window of tolerance and build resilience and to role model trauma-informed approaches.

Mental health and wellbeing peer support resources

We have been facilitating weekly meditation sessions for staff on Tuesday mornings and wellbeing support sessions on Thursday afternoons, offering regular and varied support options. These sessions are all peer-led by our staff. The meditation sessions vary from week to week depending on which staff member is hosting. The Weekly wellbeing is a drop-in session which was set up during Covid, initially supported by the Confidential Contacts but now run as a self/staff supported session. The sessions allow staff to come together to talk about how they are taking care of their mental health and wellbeing and general chat that is not so frequent now staff are not regularly in the office.

Some of our staff have undertaken Mentally Healthy Workplace 'train the trainer' sessions in February 2025 which will support the subsequent roll-out of Managers Mentally Healthy Workplace training. We also have a number of staff who have been trained as mental health first aiders and have arranged refresher courses for new and existing first aiders by the end of the 2024 financial year.

We have also undertaken some targeted activities to support men's mental health and menopause awareness, including:

- A talk from Andy's Man club on 5 December 2023
- A session on See Me Men's Mental Health Month–Stigma and Support within the Workplace on 14th November 2024
- Attending a webinar via Alliance and Scottish Government on Menopause Day on 18th October 2024

New Employee Assistance Programme

In April 2023, we changed the supplier of our Employee Assistance Programme (EAP) to provide a more comprehensive and accessible service to our staff and volunteers.

Our Employee Assistance Programme is a 24/7 free and confidential support service designed to assist individuals in dealing more effectively with any personal, health, work or life challenges they might be facing at any time. Our programme delivers a comprehensive service governed by

clinical Standards and provides multiple access points to a dedicated Case Manager so that our people can access support at any time, no matter where in the world they are and whatever day or time they call.

The service gives both employees and volunteers confidential, easy access to a wide variety of mental health support, as well as practical assistance services. These professional services support our people in dealing with a whole host of personal or work-related issues. It helps to equip them with the tools they need to proactively protect and manage their mental health. It offers a range of routes to access the service including live chat, WhatsApp and text, an online portal and a freephone telephone line for support.

While always available, we have given additional sign-posting to the programme when we feel there may be a specific need with our workforce. For example, during the summer of 2024 when far-right, anti-immigration riots occurred across the UK this impacted the safety and wellbeing of multiple staff groups. We had also taken stand-alone steps to signpost support for specific staff groups, including in relation to violence against women through our Equally Safe at Work programme and LGBT+ communities through our list mental health support organisations shared during Pride months but available permanently on our staff intranet.

Overall, we feel we have undertaken a range of positive activities to support the wellbeing of staff and that have relevance to staff from a range of protected characteristic groups. We planned to work towards a better understanding of stigma, including self-stigma, and how this impacts access to support and health services for a range of groups. We unfortunately lacked capacity to take this forward. We have however set focused activities within our refreshed set of equality outcomes around understanding the diverse needs and experiences of different groups, including in relation to their engagement with services. We plan to continue the positive actions we have in place to support everyone's health and wellbeing while building organisational awareness and capacity in relation to the specific needs and experiences of different protected characteristic groups.

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Equality outcome 3

Minority ethnic communities are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes.

The issue

We knew that minority ethnic communities experience greater health inequalities including in relation to cardiovascular diseases, diabetes, HIV and uptake of screening programmes. Moreover, UK and international data clearly showed that people from some minority ethnic groups were at greater risk of adverse health outcomes and economic disadvantage as a result of the Covid-19 pandemic.

We supported the vision set out in the Race Equality Framework for 2016–2030 that minority ethnic communities in Scotland have equality in physical and mental health as far as is achievable, and we wanted to sharpen our focus on how the delivery of health and social care could help reduce these disparities.

Our action

By 2023 we had supported staff learning opportunities through attendance at a range of sector specific workshops and by participating in the Scottish Government led community of practice on racialised health inequalities. Since then we have continued to participate in the learning that is taking place across the system and made our own contribution to this too.

Critical appraisal

We know that institutional racism influences the specific work Healthcare Improvement Scotland does, including how we approach, interrogate, understand and apply healthcare evidence. Our Race and Ethnicity Network, Research and Information Service and knowledge specialists therefore worked together to develop and host a webinar on critically appraising for anti-racism–featuring guest speaker Ramona Naicker, Librarian for health subjects at Monash University. The webinar was aimed at colleagues in Healthcare Improvement Scotland and other NHS Boards who use information and knowledge as part of their role, whether as specialists or part of a wider skillset.

During the session Ramona demonstrated the methodology and tool they developed to help identify racism in published research. Participants learned where and how racism and racial bias show up in published research. You will be able to practice skills in identifying racial bias and responding appropriately. The webinar was recorded and is available on Healthcare Improvement Scotland's YouTube channel. Following the session, Ramona said:

In embracing an anti-racism approach, HIS is not just setting a new standard for ethical leadership in healthcare; they're illuminating a path toward a more inclusive and just future. Their unwavering commitment to antiracism extends beyond rhetoric, actively shaping a healthcare vision that values diversity and ensures that every individual is heard and respected. HIS's choice to prioritise antiracism isn't merely a checkbox–it's a strategic move towards innovation in healthcare. By fostering a culture that actively dismantles racial disparities, HIS is positioning itself as a pioneer in driving solutions for a more equitable healthcare landscape. This commitment isn't confined to HIS's immediate sphere; it's a ripple effect contributing to the creation of a sustainable and positive society. They're not just making waves in healthcare; they're making an impact on a broader scale, inspiring positive change beyond the confines of their organisation.

Following the webinar, we updated our Research Governance policy to include the critically appraising for antiracism quality appraisal tool At present, the Research and Information Service's guidance team are piloting the use of the antiracism quality appraisal tool within their evidence review for the Scottish Intercollegiate Guidelines Network's clinical guideline on type 2 diabetes prevention. Specifically, the team are appraising for antiracism studies that include

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data on age and body mass index levels at the time of diabetes diagnosis across different ethnicities. The team is committed to embedding the approach wherever possible as part of an anti-racism approach to medical knowledge and progress.

NHS Scotland Ethnic Minority Forum

We have also continued to actively contribute to the NHS Scotland Ethnic Minority Forum which brings together local race equality networks across the NHS to work towards improvements for minority ethnic staff in the NHS.

Safia Qureshi, our Director of Evidence and Digital, is part of the Ethnic Minority Forum's (EMF) Executive Team and has helped to steer its work.

Safia's role on the national group includes representing Healthcare Improvement Scotland's Race and Ethnicity Network, taking issues and information to the Forum and bringing things back to our own network.

As part of the Forum's executive, Safia helped develop the work plan, contributed to the development of its first annual report, and works to raise the profile of ethnic minority staff across NHS Scotland.

Along with the Forum's Chair and the rest of the Executive Team Safia met the Cabinet Secretary for Health and Social Care, Neil Gray. Safia said: "I love being part of the EMF. They are fabulous people from very diverse backgrounds. The meeting with the Cab Sec was great. They were very supportive, listened carefully and committed to following up on a few specific requests. They also offered a second meeting to follow up on some of the topics we discussed."

As part of our remit to support the engagement of people and communities in shaping health and care services in Scotland, our Community Engagement and Transformational Change directorate has been working to build and strengthen relationships with local minority ethnic communities across Scotland.

In April 2024 the directorate introduced the role of Engagement Advisor–Community (EAC) as part of a restructure. Since then, three new postholders have been working across the whole of Scotland (divided regionally by North, East and West) with a remit to build and maintain relationships with communities. These include geographical communities, protected characteristic groups and communities of interest.

The directorate has so far engaged with twenty-six minority ethnic groups. The meetings have provided an overview of the team's role and the work of Healthcare Improvement Scotland alongside opportunities for involvement in a range of our programmes of work. The team highlight opportunities for feedback to local NHS Boards and HSCP, using Care Opinion, PASS

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and local feedback channels. The work informs and empowers communities to engage with both our organisation and local boards and partnerships.

We are not able to point to measurable changes in health inequalities for minority ethnic groups as a result of the outcome we set. We have however been able to identify strengths in the way we have engaged with and contributed to learning from the evidence and experience shared across the system. We have updated our processes so that we can better influence equitable healthcare in our role as the national healthcare improvement organisation. We have also set a range of actions as part of our 2025-29 equality outcomes and anti-racism plan to take forward work that evidence and our local engagement shows is needed and would be meaningful for Healthcare Improvement Scotland staff and the communities we serve.

Equality outcome 4

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

The issue

Our engagement participants had highlighted a range of accessibility issues in relation to healthcare access. This included the accessibility of information and engagement tools, unclear pathways between physical treatment and mental wellbeing support and costs associated with accessing treatments. We wanted to play a role in supporting the design and delivery of health and social care services which work for everyone and to respond to learning from the Covid-19 pandemic, including around successfully involving disabled people in our work.

Our action

By 2023 we had worked with Disability Equality Scotland to train a cohort of engagement staff in Easy Read, an accessible format that makes written information easier to understand by using simple, jargon free language, short sentences and supporting images. The group were subsequently able to support our Standards and Indicators Team with an Easy Read version of the Bairns Hoose Standards and to trial Easy Read meeting agendas with internal teams. We had also produced staff guidance around accessible resources and events and embedded lived experience leadership within our Mental Health Improvement Team.

We were supporting HSCP's to discover, plan and implement new strategies for delivering support opportunities for people with learning disabilities in their area by–identifying evidence, sharing learning and facilitating networks at both a local and national level. We had also hosted a webinar called Planning for Engagement with Disabled Participants, exploring the potential of designing engagement through the lens of disability to improve engagement practice and move beyond the barriers both disabled people and community engagement practitioners experience.

Meeting Standards

Since our 2023 report, we have been able to take forward work to support accessible and inclusive engagement. Recognising that a key part of accessibility in our hybrid work

environment is ensuring that our meetings are as accessible as possible for all who attend, we developed and launched a Minimum Access Standards for meetings. The Standards support inclusive meetings, chiming with best practice in relation to health and safety and equalities while supporting everyone's health and wellbeing. The Standards cover a range of considerations, including: providing flexible meeting options for people to engage with the meeting, clarity on meeting purpose, managing timings, sharing materials in advance, creating an inclusive space for participation and ending with clear actions.

Strengthening Local Engagement opportunities

The role of Engagement Advisor–Community (EAC) was introduced as part of the Community Engagement and Transformational Change directorate restructuring, with postholders commencing their roles in spring 2024. The three postholders work across the whole of Scotland (divided regionally by North, East and West), and have a remit to build and maintain relationships with communities across the country. These include geographical communities, protected characteristic groups and communities of interest. Since the commencement of the role, the EACs have held 10 meetings with mental health groups and 37 meetings with Carers Centres. Work is underway to continue to connect with local groups and to theme the intelligence gathered from local conversations so that it can be disseminated both internally to various programmes across the organisation and externally to the local NHS board or HSCP's to help inform current and future work activity.

Overall, we have taken a number of steps to improve the accessibility of our engagement practices and ensure disabled people can participate effectively. Alongside this, we have continued to support teams across the organisation to assess their work for impact on the range of protected characteristics groups including disability and take appropriate action to engage and learn from impacted groups. We have concluded that overcoming the barriers that disabled people face in accessing health care should be central to all of our work, and we are best placed to do this by supporting robust and inclusive community engagement processes. We will continue to map and engage communities, while strengthening our own knowledge and understanding of inclusive practice.

6. Healthcare Improvement Scotland equality outcomes 2025-2029

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires Healthcare Improvement Scotland to publish equality outcomes. Our equality outcomes specify a result that we aim to achieve to further one or more of the needs of the general equality duty. We are required to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act

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- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To help inform our equality outcomes, Healthcare Improvement Scotland gathered and considered a range of relevant evidence. Evidence was obtained through:

- Engagement with our staff equality networks and organisational groups
- Engagement with voluntary organisations representing people who have given birth recently and are new parents
- Engagement with people from minority ethnic communities in Scotland
- An analysis of reports published by the Scottish Government, public bodies, third sector and other organisations describing the inequalities experienced by people with relevant protected characteristics
- Analysis of our workforce data
- Learning from our 2021-2015 equality outcomes and reflection on where we can best make a contribution.

We are grateful to everyone who participated in our engagement activities, including interviews and survey responses, or who produced reports that let us know about the experiences of different protected characteristic groups and what is needed to meet their needs and deliver their rights.

Analysis of the evidence identified many and pressing issues in relation to inequality. As Healthcare Improvement Scotland does not provide services directly to patients, we had to think carefully about what we could realistically achieve through the delivery of our own functions. Our considerations took into account our role as both an employer and as a public body which aims to support improvements in the quality of health and social care in Scotland.

As with previous years, we have again set four outcomes in total. All of our outcomes this time relate to specific protected characteristic groups–disability, gender reassignment, sexual orientation, race and pregnancy and maternity. For each of these outcomes however, we have taken an intersectional approach and reflected on the range of protected characteristic groups we can benefit. We anticipate for example: a positive impact on women within our pregnancy and maternity outcome; a positive impact on people who practice a minority religion within our race outcome; and a positive impact in relation to age within our disability outcome.

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.

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Activities and measures

How we will deliver the outcome and measure our progress:

Activity 1: Through awareness activities, we will support managers to understand disability and apply good practice in relation to reasonable adjustments.

Measures:

- Availability of disability and reasonable adjustment awareness resource which is compulsory for all managers
- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

Activity 2: Through training and guidance, we will ensure our staff can confidently meet an appropriate standard of accessibility, including for internal and external meetings, which include disabled staff and stakeholders equitably.

Measures:

- Evaluation poll taken before and after training session demonstrating improved awareness and confidence
- Availability of guidance for staff.

Activity 3: By harnessing and building on our knowledge about the range of adjustments needed by our employees, we will drive a culture where people are confident to ask for what they need.

Measures:

- Number of staff news articles about assistive technology and other adjustments
- Number of 'Digital Champions' sessions to focus on assistive technology
- Record of accessibility equipment provided showing consistent uptake from staff
- Directorate level 'pulse' survey question delivered bi-annually in partnership showing improving staff confidence in asking for what they need to work effectively.

