Healthcare Improvement Scotland

Scottish Health Council Committee Draft Agenda V1

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

Date: 25 February 2021
Time: 10.00 – 12.30
Venue: MS Teams

Contact: Susan Ferguson
07866 130791

Note: the format of the SHC Committee agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the Blueprint for Good Governance.

Item	Time	Agenda item	Lead Officer	Report
1.	OPENING BUSINESS			
1.1	10.00	Welcome, Introduction and apologies	Chair	
1.2	10.10	Draft minutes of Meeting (05/11/2020)	Chair	Paper
1.3	10.15	Review of Action Point Register	Chair	Paper
1.4	10.20	Business Planning Schedule	Chair	Paper
1.5	10.25	COVID-19 response	Director	Verbal
2.	SETTING THE DIRECTION			
2.1	10.35	Quality Framework for Community Engagement	Director	Verbal
2.2	10.45	Engaging People in the work of HIS	Head of Engagement & Equalities Policy	Verbal
3.	COMMITTEE GOVERNANCE			
3.1	10.55	Proposed Business Planning Schedule 2021/22	Director	Paper
3.2	11.05	Risk Register	Director	Ppaer
3.3	11.15	Operational Plan Progress Report	Head of Engagement Programmes	Paper
3.4	11.25	Draft Directorate Operational Plan 2021/22	Head of Engagement Programmes	Paper
3.5	11.35	Equality Mainstreaming Report	Equalities and Diversity Advisor	Paper
3.6	12.00	Service Change: Briefing	Service Change Manager	Paper

NHS SCOTLAND

3.7	12.10	Governance for Engagement Sub-Committee minutes (11/01/2021)	Head of Engagement and Equalities Policy	Paper
4.	**RESERVED BUSINESS**			
4.1	12.15	Service Change Sub Committee meeting minutes (22/10/2020)	Service Change Manager	Paper
5.	**ADDITIONAL ITEMS of GOVERNANCE**			
5.1	12.20	Key Points	Chair	
6.	**CLOSING BUSINESS**			
6.1	12.25	AOB	All	
6.2	12.30	Meeting Close		
7.	**DATE OF NEXT MEETING**			
7.1		25 May 2021 10.00am 12.30pm Held via MS Teams		

Healthcare Improvement Scotland

DRAFT MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 05 November 2020
Time: 10:00-12:30
Venue: MS Teams

Present
Suzanne Dawson, Chair
Elizabeth Cuthbertson, Member
Dave Bertin, Member
Emma Cooper, Member
Simon Bradstreet, Member
Alison Cox, Member
Jamie Mallan, Member (joined following the 11.20am screen break)

In Attendance
Lynsey Cleland, Director of Community Engagement
Tony McGowan, Head of Engagement and Equalities Policy
Derek Blues, Engagement Programme Manager
Daniel Connelly, Service Change Manager (Items 2.1, 2.2, 3.3, 4.1)
Valerie Breck, Engagement and Equalities Policy Manager (Item 2.3)
Gary McGrow, Social Researcher (Item 2.4)
Victoria Edmond, Senior Communications Officer

Apologies
John Glennie, Vice Chair
Christine Lester, Non-executive Director
Jane Davies, Head of Engagement Programmes

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

Declaration of interests
No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	**Chair's Welcome, Introductions and Apologies**	
	The Chair of the Scottish Health Council Committee (*'the Chair'*) welcomed everyone to the meeting via MS Teams and extended a particular welcome to Derek Blues, Engagement Programme Manager, who was attending the meeting in the absence of Jane Davies, Head of Engagement Programmes. Apologies were noted as above.	

	At this point the Chair informed the Scottish Health Council Committee(*'the Committee'*) that : • Although not scheduled on Agenda a screen break would take place around 11.20am • Noted that there was a change to the running order of the Agenda to allow the Service Change Manager to cover off all agenda items pertinent to him at the same time The Committee agreed the changes to the Agenda.	
1.2	**Draft Minutes of Meeting**	
	The draft minutes of the Committee meeting held on 10 September 2020 were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising	
1.3	**Review of Action Point Register**	
	Action 1.2 - the Chair extended a special thanks to the Committee members for taking part in the scheduled 1:1s Action 2.3 – the Chair confirmed that Elizabeth Cuthbertson, Emma Cooper, Simon Bradstreet and Jamie Mallan will join the new Governance for Engagement Sub-Committee. After reviewing the Action Point Register the Committee agreed there were no outstanding actions which would not be covered by the agenda.	
1.4	**Business Planning Schedule**	
	The Committee noted the Business Planning Schedule	
1.5	**COVID-19 response**	
	The Director of Community Engagement (*'the Director'*) provided a verbal update to the Committee, noting that all Directorate work programmes detailed in the remobilisation plan are still progressing through the COVID lens, particularly in the context of the second wave. The Director also highlighted the current work of the Directorate with the ALLIANCE to support *'A Conversation with People of Scotland'* on their experiences of health and social care during the Covid Pandemic. The Director highlighted the continued focus on the health and wellbeing of colleagues throughout	

	HIS and advised that a small number of colleagues had returned to an office environment, in accordance with health and safety guidance, as this was best suited to their needs. The Committee thanked the Director for the update and noted its content.	
2.	**SETTING THE DIRECTION**	
2.1	**National Guidance for Community Engagement**	
	The Director and Service Change Manager provided the Committee with an update on joint work by Scottish Government and COSLA to develop new national guidance for health and social care services on community engagement and participation. The Committee were advised that this work had resumed in September 2020 and that, subject to there not being a worsening of the COVID situation, the new guidance is expected to be published in January 2021. The Service Change Manager advised that work had been undertaken with the Care Inspectorate to develop joint feedback on the draft guidance document for the Committee's consideration. Four key areas of feedback were highlighted to the Committee: 1. The importance of the new guidance articulating what good engagement practice looks like 2. The need for consistency of language and clarity of purpose of the document 3. The importance of clarity around governance arrangements, including the local, regional and national planning context 4. The need to reflect changes in the external context arising from Covid The Committee welcomed the approach of identifying essential considerations for the new guidance, as well as suggested enhancements. After discussion on the draft guidance document and proposed feedback, the Committee recommended the following additional points of feedback. • A review process should be incorporated into the document to ensure it remains current • A clearer link should be made to the National Standards for community engagement • An appropriate and consistent use of 'should', 'must' and 'recommend' should be considered throughout the guidance • Consideration should be given to ongoing public involvement in the document	

	The Committee supported the draft feedback to go forward and thanked the Director and Service Change Manager for providing the update. **Action** Service Change Manager/Director to review and amend feedback on the draft guidance document in line with comments from Committee.	**Service Change Manager/Director**
2.2	**Quality of Care Approach/Quality Framework for Community Engagement**	
	The Service Change Manager provided a paper and presentation for discussion. The Committee were advised that the work by Healthcare Improvement Scotland and the Care Inspectorate to develop an approach for assuring meaningful engagement across health and care aligned to the Quality of Care Approach, had resumed in tandem with the development of new national guidance for community engagement. The Service Change Manager explained that the Stakeholder Advisory Group reconvened on 26 October and that revised timelines and milestones for the work programme have now been developed. Through discussions, it was established that the name 'Quality of Care Approach for Community Engagement' was causing confusion. It was proposed the work be renamed as the 'Quality Framework for Community Engagement'. The Service Change Manager advised the Committee that the Stakeholder Advisory Group was supportive of the change of title and noted that this would not impact on the underlying aims of the work. The Committee found the paper and presentation useful and highlighted the following points: • The importance of a self-evaluation process not becoming a 'tick-box' exercise and is instead used as an opportunity to capture what is going well, as well as to consider how things could be done differently • The need to consider how the self-evaluation framework could inform the work of the organisation's new Governance for Engagement Sub- Committee • Self-evaluation needs to test an organisation's own perceptions of how it is performing with the public perceptions • Public involvement, including patients, public partners, general public and communities needs to inform and validate the process.	

		The Service Manager thanked the Committee for the feedback, noting he is keen to build in the suggestions made and in particular considerations on how to involve the public. The Committee will continue to receive regular updates on the progress of this work. **Action** Service Change Manager to share presentation slides with Committee Members.	**Service Change Manager**
2.3		**Engaging People: Volunteer/Public Partners**	
		The Engagement and Equalities Manager provided the Committee with an update report on the review of the HIS Volunteer/Public Partner Roles within the Engaging People work stream. Following on from feedback from staff in 2018/19 to review what current approaches worked well; what gaps existed; and what changes could be considered to ensure support is readily available for staff to engage people in the organisation's work, further work has been undertaken to review and make recommendations on developing volunteering and public partner and roles in HIS. One of the emergent messages from the feedback was for HIS to consider how its current approach with Public Partners could be improved so that work programmes across the organisation can more consistently benefit from their utilisation. There was also recognition that the Public Partner role is an important one, but should be one of a range of ways in which HIS involves people in its work. The report provides information on the current deployment of Public Partners across HIS and offers analysis of staff engagement feedback over a number of themes: • The views of people with lived experience versus the general public; • The role of the Public Partner; • Support and communication; and • New roles in volunteering The report goes on to offer a series of recommendations aimed at improving the Public Partner / volunteering offer within HIS across the following headings: • Internal changes for HIS; • Including the public opinion across the organisation;	

	• Further development of volunteering opportunities; • Better understanding of the role of the Public Partner; and • Provision of volunteer support. The Engagement and Equalities Manager asked the Committee for any additional input that could enhance the Report. The Committee agreed that the report was open, honest and transparent with strong insights and highlighted the following points: • It will be important to set Public Partners up for success with relevant training • Need to look at terminology and the use of clear language to clarify the different perspectives 'people with lived experience', 'public representatives' and 'the public' can bring. • Highlight the variety of opportunities for volunteers/ public partners and consider opportunities for peer to peer support • Opportunity to use digital tools to engage and involve people across a range of communities in different parts of Scotland The Committee thanked the Engagement and Equalities Manager for providing the update and supported the recommendations of the Volunteering and Public Partners report.	
2.4	**Citizens Panel**	
	The Head of Engagement and Equalities Policy and the Social Researcher provided a progress update of the Citizens' Panel over the past 12 months and an outline of planned activities for 2021. With the effect of the Covid pandemic impacting on plans, the Citizens' Panel was last consulted in January 2020 on the topic of 'p*ublic awareness around antimicrobial resistance*'. A further Citizens' panel survey on '*safety in health and social care'* was due to commence in March 2020, this was paused due to the Covid pandemic and will be picked up again during 2021. A Citizens' Panel survey around mobilisation and renewal of health and care services in the context of the Covid pandemic is being conducted on behalf of the Scottish Government with input from The ALLIANCE. This has been circulated with responses due back in January 2021. Consideration is also being given to how the Citizen's Panel could be used to help inform	

	considerations around the redesign of unscheduled urgent care. There was discussion about whether the panel was at its full complement following the pause in its work and questions around how the panel had been kept updated on developments during the pandemic. The Social Researcher advised the Committee that the Citizens' Panel members had received an update newsletter from the Director of Community Engagement and a virtual annual update was being scoped at present. In terms of the Citizens' Panel's future work programme and the range of potential panel topics in the pipeline, the Social Researcher advised that there could be more scope to do dual running surveys but that there were considerations around ensuring the Citizens' Panel was not overwhelmed. The Committee thanked The Head of Engagement and Equalities Policy and the Social Researcher and noted the update.	
2.5	**Strengthening Patient and Public Involvement in Primary Care**	
	The Engagement Programme Manager provided a verbal update to the Committee highlighting the following points: **Primary Care event** Following on from the mapping exercise around Patient Participation Groups (PPGs) in general practices in Scotland undertaken in 2019, an event was to be hosted in June 2020 to share the findings and look at how to further support involvement and engagement in GP practices through PPGs. Due to the Covid pandemic the event in June was cancelled, with a virtual meeting entitled '*Community Engagement in Primary Care*' replacing it on 10 November 2020. This event has been constructed as 4 individual sessions to enable people to join for part or all of the day. To date over 126 people have registered for the event. The Engagement Programme Manager extended the invite to join the Primary Care event to the Committee Members. **Gathering Views** –Access to primary care services during Covid -19 The Community Engagement Directorate has been	

	asked to consider a potential Gathering Views exercise in relation to people's experiences of accessing primary care services during the pandemic. Discussions are underway with colleagues across the organisation to consider how this fits with other work underway to support the remobilisation of primary care services. An update on how this work progresses will be provided to the Committee in due course. The Committee thanked The Engagement Programmes Manager for the update and some members noted an interest in attending the Primary Care Event. **Action** The Engagement programme Manager to send the link to the Primary Care Event to Committee Members.	**Engagement Programme Manager**
2.6	**Corporate Parenting Action plan**	
	The Head of Engagement and Equalities Policy provided the Committee with a paper on the updated Corporate Parenting Action Plan. Healthcare Improvement Scotland (HIS) published its Corporate Parenting Action Plan 2020-2023 in April 2020. The Covid pandemic has impacted progress with some of the actions and has also resulted in some planned activities and timelines being reviewed and updated. These changes were highlighted which the Committee was asked to note. The Head of Engagement and Equalities Policy advised the Committee that the Covid pandemic was significantly impacting the lives of children and young people in a range of ways, particularly those who are vulnerable. The Head of Engagement and Equalities Policy also highlighted the need to harness the work across HIS to effectively maximise the organisation's impact in helping to improve opportunities, experiences and outcomes for children, young people and families in Scotland for the remainder of 2020/21 and beyond. The Committee welcomed the recognition of the significant impact that the Covid pandemic is having on the lives of children and young people, particularly those who are vulnerable. Committee members were also keen to understand if the Corporate Parenting learning module would be available to Committee Members. It was confirmed that a link to this would be provided. The Director advised the Committee that as part of the considerations on the organisation's wider work on children and young people, consideration was being	

	given to a joint development session early next year with respective members of the Quality and Planning Committee. The Committee thanked The Head of Engagement and Equalities Policy for providing the update and noted the paper. **Action** Director to take forward arrangements for a joint development session on children and young people for the Scottish Health Council and Quality and Planning Committees. Public Involvement Advisor to share link to Corporate Parenting learning module.	**Director** **Public Involvement Advisor**
3.	**Committee Governance**	
3.1	**Risk Register**	
	The Community Engagement Director presented the latest report on risks assigned to the Directorate and advised that Risk 1061 consolidated the previous service change risks. No further risks have been added to the Risk Register The Committee noted the Risk Register and thanked the Community Engagement Director for the update.	
3.2	**Remobilisation and Operational Plan progress report**	
	The Director provided the Committee with an update on the Directorate's progress with work outlined in the Operational and Remobilisation Plans for 2020/21. She advised that with the timing of the meeting being out of sequence with the Q3 reporting period, the update only provided information on activity until mid October. The Director advised that staff are still responding well to the challenges of the fast pace of work highlighting, however, that there was a need to achieve the correct balance, with the capacity and well-being of staff remaining a high priority. The Director summarised the range of achievements detailed in progress update, highlighting that the Scottish Government had recognised the value of the Gathering Views Report on Maternity Services and requested it be published in the public domain. The Committee felt assured with the update on the Remobilisation and Operational Planning Progress Report.	