Activity 4: We will remove barriers to joining and progressing at HIS by carrying out a disability audit of our recruitment practices.

Measures:

- Number of positive changes made to our recruitment process by April 2027
- An increase of 5% in the number of our staff who identify as disabled by 2029

Activity 5: We will support progression for disabled colleagues seeking career advancement by developing an approach to mentoring.

Measures:

- A mentoring scheme is in place by April 2027
- Number of people who have come forward as mentors or mentees

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Activity 6: We will deepen staff knowledge and understanding of the different barriers faced by disabled people in our workplace by scoping our current understanding and raising awareness about inclusive practice in relation to specific conditions or differences such as mental health conditions, energy impairments / Long Covid and neurodivergence.

Measures:

- Number of additional resources as available promoted internally to staff
- Staff engagement data per above.

Activity 7: Identifying relevant opportunities to share learning from disability best practice with other staff groups, including via our Carers Network and Menopause Café.

Measures:

- Availability of a standing item for staff Equality Network Chairs to discuss shared initiatives
- Number of shared initiatives undertaken

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 around inclusion and best practice was a key part of the feedback we received.

Just over 6% of the HIS workforce identify as disabled.[7] While this number could in reality be higher as a result of under reporting, disabled people seem to be significantly under-represented when accounting for around 26% of the Scottish population.[8] Only 45.9% of disabled people are in employment in Scotland compared to 81.7% of non-disabled people.[9] For some neurodivergent groups this gap may be wider still–for example, only 22% of autistic people across the UK are in full-time employment.[10]

[7] HIS Workforce Equality Report 2021-24
[8] CBP-9602.pdf (parliament.uk)
[9] Employment - Inclusion Scotland
[10] Business Disability Forum

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Another consideration is the emergence of Long Covid over the last few years, with an estimated 1.9 million people across the UK experiencing this post-viral condition.[11] Recent research by the University of Stirling and Universities of Oxford and York found that 'existing sickness absence, return to work and welfare policies do not meet the needs of workers with Long Covid, and that they often experienced a lack of support on attempting to return to work.'[12]

Alongside this employment gap, Healthcare Improvement Scotland's most recent pay gap analysis shows that our disability pay gap is 20.7% (both mean and median) - more than double that of our gender pay gap. This pay gap has increased by 3% (mean) over the last three years, even though the number of job applications we have received from disabled candidates has been broadly consistent and there has been a 6% increase in job offers made to disabled candidates.[13]

We would like to ensure that we continue to attract disabled and neurodivergent employees to work at Healthcare Improvement Scotland. We also want to ensure we retain their talent by investing in an accessible and inclusive workplace and supporting career aspirations. This will mean reviewing the barriers that drive a lower employment rate and impede career and pay progression, which could also be contributing to our lower levels of recorded representation and pay.

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.[14]

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,

[11] Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics

[12] UK work policies not fit for people living with Long Covid | About | University of Stirling

[13] HIS Workforce Equality Monitoring Report 2021-24

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

disability. [15] Moreover, menopause symptoms can intersect with a range of long-term conditions and sensory or neurological differences.[16]

As a matter of good practice, adjustments should be considered for any applicant or employee with a health condition which could potentially be considered as disability per the Equality Act 2010.[17] The duty for employers to make reasonable adjustments is set out under section 20 of the Act.[18] 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.

Equality Outcome 2–Gender Reassignment and sexual orientation (LGBT+)

Outcome: By 31st March 2029, through awareness activities employees who are LGBT+ will experience an inclusive and supportive work environment, including good relations with each other and non-LGBT employees.

Activities

How we will deliver this outcome and measure our progress:

Activity 1: By delivering a series of LGBT+ awareness sessions for HIS staff, we will increase understanding of the social and healthcare issues that impact different sections of this diverse community.

Measures:

- Number of sessions and range of themes covered
- Engagement with sessions including attendance and evaluation quotes

Activity 2: By sharing intelligence gathered through our own learning and practice in relation to LGBT+ communities, we will support each other to engage more effectively with the LGBT+ communities we serve.

Measures:

- Number of intelligence-sharing spaces facilitated
- Number of examples of 'good engagement' collected
- Reach of examples shared with HIS staff via work programmes and events
- Qualitative data about programmes that have benefitted from the learning we shared

[15] 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

[16] 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)

[17] Business Disability Forum

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

Activity 3: By identifying learning from our partners and stakeholders we will ensure our staff have up-to-date knowledge of LGBT appropriate healthcare.

Measures:

- Number of sessions facilitated
- Engagement with sessions including attendance and evaluation quotes

Activity 4: We will enable visible allyship within our hybrid workplace by developing a digital 'badge' and allyship 'pledge' for optional use on staff intranet profiles.

Measures:

- Availability of digital badge and pledge
- Uptake from staff, measured through an anonymous form
- Uptake specifically by Executive Team and non-executive board members during Pride Month 2025

Activity 5: We will celebrate our LGBT+ colleagues by continuing to support our internal Pride Network and participating in Pride Months.

Measures:

- Availability of regular meetings and engagement opportunities
- Number of staff to take a leadership role in organising and facilitating a meeting or engagement opportunity
- Number of distinct activities hosted during Pride Months
- Availability of protected time for staff to contribute to Pride Network activities
- Uptake of allyship pledge from staff, measured through an anonymous form

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.[19]

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.

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

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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 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.'[20]

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.[21] 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.'[22] 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%.[23]

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.[24] It is also important that those accessing healthcare

[20] Examining the social determinants of LGBT+ health and wellbeing (gcph.co.uk)
[21] Examining the social determinants of LGBT+ health and wellbeing (gcph.co.uk)
[22] improving-access-delivery-nhs-scotland-specialist-gender-services-children-young-people-report.pdf (www.gov.scot)

[23] Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk)
[24] Final Report – Cass Review

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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.25 It is imperative that we maintain a workplace environment where everyone can come to work and expect to be treated with dignity and respect.

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.

Equality Outcome 3–Pregnancy and maternity

Outcome: By March 2029, through our perinatal Quality Management System (QMS), including new Standards and inspections for maternity care, we will improve the quality and safety of maternity care for everyone, with a specific focus on improving outcomes for people from protected characteristic groups.

Activities and measures

How we will deliver the outcome and measure our progress:

Activity 1: By carrying out unannounced routine inspections of maternity units in Scotland, we identify inequalities in care for women and birthing people who are disabled, have an LGBT+ identity, or are part of a minority ethnic group or minority religious group.
Measures:

- Record of inspection showing HIS staff spoke to women and birthing people from minoritised groups during inspections
- Feedback and recommendations on inequalities provided to relevant boards

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

- Record of presentations and discussion show feedback and learning about inequalities shared via Quality Management System.

Activity 2: By sharing any intelligence we collect through our work or partnerships, we will empower those delivering care to challenge racism, ableism, homophobia and transphobia.
Measures:

- At least one third sector organisation and / or maternity partnership for each area of inequality is engaged in our Quality Management System (QMS)
- Learning activity evaluation shows NHS participants in the QMS self report improved awareness of the specific needs of women and birthing people who are from minority ethnic or religious groups, disabled or neurodivergent or part of an LGBT+ community.

Activity 3: Through developing and publishing a new set of Standards for maternity care, we will raise awareness about what constitutes safe, effective, person-centred care specifically for minoritised groups.[26]
Measures:

- Availability of new Standards for maternity care
- Engagement activity around the new Standards demonstrably links the Standards to minoritised groups.

Activity 4: Ensuring people using maternity services know what to expect and are supported to uphold their rights by promoting our Standards.

Measures:

- How do we capture patient experience? Is there a role for maternity partnerships here?

Activity 5: Identifying service improvements that reflect the needs of groups who experience health inequalities by using public involvement approaches.
Measures:

- Number of equity focused service improvements identified from public involvement and / or evidence from HIS or our stakeholders.
- Qualitative feedback from stakeholders or communities that shows their needs have been reflected in our quality improvement approaches.

Activity 6: Sharing intelligence to ensure we recognise and uphold the rights of babies (rights of the child[27]) alongside those of women and birthing people.

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[26] The term 'minoritised' reflects that a group/community is treated as a minority, often in unfair ways, even though they may not be a statistical minority in the global population. We use this term interchangeably with the term 'minority ethnic group', depending on the context. Here, we are following current terminology favoured by the Scottish Government and Scottish Public sector. See Anti-racism plans - guidance
[27] UNCRC Full Text - The Children and Young People's Commissioner Scotland (cypcs.org.uk)

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Measures:

- Availability of a Children's Rights and Wellbeing Impact Assessment which informs the Quality Management System
- Link to Neonatal Standards?

The general Equality Duty

This outcome will further the following needs of the General Equality Duty:

- 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 pregnancy and the first year following birth.

Following the Covid-19 pandemic, Engender reported gaps in perinatal in support and experiences of trauma relating to isolation and poor care that affected women giving birth during this period.[28] Beyond this period, there are inequalities in care that impact specific groups of people who use maternity services, with inequalities impacting minority ethnic and minority faith groups most widely reported. For example:

- Muslim women have reported poorer experiences during labour, delivery and the postnatal period[29]
- Refugee and asylum-seeking women in the UK experience a higher risk of perinatal mental health problems and postnatal depression[30]
- UK wide reporting by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRACE) from 2023 until October 2024 shows a consistent increased risk in maternal mortality for Black women who are up to four times more likely to die during the childbearing year, while Asian women are almost twice as likely to die, compared with their majority White counterparts.[31][32][33][34]

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[28] New report - Experiences of pregnancy and maternity services in Scotland during COVID-19 - Health and Social Care Alliance Scotland
[29] Invisible – Maternity Experiences of Muslim Women from Racialised Minority Communities
[30] Amma Birth Companions Birth Outcomes and Experiences Report
[31] MBRRACE-UK, 2023
[32] Working together to achieve equity in health outcomes_FEB_26.02.20 copy (england.nhs.uk)
[33] MBRRACE-UK_Maternal_Compiled_Report_2023.pdf (ox.ac.uk)
[34] Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 | MBRRACE-UK | NPEU

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Several factors are influencing these disparities for minority ethnic and minority religious groups, relating 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. [35]
- There are known variations in the accuracy and range of clinical observations for different ethnic groups.[36] This includes delayed recognition of conditions such as sepsis.[37] These disparities also extend to the care of newborns.[38]
- Minority ethnic women report experiencing lack of choice and consent in maternity settings. They also cite low physical and psychological safety. [39]
- A lack of access to telephone or in-person interpreting services during admission, labour and birth contributing to poor communication.[40]
- Muslim women have reported low cultural competence, inaccessible information and not being listened to by healthcare staff.[41]

While the UK data on morbidity and mortality in the perinatal period for patients from minority ethnic backgrounds shows clear inequality, the data subset for Scotland is comparatively very small. This presents challenges in confidently tracking trends and monitoring interventions using Scottish quantitative data. That said, available Scottish studies demonstrate similar issues are relevant our care system. For example, a recent study by Scottish charity Amma Birth Companions reports the experiences of minority ethnic patients in maternity settings, including: being given less attention, delayed pain relief during labour, inadequate consent and communications processes, insensitive and disrespectful behaviour, inadequate support and dismissive attitudes.[42]

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 white ethnic groups, where 94% have registered by this point. The lowest registration rate, at 70%, was observed among individuals of African ethnicity. Later registration can negatively impact risk management and care quality for pregnant people.

Aside from ethnicity and religion, there is evidence to suggest that disabled people experience disadvantage during pregnancy and maternity. For example, Birthrights UK (2024) reported that

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[35] Michelson et al., 2022

[36] 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

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

[38] 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)

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

[40] Stakeholder survey – issue highlighted by multiple organisations

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

[42] Amma Birth Companions Birth Outcomes and Experiences Report

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in maternity settings a lack of choice and control in decision making is experienced more intensely by disabled women. [43] We found that earlier evidence in this area chimes with this statement, but there are few recent studies available. A review of pregnancy and maternity evidence was commissioned by the Scottish Government in 2013. [44] It found that pregnant women with mental health issues or learning disabilities experienced discrimination in UK health care settings; and the stigma of mental illness could lead to discrimination and judgemental behaviour from staff, negatively impacting engagement with services. In 2020, Engender reported the barriers disabled women experience in relation to communications, accessible information and stereotyping throughout a range of maternal and reproductive healthcare services.[45]

It is also important to consider neurodivergent women and birthing people who experience specific barriers to care. Neurodivergent people can experience pain differently, process spoken language differently and in some stressful situations be less able to advocate for themselves and express their wishes.[46] Neurodivergent parents also experience higher rates of post-natal depression and anxiety. It is helpful for services to be neuro-inclusive especially because some neurodivergent people accessing maternity and perinatal care may not have been identified, or identified themselves, as neurodivergent. For example, less than 15% of adults with Attention Deficit Hyperactivity Disorder (ADHD) in Scotland are diagnosed; while the average age of diagnosis for autistic and ADHD adults in Scotland is 29 and 28 years respectively. The average age of first-time mothers in the UK is 30.9 years.[47]

People who are transgender or non-binary also experience inequalities in maternity and perinatal care, although there is even more limited evidence about their experiences. The Equality Network reported on a small cohort of trans and non-binary people who had been pregnant, with their experiences including misgendering and denial of their identity.[48] The Scottish Government have noted there is a lack of evidence on pregnancy and maternity for non-binary people in Scotland.[49] The UK Improving Trans and Non-Binary Experiences of Maternity Services (ITEMS) research project however ran between September 2020 and April 2021 and is the largest study of trans pregnancy the US. It found trans and non-binary people's experiences of perinatal care is consistently worse and 30% do not access any perinatal care during pregnancy. Some localised good practice was identified, but did not appear to be supported at a wider scale.[50]

Socio-economic circumstances play a role in healthcare access and outcomes. PHS link living in more deprived areas with delayed pregnancy registration. They further note this is an issue

[43] Birthrights-submission-to-UN-SR-VAWG-UK-visit-1.pdf
[44] Supporting documents - Scottish Government Equality Outcomes: Pregnancy and Maternity Evidence Review - gov.scot
[45] Disabled Women: our bodies, our rights | Engender
[46] Neurodiversity and Maternity 1. Hidden Barriers to Healthcare Access | All4Maternity
[47] Layout 1
[48] Repro-report-Trans-final-web.pdf
[49] Scottish Government Non-Binary Equality Action Plan - Equality Impact Assessment
[50]

which disproportionately impacts women of African and Caribbean or Black ethnic backgrounds.[51] Women living in the 20% most deprived areas of the UK continue 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.[52] 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.[53]

The literature around inequalities disproportionately impacting minority 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.[54] [55] [56] It also highlights the importance of providing spaces where staff can talk about their experiences and raise concerns.[57] [58] Improved communications, including to promote choice and control for patients is also important. [59] [60]

Equality Outcome 4–race

Outcome: Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within both our own workplace and the wider health and care system.

Activities and measures

Delivery of this outcome will be driven by our anti-racism plan, which contains detailed activities and measures (see Annex).

The Scottish Government wrote to all NHS Scotland organisations in March 2024 requesting we develop and deliver against our own anti-racism plan. We have developed a four-year anti-racism plan which will be subject to annual review. The plan will support us to meet the needs of the public sector equality duty alongside its distinct aim of ensuring that our staff are able to recognise and challenge racism, including microaggression and racial bias, wherever it appears in our culture–or in the resources and tools we work with and share to support the wider health and care system.

[51] https://publichealthscotland.scot/media/19763/monitoring-racialised-health-inequalities-in-scotland-may2023-english.pdf
[52] Maternal mortality 2020-2022 | MBRRACE-UK | NPEU (ox.ac.uk)
[53] Working together to achieve equity in health outcomes_FEB_26.02.20 copy (england.nhs.uk)
[54] **UK parliament women and equalities committee 2023**
[55] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
[56] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
[57] final_decolonising-midwifery-education-toolkit_digital_single-page.pdf (rcm.org.uk)
[58] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
[59] Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
[60] Birthrights-inquiry-systemic-racism-May-22-web-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 and evidence

We know that racism influences the life chances of people from minority ethnic backgrounds and drives significant disparities in the quality of health and care for the people of Scotland. This includes inequality in access to and experience of health services and disproportionate challenge in employment compared to white majority groups. The structural disadvantage and daily microaggression that people from minority ethnic backgrounds experience, both as patients and members of the NHS Scotland workforce, is unacceptable. Healthcare Improvement Scotland thereby committed in our 2023-2028 strategy to being an anti-racism organisation.

By 'anti-racism' we mean challenging racism wherever we see it, both in our workplace and as part of the work we deliver to support Scotland's health and care system. Anti-racism is an active term which requires us to interrogate and disrupt the power imbalances that maintain disadvantage for people with minority ethnic identities and backgrounds (see CRER).

Specifically, we understand anti-racism as:

> the active work to oppose racism and to produce racial equity–so that racial identify is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity. Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020).

We want to ensure anyone who does or could experience racism within the workplace feels safe to speak up and confident there will be an appropriate response. We also want colleagues to be able to recognise racism, including microaggression and racial bias–whether in the workplace or in the resources and tools we produce and share as part of Scotland's health and care system. We want our people to be empowered to highlight and challenge racism within the system, helping others to do the same and improving health and care for all in the process.

Anti-racism is now 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' pertaining to both workforce and service delivery. In September 2024 guidance on anti-racism planning was issued by the Scottish Government.

We know we have not done enough and that we need to do much better, using our position as the national healthcare improvement agency and a public sector employer to drive positive change. CRER's (Coalition for Racial Equality and Rights) found 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.'[61] It is time for this to change.

As Healthcare Improvement Scotland develop our own anti-racism plan, we are setting this in the context of this equality outcome 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. This applies across a number of areas:

- Across the UK there are lower referral rates for psychological therapies, including cognitive behaviour therapy, for people from minority ethnic backgrounds–while compulsory admissions disproportionately affect people with minority ethnic backgrounds.[62] 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 healthcare staff in promoting equality within healthcare. [63]
- There are marked ethnic disparities in routine diabetes care in Scotland in the short and medium-term following diabetes diagnosis.[64]
- 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. Our anti-racism plan will continue our work to ensure minority ethnic communities can influence

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[61] Anti-racist Policy Making in Scotland: Coalition for Racial Equality and Rights briefing paper, June 2021 (www.gov.scot)
[62] RHO-Rapid-Review-Final-Report_.pdf (nhsrho.org)
[63] Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk)
[64] Ethnic disparities in quality of diabetes care in Scotland: A national cohort study (wiley.com)

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health and social care policy. Healthcare Improvement Scotland is also taking forward a suite of work to improve the quality and safety of perinatal care–and this will seek specifically to address relevant racialised healthcare disparities. We will also monitor other workstreams for opportunities to address other areas of racialised healthcare inequality.

Overall, 4.3% of Healthcare Improvement Scotland staff identify as being part of a minority ethnic group in Scotland, with minimal representation across all pay bands and roles. Scotland's 2022 Census showed that 12.9% of people in Scotland have a minority ethnic background and so we would rate the participation of staff from minority ethnic groups as disproportionately low. Over the last three years, the number of job applications we received from people in minority ethnic groups increased by 20% (to 39% of overall applications). The number of job offers made to candidates from minority ethnic groups however is only 5.5%. Our anti-racism plan sets a goal to disrupt recruitment bias and increase the number of colleagues with a minority ethnic background, including in senior roles.

National reporting shows that racism continues to have a detrimental impact on career progression and professional development for minority ethnic staff.[65] 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.[66][67] 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.[68] 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.[69] Our anti-racism plan includes actions to monitor and address experiences of discrimination, deliver anti-racism training to our staff and introduce mutual mentoring to support career progression and improved knowledge of barriers.

7. Our workforce

We have published a report describing the workforce diversity at Healthcare Improvement Scotland in respect of the protected characteristic groups defined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended). This report also includes information about our pay gaps in respect of gender, disability and ethnicity. It covers April 2021- March 2024 and provides trends and comparisons over three consecutive annual periods.

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65 RHO-Rapid-Review-Final-Report_.pdf (nhsrho.org)
66 For example, bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf
67 And for example, MDDUS - Racist Microaggressions - 011123
68 NHS Ethnic Minority Forum annual report 2024
69 Employer-guidance-anti-racist-gender-equality-at-work.pdf (closethegap.org.uk)

The full report is available on Healthcare Improvement Scotland's website and should be read alongside the content of this report: link to be added when available / before publication Below, we have provided a high-level summary of the report's content.

Workforce diversity

At the end of the reporting period (31 March 2024), we employed 556 staff. Consistent with previous years, our workforce is predominately women (77%) who also occupy the majority of our part-time roles.

Across our workforce, a number of protected characteristic groups are under-represented. This includes staff under the age of 25 (1.4%), staff identifying as disabled (6.1%) and staff who are part of a minority ethnic group in Scotland (4.3%).

Occupational segregation

Of all women, more work in band 4-8a roles (85.7%) compared with the equivalent figure for all men (78.5%). Most disabled staff in the organisation (5.8%) work in Band 4-7 roles. Employees from a minority ethnic group in Scotland work across bands 4-8b.

Our recruitment activity has increased over the last 3 years with 35% more applications submitted and 14% more job offers issued. White female applicants have been the most successful during the recruitment process, receiving 80% of all job offers after submitting 68% of the applications. Disabled applicants have also been more successful–the number of applications received from disabled people has remained consistent (10.5%) with a 6.4% increase in job offers (to 16.5% of job offers during 2024). Applications from people in minority ethnic groups has increased by 20% (to 39%) but the number of job offers made is only 5.5%.

Gender pay gap

While our gender pay gap has reduced by 5% over the last three years, there are still positive indices in favour of male pay. Our mean gender pay gap is currently 10%, with our median pay gap at 9.1%.

While our own pay gap is reducing, recent data from the Office for National Statistics (ONS) Annual Survey of Hours and Earnings data found that nationally the mean gender pay gap has risen by 30% over the last year–from 6.4% in 2023 to 8.3% in 2024. We know we must continue play our part in challenging this. The earlier sections of this report describe the actions we have taken during the last reporting period to challenge our gender pay gap. Our Equal Pay Statement below indicates the actions we will continue to take over the next reporting period.

Disability pay gap

Our analysis shows that disabled staff experience the widest pay gap, with a 20.7% (mean and median) pay disadvantage compared to non-disabled staff. This gap has increased by 3% over the last three years. Disabled people are significantly under-represented within our workforce. We are actively evaluating the inclusiveness of our work practices and resources–this report describes the actions we have taken during the last reporting period. Our refreshed equality

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outcomes for 2025-29 include focused work to address disadvantages experienced by disabled staff.

Ethnicity pay gap

Our ethnicity pay analysis indicates that staff from the white majority group have 5.4% higher mean pay than those from non-white minority ethnic groups. However, staff from non-white minority ethnic groups have 1.9% higher median pay.

Over the last three years, our ethnicity pay gap has increased by an average of 5.7%. Employees who are part of a minority ethnic group in Scotland have continued to be under-represented within our workforce and low numbers have meant that our pay gap calculations are especially sensitive to any staffing changes. We understand under-representation to be the key issue we need to address here.

8. Equal Pay Statement

This section is currently with People and Workplace for review and completion

This statement was agreed in partnership in 2021 and has been reviewed and confirmed by Healthcare Improvement Scotland's Partnership Forum and Staff Governance Committee in 2025.

Healthcare Improvement Scotland is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. This is true regardless of age, disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity status, race, religion or belief, sex or sexual orientation.

We recognise that pay gaps exist in our workforce in respect of gender, disability and ethnicity. There are a range of wider societal and systemic factors which contribute to some of the pay disparity we experience. This includes, for example, women's disproportionate responsibility for unpaid care, the undervaluing of particular types of work or work pattern and occupational segregation.

Healthcare Improvement Scotland recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

We employ staff on nationally negotiated and agreed NHS contracts of employment which include provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (AfC) Contracts and Terms and Conditions of employment. Some staff are employed on NHS Scotland Executive contracts of employment (Executive Cohort) or Medical contracts, which are evaluated using national grading policies with prescribed pay ranges and terms and conditions of employment. NHS Scotland is a Living

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Wage employer–the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

Healthcare Improvement Scotland understands that the right to equal pay between women and men is enshrined in law and we are committed to ensuring that pay is awarded fairly and equitably to everyone. We will also ensure that there is no difference in treatment between people who are disabled and people who are not, people who are part of a minority ethnic group in Scotland and people who are not, and people who have an LGBT+ identity and people who do not.

We recognise the importance of access to flexible work. We have a flexible working policy that encourages staff at all levels to maintain a healthy work-life balance. We are committed to addressing occupational segregation by ensuring that opportunities exist for people to work and progress within any role and at any grade, regardless of their protected characteristics. If a member of staff wishes to raise a concern at a formal level relating to equal pay, the grievance procedure is available for their use.

As an NHS Scotland employer, Healthcare Improvement Scotland works within a Staff Governance Standard, which is underpinned by statute. Delivering equal pay is integral to the aims of the Staff Governance Standard. The Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff. The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued, and
- Provided with a continuously improving and safe working environment, that promotes the health and wellbeing of staff, patients and the wider community.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations require Healthcare Improvement Scotland to take the following steps:

- Publish gender pay gap information by 30 March 2022, and
- Publish a statement on equal pay between men and women by 30 April 2025 and include the protected characteristics of disability and race.

In line with the General Duty of the Equality Act 2010, our objectives are to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We will continue to ensure that we:

- review this policy, statement and action points with trade unions as appropriate, every 2 years and provide a formal report within 4 year
- inform employees about how pay practices work and how their own pay is determined
- provide advice and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those maternity, parental or other authorised leave
- undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010, and
- undertake an equal pay review by April 2023.

It is good practice and reflects the values of Healthcare Improvement Scotland that pay is awarded fairly and equitably. We have set out the action we will take below.

Action	**Lead Teams / Committees**
Review this policy, statement and action points in partnership every 4 years.	Staff Governance Committee Partnership Forum
Inform employees how pay practices work and how their own pay is determined.	
Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice.	
Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave.	
Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.	
Undertake regular monitoring of Healthcare Improvement Scotland practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.	

Look at areas of under-representation across our organisation and target our recruitment campaigns to improve representation.	
Take steps to understand 'drop-off' during recruitment campaigns and what we can do to increase appointments for under-represented groups.	
Review our approach to part-time working and career progression for those with caring responsibilities.	

Responsibility for implementing this policy is held by Healthcare Improvement Scotland's Chief Executive, who will be supported by the Director of Workforce.

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Published Month Year

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Appendix 2

Healthcare Improvement Scotland

Anti-Racism Plan

April 2025 – March 2029

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1. Introduction

Healthcare Improvement Scotland is the national improvement agency for health and social care in Scotland. We lead improvement in the quality and safety of health and care for the people in Scotland using our skills and knowledge to tackle the quality challenges being faced. Our role is to be at the heart of national efforts to understand and shape the quality of health and care, and with partners, to embed quality management across the provision of health and care. Our support for the system is underpinned by a number of statutory duties and powers, including:

- to further improve the quality of health and care
- to provide information to the public about the availability and quality of NHS services
- to support and monitor public involvement
- to monitor the quality of healthcare provided or secured by the health service
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new medicines and new and existing health technologies.

We know that racism influences the life chances of people from minority ethnic backgrounds and drives significant disparities in the quality of health and care for the people of Scotland. This includes inequality in access to and experience of health services and disproportionate levels of challenge in employment compared to white majority groups. The structural disadvantage and daily microaggressions that people from minority ethnic backgrounds experience, both as patients and members of the NHS Scotland workforce, is unacceptable. Healthcare Improvement Scotland committed in our 2023-2028 strategy to being an anti-racist organisation. This plan intends to deliver on that commitment, translating our words into meaningful action.

By 'anti-racism' we mean challenging racism wherever we see it, both in our workplace and as part of the work we deliver to support Scotland's health and care system. Anti-racism is an active term which requires us to interrogate and disrupt the power imbalances that maintain

disadvantage for people with minority ethnic identities and backgrounds (see CRER). It involves doing more than simply avoiding unfair discrimination.[1]

Specifically, we understand anti-racism as:

the active work to oppose racism and to produce racial equity–so that racial identity is no longer a factor in determining how anyone fares in life. Being anti-racist means supporting an anti-racist policy through your actions. An anti-racist policy is any measure that produces or sustains racial equity.[2]

The actions set out in our plan are to help us meet the outcome that **Healthcare Improvement Scotland staff are confident in their ability to recognise and challenge racism within our own workplace and the wider healthcare system.** This outcome is one of Healthcare Improvement Scotland's refreshed equality outcomes 2025-29.