	The Committee thanked The Director of Community Engagement and noted the content of the update.	
3.3	**Service Change: Briefing**	
	The Service Change Manager provided the Committee with a Service Change update highlighting the following key points :	

Engagement and Participation in service change in response to COVID-19

Following on from the briefing circulated to NHS Boards and Integration Authorities at the end of June, a more detailed guidance note was issued to inform the considerations and next steps for engagement in service change alongside plans for re-mobilisation and recovery.

As part of this work, a survey was issued to gain an overview of changes that have taken place as a result of COVID-19. To date, responses have been received from 26 organisations (17 Integration Authorities and 9 NHS Boards) and this information is being used to target directorate resources to best effect.

NHS Lanarkshire - Monklands:
NHS Lanarkshire published the outcome of its option appraisal for the site of the new University Hospital Monklands. This showed that scores for Wester Moffat and Gartcosh were very close (within one point).

A public feedback exercise was held from 30th September – 18th October 2020 and NHS Lanarkshire received over 760 responses to this. Engagement activity was also taken forward through a telephone survey and online focus groups of approximately 500 people.

Healthcare Improvement Scotland – Community Engagement is currently preparing an assessment report of NHS Lanarkshire's engagement which will consider the options appraisal process, the outcome of this and the feedback received through the engagement following this. It is proposed that the assessment report is produced mid-November in time to be circulated for NHS Lanarkshire's Monklands Replacement Oversight Board meeting, and subsequent Board meeting.

The Service Change Manager advised that the most recent service change update provided for the monthly Directorate Management Team meeting was included as an appendix to the paper. This provides an overview of the active changes that we are involved with and further detail on some of the more significant ones.

	The Committee thanked the Service Change Manager for the update and noted the content of the update.	
4	**Reserved Business**	
4.1	**Service Change Sub Committee meeting minutes (20/08/2020)**	
	The Service Change Manager presented the Service Change Sub-Committee meeting minutes from the meeting held on 20/08/2020 The Committee noted the minutes	
5.0	**ADDITIONAL ITEMS of GOVERNANCE**	
5.1	**Key Points**	
	After discussion, the Committee agreed the following three key points to be reported to the Board • National Guidance and Quality Framework for Community Engagement • Volunteering/Public Partner Roles within HIS • Citizens Panel	
6.	**Closing Business**	
6.1	**AOCB**	
	No other competent business was discussed	
6.2	**DATE of NEXT MEETING**	
	The next meeting will be held on 25 February 2021 via MS Teams	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: **Scottish Health Council Committee**
Date: **25 November 2020**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 27/11/2019 **2.3**	Community Engagement and the Quality of Care Approach	LC to take forward work to further develop a Quality of Care approach for Community Engagement.	31/12/2020	LC	Ongoing
Committee meeting 25/11/2020 **2.1**	National Guidance for Community Engagement	Service Change Manager/Director to review and amend feedback on the draft guidance document in line with comments from Committee.	25/02/2021	DC/LC	Completed
Committee meeting 25/11/2020 **2.2**	Quality of Care Approach/Quality Framework for Community Engagement	Service Change Manager to share presentation slides with Committee Members.	25/02/2021	DC	Completed
Committee meeting 25/11/2020 **2.5**	Strengthening Patient and Public Involvement in Primary Care	The Engagement programme Manager to send the link to the Primary Care Event to Committee Members.	25/02/2021	DB	Completed
Committee meeting 25/11/2020 **2.6**	Corporate Parenting Action plan	Director to take forward arrangements for a joint development session on children and young people for the Scottish Health Council and Quality and Planning Committees.	25/02/2021	LC	Completed

File Name: SHCC Action register

Produced by: Susan Ferguson

Version:

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Date: 27/01/2021

Review Date:

Committee meeting 25/11/2020 **2.6**	Corporate Parenting Action plan	Public Involvement Advisor to share link to Corporate Parenting learning module.	27/05/2021	GM	Due to technical issues in sharing the link. This will be addressed at the next SHCC meeting on 25/05/2021

File Name: SHCC Action register

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Version:

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Review Date:

Scottish Health Council Committee
Business Planning Schedule

Committee Business	Lead officer	2020-2021			
		23/04/2020	10/09/2020	05/11/2020	25/02/2021
Strategic Business					
Strengthening Patient and Public Involvement in Primary Care	Head of Engagement Programmes	■		■	
Quality of Care Approach in Community Engagement	Head of Engagement and Equality Policy	■	■	■	■
Volunteering in NHS Scotland	Programme Manager Volunteering		■		
Citizens Panel	Head of Engagement and Equality Policy			■	
Engaging People in the work of HIS	Head of Engagement and Equality Policy	■	■	■	■
Committee Governance					
Draft Annual Report 2019/2020	Chair	■			
Draft Annual Report 2020/21 & Committee Terms of Reference	Chair				
Proposed Business Planning Schedule 2021/22	Director				■
Risk Register	Director	■	■	■	■
Remobilisation & Operational Plan Progress Report	Director	■	■	■	■
Operational Plan 2020/21	Director	■			■
Service Change Briefing	Service Change Manager	■	■	■	■
Engagement Programme Update	Head of Engagement programmes	■			
Corporate Parenting Action Plan	Public Involvement Advisor			■	
Equality Mainstreaming Report	Director/Equality and Diversity Advisor				■
Community Engagement Directorate Updates					
		■	■	■	■
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy				■
Service Change sub- committee meeting notes	Service Change Manager	■	■	■	■
Closing Business					
3 Key Points	Chair	■	■	■	■
AOB					

2021-2022

Committee Business	Lead officer	27/05/2021	10/09/2021	11/11/2021	17/02/2022
Strategic Business					
Quality Framework for Community Engagement	Head of Engagement Programmes	▓	▓	▓	▓
Volunteering in NHS Scotland	Programme Manager Volunteering		▓		
Citizens Panel	Head of Engagement and Equality Policy			▓	
Engaging People in the work of HIS	Head of Engagement and Equality Policy	▓	▓	▓	▓
Committee Governance					
Draft Annual Report 2020/21	Chair	▓			
Draft Annual Report 2021/22 & Committee Terms of Reference	Chair				▓
Proposed Business Planning Schedule 2022/23	Director				▓
Risk Register	Director	▓	▓	▓	▓
Remobilisation & Operational Plan Progress Report	Director	▓	▓	▓	▓
Service Change Briefing	Service Change Manager	▓	▓	▓	▓
Engagement Programme Update	Head of Engagement programmes	▓		▓	
Corporate Parenting Action Plan	Public Involvement Advisor			▓	
Equality Mainstreaming Report	Director/Equality and Diversity Advisor				▓
Community Engagement Directorate Updates					
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy		▓	▓	▓
Service Change sub- committee meeting notes	Service Change Manager	▓	▓	▓	▓
Closing Business					
3 Key Points	Chair	▓	▓	▓	▓
AOB		▓	▓	▓	▓

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**25 February**
Title:	**Risk Register**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Lynsey Cleland, Director of Community Engagement**
Report Author:	**Lynsey Cleland**

1   Purpose

This is presented to the Committee for:

- Discussion

This report relates to:
- Annual Operational Plan delivery
- HIS Strategic Direction

This aligns to the following HIS priorities(s):
- Integration of health and social care
- Safe, reliable and sustainable care

2   Report summary

2.1   Situation

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

2.2   Background

The Community Engagement Directorate's risk register is detailed in Appendix 1.

Since the last Committee meeting Risk 963 (risk associated with the rebranding of the directorate) has been closed and a new risk (Risk 1077) opened to reflect the current context.

In addition, following discussion at the Service Change Sub-Committee meeting on 2 February 2021 a new risk has been added (Risk 1078) to capture the risk associated with engagement in service change proposals during the pandemic.

All risks continue to be reviewed in light of the COVID-19 pandemic and a risk relating to the impact of the pandemic for Healthcare Improvement Scotland is on the organisation's Strategic Risk Register.

2.3   Assessment

2.3.1   Quality/ Care
N/A

2.3.2   Workforce
Relevant workforce implications for each risk have been identified.

2.3.3   Financial
Relevant resource implications for each risk have been identified.

2.3.4   Risk Assessment/Management
Risk register attached in appendix 1.

2.3.5   Equality and Diversity, including health inequalities
The Community Engagement Directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the Directorate's risks.

2.3.6   Other impacts
N/A

2.3.7   Communication, involvement, engagement and consultation

The directorate's risks have been informed by our ongoing engagement with a range of stakeholders.

2.3.8   Route to the Meeting
N/A

2.4   Recommendation

The Committee are asked to discuss the Community Engagement Directorate's risk register.

3   List of appendices

The following appendices are included with this report:

- Appendix No1 Risk Register

Healthcare Improvement Scotland

Active Risks - Committee Report

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Risk Appetite	Last Updated	Current Controls	Current Mitigation	Current Update	Current Risk Level	Jan - 2021
Reputational / Credibility	Community Engagement and Improvement Support	956	Lynsey Cleland	On behalf of the Scottish Government, the Scottish Health Council is gathering views from people with lived experience of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Given the complex nature of the condition and high profile of this work, there is a risk that our process and conclusions are either challenged (for example by the media or patient representative groups), or there is perceived to be an	Open	03/02/2021	Agreed template issued to all 14 local offices taking part in the work, together with background information and definitions relating to ME/CFS. Links to the work of NICE have been shared as well as background information about where this work has originated ie through the Petitions Committee. ME representative groups will get in touch to support the Scottish Health Council's work and support staff conducting the gathering views activities.	Working with Scottish Government policy leads to ensure there is a clear and jointly shared understanding of the purpose of the Gathering Views work and the respective roles and responsibilities as well as to increase understanding of issues out with the scope of the work. Gathering Views template has been completed and agreed alongside questions for use in the discussion groups - these have been shared with representative groups and they are supportive of the approach. Representative Groups to be kept informed so they are on board with the process. Involvement of Healthcare Improvement Scotland Communications Team will ensure any press attention to the work can be responded to. Developing lines of communication with Scottish	A draft final report has been agreed with Head of Service and CE Director and has been submitted to Scottish Government on 2 November.	Medium - 9 Impact - 3 Likelihood - 3	Medium - 9
Reputational / Credibility	Community Engagement directorate wide risk	1061	Lynsey Cleland	There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning. This results in a lack of clarity on the engagement process to be followed and subsequently Healthcare Improvement Scotland's role.	Open	16/02/2021	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core function and raising awareness through governance structures.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 02 February 2021. HIS Community Engagement continues discuss this work with Scottish Government and is participating in the development of revised national guidance for engagement across health and social care. Work is also underway with the Care Inspectorate to develop a quality framework to support and assure meaningful community engagement across health and social care services.	Healthcare Improvement Scotland provided joint feedback with the Care Inspectorate to Scottish Government and COSLA on the revised national guidance for community engagement. Much of our feedback had been incorporated but significant considerations remained outstanding in relation to governance and the major service change process. We understand that the Health and Social Care Management Board supported the guidance going forward to the Cabinet Secretary and Scottish Government are preparing a submission for this. The timescales for sign off are unclear given current circumstances and we await clarity on revised timelines.	Very High - 20 Impact - 5 Likelihood - 4	Very High - 20
Operational	Community Engagement directorate wide risk	1077	Lynsey Cleland	There is an operational risk to HIS – Community Engagement as a result of the "soft launch" of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Open	17/02/2021	• Directorate communications strategy to refocus on stakeholder recognition and understanding. • Design, delivery, on-going management and evaluation via Directorate communications operational and steering groups. • Regular reporting via Director, Directorate Management Team, Scottish Health Council Committee. • Regular reporting via Director / Chief Officer, HIS Head of Communications, HIS Chief Executive and HIS Executive Team to HIS Board.	The directorate has operated as HIS – Community Engagement since April 2020, and has a core narrative and well-developed website to support its branding and communication efforts. These are supported by communications operational and steering groups comprised of colleagues from all levels within the directorate. The original launch ideas pre-dating the onset of the pandemic will be revisited by the groups to determine their appropriateness as part of the communications refocus work.	A further refocus on the branding piece with stakeholders is necessary given the limitations of the "soft launch" in April 2020. Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic. The communications operational and steering groups will progress the refocus work during 2021 with regular reporting as set out within the Controls section.	Medium - 8 Impact - 4 Likelihood - 2	-
Operational	Service Change	1078	Lynsey Cleland	There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement.	Open	17/02/2021	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core functions; and Raising awareness through governance structures.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 02 February 2021.	A briefing note, and guidance was produced and circulated in summer 2020 by Healthcare Improvement Scotland – Community Engagement outlining expectations for engagement on service changes arising from the pandemic. A follow up survey was conducted by Healthcare Improvement Scotland – Community Engagement in August and September to review changes being made and understand plans for engagement in line with re-mobilisation activity. Discussion has also taken place with NHS Chairs and Boards on statutory duties of engagement during the pandemic. We have also been involved in discussions at a national level on engagement considerations for proposed changes to unscheduled urgent care and are exploring how gathering views work and the Citizen's Panel can support this. The emergence of the second wave has further impacted remobilisation plans and associated engagement activity and we are continuing to assess and advise on the changing situation.	Very High - 20 Impact - 5 Likelihood - 4	-
Reputational / Credibility	Volunteering in NHS Scotland - Internal	952	Lynsey Cleland	There is a risk of a violation of data protection and/or Information Governance policy/law because of software bugs, data breaches or misuse of the Volunteering Information System resulting in fines, reputational damage and a loss of credibility.	Open	02/02/2021	- System Security Policy (SSP) including detailed risk assessment (see appendix 1), system security measures. - Data Protection Impact Assessment in place detailing protection of privacy and data, role of data processors, data controllers, justification for processing. - Information Asset Owner: Programme Manager (Volunteering) - Information Asset Administrator: Project Officer (Volunteering) - Services Agreements in place in each NHS Board using the system detailing responsibilities of each party. - Hosting Agreement in place with National Waiting Times Centre. - Contract in place with Support Partner. - Mandatory User Training required before user accounts are issued. - Quarterly review and shutdown of dormant accounts. - OS and server upgrades completed Sep 2020	1. Continual reinforcement of the message that out of hours/holidays the support service must be contacted immediately. (a) E-mail to all VIS users (b) Amend training slides to refer to out of hours 2. System Operating Procedures for the Volunteering Information System should be documented with annual review dates. 3. The Data Protection Impact Assessment and System Security Policy should be reviewed and updated by Information Governance Officer, Senior IT Support Analyst and the Programme Manager to ensure that it is up to date. 4. Test case scenarios for future developments to the system should include functionality testing across all user levels with the specific inclusion of, and cross-reference to, data stored in intra board divisions. 5. Each development should include a scenario making reference to the restriction of divisional and board data, whether the function specifically relates to such data objects or not. 6. Additional staff resources should be used to support the testing of system enhancements (patches). 7. The procurement of the Support Partner contract in 2020 should include specific reference to test case scenarios above and the requirement that these are documented. 8. Information governance risk pertaining to the system to be put on operational risk register and monitored through Directorate Management Team meetings and the Scottish Health Council Committee on a regular basis.	Mitigations 1-8 completed. Procurement for support partner for remainder of 2020/21 completed and appointed from 1 Oct 2020 (with option of 2x12 month extensions) includes specific references to testing. From Incident Review meeting on 3 March the following actions were agreed: (a) Further amendments to webinar slides [COMPLETE] (b) SHC Management sign-off of testing and procedures to be put in place [COMPLETE] (c) Amendments to DPIA to reference Standard Operating Procedures (d) SSP and DPIA to be amended in line with development of online form	Medium - 8 Impact - 4 Likelihood - 2	Medium - 8

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**25 February 2021**
Title:	**Remobilisation and Operational Plan 20-21: Progress Update**
Agenda item:	**3.3**
Responsible Executive:	**Lynsey Cleland**
Report Author:	**Jane Davies**

1   Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2   Report summary

2.1   Situation

This paper provides the Committee with an update on the Directorate's progress with our work outlined in the Operational and Remobilisation Plans for 2020/21. The Committee is asked to discuss the contents of the paper.

2.2   Background

Since mid-March 2020 we have been facing the challenges of the global pandemic and all the restrictions that come with it. Our staff have been working at home since then and, for the most part, have adapted well to this position. Our main priority remains the health and wellbeing of our staff.

Whilst some of our work had been paused or refocused in the early lockdown most of our programmes of work are back up and running again and a considerable effort has been made by all staff to continue to respond to requests locally, regionally and nationally.

There have been a significant number of requests to the Directorate and the wider organisation from Scottish Government, NHS Boards, Integration Authorities and third sector organisations to deliver programmes of work or to work in collaboration with them to undertake large-scale national engagement projects.

2.3   Assessment

The global pandemic has presented both challenges and opportunities for staff and the directorate as a whole. The challenges remain to be in relation to balancing caring responsibilities, home-schooling and work priorities whilst still focusing on health and wellbeing of staff. There have been considerable opportunities for learning from and collaborating with other colleagues across the organisation and health and social care more generally.

We have gained significant learning in adapting to new ways of working and using traditional methods and new technologies to engage with people and communities as well as staff working across health and care.

We continue to deliver a broad range of high quality programmes of work and our staff are to be commended on their commitment and dedication to their work as well as their enthusiasm and willingness to respond to whatever is asked of them.

2.3.1 Quality/ Care

All of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services.

2.3.2 Workforce

We will continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff particularly given the current situation whilst they are working at home.

2.3.3 Financial

The resource implications for the directorate's work programmes have been reflected in the 2020/21 budget.

Additional funding is being sought from Scottish Government to support implementation of the person-centred virtual visiting project.

2.3.4 Risk Assessment/Management

Strategic and operational risks associated with or work programmes and workforce are recorded and reviewed on a regular basis.

An additional risk has been added to Healthcare Improvement Scotland's risk register in relation to the impact of the covid-19 pandemic.

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and will continue to do this as part of our response to covid-19. We have undertaken a number of equality impact assessments in relation to projects being delivered during the global pandemic and are able to demonstrate the impact of these through our work.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

During the pandemic we have consulted and engaged with a range of stakeholders in relation to the range of work we have been involved in. This has included patients, carers, families, community groups, third sector organisations, NHS Boards, integration authorities and Scottish Government. This has enabled us to deliver on a number of projects and see direct impacts for individuals, communities and staff as a result of our engagement and involvement.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee is asked to discuss the content of the Community Engagement directorate's Remobilisation and Operational Plan 20-21: Progress update.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – Remobilisation and Operational Plan 20-21: Progress Update

Item 3.3
Scottish Health Council Committee

Remobilisation and Operational Plan 20-21 – Progress Update February 2021

Background

During 20-21 Healthcare Improvement Scotland took the decision to adapt our normal ways of working to provide support to NHS Boards, Integration Authorities and Scottish Government to enable them to respond to the challenges of the global pandemic. This has meant that some of the activities of the Community Engagement Directorate outlined in our 20- 21 Operational Plan have been scaled back, refocused or paused in order to ensure we had the capacity to meet other demands.

However, we have been able to get back to more 'business as usual' working to provide strategic and operational advice and support to colleagues across health and social care in Scotland in relation to their engagement and involvement activities as well as equalities and human rights approaches. We have also been working closely with partners in the third sector to engage with people and communities in relation to their experiences during the pandemic.

Achievements

Outlined in the tables below are an update of the work the directorate has undertaken from October - December 2020. The pandemic has provided opportunities for our staff to work in different ways as well as enabling greater collaboration with colleagues in other directorates across the organisation and with other partners. We will continue to build on this as we progress our work programmes.

Directorate Team Work Programmes

Volunteering in NHSScotland Team During the global pandemic our Volunteering in NHS programme has had to rapidly respond to requests for support from NHS Boards in relation to volunteering. Our existing Volunteering programme was refocused whilst we responded to these significant requests.		
What we will do	**Outcomes and Impact**	**Progress Update**
Support SG with: • Advice & support for NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. • Guidance to NHS Boards on the stepping down of volunteering. • Guidance to NHS Boards on risk management, role design, fast-tracked volunteer recruitment, conviction and health screening, volunteer retention, Emergency Volunteering Leave, volunteer wellbeing and maintaining the integrity of volunteering. • In association with NHS Education for Scotland, provide training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS Boards. • Engage and advise Scottish Government on the application of the Scotland Cares Campaign. • Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation.	• NHS Boards offer person-centred opportunities to volunteer in health and social care • NHS Boards are better able to manage their volunteering programmes • NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation • Volunteer management staff gain access to practice and development opportunities • Board and staff gain better awareness of the impact of volunteering • Scottish Government gain confidence that the National volunteering outcome framework is being used and NHS boards follow policy • Demonstrate that volunteering is embedded in our thematic work programmes	***Events***: We have delivered a webinar for staff across NHS Scotland in relation to safe recruitment of volunteers. In future, specific volunteering programme webinars will form part of the directorate's overall offer to stakeholders. ***Newsletter***: A decision has been made to discontinue the separate Volunteering Programme newsletter with content now incorporated within the Community Engagement Directorate's e-newsletter - eConnect. This enables people to understand that the national Volunteering Programme is hosted and managed by Healthcare Improvement Scotland – Community Engagement and supports us to share the message around our new branding. ***Evaluation of Volunteering in NHSScotland programme***: The evaluation looked at the response of the programme during the early period of COVID-19 and what stakeholders want from the programme going forward. There were 20 recommendations made which have been prioritised and discussed and agreed with the National Group (strategic group for the programme.) ***Volunteer Information System (CRM for volunteer managers)***: Developed an equalities monitoring form and are in the process of developing an on-line application form as part of streamlining the recruitment process. Testing will take place between February and April 2021. Discussions taking place with SG about the needs and future developments of the system. ***Evaluation of flu clinics***: We have undertaken an evaluation of the role of volunteers in flu clinics with the intention of developing guidance for Boards who may want to involve volunteers in the COVID-19 vaccination programme. NHS Tayside, NHS Dumfries & Galloway and NHS Greater Glasgow & Clyde participated in the evaluation. NHS Greater Glasgow & Clyde volunteers were organised through HSCP and British Red Cross and NHS Dumfries & Galloway through NHS volunteers. We have worked in conjunction with NHS Dumfries & Galloway to develop a case study about their experiences which is available on our website https://www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/case-studies/vaccination-clinic-volunteers-nhs-dumfries-galloway/. Evaluation will be published in February 2021.

Service Change Team		
What we will do	**Outcomes and Impact**	**Progress Update**

• Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services.
• Develop effective approaches to sharing good practice on engagement in service change across statutory bodies
• Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings
• Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice.
	• NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role
	• Scottish Government gain assurance that engagement practice is in line with guidance
	• People and communities receive opportunities for involvement to support meaningful engagement
	• Demonstrable improvements in service change activity across our four thematic work programmes
		Workshops: 5 online workshops delivered. Topics covered were:
		
		    1. Involving People in Option Appraisal
		    2. Planning engagement in service change
		    3. Duties and Principles for Public Involvement in service change
		
		Working with NHS Boards and Partnerships: Involvement with 10 NHS Boards and 9 Health and Social Care Partnerships on 26 changes.
		
		Major Service Change: Final report on NHS Lanarkshire's Monklands Replacement Project published in November 2020. Some press coverage was received and Cabinet Secretary has now approved NHS Lanarkshire's proposal to choose the Wester Moffat site as the preferred option. She has now invited NHS Lanarkshire to proceed to a full business case. Her correspondence to NHS Lanarkshire cited our report.
		
		Service redesign & change: Work continues with colleagues from ihub, Evidence directorate, and Communications team to produce materials that seek to clearly set out the HIS offer on service redesign & change to the Scottish Government, statutory bodies, and other stakeholders. Progress has been made on a set of shared core principles that underpin our approach and ideas are being generated for infographics that support the demonstration of our approach and associated processes.

Community Engagement Programmes		
What we will do	**Outcomes and Impact**	**Progress Update**

• Ensure that people are fully involved in decisions about health and care services by:
  ➢ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered
  ➢ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities
  ➢ enhancing care experience through provision of support and training to staff to engage with patients and families
  ➢ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities
  ➢ informing national policy through gathering views on relevant services from patients, service users, carers and communities
  ➢ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified
	• Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland
	• People and communities are enabled and supported to engage with their general practices and other primary care providers
	• General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients.
	• Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement.
		Primary Care: We hosted a national webinar for Primary Care practitioners to share experiences of engaging with people and communities in relation to primary care services. Over 100 people attended the various sessions held throughout the day across primary care sector. Three case studies were developed to share within the sessions and a video was developed. All information now available on our website. This sharing of experience will assist GPs and primary care practitioners to consider how they engage with people and communities in designing and delivering services.
		
		Engaging with NHS Boards and Health and Social Care Partnerships: Undertaken a range of activities across NHS Boards and Health and Social Care Partnerships, including work in partnership with the ALLIANCE around a 'Conversation with the People of Scotland' in relation to experiences of people during COVID-19 and their priorities for the future. All Engagement Offices involved in this activity which will inform future responses to the pandemic by Boards and HSCPs. The report from the partnership working with the ALLIANCE will be presented to the Scottish Government Mobilisation Recovery Group in February 2021.
		
		Early insights from this work have shown four emerging themes:
		
		  • Risk – balancing risk for practitioners v that for patients, balancing risk of infection v reduction in health and wellbeing, balancing risk of clinical decision making v shared decision making
		  • Communication – awareness of what is available and inclusive communication such as accessible information and guidance as well as highlighting areas of digital exclusion
		  • Trust – relationships between patients and practitioners/service
		  • Variation – geographical differences in local decision making and availability. This has shown real differences particularly in primary care around access to GP practices and has highlighted outstanding support from pharmacy.
		
		Engagement offices examples as follows:
		
		Neuro-developmental Differences Project – The Engagement Office in Shetland has supported NHS Shetland's Children's Occupational Therapy Service to plan a series of engagement activities to gather parent/guardian views and experiences of services for children who have Autism and Neurodevelopmental Differences. This is a team approach which also involves colleagues in the ihub around co-production.
		
		Fife Transgender community – The Engagement office are actively supporting NHS Fife engagement with the Transgender community to ensure that the voices of the Transgender community are heard as part of their work to develop a gender identity clinic across Fife.

Ayrshire & Arran Participation and Engagement Strategy – The Engagement Office and management team have provided support and guidance to NHS Ayrshire and Arran to develop their new Participation and Engagement Strategy in light of COVID-19 and the need to engage differently. This is undergoing final review by the Board and will be published in Spring 2021.

Gathering Views: Gathering Views exercise to capture lived experience of those who have ME is now complete. Draft report shared with Scottish Government for their comments in regard to findings and recommendations. Report is due for publication in Q1 of 21-22. Consideration being given to sharing their response to the report at the same time as publication of the report.

Virtual Visiting: Final report and SBAR being prepared for Scottish Government. This will be submitted in Q4.

We worked in conjunction with our colleagues in iHub's Focus on Dementia team and Alzheimer Nurse Specialists from Alzheimer Scotland to deliver a Webinar entitled 'Dementia in Hospitals and Virtual Visiting'. This webinar attracted over 200 participants from across the UK including colleagues from across health and social care, care homes, Scottish and Welsh Governments, care at home, residential settings from people living with learning disabilities and third sector organisations. The purpose of the event was to share good practice in delivering virtual visiting for people living with dementia and other cognitive impairments. We are working to produce a 'top tips' guide for staff to enable them to implement this within their own practice areas. Further information is available on our Virtual Visiting webpage: https://www.hisengage.scot/equipping-professionals/virtual-visiting/

Care Experience Improvement Model (CEIM): We have been collaborating with our colleagues in iHub to develop training for our staff across the directorate in the use of the CEIM. The CEIM aims to enable care staff to capture real time patient experience through discovery conversations that will support improvements in care within their clinical area.

We have delivered an initial training session for our staff. We will be developing a learning cohort for our directorate that will enable our staff to become CEIM coaches for care staff who are implementing the model. The learning cohort will run between February and September 2021.

Digital Voices: A short life working group has been looking at how the Voices Scotland programme can be adapted so that it can be delivered virtually and online. This involves re-shaping all of the modules within the programme as well as looking at how best to promote the training through Engagement Offices and on our website.

Redesign of urgent care: Led by the Head of Equalities and Engagement Policy, colleagues from HIS – Community Engagement, the Scottish Government, and Public Health Scotland met in December 2020 to discuss potential engagement and evaluation activities during 2021, which would contribute to the Scottish Government's Redesign of Urgent Care programme. The discussion took place in the context of the 'soft launch' of the 111 service at the beginning of December 2020, the pathfinder exercise within NHS Ayrshire & Arran (NHSA&A) during November 2020, and the discovery phase work undertaken by Digital Scotland which reported in October 2020.

		SG have commissioned us to undertake a Gathering Views exercise to begin in early February to address equalities-related engagement gaps in the discovery phase work with particular regard to the protected characteristics and most marginalised communities, in order to deepen the understanding of enablers and barriers to accessing urgent care services. This work will also be informed by experience gained during the NHSA&A pathfinder exercise. The normal timeframe for Gathering Views sees preparation work (including negotiation and commissioning as well as identifying plan for engagement) over a 4-6 week period, then engagement activities taking 6 weeks, with analysis & reporting a further 4-6 weeks.
		Led by the Participation Network staff, the intention is to run a Citizens' Panel in May 2021 which will comprise a series of questions relating to the redesign of urgent care and in particular the service configuration, barriers to access considerations, and ways to improve, all directly informed by the engagement activities undertaken from October 2020 with the discovery phase, through the practical experience of operating the new delivery model over the winter period, and the learning gained from the Gathering Views work. The normal timeframe for the Citizens' Panel sees preparation work (including question drafting & testing) over a 4 week period, then panel engagement taking 6 weeks, with collation & reporting a further 4-6 weeks. Starting in April, this would take the work through to end June / early July 2021.
		There may be scope for a further Gathering Views exercise during late summer / early autumn 2021 following the proposed Citizens' Panel in order to focus and capture feedback from people who have used the service and wish to share their experiences, and from people who have not used the service and may have felt deterred from doing so for whatever reason.