The actions set out primarily relate to supporting our workforce, culture and wellbeing. Our contribution to equity focused service delivery is based on ensuring minority ethnic communities influence the health and care system through community engagement, ensuring our evidence offer is scrutinised through an anti-racism lens and through our work improving perinatal care.[3]

Overall, we want anyone experiencing racism within the workplace to feel safe to speak up and confident there will be an appropriate response. We want all colleagues to be able to recognise racism, including microaggression and racial bias, when it appears in our work culture or in the resources and tools we review, produce or share. We want our people to be empowered to highlight and challenge racism within the system and to help others do the same, improving health and care for all.

The plan below covers four years of delivery. We have established an internal delivery group which will take the actions forward, make decisions about priority and timescale for delivery and review and report on progress. This will be on-going through a regular schedule of meetings, with more formal reviews of progress and membership carried out annually.

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[1] Race discrimination | EHRC

[2] Kendi (2019), and MP Associates, Centre for Assessment and Policy Development, and World Trust Educational Services (2020).

[3] See 2025-2029 equality outcomes

2. Action Plan table

Supporting workforce, culture and wellbeing		
Theme	**Actions**	**Measures**
Leadership We have a clear organisational commitment to tackling all forms of discrimination and harassment. Senior leaders visibly pursue an anti-racism culture through organisational initiatives. We are committed to promoting and including leaders from minority ethnic backgrounds, and they are visible across the organisation.	• Include our commitment to anti-racism commitment within our Strategy 2023-28. • Chief Executive, Chair and Employee Director communicate a statement of support for this plan, including how the organisation understands and will deliver on anti-racism. • Members of our Executive Team, Board and Senior Leadership Teams undertake anti-racism training. • Address under representation in senior roles (band 8 and above) by encouraging applications from people who are part of under-represented ethnic groups. • Include updates from the Race and Ethnicity Network, including in relation to this plan, at Partnership Forum meetings.	• HIS Strategy 2023-2028. • Communications data shows reach of a published statement. • Training attendance record and evaluation results showing high attendance and improved understanding and commitment. • Meeting records evidence positive staff engagement with network priorities. • Communications data shows campaign and awareness activities have reached at least two thirds of HIS staff.

	• Work collaboratively with public sector partners to exchange ideas and support. • Celebrate Black History Month and the contributions of Black and minority ethnic colleagues. • Undertake a campaign aligning anti-racism with NHS Scotland values and offering the opportunity for staff, volunteers and non-executive board members to pledge commitment to anti-racism.	
Accountability Our Executive Team and Board monitor delivery of this plan and enable its actions. We reflect on our anti-racism journey and share this publicly.	• Have an Executive Sponsor for this plan. • Ensure each member of the Executive Team has an anti-racism objective per the Scottish Government directive. • Provide regular progress updates on this plan to the Staff Governance Committee and HIS Board through reporting against our Annual Delivery Plan, Anchors Strategic Plan and equality outcomes. • Create an external webpage showcasing our anti-racism commitment and organisational support structures.	• Meeting and PDR records evidence positive engagement with anti-racism priorities. • Anti-racism commitment is visible on the HIS website.

Recruitment and career progression Employees with minority ethnic backgrounds are equally able to progress their career in HIS.	• Increase the number of HIS colleagues with a minority ethnic background by 5% by April 2029. • As above, address under-representation in senior roles (band 8 and above) by encouraging applications from people who are part of under-represented ethnic groups. • Establish a mutual mentoring scheme by April 2026, supporting progress to senior roles for people from under-represented ethnic groups. • Disrupt recruitment bias through a combination of bias training for managers and employing ethnically diverse recruitment panels.	• Workforce data shows the combined minority ethnic group represented 9.3% of staff. • 8 people participate in mutual mentoring by April 2027. • Non-redacted occupational segregation data for colleagues with a minority ethnic background at AFC band 8 and above can be reported.
Cultural and Attitudinal Change We have regular learning opportunities open to all staff, which inform and challenge their views around race and ethnicity.	• Promote and deliver Turas anti-racism resources and learning opportunities via HIS Campus. • Set an anti-racism corporate objective during 2026/27 to support staff learning. • Create and promote resources on anti-racism allyship.	• Facilitated anti-racism training is offered to all staff by April 2027 and two thirds have engaged. • Record of objective agreed. • Communications data shows awareness activities have reached at least two thirds of HIS staff.

	• Carry out awareness-raising around protected characteristics in the Equality Act 2010 and intersectional discrimination.	
Involving staff with lived experience Staff have confidence in how we manage discrimination and support those who experience it. Staff have protected time to contribute to staff networks.	• Re-establish the organisational commitment to the HIS Race and Ethnicity Network, in partnership between senior managers and staff representatives. • Continue to facilitate a peer support space for staff from minority ethnic backgrounds, with direct links to governance groups and senior leadership as required. • Convene a regular meeting space for anti-racism allies. • Deliver anti-racism training to the People and Workplace Team, union stewards and Partnership Reps. • Include information about the staff networks as part of managers' induction for new staff. • Acknowledge world events that may be impacting the wellbeing of particular ethnic groups and communicate organisational support available.	• Attendance at peer support space is at least 50% of HIS colleagues with a minority ethnic background. • Participation in the Race and Ethnicity Network general channel increases by 20% by April 2029. • Training attendance record and evaluation results showing high attendance and improved understanding and commitment. • Positive qualitative feedback from colleagues impacted.

Incident reporting Improve reporting of incidents related to racism, discrimination, bullying and harassment. Understand issues with reporting channels and ensure staff feel supported and safe to report incidents.	• Identify and establish an incident reporting system suitable for Healthcare Improvement Scotland and that can include a range of protected characteristics. • Regularly appraise data from the incident reporting system and take appropriate remedial action, including through regular review meetings by HR, Equality team and Partnership Forum reps.	• Reporting system is operational and data is collected. • Record of actions taken as appropriate.
Equity focussed service delivery		
Theme	**Actions**	**Measures**
Evidence from engagement Minority ethnic communities influence HIS work through evidence and engagement. Links with HIS minority ethnic employees are strengthened through engagement, active inclusion and providing autonomy to the collective group	• Strengthen links with minority ethnic, including refugee, communities through HIS Community Engagement so that diverse communities influence the health and care system. • Meaningfully engage Race and Ethnicity Network peer group members in relevant HIS policies and processes. • Increase the ethnic diversity of Healthcare Improvement Scotland volunteers.	• Equality monitoring data for research and engagement activities participation proportionate to local populations. • By April 2029, equality monitoring data for HIS volunteers (Public Partners, People's Experience Volunteers) shows at least 10% of volunteers have a minority ethnic background. • Increased number of contacts from minority ethnic communities on Community Engagement CRM

in influencing HIS work through lived experiences, evidence and engagement.	• Collate and share intelligence gathered with diverse communities through the work of the Engagement Advisors Community to help influence future work activities.	• Number of shared contacts given linking minority ethnic communities with HIS pieces of work
Addressing health and healthcare inequalities We support the system to deliver equitable healthcare through our work programmes and methodologies.	• Use Naicker's Anti-racism Critical Appraisal tool to decolonise the way Healthcare Improvement Scotland uses and produces knowledge and information. • Deliver a Perinatal Quality Management System with a focus on racialised healthcare inequalities. • Monitor our work programmes for future areas of focus that relate to the Scottish Government's anti-racism framework around equity focussed service delivery.	• Number of programmes the tool has been applied in. • Specific outcomes from relevant programmes can be highlighted. • See related programme plan.

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Human Rights Capability Building Working Group
Terms of Reference

Purpose

1. The purpose of the group is to bring together expertise on human rights capability building and in particular to provide views on activities that support the public sector to advance human rights now and lay the groundwork for new duties in the future via a Human Rights Bill.

2. This is intended to be a voluntary, time-limited Working Group. Membership does not constitute a public appointment.

Context

3. The 2024/25 Programme for Government reaffirms the Scottish Government's commitment to strengthening the implementation of human rights – both with a view to improving the realisation of rights now and to lay the groundwork for future introduction of a Human Rights Bill. A draft strategic delivery plan was produced in December 2024 which detailed planned work until March 2026.

4. Alongside the further development of Human Rights Bill proposals this will include advancing actions outlined in Scotland's second national human rights action plan (SNAP2) which sets out a path for developing Scotland's human rights culture. The SNAP Leadership Panel's recent prioritisation exercise identified capability building as a priority action and this will be the primary area of focus for the Working Group. Activities will draw on the learning of recent incorporation exercises, and in particular the preparatory work done to support the effective implementation of duties in the UNCRC (Incorporation) (Scotland) Act 2024.

5. The Scottish Government is developing an Equality and Human Rights Mainstreaming Strategy which will provide a framework so that the Scottish Government and wider public sector can apply a consistent and impactful focus on equality and human rights in everything they do. The Mainstreaming Strategy will set out a framework for action against six identified key drivers of change, one of which is enhancing capability and culture. This Working Group will seek to support action in a way that is coherent and consistent with this driver and the Strategy.

6. In order to undertake this work, the Scottish Government is refreshing its human rights engagement structures and standing groups to ensure they are best suited to support delivery of these priorities and make best use of the collective resources and capacity. As such, the previous engagement structures and standing groups, including the Advisory Board, Public Sector Leadership Board (formerly known as the Executive Board), and the Core and Wider Implementation Working Groups, have been brought to a close. This Capability Building Working Group therefore forms part of the new engagement structures

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and standing groups, though the insights and learning from previous discussions will be carried forward.

Objectives

7. The objectives of the Working Group are to:

    (i) support collaboration in relation to human rights capability building across Scotland;
    (ii) provide views on the Scottish Government's long-term human rights capability building objectives;
    (iii) provide views on priority interventions identified by the Scottish Government that may advance capability building objectives in the period up to May 2026, with a particular focus on public sector awareness-raising and practice development on the international treaty standards and concepts proposed for incorporation through a forthcoming Human Rights Bill;
    (iv) identify gaps in human rights knowledge, skills or practice amongst duty-bearers, civil society and rights-holders, and suggest further interventions that can help to address those in time; and,
    (v) review emerging evidence from Scottish Government and other sources, and support ongoing knowledge exchange.

Status and membership

8. The Working Group is a voluntary and time-limited group established to deliver the objectives defined at paragraph 5 above. Membership will be drawn from those with expertise of human rights capability building across Scotland. Refer to Annex A for a full list of members.

9. Membership of this Working Group does not constitute a public appointment. There will be no remuneration, financial or otherwise, for the time of members participating in this Working Group. Members are selected in recognition that informing the work to develop and deliver human rights capability building is a relevant aspect of their existing work and role for which no additional payment is required.

Attendance

10. The Working Group will be convened by the Scottish Government and chaired by Scottish Government officials. Members are expected to attend meetings (which will usually be conducted via Microsoft Teams) however in exceptional circumstances representatives will be accepted.

11. Other attendees may be co-opted to attend meetings as considered appropriate on an *ad hoc* basis, such as to present relevant information, facilitate discussions or similar.

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12. Additional members and observers can be added to the Working Group to address gaps in the membership, if required, subject to agreement from the Chair.

13. Observers are invited to attend meetings, participate in writing and during discussions but will not have decision-making or recommendation powers.

Lived Experience

14. The Working Group discussions will be informed by lived experience of human rights issues and implementation. The Scottish Government created a Lived Experience Board comprised of members of the public with experience of facing barriers to accessing their human rights. Over 2022-24, the Board produced 14 reports providing personal accounts, reflections, advice, and recommendations on the proposed Human Rights Bill and what they want it to achieve. Insights from these reports in relation to capability building should inform the Working Group's discussions and decision-making. To aid this, Scottish Government officials will ensure that relevant material is used in discussions and materials prepared for and by the Working Group.

Frequency

15. The Working Group will agree a meeting schedule at their first meeting, likely meeting every 2 to 3 months until conclusion of their objectives.

Life cycle

16. The Working Group will conclude its work in March 2026, with the potential to extent this lifetime should the Scottish Government require further engagement against the objectives defined at paragraph 5.

Secretariat

17. Secretariat functions will be provided by Scottish Government officials, with papers agreed in advance between the Chair and, where appropriate, other members with an interest in the topic.

18. Papers will be circulated by the secretariat prior to meetings and members will be encouraged to comment via correspondence between meetings, as appropriate.

19. Minutes will be taken by the secretariat and issued for clearance prior to the next scheduled meeting.

20. All papers, documents and other materials developed by or on behalf of the Working Group will be stored within the Scottish Government's electronic records and document management system.

Accountability, reporting and governance

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21. Scottish Government officials will remain accountable to Scottish Ministers, in line with normal Civil Service arrangements. Members of the Working Group will retain their own accountability.

22. The Working Group will comply with the Freedom of Information (Scotland) Act 2002 (FOISA) and the Environmental Information (Scotland) Regulations 2004 (EIRs). Papers for the meetings will be shared with the Capability Building Working Group members by email.

23. The Working Group will provide insights on an advisory basis. The Working Group secretariat will provide periodic updates to a Human Rights Oversight Board as well as the SNAP2 Leadership Panel and other stakeholders with an interest in the project as needed. e Working Group will provide insights on an advisory basis.