The Public Involvement Unit		
What we will do	**Outcomes and Impact**	**Progress Update**
• Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group. • Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates	• People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people	*Equality and Diversity*: Drafting work is currently ongoing on the suite of equalities-related reports in order to meet a series of deadlines in the first three months of 2021. The equality mainstreaming report, workforce equality monitoring report, equality outcomes, and the equal pay statement drafts need to be considered by the HIS Exec Team on 11 January 2021 to then meet the subsequent deadlines. We will seek feedback from the HIS Equality and Diversity Working Group members electronically to further inform the drafts. Equality and Diversity training for HIS now being adapted for delivery online. A Black, Asian and Minority Ethnic (BAME) Network has been established and initial meetings of the network have taken place. They are currently considering priority areas of focus for HIS. This Network is being chaired by our Equality and Diversity Advisor in the first instance with a view to the Network taking on this responsibility in the future. Currently considering development of a LGBTQ+ network for staff across HIS. *Report*: The Engaging people in the work of Healthcare Improvement Scotland: Volunteering/public Partner roles within HIS report was shared with Executive Team and SHC Committee for discussion and final approval. A short life working group will take the work forward in 2021. *Children and young people group*: Children's Rights Report and supporting animation was to be published on 20th November to coincide with World Children's Day, the anniversary of the UN adopting the Convention on the Rights of the Child. However, the publication has been postponed to 2021 to ensure there is proper dissemination of the information to appropriate audiences.

The Participation Network		
What we will do	**Outcomes and Impact**	**Progress Update**

• Inform policy through research evaluation and impact assessment by:
  ➢ Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support
  ➢ Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities.
  ➢ Internal research carried out to evidence, support and evaluate internal priorities and practice
  ➢ Ensuring that our thematic work programme is informed by the latest research, good practice, learning and evidence available
	• An increased number of people and communities feel supported to engage to inform health and social care service improvements
	• HIS staff feel increasingly confident to deliver effective evidence based engagement methods
	• HIS Board and SHC committee have confidence in the use of research evidence to shape internal priorities and policy
	• Approaches followed by Scottish Government always have a source of up to date evidence based practice
	• Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people
	• NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities
		Videos: A number of video animations have been created showcasing the work of the directorate. Topics include service change, volunteering, and effective tips to run online meetings as part of our Engaging Differently provision.
		
		Citizens' Panel: A Citizens Panel in support of the Scottish Government's health & social care remobilisation and renewal activities took place during November and December 2020. The response rate was 56%. The report will be shared at the Scottish Government Mobilisation Recover Group in February alongside the report from the ALLIANCE on the Conversation with the People of Scotland work, and will then be published.
		
		Separate Citizens' Panels being considered during 2021 to support the redesign of urgent care, and patient safety.
		
		Participation Toolkit: Experience, knowledge and case studies gained from the Engaging Differently programme are directly informing the Participation Toolkit refreshment so to ensure a range of tools are available to support meaningful community engagement at a distance.
		
		Communicating work of Community Engagement directorate: Work continuing to consolidate the promotion of the Community Engagement Directorate's work. Separate Volunteering Programme newsletter discontinued, with content moved to single directorate newsletter - eConnect.
		
		More effective promotion of directorate knowledge & activities to stakeholders via establishment of monthly webinar series including topics such as Engaging Differently and the impact of COVID-19 on equalities issues. Positive evaluation feedback received.
		
		Webinars: Our webinars are running on a monthly basis highlighting community engagement and equalities-related experience, knowledge and case studies. These are open to internal and external audiences and are being effectively promoted via our social media channels. Topics in Q3 have included:
		
		  • What's the image on your Jigsaw Lid?
		  • Citizens' Juries
		  • Young People co-designing Technology Enabled Care
		  • Engaging People: How to involve people during a pandemic

The What Matters to You? Programme		
What we will do	**Outcomes and Impact**	**Progress Update**
• Co-ordinate, manage, develop content and promote website and social media channels • Co-ordinate, manage, develop content of and promote resources • Collaborate nationally and internationally, sharing knowledge and experience • Produce and promote annual report • Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities	• Health and social care staff (primarily) have access to accurate and up to date information and case studies • H&SC staff have access to materials to support them to begin/improve caring conversations • We have access to the most up to date knowledge and experience to inform our approaches • Scottish Government and stakeholders are informed of the impact of our work	We paused aspects of this work due to the pandemic. However, we continued to capture good practice and stories from across the currently and these are available on our website. We continue to work towards a WMTY2021 and are currently in discussions with Scottish Government and the WMTY Group on how best to take this forward within current restrictions. *Report:* Following a successful WMTY day this year across health and social care in Scotland, we are drafting the WMTY 2020 report for issue in early 2021. *Case studies:* We continue to add case studies to website around activity in 2020 and we are currently processing further case studies for sharing. You can access the new case studies here: https://www.whatmatterstoyou.scot/wmty-day-2020/

Taking a *thematic approach to our work*		
What we will do	**Outcomes and Impact**	**Progress Update**
• Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement • Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities • Ensure that this thematic approach is embedded in all our activities and not developed as a stand-alone programme	• NHS Boards and Integration Authorities will be able to better engage and involve people and communities in priority areas such as mental health, primary care, etc. • There will be increased involvement of those with lived experience to enable services to redesign and deliver services that better meet the needs of their users • Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities • We are able to demonstrate a more collaborative approach to our work and the priority areas identified	Due to the pandemic our work on scoping out our approach to thematic working has been paused. However, we have been working with colleagues across the organisation on HIS priorities such as support to care homes, our work in support of older people and participation in national Board huddles to support integration which also involves Care Inspectorate. As part of our remobilisation plan and strategic discussions across the directorate we have now considered how we support the organisation's key delivery areas which are: • Safety • Older People • Mental Health • Unscheduled/urgent care • Access – including cancer services • Children and young people Our Director will be the executive sponsor for the Children and Young people key delivery area for HIS. Our approach to this will now be developed throughout Q4 with a view to supporting the key delivery areas in 21-22.

Quality Framework for community engagement		
What we will do	**Outcomes and Impact**	**Progress Update**
• Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-assessment tool • Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake	• NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement • NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards • The directorate can demonstrate that our engagement and involvement meets best practice and standards	This work had been paused due to Covid-19 but has now been remobilised. The stakeholder Advisory Group has been reconvened and met on 26 October 2020. *Self-evaluation*: A new draft process was produced during November 2020 and, subject to agreement of the advisory group, it was proposed that this would be tested for a period of 3 month with NHS Boards and Health and Social Care Partnerships beginning in December 2020. However, due to current restrictions this testing has been paused. Working is continuing on refining the self-evaluation and ensuring that we are ready to go to testing when restrictions are lifted. Tests sites have been identified in both NHS Boards and Health and Social Care Partnerships.

Engaging people in the work of Healthcare Improvement Scotland		
What we will do	**Outcomes and Impact**	**Progress Update**
• Governance arrangements for public engagement within Healthcare Improvement Scotland ➢ Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard ➢ Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee • Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our thematic work programme ➢ Roll-out of engagement development programmes for key job roles ➢ Roll-out of mandatory induction, training and other learning support for engagement • Volunteering and Public Partner roles within Healthcare Improvement Scotland ➢ Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement ➢ Development of an organisational volunteering strategy aligned to organisational priorities • Healthcare Improvement Scotland Public Involvement Unit ➢ Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit ➢ Establish organisational objectives within Turas process relating to engagement	• The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation • Improved diversity of volunteering roles and volunteers and their management within the organisation	The engaging people in the work of HIS programme ('Engaging People') has progressed two individual work streams during the COVID-19 pandemic – one focusing on Public Partner and other volunteering roles within HIS, and the other developing governance for engagement arrangements in support of the Scottish Health Council Committee's remit within HIS. _**Public Partner and Volunteering roles**_: The Engaging People in the work of Healthcare Improvement Scotland: Volunteering/Public Partner roles within HIS report has been shared and work will start in early 2021 to develop a more diverse group of volunteers. _**Governance for engagement**_: The first meeting of the Governance for Engagement sub-committee was has been arranged for January 2020 when the Committee will consider submissions from across HIS directorates in relation to their engagement and equalities activities in line with the Governance for Engagement framework. The Community Engagement Directorate will be the first constituent part of HIS to be considered by the sub-committee at its meeting in February.

Developing a learning system		
What we will do	**Outcomes and Impact**	**Progress Update**
• Undertake research into the components of effective learning systems that will inform the development of our system • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development	• Demonstrable improvements in engagement and involvement activities undertaken by our own staff and health and social care staff supporting their continuous personal and professional development and learning	Our work on developing our learning system for engagement continues to be paused as staff respond to calls for support in other areas of learning. We will be working in collaboration with HIS colleagues to review what learning systems look like and what the outcomes of a Learning System should be. We will build our Learning System for Engagement based on findings of the HIS Learning System during the pandemic and other learning systems that we have been involved with. **After Action Reviews**: The learning from the After Action Review on Gathering Views on Living with ME has now been developed into a process for undertaking future Gathering Views exercises. This has seen 5 clear phases in the Gathering Views process being established and indicative timescales being set. Timescales can be negotiated based on size and scope of views being sought. The five phases are: • Phase 1 – Commissioning and negotiation • Phase 2 – Planning for Engagement • Phase 3 - Activity phase • Phase 4 - Analysis & review • Phase 5 - Reporting

Developing our people		
What we will do	**Outcomes and Impact**	**Progress Update**
- Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on - Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role - Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach - Ensure that every member of staff has a personal development review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. - Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as SIFS, SCiL, SCLIP etc. and deliver an improvement project in line with their current activities	- We have an understanding of the skills available across the directorate and the ability to map these to specific roles - A skilled, confident workforce that is able to deliver improvements in their work - We are able to demonstrate improvements in our engagement with staff across the directorate - An improvement in our iMatters and Culture Survey responses and scores - Staff trained in improvement methodologies and able to implement these in their work - Staff have the opportunity for career advancement and development within their role - Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff	***Personal Development and Wellbeing Reviews:*** All staff have now had their PDWR with their line manager. The PDWRs offer an opportunity for staff to reflect on the past 18 months and look forward to the next year but had a particular focus on staff wellbeing at this time. ***LEAP Training:*** Two training sessions have now been delivered for our directorate staff with a third planned for February. We have opened up the February session to colleagues from across HIS. We are using the LEAP framework (Learning, Evaluation and Planning) to support our development of operational and work plans for the current and future years. We are now looking at how to embed this within our operational planning cycles to ensure we can develop and deliver better outcomes and evaluation of our work. This will enable us to demonstrate the outcomes our work has on people and communities. We are also developing our Customer Relationship Management tool (CRM) to ensure that we can capture our progress against our outcomes and ensure we are on target for delivery as well as recording our outcomes. ***Strengths Deployment Inventory***: Our Directorate Management Team continue to embed our learning from the SDI exercise into practice. This has seen the DMT alter the shape and content of their meetings to ensure that we consider all areas around the key themes of SDI: people, process and performance. ***Foundation Improvement Skills training (previously Scottish Improvement Foundation Skills):*** We have worked with colleagues across HIS to help develop this traditionally face-to-face training into an online session that we can deliver for all of our staff. This will provide the basics in improvement methodologies and tools for all our staff and enable them to embed these within their practice. Five cohorts have now been scheduled for staff across HIS with our staff participating in the first cohort to be delivered during Q4 of this financial year and the remainder throughout 2021-22. ***Scottish Improvement Leader Course***: Due to current restrictions and pressures on the NHS, this course has been postponed until later in the year. We have 3 delegates involved in the next two cohorts.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**25 February 2021**
Title:	**Draft Directorate Operational Plan 21-22**
Agenda item:	**3.4**
Responsible Executive:	**Lynsey Cleland**
Report Author:	**Jane Davies**

1   Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS key delivery areas:
- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

2   Report summary

2.1   Situation
This purpose of this paper is to provide the Committee with an opportunity to discuss the Community Engagement Directorate's draft Operational Plan for 2021-22.

2.2   Background
The Committee approves the Community Engagement Directorate's objectives, priorities and work plan at the beginning of each financial year and then scrutinises performance against the plan throughout the year.

The Directorate's draft Operational Plan for 2021-22 can be found at appendix 1. The plan details the programmes of work that we intend to undertake during 2021-22 in support of Healthcare Improvement Scotland's organisational priorities, key delivery areas and help achieve our own vision and core purpose.

The draft directorate plan reflects information provided as part of Healthcare Improvement Scotland's 2020/21 planning process, however organisational planning and budgeting is still ongoing and subject to Board approval so the details in the work programmes may be subject to change.

2.3   Assessment

During 2020-21 we have seen the challenges and restrictions that the global covid-19 pandemic has presented to health and social care as well as to people and communities. This had included a request from Scottish Government to 'non-patient facing boards' to suspend non-urgent business and assess resources that could be deployed to support patient care.

We were asked to prepare a Mobilisation Plan setting out our resilience arrangements and how we would support the whole system whilst still delivering our statutory functions. As well as providing support to other organisations, we continued to deliver a significant number of our existing programmes of work through our remobilisation plan.

This draft Directorate Operational Plan sets out the range of work we plan undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas. Many of the challenges and restrictions that we faced in 2020-21 may still be present during 2021-22 and we remain ready to pause and refocus any of our work programmes to enable us to respond to the needs of frontline health and care services and support patient care, whilst prioritising the health and wellbeing of our own staff.

2.3.1 Quality/ Care

All of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring people are at the heart of decisions in relation to their own care and development and delivery of services.

2.3.2 Workforce

Relevant workforce implications for the delivery of the operational plan have been identified and work will be delivered within the directorate's existing resources.

The health and wellbeing of our staff continues to be a priority for us whilst the default position for the organisation remains working at home. This is being closely monitored across the directorate and staff are being encouraged to participate in the many activities provided by Healthcare Improvement Scotland.

2.3.3 Financial

The resource implications for the delivery of the operational plan have been reflected in the directorate's draft budget for 2021-22.

2.3.4 Risk Assessment/Management

Risks associated with the delivery of this operational plan, if any, will be reflected in the Risk Register.

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and will continue to do this as part of our response to covid-19. We have undertaken a number of equality impact assessments in relation to projects being delivered during the global pandemic.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

During the pandemic we have consulted and engaged with a range of stakeholders in relation to the range of work we have been involved in. This has helped inform the delivery of our work.

This engagement will continue as we deliver the various programmes of work outlined within the operational plan.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to discuss and agree the Community Engagement Directorate's draft operational plan for 2021-22 subject to HIS Board approval.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – Community Engagement Directorate Draft Operational Plan 2021-22

Item 3.4
Appendix 1

Healthcare Improvement Scotland | Community Engagement

Directorate Operational Plan 2021 - 22

Healthcare Improvement Scotland - Community Engagement Directorate Operational Plan 2021/22

Introduction

During 2020 a global pandemic saw us face the biggest health and care challenge the country has ever seen in peacetime. Health and care services across the country have had to pause, adapt and reconfigure services to respond to the challenges that the COVID-19 pandemic has presented. Similarly we have had to refocus our work to support the pandemic response and support our staff health and wellbeing.

We believe that people and communities should have the opportunities and support to use their skills and experience to design and improve the health and care services that matter to them. In addition, they should have the opportunity to work together with the organisations that provide those services. The need to engage and involve people and communities has never been more important and we have had to adapt what we do to support meaning engagement in line with physical distancing restrictions and stay at home messages that have been in place during the pandemic. This has meant a return to more traditional ways of engaging such as telephone and post as well as moving a lot of engagement activities onto digital platforms. However, this has brought with it challenges in relation to digital exclusion which we have worked hard to overcome.

The global pandemic has also seen a significant increase in inequalities across the country particularly for people from Black, Asian and Minority Ethnic (BAME) communities. We have also seen a significant economic impact for many of the people of Scotland, but particularly those in our most marginalised communities. Our work programme during 2021-22 will continue to focus on these inequalities and ensure we work to support all voices to be heard, as well as supporting colleagues in health and social care to overcome challenges and mitigate adverse impacts that the pandemic has surfaced.