Review

24. The terms of reference will be reviewed and agreed by the Working Group at their first meeting.

25. The terms of reference can be reviewed periodically at the instigation and agreement of the Chair.

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Annex A – Membership

Stakeholder Membership

Name	Organisation
Dr Luis F Yanes	Scottish Human Rights Commission
Bill Stevenson	Equality and Human Rights Commission
Miriam McKenna	Improvement Service
Rebecca Spillane	Improvement Service
Katy Hetherington	NHS Education Scotland
Gordon Paterson	NHS Education Scotland
Brianna Fletcher	COSLA
Andrew Montgomery	Social Security Scotland
Siobhan Toner	Social Security Scotland
Sarah Rodger	Society of Local Authority Lawyers and Administrators in Scotland (SOLAR)
Nicola Hogg	Society of Local Authority Lawyers and Administrators in Scotland (SOLAR)
Lesley Crozier	Society of Local Authority Lawyers and Administrators in Scotland (SOLAR)
Karleen Jackson	Public Health Scotland
Tony McGowan	Healthcare Improvement Scotland
Jillian Matthew	Audit Scotland
Rosemary Agnew	Scottish Public Services Ombudsman
Charlie McMillan	Human Rights Consortium Scotland
Suki Wan	THRE (Third Sector Human Rights and Equalities)
Aer Nicholson Clasby	THRE (Third Sector Human Rights and Equalities)
Juliet Harris	Together
Professor Alan Miller	University of Strathclyde and former Co-Chair of the National Taskforce for Human Rights Leadership
Professor Nicole Busby	University of Glasgow
Dr Elaine Webster	University of Strathclyde
Professor Katie Boyle	University of Strathclyde
Lucy Mulvagh	The ALLIANCE
Liz Thomson	Amnesty International

Scottish Government Officials

Name	Job title
Kavita Chetty	Deputy Director Human Rights
Elli Kontorravdis	Head of Human Rights Implementation & International
Nora Uhrig	Implementation Policy & Practice Team Leader
Lucy Visocchi	Implementation Policy Officer
Rob Priestley	Head of Mainstreaming Unit
Liz Levy	Children's Rights Unit Head

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Lyndsey Saki	Embedding Children's Rights in Public Services Programme Lead

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Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 Team 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: Topics: Realistic Medicine, Value Based Health and Care and NHS Reform Topic Sponsors: Scottish Government	This survey which was issued to Panel Members in June 2024.	The Report was published on our website in November 2024 with recommendations for the Scottish Government and NHS Scotland for each topic.
Citizens' Panel 15: Topics: Medicines Safety Strategy, Preconception Health and Long Term Conditions Policy Topic Sponsors: Scottish Government	This survey was issued to Panel Members in November 2024.	The report is scheduled for publication in May 2025.
Citizens' Panel 16 Topics: to be confirmed	Scoping work has begun to identify suitable topics for Citizens' Panel 16. Early day suggestions are around NHS Renewal (Reform), use of digital approaches to health and	The Survey is due to be issued to the Panel in June 2025 with reporting scheduled for November 2025.

	Scottish Patient Safety Programme possible topic.	
Citizens' Panel Refresh	The next Citizens' Panel Refresh will use three approaches: • utilising support from Engagement Advisers - Community and Project Officers to reach out to contacts and Third Sector groups/community groups with the appropriate characteristics • use of the SHARE database which was established by the Chief Scientist Office to recruit people for, mainly, clinical research but can also be used for opinion research as well • work with Research Resource (contracted to support management of the Citizen's Panel) to assist with recruitment to ensure representativeness.	The next Panel refresh is scheduled to run between February and March 2025.
Gathering Views on Mental Health Services Topic Sponsors: HIS Transformational Change – Mental Health Team	In preparation and support for a Gathering Views project on mental health, Engagement Practice – Evidence is reviewing previous Gathering Views work to identify and gather any findings, conclusions and recommendations related to mental health. This work will support the Directorate's mental health team to understand the broader needs and experiences that have been collected around mental health to inform thinking for the Gathering Views piece. Transformational Change – Mental Health Team will be speaking to Third Sector organisations to seek suggestions for topics/issues.	Once the 'scoping phase' of gathering previous evidence and intelligence is complete, the Gathering Views project is scheduled to commence in March 2025 and report in early September 2025
Gathering Views on the use of Sodium Valproate	In March 2018, the UK's Medicines & Healthcare Products Regulatory Agency	Data collection has begun with 5 interviews conducted so far. The work will end in June 2025 and a

Topic Sponsors: HIS Area Drugs Therapeutic Committee (ADTCC) Collaborative & Scottish Government	(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 currently collecting qualitative feedback and lived experience from people who use or have recently used Sodium Valproate (for epilepsy, migraine, bipolar), commissioned.	report published in early Autumn 2025. Initial feedback will be summarised for topic sponsors (Scottish Government and Healthcare Improvement Scotland) for 11 February 2025. Information and updates from this work can be found on our website: www.hisengage.scot/sodium-valproate
NHS Greater Glasgow & Clyde Review of Emergency Departments	Work took place to gather responses from people with experience of accessing the emergency departments at three hospitals: Queen Elizabeth University Hospital, Royal Alexandra Hospital and Glasgow Royal Infirmary. Responses were received online and by post. 579 survey responses were received. 160 of those were paper returns which were processed by colleagues from across the Division. Two telephone interviews were also conducted with members of the public. The remainder completed an electronic survey. Findings were analysed and the patient experience report has been passed to the HIS GG&C Review Team for inclusion in the final report.	Publication of full report is expected in March 2025.
Evidence for Engagement	**Background and Status**	**Timescales**
Evaluating Participation: a guide and toolkit for health and social care practitioners	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*).	Publication is planned for February 2025 with potential for a Webinar scheduled for March 2025.

	The Toolkit has now been refreshed and is being finalised for publication.	
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.	A scoping paper on introduction of the Research Network planed for February 2025 with events scheduled for April 2025.

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:

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 required.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
Title:	**Engagement Practice Improvement Unit 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 purpose of the Engagement Practice - Improvement Unit's is to lead improvements in the engagement and volunteering practices of Healthcare Improvement Scotland (HIS) and health and social services in Scotland.

The Unit does this through three core workstreams that focus on:

1. Establishing an engagement practice learning system
2. Providing engagement practice support and improvement, and
3. Volunteering transformation

The Unit also provides responsive engagement practice improvement support to internal HIS programmes as required.

3. Assessment

The Engagement Practice – Improvement Unit continues to develop the range of offers and supports needed to see significant change in engagement practices in health and social care services, and within HIS. This will require ambitious phased planning and delivery that will demonstrate impact over time with robust evaluation.

The following is a summary of current work activities within the Unit and timescales for various project.

Engagement Practice Learning System (EPLS)	Background and status	Timescales
Development of the Engagement Practice Learning system	An engagement practice evidence summary has now been compiled to provide the foundation for a programme of engagement with internal and external stakeholders to explore engagement practice learning needs, how we can sustain participation, and how our learning system can ensure improved engagement skills and practice. This will inform a learning summary report that will underpin ongoing development of the learning system.	January – February 2025 Stakeholder engagement period. by March 2025 the learning summary report with recommendations will be finalised.
Engagement Practice Learning System Programme	An initial external and internal (to HIS) learning programme schedule is in development. This will be a dynamic programme developing with our understanding and evaluation of stakeholder needs.	by March 2025 Initial Engagement Practice Learning Programme schedule approved, publicised and commenced
CEIM Leaders Programme	**Cohort 4** - 17 health and social care CEIM Leader coaches completed the core learning programme and 14 completed the requirements for graduation. Participants gave a 96% positive experience rating overall. **Cohort 5** – Programme delivery leads will be partners from HIS and the Care Inspectorate. 43 applicants were received for this cohort from health, social care, 3rd sector and charity organisations, including hospices. 24 places were offered. **Cohort 6** – recruitment commences 29 August 2025.	29 January 2025 Cohort 4 graduation event held. 16 June 2025 Cohort 5 programme commences, with graduation event being held on 4 August 2025.
What Matters to You?	In January we hosted a webinar attended by almost 140 people. Guest speakers were Victor Montori and Dr Dominique Allwood who are at the forefront of the global movement to develop understanding and inspire more relational compassionate approach to healthcare. Nominations for the Jane Davies award are being requested and shortlisting will commence early March 2025.	15 January 2025 By 28 March 2025

Engagement practice support	Background and status	Timescales
Engagement Practice Responsive Support Process	Designing a robust and accessible approach for requesting and responding to engagement practice support requests commenced in December 2024. The first round of testing a new approach will commence 3 February 2025. This process will incorporate a single point of access through MS Forms and be hosted on the HIS Community Engagement website.	December – March 2025
Specialist Responsive Support: HIS Primary Care Phased Investment Improvement Programme (PCPIP)	Providing ongoing responsive engagement practice improvement support to each of the following programme teams: **NHS Ayrshire & Arran**: provided coaching support to develop a Discovery Conversation Approach within a community treatment room setting - 20 January. **Edinburgh HSCP**: provided coaching support for Pharmacotherapy discovery conversations - 16 January.	January – April 2025
Specialist Responsive Support: Frailty Programme phase 2	Planning is underway on engagement practice/QI workshops and coaching that will support the new health care teams joining the new Frailty Programme in April 2025.	January – March 2026
CEIM Leaders Implementation Support Project	Commencing CEIM Leaders peer network in February 2025. Two case studies are currently in development illustrating the impacts of CEIM Leader's commencing their coaching role within their organisations.	19 February 2025 - First Peer network - by 28 February 2025 - approval and publication of case studies
Quality Framework for Community Engagement and Participation	A review of the quality framework and associated improvement planning has commenced with the establishment of a HIS CETC short life working group, that met for the first time on 23 January 2025. This review and any developments will be led collaboratively with the Engagement Practice – Assurance Unit.	by February 2026

Volunteering transformation	Background and status	Timescales
Engagement Practice Change Support Package	An evidence review of engagement practices in change programmes was completed in November 2024. Evaluation is now underway to review the 90 sources identified. This will frame the building of a change package to support organisations who wish to focus engagement practice improvement efforts on those approaches demonstrating strong evidence of impact and successfully supporting engagement and involvement of people with lived experience in non-major change.	by March 2026
Development and roll-out off a national Volunteer Management System (VMS)	At the time of writing a VMS supplier is about to be contracted and we will commence development of the system in February 2025. In conjunction with DHI and the VMS supplier, eight workshops will be delivered for Boards and stakeholders to support the design and implementation during February and March 2025. The supplier will also host a demo session for Volunteer Managers during February 2025 to introduce the system's capabilities and gather feedback.	by April 2026
Volunteer Information System (VIS)	Continuing support for the existing VIS whilst developing VMS, including providing training for Volunteer Managers.	Ongoing
Ward volunteer Role Profiling	Creation of a Scotland-wide role profile of ward volunteers has commenced. This is intended to standardise clearance processes across boards and bring more clarity for volunteer managers and volunteers. A short-life working group of volunteer managers has been formed to deliver on this.	by April 2025.
Volunteering Practitioners Network	A Half Day Volunteering Practitioners Network event (online) is in development with a focus on youth volunteering.	20 March 2025

In addition, over the course of 2025/26 we will be seeking to ensure alignment of the range of Engagement Practice – Improvement activities with the emergent Scottish Approach to Change, which will be a significant enabler of NHS renewal. This includes components of our learning system and engagement practice change support package.

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: 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

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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. (Paper 2.1) 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 with publication scheduled by 31 October 2024. Ongoing – evaluating the guidance when used in real situations (anticipated to begin in February 2025).
Workshops	HIS Board Masterclass including content on statutory duties and service change Deliver a programme of workshops for NHS Boards and Integration Joint Boards	HIS Board Masterclass delivered on 29 May 2024 Ongoing – work sits with the Regional teams. Next set of workshops takes place in February 2025.
Engagement Practitioners Network (EPN)	Follow up activity to support the recent Planning With People EPN session alongside the Q&A document prepared	Short term Session held on 4 December covering NHS Renewal work and nationally determined service changes. Hosted by Lorraine Cowie (NHS Scotland Professional Lead for Sustainability/Health Planning) with 84 members of the EPN in attendance. Next steps - follow up with Lorraine Cowie regarding the development of a 'You Said, We Did' paper to share with EPN members. Medium term EPN will transition to Improvement of Engagement Programme in 2025.
Service changes	There are currently 47 active service changes being supported including eight significant changes and a further 39 other	Short/medium term We anticipated a rise in the number of service changes in 2024 although there is no

	active changes. 22 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. The IJB met on 29 October and approved plans to proceed with option 3 – a community health and social care hub. David Rowland, Director of Strategic Planning for the HSCP provided a short video clip about the support provided by HIS for inclusion in the HIS annual review on 21 November. HIS is currently working through an After-Action Review of the engagement process with internal and external stakeholders.	significant increase at this time. October 2024 November 2024 February 2025
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	Community Engagement & System Redesign July 2024 (complete) Evidence & Digital August 2024 (complete) Nursing & System Improvement Finance, Governance & Communications People & Workplace October 2024 (complete)

	3. Governance and leadership for engagement	Quality Assurance & Regulation Medical & Safety December 2024 (complete)
Equalities, Inclusion & Human Rights	Included as a stand alone paper for SHC members.	20 February 2025 Paper 2.3
Public Partners	Embed the management of public partners in the Assurance of Engagement Programme	February 2025 Development of a new policy for volunteering to establish a consistent approach to managing volunteers across all work programmes. Final draft of the policy has now been prepared for approval, 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.
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.

5 Appendices and links to additional information

None

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 (SET) commenced work from 1 April 2024. This paper will provide an overview of the work undertaken by the team during the reporting period October – December 2024.

2. Background

The Strategic Engagement Team commenced operations at the beginning of quarter 1. The team comprises two Strategic Engagement Leads (SELs), three Engagement Advisors (Community) (EAC), three Engagement Advisors (Service Change) (EASC) and two Admin Officers. 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.

Supportive conversations and relationship building continues with the NHS boards and Health & Social Care Partnerships (HSCPs) across Scotland. There remains a vacancy for the SEL within the West region, which has impacted on the breadth and depth of relationships across the region. At this time, conversations with NHS and HSCP colleagues have continued to focus on current and anticipated service changes, given the financial and workforce pressures that are being experienced. There have been opportunities to also share the work of the directorate and wider Healthcare Improvement Scotland (HIS).

The EACs have continued with mapping and meeting with a range of community groups (157 introductory and follow-up meetings have taken place, as at end of December 2024). Throughout Q3, the team continued to support a number of NHS boards during their annual reviews. A number of learning opportunities have arisen from these sessions, and a short life working group is evaluating our current involvement in the Annual Review process.

The EASCs continue to provide advice, guidance and support to a range of service change activities across the country. In December 2024 a three-month test of change commenced to align the EASCs more with the Assurance of Engagement Practice unit.