During this pandemic our organisation moved to a default position of our staff working at home. Our staff have had to adapt to this new way of working whilst also juggling the demands of childcare, caring responsibilities and home-schooling within a working day. We have had to remain flexible to working patterns for our staff and adapt our programmes of work to meet the capacity available to us. We expect this to continue for a significant part of 2021-22.

Our Directorate Operational Plan sets out the range of work we will undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas, and help us deliver our core purpose and vision in a way that responds to and reflects the changing considerations of the pandemic for health and care services.

About Us

Healthcare Improvement Scotland - Community Engagement Directorate was launched on 1 April 2020 following a significant review of the functions, role and structure of the Scottish Health Council. The new Directorate has a core purpose to '***support the engagement of people and communities in shaping health and care services in Scotland***'.

Our local presence and national reach enables us to collaborate with a wide range of individuals, groups and organisations to gather evidence and share best engagement practice across Scotland.

The directorate comprises 14 Engagement Offices (one in each territorial Health Board area) and a number of specialist teams (Volunteering in NHSScotland, Participation Network, Public Involvement Unit and Service Change) normally located in our Central Offices in Glasgow and Edinburgh. We have an operating budget of just over £2.8m including pay costs. We have 59.3 WTE staff based across our central and engagement offices (see organisational structure at Appendix 1). Our Engagement office premises are provided through Service Level Agreements with local NHS Boards in accordance with Scottish Government Guidance contained in HDL (2005) 11.

We work in a variety of ways to support, ensure and monitor community engagement activities across NHS Boards and Integration Authorities. Our teams provide training and support for people and communities to enable them to engage with staff, NHS Boards and Integration Authorities. We also provide strategic advice, guidance and support to NHS Boards and Integration Authorities to enable them to improve how:

- they engage and involve people in the design and delivery of their services;
- sustain and improve volunteering programmes; and
- undertake engagement in respect of major service change.

Equality, diversity and human rights approaches are embedded in all our work and we use a range of research methodologies and approaches to ensure our work is underpinned by the latest evidence available and informed by the people of Scotland.
This is our second Directorate Operational Plan as Healthcare Improvement Scotland - Community Engagement and it presents opportunities for new ways of working which will help us achieve our core purpose and to ensure that all of our work meets our three key tests to:

- add distinct value and avoid duplication;
- collaborate with others where there is benefit in doing so; and
- demonstrate positive impact.

Our vision

The vision for ***Healthcare Improvement Scotland - Community Engagement*** is to be a valued, trusted and credible source of community engagement expertise and support. We will develop and promote good practise, share learning and work in partnership with a wide range of stakeholders to ensure that people and communities are supported to meaningfully engage with Health Boards and Integration Authorities to shape Scotland's health and care services. We will also work in collaboration with our colleagues across Healthcare Improvement Scotland (HIS) to ensure that all of our work is informed by the views of people and communities.

This vision is underpinned by the values of HIS and of NHSScotland:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

Our leadership and behaviours will demonstrate these values in action and also in how we work and collaborate with our staff and our partnership colleagues. We will ensure that our staff have the best possible experience in their work and that we provide development opportunities for them to maximise their individual input and potential for their own benefit and that of our directorate.

Our work programme 2021 -22

As a result of the pandemic much of our work programme was paused during 2020-21 and therefore embedding our planned new ways of working in the first year of the new directorate structure has been challenging. However, we have continued to adapt how we deliver our programmes of work to meet changing requirements and priorities, whilst still delivering the quality expected of us and demonstrating the impact of our efforts.

We will continue to build on and develop our ways of working during 2021/22, ensuring our work programme is aligned to the organisation's priorities and key delivery areas and meets our core purpose.

Healthcare Improvement Scotland's seven key delivery areas are:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

The work programmes detailed below also takes account of work that may need to be paused should further waves of the pandemic emerge and we need to respond to the changing needs of health and care services, such as deployment of staff or development of new programmes of work.

Directorate Team Work Programmes

Volunteering in NHSScotland Team was created in Oct 2011 to support NHS Boards to develop sustainable volunteering programmes. This plan outlines the activities to be delivered by Volunteering in NHSScotland in 2021/22.

What difference does this make:

1) Volunteers can continue to provide a service during the pandemic making a valuable contribution to the response.
2) Volunteering contributes to Scotland's health by
   (a) enhancing the quality of the patient experience, and
   (b) providing opportunities to improve the health and wellbeing of volunteers themselves
3) The infrastructure that supports volunteering is developed, sustainable and inclusive especially during the pandemic.
4) Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 Response
- Advise and support NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. - Provide guidance to NHS Boards on the stepping down of volunteering. - Provide guidance to NHS Boards on risk management, role design, fast-tracked volunteer recruitment, conviction and health screening, volunteer retention, Emergency Volunteering Leave, volunteer wellbeing and maintaining the integrity of volunteering. - In association with NHS Education for Scotland, continue to monitor and adapt training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS Boards. - Engage and advise Scottish Government on the application of the Scotland Cares Campaign. - Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation. - Work with NHS Boards to consider how they will evaluate volunteering programmes and opportunities that have emerged during the pandemic to demonstrate the impact to health and care	- NHS Boards offer person-centred opportunities to volunteer in health and social care taking account of Covid-19 challenges and restrictions - NHS Boards are better able to manage their volunteering programmes - NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation especially during the covid-19 pandemic - Volunteer management staff gain access to practice and development opportunities - Board and staff gain better awareness of the impact of volunteering and consider new volunteering opportunities that present themselves during the pandemic - Scottish Government gain confidence that the National volunteering outcome framework is being used and NHS boards follow policy - Demonstrate that volunteering is embedded in our thematic work programmes	- NHS Board Executive Leads for Volunteering - NHS Board Strategic Leads for Volunteering - The National Group for Volunteering in NHSScotland - NHS Board volunteer managers - Frontline and management staff in NHSScotland - Scottish Government	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. Given the support the volunteering programme made during the original wave of the global pandemic, we would look to support this programme from within CED staffing whilst pausing other areas of work.

Service Change Team was created in 2010 to provide advice and support to NHS Boards and Integration Authorities on involving people and communities in service change processes including major service change. This plan outlines the activities to be delivered by Service Change in 2021/22.

What difference does this make:
1) Service changes made across NHS Boards and Integration Authorities during the pandemic are informed by the voices of people and communities.
2) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (NHWO4)*
3) Health and social care services contribute to reducing health inequalities (NHWO5)
4) Health and social care organisations are supported to redesign and improve services.
5) NHS Boards and Integration Authorities plan and deliver services that are informed by people and communities.

*NHWO (National Health and Wellbeing Outcome)

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services particularly those services which have had to be rapidly reconfigured and provided in new and different ways in response to the pandemic. • Support NHS Boards and Integration authorities to understand our role in relation to advice, support and assurance especially during the pandemic. • Work with NHS Boards and Integration Authorities to understand the extent of service changes that have been made during the pandemic and whether these are viewed as short term measures, or longer term configurations. This will enable us to • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice.	• NHS Boards and Integration authorities will engage meaningfully with people and communities in relation to service changes made throughout the pandemic to ensure that their views are fully heard and considered in relation to sustainability of those changes. • NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role • Scottish Government gain assurance that engagement practice is in line with guidance including that we provided to NHS Boards and Integration Authorities during the pandemic in the context of ongoing remobilisation, recovery and renewal planning. • People and communities receive opportunities for involvement to support meaningful engagement • Demonstrable improvements in service change activity across our four thematic work programmes	• People and communities • service users • Scottish Government • NHS Boards and Integration Authorities	This is a statutory function of the Directorate and would need to continue to be delivered.

Community Engagement Programmes seeks to ensure people and communities are fully involved in decisions about health services, and supports NHS Boards and Integration Authorities to continually improve the way they engage with their communities. This plan outlines the activities to be delivered by the programme in 2021/22.

What difference does this make:

1) Patients, carers, and families can keep in touch with each other during in-patient stays
2) People and communities have better quality services which meet their needs
3) People and communities feel more engaged with and are supported to continuously improve the information, support, care and treatment they receive
4) Health and social care practitioners feel more engaged with patients and communities and are supported to continuously improve services through feedback from service users

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Support the response to the pandemic through delivery of projects such as Person-centred virtual visiting and Gathering Views exercises. • Ensure that people are fully involved in decisions about health and care services by: ➤ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered ➤ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities ➤ enhancing care experience through provision of support and training to staff to engage with patients and families ➤ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities ➤ informing national policy through gathering views on relevant services from patients, service users, carers and communities ➤ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified	• The views and experiences of people and communities inform new service developments and service changes made by NHS Boards and Integration Authorities in response to the pandemic. • Patients are able to keep in touch with their loved ones during the pandemic whilst in-person visiting is severely restricted. • Carers and families are supported to keep in touch with their loved ones whilst they are in hospital through the provision of devices and training. • Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland • People and communities are enabled and supported to engage with their general practices and other primary care providers • General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients. • Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement.	• Scottish Government • NHS Boards and Integration Authorities • General public, patients, carers and families • Local communities, communities of interest and Third Sector organisations • Primary Care Service Providers and Professional Bodies • Connecting Scotland	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. Parts of this programme would be paused to enable us to support the response. Programmes such as Person-centred Virtual Visiting and Gathering Views would continue.

The Public Involvement Unit provides advice and support to colleagues within Healthcare Improvement Scotland (HIS) for involving people and communities, and promoting equality and diversity in all that we do. This supports Healthcare Improvement Scotland to meet its statutory duties. This plan outlines the activities that will be delivered by the Public Involvement Team in 2021/22.

What difference does this make:
1) The work of HIS continues to be informed by the voices of people and communities during the pandemic.
2) People and communities are informed & motivated to be involved in our work, strongly & effectively influencing what we do & how we do it.
3) Public partner volunteers have more opportunities to be involved in & influence our work.
4) Third sector organisations adopt a partnership approach to working with us positively & constructively.
5) Our staff, Board/Committee members & public partner volunteers feel empowered & enthusiastic to champion & promote equality & diversity consistently across our work including the involvement of a more diverse range of people and our staff plan & deliver appropriate inclusive involvement in their work.
6) Relevant national bodies/networks develop improved evidence based processes for involvement.

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Support staff and external stakeholders to undertake Equality Impact Assessments early in the development of work streams throughout the pandemic. • Co-ordinate and manage our public partner volunteers in the context of COVID-19 to ensure continued involvement in the work of HIS. • Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group.	• Service developments and changes undertaken during the pandemic are informed by evidence from our impact assessments and any negative impacts can be mitigated against. • People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people	• People and communities • HIS staff • Our public partner volunteers • Third sector organisations • Our Board including Scottish Health Council Committee • Relevant national bodies/ networks	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. Parts of this work would be paused to accommodate staff absences. Our support for Impact Assessments and our public partners would continue.

• Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates			

The Participation Network develops, interprets and shares research and learning around best practice in involving people and communities in health and care. This plan outlines the activities that will be delivered by the Participation Network in 2020/21.

What difference does this make:

1) People and communities are appropriately engaged in the development and improvement of health and social care services. Services are enriched and learn from public views with patient satisfaction increased (NHWO3*).
2) Stakeholders are facilitated to share and learn from best practice public engagement with opportunity to implement knowledge into action and inform policy (NHWO8).
3) Stakeholders increase the effective engagement of people in the design and provision of care (Christie Commission, NHWO9 Framework, HIS priority)

*NHWO – National Health & Wellbeing Outcome

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Develop tools and guidance for health and care services on how to engage with people differently and safely, to ensure that all voices can be heard during the pandemic. • During the remobilisation, recovery and redesign phases of the pandemic we will continue to share research and learning around best practice in involving people and communities in health and care, with a particular focus on further developing the Engaging Differently resource. • Undertake commissioned research through the Citizen's Panel as part of remobilisation, recovery and redesign engagement activities.	• Services are able to mitigate against the inequalities that have emerged during the pandemic and provide appropriate services that respond to these inequalities. • Services are informed by the lived experience of people who have accessed them during the pandemic. • An increased number of people and communities feel supported to engage to inform health and social care service improvements • HIS staff feel increasingly confident to deliver effective evidence based engagement methods adapting new ways of engaging and involving people and communities in response to the pandemic and restrictions that have been imposed. • HIS Board and SHC Committee have confidence in the use of research evidence to shape internal priorities and policy • Approaches followed by Scottish Government always have a source of up to date evidence based practice • Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people	• People and communities • HIS staff. • HIS Board and SHC Committee • Scottish Government • Professional Bodies/ Practitioners / Researchers/ Royal Colleges/Third Sector Organisations • NHS Boards, Integration Authorities and social care staff	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. Part of this work is supporting the remobilisation efforts and would be prioritised by the directorate.

	• NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities		

The What Matters to You? Programme is co-ordinated and managed within the directorate. The programme was created to encourage and celebrate more meaningful conversations between people who provide health and social care services and those who receive care and support, as well as their families and carers. The programme was paused during the pandemic but there was still significant WMTY experiences shared. This plan outlines the activities that will be delivered by the programme in 2021/22.

What difference does this make:

1) High quality, person-centred care continues to be delivered during the pandemic
2) Health and social care services are centred on what really matters to people receiving their services, their families and carers
3) Making connections and having meaningful conversations enables care to be delivered in a person centred way

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
- Continue to build on the excellent WMTY work that transpired during the pandemic and share good practice in person-centred care. - Co-ordinate, manage, develop content and promote website and social media channels - Co-ordinate, manage, develop content of and promote resources - Collaborate nationally and internationally, sharing knowledge and experience - Produce and promote annual report - Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities	- Patients, carers, families, people and communities continue to experience good person-centred care throughout the pandemic. - Health and social care staff (primarily) have access to accurate and up to date information and case studies - H&SC staff have access to materials to support them to begin/improve caring conversations - We have access to the most up to date knowledge and experience to inform our approaches - Scottish Government and stakeholders are informed of the impact of our work	- People and communities - service users - Scottish Government - Health and Social Care Organisations - Anyone who registers to participate	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. We would scale back/pause some elements of this work to support priorities in other areas.

Directorate Development Work Programmes

Developing a thematic approach to our work

To deliver a more cohesive approach to our engagement support across Scotland and focus our resources to make the best possible impact we had planned to develop a thematic approach to our work during 2020-21. However, due to the pandemic this work was paused to enable us to respond to the needs of the service. During this time HIS developed 7 new key delivery areas on which to focus our activities for remobilisation, recovery and renewal, these are:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

Given the work of the Community Engagement directorate spans all of these key areas, during 2021/22 we will scope out what our thematic offer looks like and ensure that we are working closely with our stakeholders across Scotland and colleagues in HIS to maximise our impact in these areas.

Taking a *thematic approach to our work* will enable us to maximise the potential and impact of our expertise across our central and engagement offices. We will work in partnership with our key stakeholders to ensure that our work is informed by their views and the best evidence possible. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:

1) The remobilisation, recovery and renewals efforts of health and social care are informed by lived experience of people and communities
2) Maximise the potential and impact of our work aligning with key delivery areas and national and local priorities
3) Support regional community engagement and ways of working across health and social care
4) Support our colleagues across HIS to meet their strategic priorities

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
Continue to support the remobilisation, recovery and renewal efforts of health and social care by: • Scoping out each key delivery area including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Working with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Building up a body of knowledge and evidence that supports our approach and enables us to support improvements in involvement and engagement • Working with HIS colleagues across directorates to establish how our approach can support them to deliver their strategic priorities • Ensuring that this approach is embedded in all our activities and not developed as a stand-alone programme	• NHS Boards and Integration Authorities will be able to better engage and involve people and communities across the key delivery areas. • There will be increased involvement of those with lived experience to enable services to redesign and deliver services that better meet the needs of their users • Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities • We are able to demonstrate a more collaborative approach to our work and the key delivery areas identified	• People and communities • service users • Scottish Government • NHS Boards and Integration Authorities • Third sector organisations and community groups	This work will support the remobilisation, recovery and renewal efforts of the NHS and will continue but may be scaled back to support other priorities across the system.

Developing a Quality Framework for Community Engagement

During 2020/21 we were working in partnership with the Care Inspectorate and a range of key stakeholders to develop a new approach to our support and assurance functions for community engagement whilst supporting Health Boards and Integration Authorities. This approach was aligned to the Quality of Care approach developed by HIS. However, this work was paused during the pandemic and only remobilised in September 2020. Due to the ongoing pressures of the pandemic for frontline staff and managers, we have had to take a cautious approach to this work and therefore slowed down the pace of work.

New guidance is currently being developed by Scottish Government on community engagement in health and care services to ensure that people who use services, their carers and local communities, all have opportunities to be meaningfully involved when services are being planned and delivered. This guidance is due for publication in Spring 2021. Our Quality Framework for Community Engagement will align with the new guidance and ensure that it also reflects our learning during the pandemic in relation to engagement and involvement.

Developing a *Quality Framework for Community Engagement* will enable us to carry out our support and assurance functions whilst supporting NHS Boards and Integration Authorities to improve how they engage and involve people and communities. This plan outlines the activities to be delivered in 2021/22.
What difference will this make:
1) People and communities will be meaningfully involved and engaged in the design and delivery of services within their area and beyond, where appropriate learning from the experiences of the pandemic
2) NHS Boards and Integration Authorities will have a nationally agreed and tested tool for self-assessment of their community engagement activities to support improvements in these areas

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Continue to support the stakeholder group to inform the development of the approach and also the development of the self-evaluation tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-evaluation tool • Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake	• NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement • NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards • The directorate can demonstrate that our engagement and involvement meets best practice and standards	• Care Inspectorate • the ALLIANCE • Scottish Community Development Centre (SCDC) • Scottish Government • COSLA • the Improvement Service, • public partners • representatives from health and social care involvement structures • People and communities	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. As this work will support the covid-19 remobilisation efforts this will continue to be prioritised by the directorate but progress and timelines will be impacted by the ability of NHS Boards and Integration Authorities to participate in testing and refining the framework.

Engaging people in the work of Healthcare Improvement Scotland

One of the key roles of the Community Engagement directorate is to support and enable colleagues across Healthcare Improvement Scotland to engage and involve people and communities to help inform and shape their work programmes. Along with all other NHS Boards, Healthcare Improvement Scotland has a duty of user focus and the need to meet national standards and guidance for engagement and involvement. In fulfilling its support and assurance functions, the Scottish Health Council Committee holds to account the directorates across Healthcare Improvement Scotland for their engagement and involvement activities. In order to support this way of working four distinct work-streams were identified to further develop and take forward key priorities to support how the wider organisation ensures a consistent level of and approach to good practice engagement across its work programmes. The four workstreams are:

1) Governance arrangements for public engagement within Healthcare Improvement Scotland
2) Building capacity and capability for public engagement within Healthcare Improvement Scotland
3) Volunteering and public partner roles within Healthcare Improvement Scotland
4) Healthcare Improvement Scotland Public Involvement Unit

Significant progress has been made in taking forward some of the key workstreams throughout the pandemic. Governance arrangements for engagement within Healthcare Improvement Scotland have been strengthened by the establishment of a sub-committee of the main Scottish Health Council Committee. This sub-committee will consider the evidence provided by directorates in relation to their engagement activities.

In 21-22 we will take forward the work detailed below to ensure we are meeting our statutory duties and complying with current standards and guidelines for community engagement.

Engaging people in the work of Healthcare Improvement Scotland is crucial to ensure that we are meeting our duties and complying with current standards and guidelines for community engagement. It also means that we can apply consistency of approach and achieve good practice for community engagement activities. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:
1) Ensure that the work of Healthcare Improvement Scotland is informed and shaped by people and communities and that their lived experience is taken into account when developing and delivering work programmes
2) Robust governance mechanisms in place to ensure that all Healthcare Improvement Scotland directorates are held to account for meeting their legislative requirements in to community engagement as well as other duties in relation to equalities, human rights and inequalities.
3) Dynamic inclusion of volunteering roles across all areas of organisational activity contributing to delivery of strategic and operational objectives

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
Governance arrangements for public engagement within Healthcare Improvement Scotland • Supporting the Governance for Engagement Sub-committee who will consider evidence provided by directorates in relation to their engagement activities • Continue development of the governance proforma for HIS to ensure alignment with the Quality Framework for Community Engagement Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our key delivery areas • Roll-out of engagement development programmes for key job roles • Roll-out of mandatory induction, training and other learning support for engagement Volunteering and Public Partner roles within Healthcare Improvement Scotland • Implement recommendations from the evaluation of volunteering roles within the organisation to enable us to demonstrate the impact and priorities for volunteering • Development of an organisational volunteering strategy aligned to organisational priorities	• The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation • Improved diversity of volunteering roles and volunteers and their management within the organisation	• Healthcare Improvement Scotland Executive Team • Senior Managers within Directorates • Public Involvement Unit • Corporate Office Team • Volunteering Team • Public Partners • Scottish Health Council Committee	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. We would scale back/pause some elements of this work to support priorities in other areas.

Healthcare Improvement Scotland Public Involvement Unit • Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit • Establish organisational objectives within Turas process relating to engagement			

Developing a learning system that enables and shares good practise and learning in community engagement

We are developing a learning network for Community Engagement. During 2020/21 we had to pause this work to respond to the pressures of the covid-19 pandemic. During this time we supported the development of learning networks across HIS and also in support of person-centred care across health and social care. Our learning from this work will inform the development of our learning network for community engagement. We will continue to collaborate with colleagues across HIS and will use our experiences and learning from the covid-19 pandemic to support our future work in this area. This will include consideration of how we create the culture for learning; what a learning network looks like; how we can support each other to put learning into practise and what the structure to support such a network would look like.

Developing a learning system will enable us to share good practice and learning across our own directorate, HIS and the wider health and social care. We will be able to model this good practicein our engagement activities and build a resource that supports our own staff and health and social care staff to improve their engagement activities as well as celebrate their successes. This plan outlines the activities to be delivered in 2021/22.
What difference will this make:
1) Health and social care staff will have the opportunity to share and learn from good practice in engagement through local and national networks especially the learning and experiences during the covid-19 pandemic.
2) Engagements activities across health and social care are informed by good practice from across Scotland, the UK and beyond
3) Robust process for capturing and sharing good practice and learning for engagement activities

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Collaborate with colleagues across HIS and health and social care to develop a learning system for community engagement that takes account of experiences during the covid-19 pandemic and builds on the innovation across HIS and beyond • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development	• Demonstrable improvements in engagement and involvement activities undertaken by staff across HIS and health and social care staff supporting their continuous personal and professional development and learning	• Staff across the directorate • HR colleagues • OD & Learning colleagues within HIS and wider health and social care • Staff across health and social care	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. We would scale back/pause some elements of this work to support priorities in other areas.

Developing our own people in the Community Engagement Directorate

The staff of the Community Engagement directorate are our greatest resource and our biggest asset. A well-informed, confident and skilled workforce is key to the delivery of our values, vision and core purpose.

During the pandemic we have made significant changes to the way staff are working, not least our default position of working at home. This situation is likely to continue for much of 2021/22. The wellbeing of our staff is our priority and this means that their continued professional development is important to ensure that they feel valued within their workplace and have the opportunity for development in their roles as well as career progression within HIS and beyond.

Working from home has presented lots of opportunities for staff to work in different ways. We have worked more collaboratively with colleagues across HIS as well as supporting a national and regional approach to our activities. We will continue to invest in our staff to ensure that they have the right skills to undertake their roles and that they feel confident in the work they are undertaking. We will ensure that they have the opportunities to enhance their existing skills and learn new skills that enable them to deliver improvements in their work.

Developing our people is crucial to enable us to realise our values, vision and core purpose. Our staff should have access to a range of development opportunities to enable them to undertake their roles as well as learning new skills to support them to make improvements to their working practise. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:
1) Our staff continue to enjoy good health and wellbeing during the pandemic and beyond
2) We will have a confident, skilled workforce that is able to deliver improvements in their work
3) Our staff will be valued in their work and be able to see how this helps deliver our priorities and those of HIS
4) The culture of our directorate supports staff development and career progression
5) Leadership and management behaviours enable positive growth and development of our workforce

| What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
• Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development and wellbeing review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as HIS Foundations in Improvement Skills (HIS FIS), Scottish Improvement Leader (ScIL), Scottish Coaching and Leadership for Improvement Programme (SCLIP) etc. and deliver an improvement project in line with their current activities	• We have an understanding of the skills available across the directorate and the ability to map these to specific roles • A skilled, confident workforce that is able to deliver improvements in their work • We are able to demonstrate improvements in our engagement with staff across the directorate • An improvement in our iMatters and Culture Survey responses and scores • Staff trained in improvement methodologies and able to implement these in their work • Staff have the opportunity for career advancement and development within their role • Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff	• Staff across the directorate • HR colleagues • OD & Learning colleagues	Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system. We would scale back/pause some elements of this work to support priorities in other areas including our internal training on programmes such as HIS FIS, ScIL, and SCLIP as well as other, non-mandatory, training. Personal development and Wellbeing reviews would continue as a priority.

Conclusion

Throughout the first year in operation as Healthcare Improvement Scotland – Community Engagement directorate, we have delivered an ambitious programme of work against the backdrop of the global pandemic and the challenges that have arisen as a result of this. Our staff have adapted to new ways of working including working at home. There is considerable learning from the pandemic for us as a directorate and for HIS as an organisation.

It is more important than ever to ensure that the views and lived experiences of people and communities help to shape health and care services across Scotland and we are in a unique position to continue to support them to be involved. The learning from the pandemic will enable us to adapt our existing ways of working and adopt new ways to ensure that people and communities, particularly those most at risk of being marginalised, have their voices heard.

This Operational Plan presents our programme of work for the year 2021-22. This plan is flexible enough to enable us to respond, if necessary, to further waves of the pandemic whilst still delivering our statutory functions and providing support to frontline services. We will be able to support Health Boards and Integration Authorities to deliver their engagement activities, learning from the pandemic response, and ensure that this is informed by evidence and good practice in engagement. This will enable us to help shape the heath and care services of the future influenced by the priorities and lived experience of people and communities and make care better for the people of Scotland.

HIS Community Engagement | directorate structure

From 01 April 2021
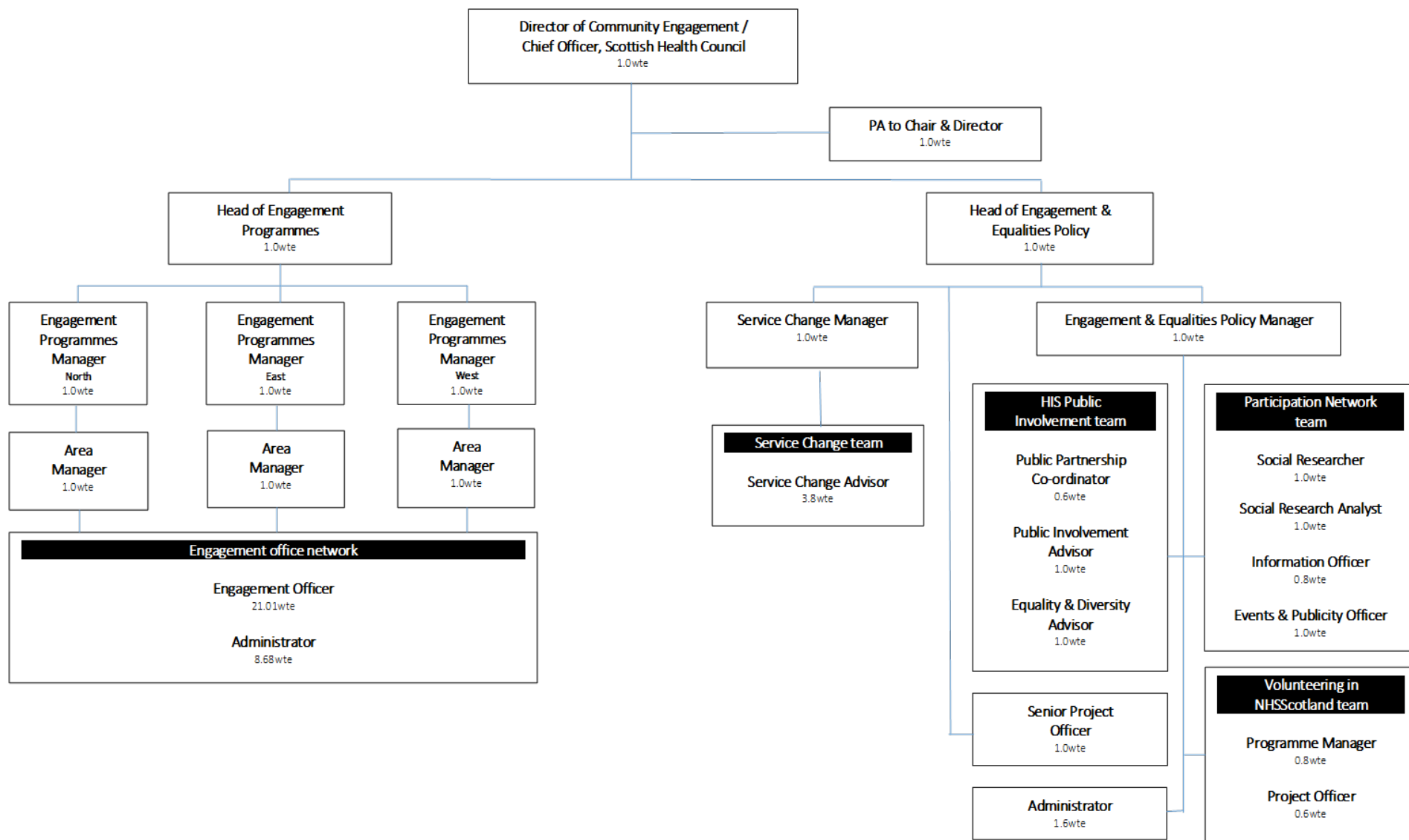
Healthcare Improvement Scotland Equality Mainstreaming Report and equality outcomes 2021-2025

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	25 February 2021
Title:	Equality Mainstreaming Report
Agenda item:	
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Rosie Tyler-Greig, Equality & Diversity Advisor

1   Purpose

To share with the Committee a draft of Healthcare Improvement Scotland's Equality Mainstreaming Report, including equality outcomes 2021-2025 and Equal Pay Statement.