The following table provides a summary of progress in Q3.

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	Relationship building has continued throughout Q3. Almost all NHS boards and HSCPs have now been contacted.
	(b) Gather and share intelligence on service change activity	Strategic Engagement Leads and Engagement Advisors Service Change identifying service changes through regular communications with board/HSCPs colleagues and media channels.
	(c) Cross directorate intelligence sharing to influence workstreams through monthly situation awareness reporting and internal meetings	Situational Awareness reports produced for October and November 2024, providing intelligence on the range of cross directorate work activities in the territorial areas of NHS Borders and NHS Ayrshire & Arran regions and the national boards of the Golden Jubilee University Hospital and National Education Scotland (NES).
2. Promote the culture and leadership around community engagement	(a) Regular informative contact with NHS Board and HSCP colleagues	Ongoing conversations taking place with board and HSCP colleagues. Follow up meetings with senior leaders taken place.
	(b) Planning with People sessions (c) Informing topics for the Engagement	Presentation and discussion sessions provided with a number of HSCP Strategic Planning groups on the revised Planning with People guidance.

	Practitioners Network (EPN) (d) Sharing best practice (e) Promoting Quality Framework	EPN session delivered in December 2024 on Nationally Determined Service Change and NHS Reform.
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 36** to date. Carer Centres: mapping completed, contacted 52, **met with 24** to date. Minority ethnic community groups: mapping completed, contacted 34, **met with 26** to date. Mental Health groups: mapping in progress, contacted 45, **met with 17** to date. LGBT groups: mapping not started, **met with 2** to date Young people's groups: mapping not started, **met with 1** to date Through the above meetings/ networking opportunities, the team have also met with: • 4 disability groups • 1 intergenerational group • 17 community groups/local communities • 1 equalities/faith group

		• 3 long term condition groups • 2 visual impairment groups • 3 organisations supporting families • 12 engagement leads and • 3 other national organisations Connections have been made and there has been attendance at meetings of 25 local networks across Scotland and these have proved valuable in raising awareness of HIS/EAC role, gathering intelligence, networking, and disseminating information on a range of opportunities for involvement and participation. The first HIS Public Involvement Advisors internal network meeting was held at the end of October 2024. The network agreed to meet on a quarterly basis to share information on engagement with communities and identify opportunities for supporting each other. NHS Annual Reviews have been supported in many of the board areas. Connections have been made with a number of work programmes across the organisation (including dementia, maternity standards and drugs, health and housing teams). This has allowed members of the public to provide input to the work being carried out in these programmes.

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 the SEL vacancy in the West continues to be felt across the SET, and has impacted negatively on external relationships.
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

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 engagement work outlined in the Operational Plan for 2024-25, particularly noting impacts from Q3 of 2024-25. The Council 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 Q3 our staff demonstrated progress with the work programmes of our Evidence, Improvement and Assurance units, and building local relationships through our strategic engagement teams.

Through tailored workshops and training programmes, we build the understanding and confidence of both healthcare professionals and community groups so that they are better equipped to carry out meaningful engagement within their sphere of influence.

Both our expertise in engagement and the high quality of our resources are recognised. We are valued steering group members of local improvement programmes, and the information contained in our website is referred to throughout national frameworks.

Our guidance underpins Government directives to boards and partnerships setting out the expectations for meaningful engagement on nationally determined changes to local services.

The long-term impact of the evidence we gather from Scottish people continues to be seen in the shaping of 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 (to be confirmed).
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. Through close links with the corporate Communications Team we aim to maximise the opportunities and reach for publicising our work.

4 Recommendation

The Council is asked to note and discuss the content of the 2024-25 Quarter 3 Update.

It is recommended that the Council accepts 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

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2024-25 Quarter 3 Update

Healthcare Improvement Scotland | Community Engagement

Appendix 1

Quarter 3 Update: October – December 2024

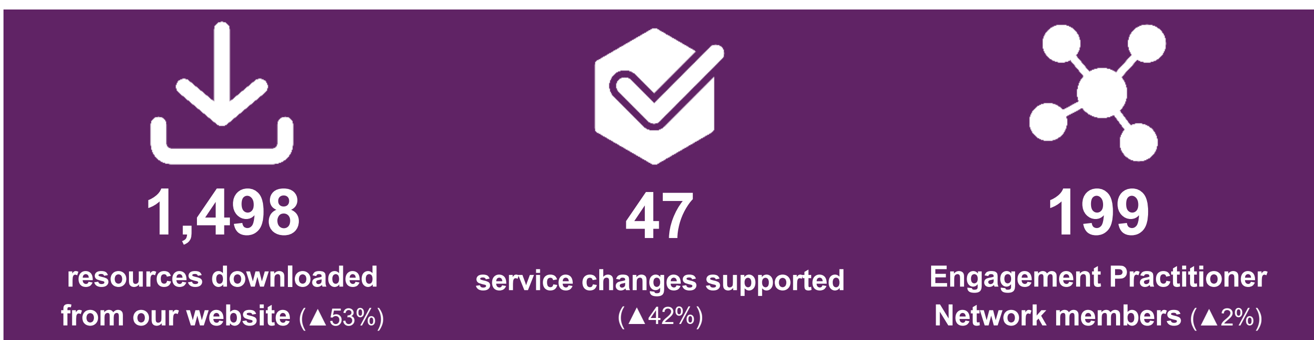
This progress report describes the impact of our work noted between October and December 2024. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **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 1,498 times during Q3 (a 53% increase from the previous quarter). The most-downloaded resources were a report on Dumfries and Galloway Health and Social Care Partnership's consultation on the future of cottage hospitals, a template to support community engagement planning and a report on the 14th Citizens' Panel survey.

In November 2024, 19 health and social care staff took part in cohort 4 of the **Care Experience Improvement Model (CEIM) Leaders programme**. Over 4 days, participants developed their skills to gather care experience feedback from people who access services and identify and make improvements

based on that feedback. 94% of participants reported having confidence in their ability to apply their learning in practice. This cohort will graduate in January 2025.

In December 2024, the **Engagement Practitioners Network** held a development session with Lorraine Cowie (Professional Lead for Health Planning & Sustainability, Scottish Government) to discuss nationally determined service change and NHS Reform. There were 84 attendees and 89% of participants agreed that the session had increased their understanding.

Four workshops were held for the **Volunteer Practitioners' Network** Development for 27 healthcare staff with responsibility for volunteer management or support. The respective NHS boards were also encouraged to sign up to the Volunteer Charter.

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 Q3, the team monitored and supported 47 service changes across all board areas, including 8 categorised as significant (see separate paper for more detail). A further 22 service changes are currently on hold, most relying on Scottish Government capital funding.

In October 2024 we published guidance for NHS boards and partnerships on the respective responsibilities for national and local engagement relating to **nationally determined service changes**.

During Q3 the **Governance for Engagement** sub-committee considered self-assessment submissions from 4 directorates (Finance, Planning, Communications & Governance, People & Workplace, Nursing & Systems Improvement, Quality Assurance & Regulation and Medical & Safety). The self-assessment template is aligned to the Quality Framework for Engagement and Participation. Each externally-facing directorate has a 12-month improvement plan which sets out priority areas for action. Following feedback from the corporate directorates, work has started on a tailored version of the self-assessment tool for their use during 2025-26.

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

Following approval by the Scottish Government in Q1 of funding for a replacement **Volunteer Management System**, procurement of a developer was completed in Q3 and the contract will start in February 2025.

During Q3 we provided engagement and improvement advice and guidance to **Share and Care Together**. This initiative uses shared stories to influence mental health care and support across Tayside. It was developed during a Design Thinking Accelerator Workshop for Mental Health Professionals held in Dundee in October 2023. Membership of the group includes NHS Tayside, Angus HSCP, Perth and Kinross HSCP, Dundee HSCP and Angus Voice. Through our membership, we have supported the group to develop a clear aim, to consider how best to engage with communities and professionals, and to plan the most effective methods for capturing and sharing individual's lived experiences in a clear and compelling way.

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 97 (a 7% increase on Q2). Volunteer managers access the MS Teams channel to engage with updates, access resources or attend online sessions. Attendance at the **Volunteer Manager's Coffee Catch-ups** has increased month on month. This allows Volunteer Managers to network and share their concerns with peers across NHS Scotland. There have also been requests from Volunteer Managers to present case studies to share across the network.

The **Engagement Practitioners Network** currently has 199 members. Throughout Q3, over 130 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

A **Voices workshop** was delivered to 12 members of the Your Voice, Inverclyde Community Care Forum in October 2024. The session focused on the NHS structure to complement the Your Voice training package that is delivered to new volunteer recruits. Feedback was very positive; attendees really enjoyed the session and felt it was very valuable.

We currently have 14 **Public Partner** volunteers, no change from Q2, with additional recruitment taking place in Q4. 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). A Public Partner has also been assigned to the Oversight Board that has been set up to review our internal systems, with a particular emphasis on strengthening our approach to gathering intelligence following the Queen Elizabeth University Hospital review.

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

The **Scottish Maternity Engagement Framework and Implementation Toolkit** (published September 2024) contains multiple references to advice and resources contained on our website – including the

Quality Framework, Participation Toolkit and guidance for volunteering – which are recommended by the Scottish Perinatal Network as supporting effective maternity engagement in Scotland.

In December 2024 we presented on What Matters To You? and how to engage with communities at a webinar on **"How to ensure service users are actively involved as individuals who support learners**" organised by NHS Education for Scotland. There were over 100 attendees who gave positive feedback that the session had increased their confidence in approaches which ensure service users are actively involved, and had introduced strategies and tools that they could use to involve service users in supporting leaners. The next steps are to set up a short life working group with the other presenters and continue to build on the impact of the webinar.

To tie in with **International Volunteering Managers' Day** on 5 December, we held an in-person event for 13 Volunteering Managers from across Scotland to network with their peers and generate discussions. A separate online event was hosted for 6 Practitioners' Network members to launch the Volunteer Experiences Survey, due to publish in Q4. The event allowed for discussion around the possible learning points and improvements required.

The first edition of our **What Matters To You? (WMTY) newsletter** was sent to subscribers in December 2024, with 869 recipients opening it. The newsletter highlighted an upcoming webinar in January, the latest case study and promoted nominations for the Jane Davies Award for Person Centred Practice.

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

Our **Gathering Views on the Charter of Rights and Responsibilities for the new National Care Service** report (published May 2024) was gratefully received by the programme team at Scottish Government. We were also complimented by other teams about the methods used and the depth of our work. The commissioners found the report useful to help them understand how the charter would work for people with experience of community health. Particularly appreciated were the regular check-ins with our team, our willingness to be flexible about timescales, our early sharing of initial findings, the opportunity to collaborate in publication and not incurring publication costs.

We have developed a process and form for internal and external stakeholders to **request responsive support** for their engagement practice. This will allow our teams to prioritise requests and provide the most appropriate support. An initial test of change using the process and form will be done in Q4.

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

As part of a **review of NHS Greater Glasgow and Clyde's Emergency Departments**, we spoke to people about their experiences of accessing the emergency departments at Queen Elizabeth University Hospital (Glasgow), Royal Alexandra Hospital (Paisley) and Glasgow Royal Infirmary. A total of 573 responses were received through online and postal surveys and telephone interviews. The findings have been analysed and the patient experience summary has been passed to the review team for inclusion in the final report.

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 Q3, most HIS programmes which require an EQIA have one in place. Of a total of 79 eligible programmes, 94% had either a full EQIA in place or had carried out initial screening, a 1% improvement on Q2.

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 **Citizens' Panel 14 report** in November 2024, summarising our findings and making recommendations for the Scottish Government and NHS Scotland on the topics of Realistic Medicine and Value Based Health and Care, and NHS Reform. The report has been widely shared across Scottish Government. It has also been shared with the General Medical Council who have incorporated the report's findings on communication and the BRAN (benefits, risks, alternatives, do nothing) questions into their outreach sessions with doctors about good medical practice.

Following publication of the **Citizens' Panel 13 report** (May 2024), the Scottish Government's Climate Emergency and Sustainability (CE&S) Board has noted the findings, conclusions and recommendations and endorsed the actions now being taken. The report has been shared widely within NHS Scotland and Scottish Government. Our recommendations are informing future action and direction of the Sustainable Care workstream and have been shared with the programme for potential wider action. For example, strong support for the return and reuse of unused medicines and equipment has led the programme to consider and continue to review what is required for this to be put in place. Most survey respondents agreed that the NHS has a responsibility to reduce its impact on climate change and the environment. Work on this continues, for example, by introducing more energy efficient surgical fluid collection and disposal systems, and switching off out-of-hours heating, ventilation, and air conditioning systems. Feedback on how members of the public prefer to access health and care services has been shared with NHS board Chief Executives and is informing the NHS Reform agenda.

Findings from the **Citizens' Panel 12 report** (November 2023) regarding views on organ and tissue donation will be included in the delayed final report by Scottish Government, due to publish in 2026. A summary of the findings has already been shared with policy and NHS staff working in donation and the Scottish Donation & Transplant Group. The Scottish Government has shared panel members' feedback on the regulation of independent healthcare with the minister and stakeholders, to inform and add weight to the argument for expanded regulation of services. Our findings reinforced public responses to an earlier Scottish Government consultation, which overwhelmingly supported further regulation of the non-surgical

cosmetics sector. They also confirmed Scottish Government's understanding that there is a lack of public awareness about which independent healthcare services are regulated by Healthcare Improvement Scotland and which are not.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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. New wording was proposed at the SHC meeting in November 2024 which was modified and then finalised, and the risk register was updated to this new wording immediately after the meeting.

3. Assessment

Risk 1163 reads as follows:

> *"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, and this may reduce public confidence in meaningful engagement. 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 relate to significant work undertaken in the following areas in 2024-25 plus ongoing activity, specifically:

- 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.

Two current challenges relating to this risk are that the new guidance on engagement on national service change remains untested, and the implications of the continued gap of a Strategic Engagement Lead post in the West region.

An extract of the corporate risk register is included in Appendix 2.