The Committee is asked to:

- **Discuss** the draft report

This report relates to:

- Legal requirement
- HIS policy
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care

- Integration of health and social care
- Safe, reliable and sustainable care

2 Report Summary

2.1 Situation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) requires Healthcare Improvement Scotland to publish, by 31 March 2021, equality outcomes we intend to achieve over the period April 2021 to April 2025, and to report on the progress we have made against the equality outcomes we set for April 2017 to April 2021.

Each equality outcome we set must specify a result we aim to achieve in order to further one or more of the needs of the general equality duty, which are:

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

- To advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

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

Each equality outcome we set should be achievable by Healthcare Improvement Scotland through the exercise of its functions. As a set, our equality outcomes should cover every protected characteristic with any omissions explained.

In 2017, we set the following four equality outcomes:

1*. Disabled staff and job applicants experience improved support and career opportunities within Healthcare Improvement Scotland.*

2. Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or who wish to volunteer with us, experience improved opportunities.

3. Minority ethnic people's views and experiences are better represented in the design, development and delivery of Healthcare Improvement Scotland's work.

4. Healthcare improvement Scotland will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported.

We have taken a number of actions over the past four years to help achieve these outcomes. In line with our Equality Act duties, we published an update on our progress in 2019. We are now due to publish a final progress report by 31 March 2021.

2.2 Background

The reporting cycle for our equality mainstreaming work is four yearly. The COVID-19 pandemic has meant that progress in 2020 – which accounts for a significant portion of the period following our 2019 update - has been disrupted, while the landscape we are working in continues to lack predictability. This situation is reflected in the report and the activities set out under the 2021-2025 equality outcomes aim to pick up some of the outstanding work.

The Equality and Human Rights Commission and the Minister for Older People and Equalities have both written to NHS Scotland Boards to clarify that the original reporting duties and timescales remain in place. The Scottish Government has been clear that, given the new light the pandemic has shone on inequalities in Scotland, it is important that equality is at the heart of renewal and recovery work.

As part of developing equality outcomes, we need to gather evidence and take reasonable and proportionate steps to consult people with relevant protected characteristics or their representatives. To complement the evidence which had helped to inform draft outcomes, we held three stakeholder meetings for the following groups during December: Deaf and Disabled people's / disability organisations, mental health focussed organisations and race equality organisations. In total, we spoke to 15 stakeholder organisations.

2.3 Assessment

Annex 1 provides a draft copy of the Equality Mainstreaming Report, including equality outcomes 2021-2025 and Equal Pay Statement. The proposed new equality outcomes are:

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 HIS activities (all characteristics).
2. We have a mentally healthy and resilient workforce (all characteristics).
3. People who are black, Asian or from a minority ethnic group are actively involved in our work and their views and experiences inform and influence positive action to promote improved health outcomes (race characteristic).
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work (disability characteristic).

We will be required to publish a report on our progress after two years – or by 1 April 2023. This will also be an opportunity to review the outcomes we set and commit to any new or re-framed outcomes where there is a rationale for doing so.

The next step will be to finalise the report for publication. It will be reviewed by the Staff Governance Committee (17th March), Partnership Forum (18th March) and the Board (24th March) and will inform an Equality Mainstreaming Action Plan for the organisation.

2.3.1 Quality/ Care

Embracing, understanding and mainstreaming equality across our organisation is key to achieving our commitment to tackling health inequalities and supporting the highest standards of health and social care in Scotland.

2.3.2 Workforce

Supporting, growing and valuing a diverse workforce is fundamental to our success. We are committed to bringing about improvements in the diversity of people working at all levels within our organisation, on our governance groups and as volunteers.

2.3.3 Financial

Any financial impact is reported as part of ongoing financial management and reporting arrangements.

2.3.4 Risk Assessment/Management

Strategic and operational risks associated with or work programmes and workforce are recorded and reviewed on a regular basis.

2.3.5 Equality and Diversity, including health inequalities

This work is a part of our commitment to promoting equality and diversity and tackling health inequalities.

Equality impact assessments will be carried out on specific aspects of our work to ensure an inclusive approach and mitigate against potential adverse impacts for any population group.

2.3.6 Communication, involvement, engagement and consultation

Internal engagement on the new equality outcomes was undertaken with staff from across the organisation. We also liaised with equality leads in NHS Boards and held stakeholder meetings for the following groups: Deaf and Disabled people's / disability organisations, mental health focussed organisations and race equality organisations.

2.3.7 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Equality and Diversity Working Group
- Executive Team

3   Recommendations

The Committee is asked to:

- Discuss the draft report

4   Annexe 1

Draft Equality Mainstreaming Report, including equality outcomes 2021-2025 and Equal Pay Statement.

Healthcare Improvement Scotland

Equality Mainstreaming Report
Including Equality Outcomes (2021–2025)
and Equal Pay Statement

April 2021

NHS
SCOTLAND

Contents

Foreward

To be inserted

Introduction

The specific duties in summary -

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 2017,
- publish new equality outcomes for 2021–2025,
- assess and review our policies and practices,
- gather and use our employee information,
- publish gender pay gap information,
- 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
- use information on members or Board members gathered by the Scottish Ministers, and
- publish in a manner that is accessible.

Mainstreaming equality means taking steps to ensure that equality is considered within everything that we do, and by everyone who works, volunteers, or collaborates with us.

2. Mainstreaming equality

Healthcare Improvement Scotland seeks to mainstream equality considerations across the range of work we do. In this section of our report, we provide information about the ways in which we do this.

The Equality and Diversity Working Group

Our Equality and Diversity Working Group supports the organisation to meet its legal obligations under the Equality Act 2010. The group is made up of representaives from across the organisation and provides a key route for involving and consulting staff on equality and diversity issues and aims to embed equality across each of our directorates. The group specifically:

- supports the development, implementation, monitoring and review of our equality outcomes and related action plans;
- helps to evaluate the effectiveness of our equality outcomes and reports progress to the Board through the Scottish Health Council and Staff Governance committees;
- supports the development of initiatives, including training and use of case studies, which promote an organisational culture where equality, respect and fairness are valued, and discriminatory practices are not tolerated;
- promotes a partnership approach with other organisations to help improve the effectiveness of equality and diversity activities;
- identifies key issues and prioritises required actions in relation to equality or inequalities relevant to our work, and
- recognises and values the diverse nature of our workforce and stakeholders by promoting equality of opportunity in recruitment and engagement of both staff and volunteers.

Equality Impact Assessments

The consideration of Equality Impact Assessments (EQIAs) is one of the main ways in which we seek to ensure equality is mainstreamed across the organisation.

EQIA training is included as part of the mandatory induction training for all new staff. An EQIA screening form and full EQIA tool, along with a guidance document, are available to support staff to assess the impact of their work against the needs of the general equality duty. Staff undertaking equality impact assessments are offered additional support, advice and guidance from our Equality and Diversity Advisor.

Our Knowledge Management Team and Evidence and Evaluation for Improvement Team are also available to conduct literature or data searches to help gather relevant

information and evidence. This assists with the identification of appropriate recommendations which can help address any issues identified by the EQIA.

We maintain an EQIA database to help ensure that all EQIAs are progressed appropriately. A statement on the cover sheet of every paper presented to our Board provides information about the equality considerations, including any EQIA, relevant to the issue being discussed. Completed EQIAs are published on our website. Our EQIA process has led to the early identification of potential inequalities when reviewing, designing and developing policies and so we have been able to put a greater emphasis on building in relevant equality considerations to all policies as they are developed and implemented.

Health inequalities

As well as taking account of the impact our work will have on our ability to meet the general equality duty, our equality impact assessment process takes into consideration the potential for our policies to widen the health inequalities gap. For example, consideration is given to the impact our policies may have on people because of their socioeconomic status, their experience with the criminal justice system or homelessness.

Taking a human rights-based approach

We developed and delivered two training sessions on tackling inequalities by taking a human rights-based approach. These were delivered for staff in October and November 2018. The sessions aimed to support staff to better understand their role in continuously assessing the distinct and diverse needs and experiences of people affected by their work to avoid unintentionally creating or perpetuating health inequalities. By supporting staff to take a human rights-based approach to their work we aimed to:

- improve outcomes for people by strengthening a person-centred approach
- make people's rights integral to our work to ensure all individuals are treated fairly and with dignity and respect.
- advance equality and eliminate discrimination
- engage with and empower people to know and claim their rights
- give people greater opportunities to participate in shaping the decisions that impact on them
- ensure the standards and the principles of human rights are integrated into our work, and
- improve our accountability in respecting, protecting and fulfilling people's human rights.

The Scottish Human Rights Commission delivered a human rights training session for our Board and Executive Team members. The session highlighted the role of the Board in promoting rights and tackling inequality and helped to embed a human rights-based approach at the most senior level of leadership within the organisation.

A member of our staff attends Scotland's National Action Plan - Human Rights Action Group on Health and Social Care.[1] The role of the action group is to identify opportunities for using human rights as a driver for change in health and social care. It provides useful opportunities for sharing information and resources with third sector and other NHS and Scottish Government colleagues.

Workforce equality monitoring

Our workforce equality monitoring data is used to measure our performance and progress towards our equality and diversity goals and has been used to inform the development of our equality outcomes for 2017–2021.

We will be continuing to take steps to improve our equality monitoring disclosure rate and anticipate that this will be supported with the introduction of a new human resources system in 2017, intended to improve the data capture of staff details.

Our Workforce and Equalities Monitoring Reports for 2018–2019 and 2019–2020 are published on our website and can be accessed using the links below:

- 2018-19 report [link to be inserted]

- 2019-20 report [link to be inserted]

Equal Pay

As of 31 March 2020, we employed 468 members of staff: 76.8% of staff identified as women and 23.2% of staff identified as men.

Based on the data in our Workforce Equality Monitoring Report 2019/2020, our mean pay gap has reduced by 1.9%, giving us a mean gap of 15.3%. Our median pay gap has reduced by 6.2%, giving a median gap of 8.0%.

Analysis of our pay gap and additional information relating to occupational segregation is presented in Section 6 of this report.

Our equal pay statement, which was published as part of our Equality Mainstreaming Report in 2017, has been reviewed in partnership and is available at the end of this report. We remain committed to what was set out in our 2017 statement, and our work to close our gender pay gap will continue.

Public involvement equality monitoring

Our Engaging People Strategy 2014–2020 set out our commitment to ensure that people are engaged in everything we do. We involve patients, service users, carers,

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[1] https://www.healthandsocialcare-snap.com/scotlands-national-action-plan-for-human-rights/

members of the public, public partners (volunteers who work with us) and third sector organisations in a range of ways and in various aspects of our work.

Equality monitoring helps us to understand if our engagement has been inclusive and helps identify if action is required to address any potential inequality. Our most recent public involvement equality monitoring data has been used to inform the development of our equality outcomes for 2021–2025.

Procurement

We consider equality throughout our tender processes and comply with all legislative procurement requirements. Public sector procurement is governed by various pieces of legislation and two new pieces of legislation came into force in 2016:

- The Public Contracts (Scotland) Regulations 2015, which implement the new EU Directive on public procurement, and
- The Procurement (Scotland) Regulations 2016, which implement the Procurement Reform (Scotland) Act 2014.

These regulations support the implementation of our equality duty in different ways. The new EU Directive specifically permits social issues to be considered, so this will further support the inclusion of equality considerations in our award criteria.

The Procurement Reform Act requires public bodies to publish procurement strategies for their regulated procurements (over £50,000 for goods and services, and over £2m for works). These strategies must include a range of policy statements, including 'treating suppliers equally and without discrimination,' and 'consulting and engaging with those affected by its procurements,' both of which will assist us in complying with the equality duty.

Healthcare Improvement Scotland is included as part of the Scottish Ambulance Service Shared Procurement Service draft procurement strategy for regulated procurements. This strategy supports procurement staff to work with stakeholders to implement the requirements of the Procurement Reform Act. The Shared Procurement Service carries out equality impact assessments for relevant procurements. Annual reports on procurement strategies are required to be published from 2018 onwards and so will be available for the public to access.

Recruitment

We refreshed and promoted our Recruitment Selection Policy to strengthen its approach to managing equalities. As part of our future review of this policy, we will consider the scope for a flexible approach to hours for newly advertised posts. We acknowledged that those with caring responsibilities who are unable to commit to full-time or very set hours may avoid applying and / or taking up promotion opportunities within the organisation. This is currently more likely to affect women than men.

Equality and diversity training

Equality and diversity training is mandatory for all new staff. The training consists of an online e-learning module and a group training session facilitated by the Equality and Diversity Advisor, or another suitably trained member of the Public Involvement Team.

The training provides an overview of the Equality Act and the public sector equality duties and emphasises how equality considerations relate to staff in their role. It also ensures the organisation's core values in relation to equality and diversity are at the forefront of the organisation's new staff induction programme. Elements covered in the training include:

- what equality and diversity means
- the benefits of equality and diversity
- the legal requirements of the Equality Act and how they relate to Healthcare Improvement Scotland and its employees
- the protected characteristics
- types of discrimination
- how to challenge inequality in the workplace, and
- equality impact assessments.

More recently, we prioritised moving this training online to accommodate workplace changes resulting from the COVID-19 pandemic and ensure equality and diversity remain uppermost in our new staff induction programme. We are actively considering how to enhance the session's coverage of the protected characteristic groups and the most pertinent equality issues.

Flexible working

We encourage our staff to have a healthy work-life balance and our flexible working policy is intended to support this. Flexible working hours are available to the majority of our staff. The only exception is the Death Certification Review Service Team, who are employed on agreed shift patterns due to the requirements of the service.

NHS Scotland Equality and Diversity Lead Network

We continue to be part of the NHS Scotland Equality and Diversity Lead Network. This is a peer support network for equality leads from all the NHS Boards in Scotland. The group shares best practice examples, discusses the current legal requirements relating to equality and horizon scans for changes or new requirements.

There is also an opportunity for external speakers or guests to join the network meeting to support improvement, learning and development. Recently, for example, the network was delighted to welcome and learn from a representative of I Am Me Scotland to hear about the Keep Safe Initiative aimed at tackling disability hate crime. The network has also heard from and provided support to key NHS projects including the extended flu vaccination programme led by Public Health Scotland.

Board diversity

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require relevant listed authorities to use information on Board members gathered by the Scottish Ministers to help ensure that those appointed to public boards better reflect the diversity of the Scottish population.

Guidance published by the Equality and Human Rights Commission in October 2016 sets out that relevant listed authorities must publish:

- the number of men and women who have been Board members of the authority during the period covered by the report.
- how the information provided about the relevant protected characteristics of its Board members has been used so far, and
- how the authority proposes to use the information provided in the future to promote greater diversity of Board membership.

We can report that during the period April 2019 to March 2021 we have had 14 Board members: nine were female and five were male.

Our Board have recently formed a Succession Planning Committee to help to continue to improve the diversity of our Board. The Committee will be reviewing and evaluating the current skills, knowledge, diversity and expertise of our Board members and considering recruitment approaches to help us attract a diverse applicant pool for future Board member appointments.

The Source – staff communication and awareness raising

The Source is Healthcare Improvement Scotland's intranet and is an important means of communicating the breadth of our organisation's work to our staff, and of raising awareness of equality issues by bringing these to life through their personal stories of their own life experiences and through promoting awareness campaigns centred on protected characteristic groups and issues. During 2019 – 2021 we have run campaigns and supported and shared staff blogs on topics including:

- LGBT history month and Pride month
- Unpaid caring
- Hearing loss
- Mental health
- Part-time working
- Equality impact assessments
- Protecting and promoting the rights of children and young people
- Trans allies
- Dementia
- Menopause, and
- Living with a visible difference.