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 accept Moderate Level of Assurance that controls are in place for managing this risk, 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	Date Raised	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact sc	score	score	Appetite Stat	Modified By
Service Change	Reputational / Credibility	Reputational	Cautious	1163	24.11.2021	Clare Morrison	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, and this may reduce public confidence in meaningful engagement. 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.	20	The Scottish Health Council and its Service Change Sub-Committee provide governance on engagement on service change (discussed at every meeting). Revised Planning with People guidance published in 2024 and circulated to all Boards and HSCPs. Strategic Engagement Leads regularly meet Boards and HSCPs to emphasise the need for engagement and support available via HIS. Our Engagement Practitioner Network also raises awareness across the system about best practice and requirements. Regular meetings held with Scottish Government and membership of national groups on national service change to provide input into national planning. Regular discussions with Scottish Government to monitor all risks around application of Planning with People.	We have reviewed our existing guidance to ensure it is relevant and the risks around failure to meaningfully engage are considered. We have published additional guidance in areas where we identified gaps. In December 2024, we produced guidance on non-compliance with Planning with People. In 2024, we implemented a new structure comprising Strategic Engagement Leads and an Assurance of Engagement Programme to enhance our assurance processes, both of which have improved our earlier awareness and scrutiny of service changes in the system. We have a current and increasing risk around one of our Strategic Engagement Lead posts being vacant since May 2024 which is becoming an increasing concern as our awareness of service changes in some locations is now significantly reduced. We regularly meet with Scottish Government about national service changes and have discussed the new guidance on engagement with all the key groups who are taking forward the national service changes. These are early conversations so the new guidance remains untested.	4	3	12	In	Clare Morrison (NHS Healthcare Improvement Scotland)

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**20 February 2025**
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 3 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 3 performance for the KPIs tracked by SHC is:

Voices & Right of People & Communities	2023/24 actual	2024/25 target	Quarterly target	Quarter 3 result	Year to date
Governance for Engagement Percentage of Directorates supported to assess and improve their engagement	n/a	100%	Meetings scheduled for Q2 (target 50%) and Q3 (target 100%)	100%	100%
Engagement activities Citizens Panel and Gathering Views – number of policy areas influenced by people's views	8	10	2-3	2	7
Equality assessment Percentage of relevant projects/programmes with an initial screening completed	56%	90%	90%	94%	94%

It is highly unlikely that the second KPI for engagement activities for the full year will be met, with the expected output being eight not 10 activities. The main reason for this is that unplanned work to deliver a patient experience report for the NHS Greater Glasgow and Clyde emergency department review took precedence and involved considerable workload.

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 consider the KPI report and accept (1) a Significant Level of Assurance for the Quarter 3 performance and (2) a Moderate Level of Assurance for the full year performance, acknowledging that due to unexpected pressures only two out of three of the KPIs with be fully delivered, however there is a specific exceptional circumstance for the engagement activities KPI.

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.

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 3 performance for HIS corporate KPIs

Corporate KPIs: Q3 RAG	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%

Appendix 1

DRAFT Performance Measures

Corporate KPIs

KPI title	KPI metric	24/25 target	Quarter target	Q1	Q2	Q3	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%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment (SRA) timeframes	80%	80%	26%	20%	45%	Significant staffing pressures continue. Current inspector capacity is <60% due to staff absence. Focus is on high priority activities including registrations, complaint investigations, notifications and high and medium risk inspections.
Adverse events	% NHS boards using the adverse events Community of Practice and sharing learning by April 2025	75%	20%	30%	74%	100%	All NHS Boards have now been trained in usage of the New Community of Practice. Planning is underway for national launch in February 2025 alongside the Adverse Events framework revision publication.
Assess & Share Intelligence & Evidence							
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	90%	81%	N/A	N/A	Remains 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%	94%	
Practical Support for Sustainable Improvement							
Responsive support	Number of commissions undertaken	4	1	1	0	0	Discussions taking place to potential responsive support in NHS Grampian.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	12	0	4	22	
Mental Health reform	% of supported NHS boards with an improvement plan in place	80%	20%	N/A	N/A	0%	Work on this project was delayed due to funding uncertainty in Q1 and delays to recruitment. Work towards creating implementation plans for all NHS boards has started and boards were issued with self-assessment templates for completion in Q3. However it is unlikely that the original target of 80% will be met.
Voices & Right of People & Communities							
Service change engagement	Number of NHS board/IJB service change engagement plans influenced by advice & assurance	60		34	27	33	Annual target surpassed due to the higher volume of service change being considered across the system.
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	N/A	N/A	42%	100%	
Annual stakeholder survey	Response rate*	50%	N/A	N/A	N/A	N/A	On hold due to spending controls. Alternatives under consideration.
Organising Ourselves to Deliver							
Complaints	% upheld with an improvement plan	100%	100%	100%	100%	100%	
iMatter	Employee engagement index (EEI) score	80	N/A	75	N/A	N/A	*Annual survey*
Recurring savings	Recurring savings - cumulative	£2.5m	£0.6m	£0.5m	£1.1m	£0.9m	More non-recurring savings being made in year than recurring.
Communications	70 broadcast pieces per annum	70	17	34	42	26	Ahead of target due to success of neonatal, diabulimia and sustainable prescribing stories.

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

Scottish Health Council: Business Planning Schedule 2024/25 **Item 4.3**

Council Business	Lead Officer	23.05.24	12.09.24	10/10/2024 Extraordinary meeting	14.11.24	20.02.25	
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	■	■				
HIS Intergrated Planning							
HIS annual delivery planning for 2025-26	Head of Planning and Governance					■	
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	Head of Engagement Practice–Improvement	■	■		■	■	
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	■	■		■	■	

Proposed Scottish Health Council: Business Planning Schedule 2025/26 V0.1

Item 4.3
CM 2025

Council Business	Lead Officer	15.05.25	04.09.25	13.11.25	12.02.26	
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	■		■		
HIS Intergrated Planning						
HIS annual delivery planning for 2026-27					■	
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	Head of Engagement Practice–Improvement		■			
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				■	
Key Performance Indicators	Director	■	■	■	■	
Risk Register	Director	■	■	■	■	
Business Planning Schedule 2025/26	Chair	■	■	■	■	
Proposed Business Planning Schedule 2026/27	Chair				■	
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	■	■	■	■	

GOVERNANCE COMMITTEE ANNUAL REPORT 2024/25

Scottish Health Council Annual Report V0.1

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

1. Introduction

In order to assist the Board in conducting a regular review of the effectiveness of the organisation's systems of internal control, it is good practice for Governance Committees to submit an annual report to the Board. The Annual Report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit during the year.

This report is therefore submitted on behalf of the Scottish Health Council (SHC) for the year 1 April 2024 to 31 March 2025.

2. Purpose of the Committee (from Code of Corporate Governance)

The purpose of the SHC is to:

The SHC shall be responsible for oversight of the governance and assurance of the statutory duties of the Scottish Health Council as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:

- ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public
- ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)

The Committee will assure the Board that Healthcare Improvement Scotland (HIS) is meeting its duties in respect of: (i) patient focus and public involvement[3] (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

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

Has the Committee reviewed its terms of reference?
Yes (to be reviewed at meeting on 20 February alongside annual report)

3. Remit of Committee (from Code of Corporate Governance)

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	How did the Committee meet its remit during 2024/25 (with examples)
Approval of HIS-CE strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans	SHC approved the updated strategic vision for community engagement at the start of the year as part of the overall directorate re-structure. The SHC's business planning schedule was amended to ensure appropriate scrutiny of new vision and delivery plans of work programmes for first year of new structure.
Detailed scrutiny of performance against the workplan and delivery of outcomes	Delivery of each community engagement work programme is scrutinised at every meeting of the SHC – this is an increased level of scrutiny in the first year of the new directorate structure.
The establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee	The SHC has two sub-committees: • Service Change • Governance for Engagement. Both have full terms of reference and membership. Reporting arrangements are into the strategic section of the main SHC agenda (linked with standing items). .
Approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services	SHC approved an updated process for Governance for Engagement through an amended version of the Quality Framework for Community Engagement and Participation. Its Governance for Engagement sub-committee then monitored the implementation of this new process.
Hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.	SHC held all HIS Directorates to account via the Governance for Engagement process – all Directorates completed Cycle 3 and report submitted to SHC for approval in February 2025. In addition, it considered the following reports: • Equalities Mainstreaming Report • Corporate Parenting Report • Volunteering Report (including Public Partners and Peoples' Experience Volunteers in HIS)

4. Reporting arrangements

The following appendices provide a summary of the work of the Committee during 2024/25:
Appendix 1 – Attendance schedule
Appendix 2 - Business planning schedule
Appendix 3 – Key areas of business arising from each meeting and reported to the Board

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5. Risks (summary of risk landscape during the year)

During 2024/25 the Scottish Health Council reviewed at each of its meetings:
- all strategic risks/all strategic risks within the remit of the Committee

The following key risk was considered in more detail and updated by the Committee during 2024/25:

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, and this may reduce public confidence in meaningful engagement. 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.

The Committee will continue to highlight areas of risk to the Board, requesting external written evidence where this is necessary.

6. Conclusion (include what worked well/not well/what are the future actions)

Did the Scottish Health Council meet its remit for the year 1 April 2024 to 31 March 2025?

Yes

Commentary:

On ensuring, supporting and monitoring NHS boards and HSCPs:
- SHC provided assurance on all service change activity happening across Scotland through its Service Change sub-committee, including a major service change in NHS Dumfries & Galloway.
- SHC scrutinised and approved new processes for assurance of service change that does not meet the national threshold and for nationally driven service change. This included scrutinising updates to *Planning With People* text. SHC also monitored the ongoing processes with supporting NHS boards and HSCPs on engagement practice.
- SHC provided assurance on the engagement activity undertaken by HIS in terms of Citizens' Panels and Gathering Views, including the publication of a significant Citizens' Panel report on NHS reform.
- SHC provided assurance on the development of an engagement practice learning system.

On ensuring HIS meets its public involvement and equalities duties:

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- SHC provided assurance and scrutiny of all HIS directorates through its Governance for Engagement process. This included consideration of the new approach of using an adapted version of the Quality Framework for Community Engagement and Participation, and further amendments it may require to make it more appropriate for corporate directorates.
- SHC updated its meeting structure to ensure there is appropriate HIS-wide strategic overview on public involvement and equalities in the initial section of its meetings.

7. Future Actions (include what worked well/not well/what are the future actions)

Future Action	**Which strategic priority does this support?***
Scrutinise the new process for assurance of engagement on nationally driven service change	3
Scrutinise the updated Governance for Engagement process for corporate directorates	3
Continue to monitor the risk and planned mitigations around an increased volume of service change associated with financial and workforce pressures.	3

8. Sign-off Details

Committee Chair, signature, date:

Lead Director, signature, date:

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**Strategic Priorities*

1. *Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement.*
2. *Assess and share intelligence and evidence which supports the design, delivery and assurance of high quality health and care service.*
3. *Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care.*
4. *Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland.*
5. *Organising Ourselves to Deliver*

Appendix 1 – SHC Attendance Schedule

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Register of Scottish Health Council Attendance 2024-2025

		23-May-24	12-Sep-24	10-Oct-24	14-Nov-24	20-Feb-24
Members						
Suzanne Dawson	Chair	√	√	√	√	
Nicola Hanssen	Vice Chair	√	√	√	√	
Michelle Rogers	Non-executive Director	√	√	√	√	
Nicola McCardle	Member	x	x	√	√	
Gina Alexander	Member	x	√	√	√	
Emma Cooper	Member	√	√	√	√	
Jamie Mallan	Member	√	√	x	√	
Dave Bertin	Member	√	√	√	√	
In attendance						
Clare Morrison	Director of Community Engagement & System Redesign	√	√	√	√	
Tony McGowan	Associate Director of Community Engagement	√	x	√	√	
Christine Johnstone	Head of Evidence for Engagement	√	√	√	x	
Derek Blues	Head of Assurance of Engagement	√	√	x	√	
Diane Graham	Head of Engagement Practice- Improvement		√	x	√	
Lisa McCartney	Strategic Engagement Lead	√	√	x	√	
Sharon Bleakely	Strategic Engagement Lead	√	√	x	√	
Wendy McDougall	Strategic Engagement Lead	x	x	x	x	
Richard Kennedy McCrea	Operations Manager	√	√	x	√	
Rosie Tyler-Greig	Diversity & Inclusion Manager	√	√	x	√	
Carole Wilkinson	Chair, Healthcare Improvement Scotland	√	x	√	√	
Duncan Service	Employee Director	√	√		√	
Robbie Pearson	Chief Executive		√	√	√	
Angela Moodie	Director of Finance, Planning & Governance		√	√	x	
Safia Qureshi	Director of Evidence & Digital		x	x	x	
Simon Watson	Medical Director & Director of Safety			x	x	
Sybil Canavan	Director of Workforce		√	√	√	
Ben Hall	Head of Communications		√	x		
Lynsey Cleland	Director of Quality Assurance and Regulation		x	x		
Jane Illingworth	Head of Planning and Governance			√		
Lynda Nicholson	Head of Corporate Development		√	x		
Susan Ferguson	Committee Secretary	√	x	√	√	
Pauline Symaniak	Governance Manager		√			

Key: √ = attended; x = apologies;

Appendix 2 - SHC Business Planning Schedule

Scottish Health Council: Business Planning Schedule 2024/25 **Appendix 2**

Council Business	Lead Officer	23/05/24	12/09/24	10/10/2024 Extraordinary meeting	14/11/24	20/02/25
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					
HIS Intergrated Planning						
HIS annual delivery planning for 2025-26	Head of Planning and Governance					
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	Head of Engagement Practice–Improvement					
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					

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Appendix 3 – Key areas of business arising from each meeting and reported to the Board

25 May 2024

a) Engagement on Service Change:
The SHC was informed that an updated version of the *Planning with People* guidance on community engagement and participation had been signed off by the Cabinet Secretary and would be published by the end of May (now published). The changes stemmed from concerns HIS had raised with Scottish Government on three key issues: assurance of engagement on service change that does not meet the major threshold yet is still significant; engagement responsibilities on national service changes; and engagement responsibilities for Integration Joint Boards. HIS worked closely with Scottish Government to draft the new wording in *Planning with People*. This action had been prompted by working with boards to understand the challenges they faced. A new flowchart providing clarity on the engagement process for service change and timescales had also been produced, published and linked to within the new *Planning with People*. SHC noted that these actions demonstrated that HIS had been proactive in its early response to the service change challenges the system faced, and that HIS was now well placed to respond to these challenges.

b) Governance for Engagement:
The HIS Governance for Engagement process aims to provide assurance that HIS meets its legislative duties on engagement and equalities. The SHC had previously agreed that the process should be updated later in 2024 to reflect the new HIS Quality Framework for Community Engagement and Participation. However, this work was accelerated following reflections on the engagement within the HIS Responding to Concerns process. The SHC heard that the Governance for Engagement process will now involve a new self-assessment tool based on the Quality Framework which has been shared with all Directorates for early consideration, followed by supportive scrutiny by the Governance for Engagement sub-committee of SHC with meetings scheduled with all Directorates for this year.

c) Equalities, Diversity and Inclusion:
The SHC discussed progress on achieving outcomes in the current Equality Mainstreaming Report. The majority of HIS programmes requiring an Equality Impact Assessment now had one in place, although there remain some gaps which the equalities team are addressing by proactively engaging with programme leads. To enhance equalities work going forward, an SHC member has joined the HIS Equality, Inclusion and Human Rights Group to support its role in advising SHC and to ensure the SHC has a strong focus on equalities in all of its decisions. The SHC also discussed the balance between itself and the Staff Governance Committee on the governance of equalities duties, and it was agreed that the proposed idea of a joint development session for the two governance committees should be explored.

12 September 2024

a) HIS's role in engagement on national service change
An increasing volume of service change is being considered at a national level via the NHS Scotland Planning and Delivery Board. SHC discussed the implications of this relating to HIS's statutory duty to support, monitor and assure engagement by health boards.
Advice has been provided by Scottish Government that HIS has no role in assuring national engagement and that the arrangements set out in *Planning with People* for nationally determined service changes should be followed (ie, HIS provides assurance of local engagement after the national engagement is completed).
SHC members were concerned about a lack of clarity on HIS's role; potential confusion about when engagement was national or local; and who would undertake the assurance of engagement at a national level.

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SHC agreed that for our own governance, Central Legal Office advice should be sought on HIS's statutory duties. Further clarification should be sought from Scottish Government to provide detail on the practical application of the guidance about national engagement, eg, through scenarios. Given the need to move forward quickly and the complexity of the issue it was agreed that an extraordinary meeting of SHC would be held to make a decision on HIS's future role.

b) Planning With People

SHC agreed that a consistent approach is needed for when NHS Boards and HSCPs do not follow *Planning With People* (Scottish Government and COSLA guidance on community engagement and participation). While the majority of boards continue to meet the requirements of *Planning With People*, there had been a few cases recently where this was not the case and HIS had to provide advice on what was required to meet expectations. SHC agreed that it remains vital that HIS continues to provide regular communication and support in the first instance but decided that a standard approach should be developed to enable prompt and consistent approaches when we become aware that *Planning With People* has not been followed.

c) Progress with delivery of community engagement activity in HIS

SHC recognised the significant progress in the way in which community engagement activity is now being delivered by HIS which directly results from the implementation of the new organisational structure in April 2024. This was in terms of:

(1) the structuring and delivery of work around evidence, improvement and assurance of engagement, and strategic engagement

(2) the span of approach that looks at both immediate reporting but also follows up on activity in the longer term to understand the impact of engagement work.

<u>14 November 2024</u>

a) Engagement on service change: update to strategic risk register

The SHC agreed that following a number of key developments completed by HIS in recent months – working with Scottish Government to update *Planning with People*, developing a new assurance process for engagement on service change, and agreeing with Scottish Government new guidance for national and local engagement on nationally determined service changes – that the strategic risk register entry on service change should be re-worded. SHC discussed proposed new wording, agreed a modification, and concluded that the new wording should be discussed with the HIS Risk Manager to update the impact and risk appetite, and then be updated in the risk register.

The draft wording agreed by SHC 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, and this may reduce public confidence in meaningful engagement. 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."*

b) Governance for Engagement: tailored process and triangulation

The SHC considered the recent outcomes of the Governance for Engagement process and endorsed a proposal to introduce a slimmed down version of the self assessment template for corporate directorates, to ensure a proportionate approach. It was also suggested that a wider consideration across HIS governance committees' assurance and scrutiny processes would be useful. This would highlight any areas of potential duplication, or areas to improve alignment of governance process, while making sure there is still effective scrutiny of engagement responsibilities for all directorates. This should include a reflection on the engagement requirements set out in the Staff Governance Standard to avoid duplication with the Staff Governance Committee.

c) Strategic Engagement: value of gathering intelligence
The SHC highlighted the value of the Strategic Engagement Lead role and associated Engagement Advisor roles who have gathered significant intelligence through meeting NHS boards, HSCPs and community groups. This intelligence has been shared across the Directorate to inform work, and discussions are ongoing about how to share it with the rest of HIS. The continued vacancy of one of the Strategic Engagement Lead posts was noted as a risk to delivering this work across the country and it was agreed that this vacancy should be filled at the earliest opportunity.

20 February 2025 – to be agreed

Terms of Reference: Scottish Health Council

1. Purpose

The Scottish Health Council (SHC) is a governance committee of Healthcare Improvement Scotland (HIS) and oversees community engagement activity. It is responsible for ensuring the voices of the people of Scotland are heard when it comes to shaping health and care services.

The SHC is responsible for oversight of the governance and assurance of their statutory duties as set out in the National Health Service (Scotland) Act 1978 as amended by the Public Service Reform (Scotland) Act 2010:

- ensuring, supporting and monitoring NHS Boards compliance with the duty to involve the public
- ensuring, supporting and monitoring the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement)

The SHC will assure the HIS Board that they are meeting its duties in respect of: (i) patient focus and public involvement[1] (ii) equalities (excluding staff governance) (iii) User Focus and (iv) Corporate Parenting.

2. Remit

The duties of the Scottish Health Council are to:

- approval of HIS community engagement strategic vision, objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans
- seek assurance that NHS Boards and Integration Joint Boards are undertaking their community engagement responsibilities as set out in the *Planning with People* guidance
- detailed scrutiny of performance against the workplan and delivery of outcomes
- the establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the SHC
- approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services
- hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee
- provide support and advice to the Community Engagement & System Redesign Directorate's Leadership Team.

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

The SHC will manage any associated risks assigned to it[2].

3. Membership

The Chair of the SHC is appointed by the Cabinet Secretary for Health and Sport. There shall be up to eight other members of the SHC, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the SHC, and up to six who shall be members of the public appointed by the Chair of the SHC. Members can serve up to a maximum of two four-year terms.

The Director of Community Engagement & System Redesign is expected to attend meetings and will be supported by members of the directorate senior management team.

The HIS Chair cannot be a member of the SHC but has the right to attend.

The Chair of the SHC shall be a member of the HIS Quality and Performance Committee.

A Vice-Chair appointed by the SHC Chair, will deputise for the Chair in their absence.

4. Quorum

Meetings of the SHC shall be quorate when at least 50% of members are present, including at least one HIS non-executive Board member. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

5. Meetings

The SHC will meet a minimum of four times a year. Meetings will be held at a place and time as determined and agreed by members of the SHC.

6. Information requirements

In line with the *Blueprint for Governance*, papers will follow the format adopted across HIS governance committees and will be distributed through the HIS digital document sharing portal (Admincontrol) seven days prior to the meeting. A Minute will be prepared within two weeks of the meeting.

7. Reporting

The SHC will review its own effectiveness and report the results of this review to the HIS Board and Accountable Officer through the submission of an annual report. This will assist both the SHC and the wider HIS Board in reviewing the organisation's systems of internal control.

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[2] The Healthcare Improvement Scotland Risk Management Strategy describes how each risk raised on the corporate risk management system is assigned to the appropriate governance committee, dependent on its description and the context of the risk

Item 4.4
Appendix 5

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Terms of Reference: Scottish Health Council (Service Change Sub-Committee)

1. Purpose

The Scottish Health Council (SHC) is a governance committee of Healthcare Improvement Scotland (HIS) and oversees community engagement activity. It is responsible for ensuring the voices of the people of Scotland are heard when it comes to shaping health and care services.

The SHC Service Change Sub-Committee (sub-committee) focuses on assurance around NHS Boards and Integration authorities' responsibilities to involve people in any service change in line with the *Planning with People* guidance.

The sub-committee provides an advisory function to the Chair of the SHC, the Director of Engagement and Change and the wider SHC on service change matters. The sub-committee focus is on reviewing current practice and supporting the development of revised approaches as detailed below:

- review and advise on existing process and on any revised process as appropriate
- ensure the current method of assessment to inform HIS' view on planned service change across the health and care system is robust and open to scrutiny.

2. Remit

The duties of the sub-committee are to:

- Provide detailed scrutiny on the advice provided by HIS-Community Engagement & Transformational Change (HIS-CE&TC) directorate in relation to service change.
- Contribute to the review of current approaches and the development of any revised approach to HIS' role in service change to enhance transparency and support public confidence.
- Ensure appropriate processes for community engagement and public involvement around service change are developed within the context of changes to policy, guidance and public body structures, and reflecting health and care integration and national, regional and local responsibilities.
- Consider the impact any changes to the HIS role in service change may have on stakeholders, notably the public, NHS Boards and integration authorities and Scottish Government. Ensure any changes to current practice are discussed with stakeholders and/or tested with NHS Boards and integration authorities.

3. Membership:

The Chair of the SHC will be a member of the sub-committee but can appoint any member of the sub-committee to Chair. In addition to the Chair of the SHC there shall be up to four other members of the sub-committee, including a minimum of one HIS non-executive Board member. All members of the sub-committee will come from membership of the SHC.

The Director of Engagement & Change should be represented at the meeting and will be supported by members of the directorate senior management team and members of the Engagement Practice-Assurance team.

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4. Quorum

Meetings of the sub-committee will be quorate when at least 50% of members are present, including at least one HIS non-executive member. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

5. Meetings

To allow effective reporting and reflecting advisory function, sub-committee meetings will be aligned to SHC meeting dates and frequency. Meetings will be held at a place and time as determined and agreed by members of the sub-committee.

6. Information requirements

In line with the *Blueprint for Governance*, papers will follow the format adopted across HIS governance committees and will be seven days prior to the meeting. A Minute will be prepared within two weeks of the meeting.

7. Reporting

The SHC will oversee the work of the sub-committee and provide governance on any decision making. The sub-committee will provide the SHC with approved Minutes and an update on previous meeting discussions and advice. Final scrutiny and assurance lie with the SHC.

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Terms of Reference: Scottish Health Council (Governance for Engagement Sub Committee)

1. Background

Health and care services in Scotland must be responsive to the needs and wishes of people and communities, all of whom will use services at some point in their lives. In order to continue to encourage and support improvement within the system, Healthcare Improvement Scotland (HIS) needs to ensure that the voices of people and communities are directly informing and shaping our work programmes and functions, from planning to delivery.

Everything we do as an organisation has the potential to be informed and improved by listening to those who use health and care services.

The Scottish Health Council (SHC) is a governance committee of HIS and oversees community engagement activity. It has a statutory role across NHS Boards and Integration Authorities to support, ensure and monitor patient focus and public involvement activities relating to health services, and this includes the work of HIS itself.

In order to ensure appropriate governance for engagement, an approach has been developed centred around the establishment of a sub-committee of the SHC which aims to identify, support and promote the delivery of a consistent level and quality of engagement practice across all of the organisation's activities through effective governance.

2. Purpose

The sub-committee provides an advisory function to the Chair of the SHC, the Director of Engagement and Change, and the wider SHC, which in turn provides assurance to the HIS Board on performance relating to the engagement of people and communities, and the ways in which the organisation is meeting its legal duties and equality-related outcomes.

The sub-committee's deliberations are informed by the following legislation and duties:

- The Equality Act 2010 and the Public Sector Equality Duty;
- The Fairer Scotland Duty;
- The Children and Young People (Scotland) Act 2014;
- The Islands (Scotland) Act 2018;
- Public Services Reform (Scotland) Act 2010: Section 112; and
- The Human Rights Act 1998 and associated provisions within the Scotland Act 1998.

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3. Remit

The duties of the sub-committee are to:

- Identify and improve upon good engagement practice through practical examples from HIS directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility, including:
    - The use of Equality (and other) Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
    - Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities; and
    - Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken.
    - Learning through reflection to identify, celebrate and share good engagement practice within work programmes, and determine sources of support and appropriate remedial actions where improvements are needed.

- Explores with HIS directors, other senior managers, Public Partners and people and communities engaged by HIS, any challenges or areas of work where engagement could be improved.

- Ensures appropriate processes are developed to consider changes to community engagement policy within HIS.

- Considers the impact on stakeholders (notably the public) of any changes to organisational support provided by the Community Engagement & Transformational Change Directorate for HIS engagement activities and equalities-related outcomes.

- Regularly review its information gathering processes to ensure it is collecting the most appropriate information in order to support robust governance for engagement, without making reporting onerous for each directorate.

4. Membership

Membership of the sub-committee is as follows:

The Chair of the SHC will be a member of the sub-committee but can appoint any member of the sub-committee to Chair. In addition to the Chair of the SHC there shall be up to four other members of the sub-committee. All members of the sub-committee will come from membership of the SHC.

The Director of Engagement and Change should be represented at the meeting and will be supported by members of the directorate senior management team.

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5. Quorum

Meetings of the sub-committee will be quorate when at least 50% of members are present. For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

6. Meetings

To allow effective reporting and reflecting advisory function, sub-committee meetings will be aligned to SHC meeting dates and frequency. Meetings will be held at a place and time as determined and agreed by members of the sub-committee.

7. Information Requirements

In line with the *Blueprint for Governance*, papers will follow the format adopted across HIS governance committees and will be distributed seven days prior to the meeting. A Minute will be prepared within two weeks of the meeting.

8. Reporting

The SHC will oversee the work of the sub-committee and provide governance on any decision making. The sub-committee will provide the SHC with approved Minutes and an update on previous meeting discussions and advice. Final scrutiny and assurance lie with the SHC.

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