Promoting children's rights through our Children and Young People Working Group

In accordance with Article 4 of the United Nations Convention on the Rights of the Child which states that we should do all we can to 'make sure every child can enjoy their rights by creating systems… that promote and protect children's rights', HIS established a Children and Young People Working Group in 2016. This group ensures that the whole organisation works together to meet the legal duties outlined in the Children and Young People (Scotland) Act 2014. The group considers activity across the organisation's many parts and ensures that children's rights are considered. It meets at least three times a year and updates on actions from our Corporate Parenting Action Plan at every meeting.

Supporting staff to protect children and adults at risk of harm, abuse, or neglect

Keeping people safe is fundamental to everything we do in HIS. To achieve this, a Public Protection and Children's Health Services Lead was appointed in January 2019 to provide leadership, advice and support to the organisation on all matters relating to public protection. In July 2019, a suite of materials was shared on our staff intranet website to support us to fulfil our public protection remit. This material provides our staff with the confidence they require to recognise and respond to the early signs of abuse in both children and adults. In conjunction with guidance, training and supervision have been developed and are available to all staff across HIS. Mandatory training is offered via e-learning modules to all staff, while face-to-face training is offered to managers and staff with an outward-facing role (contact with NHS Boards, other agencies, and the public). By the end of March 2020, 380 HIS staff had completed the e-learning module and 193 had completed face-to-face training sessions. Our Public Protection and Children's Health Services Lead has also been reviewing the activity the organisation is involved in to improve outcomes for children and young people and identifying opportunities for HIS to play its part in having a greater impact in national priority areas.

Engaging Differently: Supporting Inclusive engagement during physical distancing

A new online resource has been launched for NHS Boards and Health and Social Care Partnerships to help them continue to engage effectively with local communities while COVID-19 restrictions remain. The new online resource, called 'Engaging Differently,' was developed by our Community Engagement directorate. It contains hints, tips and examples to help organisations achieve a mix of approaches, including the repurposing of existing engagement methods to ensure the focus is not solely on digital and online technology. The resource, which we will continue to add to, was informed by an Equality Impact Assessment which considered a number of issues, including who is affected by digital exclusion and what can be done to address this.

3. Mainstreaming examples

The following examples illustrate how we mainstream equality in our work in practice. While this is not an exhaustive list of examples of what we do, it provides information on a range of different areas of our activity. Since
we provided mainstreaming examples in our 2019 update report, we have aimed to provide more recent examples here. The examples below particularly relate to the period from April 2019 to April 2021.

Abdominal Aortic Aneurysm

As part of the preparatory scoping work for every set of standards or indicators being developed, we undertake an equality impact assessment (EQIA). This informs both the scope of the standards or indicators and helps determine who needs to be involved to help us develop them. With our Abdominal Aortic Aneurysm (AAA) screening standards project, we identified inequalities in the risk factors for an AAA and in the uptake of screening. For example, there is evidence of a relationship between lower socioeconomic status and lower screening uptake rates as well as higher AAA incidence rates.

When developing our AAA standards, we understood the variance in attendance and take up rates for people from equality protected groups. We sought to specifically work with communities who traditionally have lower rates of participation to understand how the standards could support maximising uptake, address barriers of access and so contribute to addressing inequalities. We attended a Men's Shed meeting in Govan and spoke with a Walking Football Team in Penicuik
to better understand their experiences and make improvements.

In our draft AAA screening standards (published January 2020) we included specific criteria setting out what NHS Boards must implement to address health inequalities in AAA screening. Examples include NHS Boards understanding their local population to identify and engage with men who may experience barriers in accessing and attending for AAA screening. Also taking actions designed to maximise uptake with men who experience barriers, across the AAA screening pathway, and within the principles of informed choice.

Sexual health standards project

Many people who would most benefit from sexual healthcare including testing for sexually transmitted infections (STIs) are often the least likely to engage with services.

The social determinants of health, including those related to power and agency to shape service design, strongly correlate to those who experience poorer sexual health outcomes. Our draft sexual health standards take an inequalities-focused approach and promote positive sexual health as well as reducing ill health.

In the early phase of the project, we invited third sector stakeholders to an open meeting to identify where the standards may address inequalities. The workshop attendees represented those population groups most likely to face barriers or have historically faced discrimination, such as women with learning disabilities, gay and bisexual men who have sex with men, and young people. The project team collated the findings of the workshop and presented to the development group early in the process to inform and influence the scope and principles of the standards. The scoping report was published in November 2019 and the sexual health standards are currently in development.

General Standards for Neurological Care and Support

We developed general standards for neurological care and support in 2019. The scope of this work was expansive applying to all adults in Scotland living with a neurological condition and so we wanted to ensure that our development group reflected the neurology community. We worked hard to engage with third sector agencies and people with experience of neurological conditions whether from personal experience or in a caring role.

In addition to our standards development group, we formed a subgroup led by those with lived experience of a neurological condition. We offered a safe space for people to tell their stories and reflect on their experiences of care and support. This information underpinned the published standards document as a whole and specifically our standard around person centred care.

The neurology standards development group showcased the positive impact of involving those from across the care spectrum – those that deliver quality care, those that advocate for quality and equity in care and those that receive care.

Engagement support for the Chief Medical Officer's (CMO) Taskforce for victims of rape and sexual assault

The standards and indicators team supports the aims of the CMO Taskforce to improve healthcare and forensic medical services for people who have experienced rape, sexual assault, or child sexual abuse. The team were commissioned by the Scottish Government to support the consultation on three national pieces of work: a new adult clinical pathway and corresponding national data collection form; a data protection impact assessment and information sharing agreement between NHS Boards and Police Scotland; and a new national clinical pathway for children and young people. Throughout this process, we worked closely with Rape Crisis Scotland to listen to the experiences of helpline staff, child protection officers, adult survivors of child sexual abuse, and mothers of children who had been abused.

We engaged with people in rural and island communities in recognition of the significant and unique barriers that people experiencing sexual assault or rape face in these communities. We held face-to-face engagement sessions in Shetland, Orkney, Aberdeen and Inverness.

Barnahus Standards

Healthcare Improvement Scotland have been developing a set of standards for a Barnahus response to children and young people who have been victims and witnesses of violence in Scotland.

Currently, when children and young people give evidence in Scotland, they may tell their story to multiple people from multiple organisations. This can have the effect of making them relive their trauma all over again, to the detriment of their wellbeing. In addition to preventing recovery, telling their story multiple times may reduce a child or young person's effectiveness as a witness following extensive questioning and reduce the quality of evidence.

The Barnahus standards aim to provide a road map for the development of a Barnahus model in Scotland that aims to improve recovery, reduce trauma, and shape service around the needs and rights of children and young people. During the development of the Barnahus standards, we held an open workshop at the Raploch Community Centre in Stirling. The meeting was open to all people working in the field of children's social work, justice, or child protection. Evidence on the need for standards and a new model was presented as a series of stories from a partner third sector organisation who outlined a child's journey through the process. In this workshop, we piloted the use of an accessible evaluation form using a simple Likert

scale and open questions related to people's experiences of the day. The results were positive and reflected our efforts to create an open, inclusive meeting space.

Activity 3: Drawings
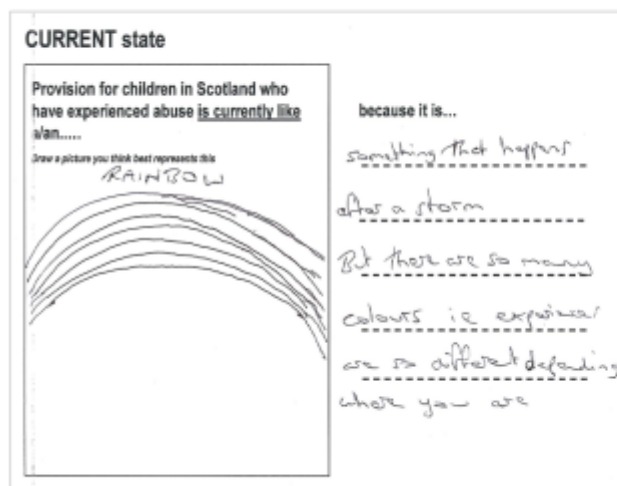
To begin the afternoon session, each person was asked to draw a picture to describe what current provision for children in Scotland who have experienced child abuse is currently like, and to describe their picture to someone else at their table.

SIGN (Scottish Intercollegiate Guidelines Network)

SIGN aims to improve the quality of health care for patients in Scotland by reducing variation in practice and outcome through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence.

SIGN development groups include representation from people with lived experience and third sector organisations. Throughout the guideline development process, considerable time and resources are committed to engagement activities. We undertake targeted, responsive and diverse engagement to ensure we actively engage, involve and consult with people with lived experience, their families/carers and communities. We have piloted the use of quotes from people with lived experience to strengthen these voices in our work. With a view to providing richer data about people's experiences of a condition or services we have piloted a review of qualitative data in the development of two guidelines.

One example of this is the epilepsy in children guideline where evidence from young people, carers and families was reviewed and used to make recommendations about factors that are important in improving transition from paediatric to adult services. Two young people were engaged in the guideline development group. The young people were supported to present at a national open meeting on their experiences of epilepsy, services and being involved in developing the guideline.

In 2019, SIGN published guidelines for children and young people exposed to alcohol during pregnancy. Unborn babies are at risk of developing foetal alcohol spectrum disorder (FASD) if their mother drinks alcohol during pregnancy, as it can damage the developing baby, leading to lifelong issues. A young person affected by this condition supported the development of a booklet for parents and carers, and this was published in October 2019. This young person also provided their views on the best way to communicate information to young people affected by FASD, leading to a video animation being produced. The animation uses the young person's story to increase awareness of the condition and the care and support available. This was published in November 2019.

Early Intervention in Psychosis

A strong evidence base within mental health indicates that reducing the length of untreated psychosis through early intervention and with the correct set of approaches, can significantly improve outcomes for people who have experienced psychosis.

The Early Intervention in Psychosis programme has been led by Healthcare Improvement Scotland on behalf of The Scottish Government, to:

- Engage with and listen to the views of people with lived experience of psychosis in all aspects of the work
- Investigate the current state of early intervention in psychosis services/interventions across Scotland and support a detailed exploration in two NHS Boards, which are 'accelerator sites' for the project
- Review international evidence around early intervention in psychosis in remote and rural areas, and application of digital interventions, and
- Establish a national network for Early Intervention in Psychosis so that key stakeholders may share learning and make improvements.

Involving people with lived experience of psychosis in the design and delivery of all elements of this work has been central to the programme. This is being achieved in a few ways, including:

- The appointment of a paid co-chair with lived experience of psychosis to the Early Intervention in Psychosis Advisory Group, and
- Engagement with people with lived experience through the Early Intervention in Psychosis Reference Group. This group includes people who have experienced psychosis, as well as carers of people who have experienced psychosis, and third sector organisations who support people.

The Early Intervention in Psychosis Reference Group is holding a series of conversations with people with lived experience of psychosis and their carers over December 2020 and January 2021.

The project has funded a support worker who is based in Support in Mind Scotland. Working as part of the team, the support worker is helping to ensure the views and ideas of people with lived experience of mental ill health are taken on board in all parts of the programme.

The two accelerator sites (Forth Valley and Argyll & Bute) are establishing local Lived Experience Reference Groups and are focusing on gathering the views of people with lived experience across their work through events, questionnaires and meetings.

The Early Intervention in Psychosis work will culminate in a report to The Scottish Government in March 2021. This report will inform Scottish Government decisions about how to support the propagation of best practice for treatment of first episode psychosis across Scotland.

Quality Assurance – Prison Inspection Programme

Our Quality Assurance teams consider the impacts on equality groups when any methodology changes are required to individual programmes, and are encouraged to review their programme documentation on an annual basis.

As an example, when the prison inspection programme reviewed and updated the healthcare standard and quality indicators which they inspected against in 2017-18, they set up a stakeholder group to agree the new quality indicators and ensured representation from several key areas including Scottish Prison Service, public health, prisoner healthcare representatives from the Boards, and third sector organisations. The team held focus groups as part of this work to seek the views of prisoners, health staff and prison staff about the new quality indicators and determine if the indicators addressed all aspects of healthcare provision within the prison setting. The prisoner perspective was obtained through direct discussions with prisoners and with independent prison monitors. The team produced a report of the findings from these discussions which was then reviewed by the stakeholder group and used to inform the quality indicators which were finalised in 2018.

Supporting NHS 24 to involve young people in the design and development of their services

In 2018 HIS supported NHS 24 to improve how they engage with young people. This involved the planning and delivery of bespoke engagement activities with the West Dunbartonshire Young Carers Group, the Glasgow Youth Council, Who Cares? Scotland and students from the Glasgow Kelvin College, to build relationships with staff and young people. Our staff supported additional engagement activities with young people to gauge their interest in getting involved in the design and development of NHS 24's services. Engagement approaches that supported the long-term involvement of young people were discussed and the results of these discussions fed into a new organisational approach to youth engagement for NHS 24. Following this activity, our staff supported NHS 24 to establish its NHS 24 Youth Forum. The first NHS 24 Youth Forum event took place in June 2018 at the Scottish Youth Theatre. Further forum meetings have been held and NHS 24 will continue to use the forum to seek the views of young people.

Modern Apprentice

On 4th March 2019, we were delighted to welcome Saskia Smillie as our Modern Apprentice. Saskia joined our Nursing, Midwifery and AHP Directorate as a Trainee Admin Assistant. She completed SVQ Level 3 in Business Administration during her first year with us and is currently working towards SVQ Level 6 in Digital Marketing. Here is what she had to say about working with Healthcare Improvement Scotland:

"*Before I started working in HIS as a Modern Apprentice, I was doing an apprenticeship with another organisation but really wasn't enjoying it. I was unsure what my next move would be. With a poor experience already, I didn't plan to take on another apprenticeship. I followed my professional interest and started looking for administration posts instead. That's when I stumbled upon the advert for an apprenticeship at HIS. It sounded like such an amazing opportunity to me, and I didn't want to miss it!*

On my first day, I was very nervous as I had no experience working within an administration environment. My previous job was as a customer advisor. However, I quickly got the hang of things. The first month was pretty quiet - there wasn't much work to do as I was still learning. However, that changed after I met my tutor Beverley for the first time. Beverley and I meet every 2 weeks to check in about how I'm getting on and the work I've been able to complete.

I had 9 units to complete within 12 months for my SVQ Level 3 in Business Administration. I finished this by November 2019. The evidence for this was theory and practical so I would have to refer to tasks I was working on and print out any evidence that was relevant for this. Since I enjoyed doing these units Beverley asked if I would be interested in doing a SVQ Level 6 in Digital Marketing, which I gladly agreed. This is currently what I am working on and have 15 units to complete.

For me, the highlights of working in Healthcare Improvement Scotland have been the team I am working in as everyone is very supportive and happy to help me with completing my SVQ work - which I am very grateful for. Another highlight would be

completing my SVQ Level 3 in Business Administration as I have a certificate to say I have completed this. Hopefully, I will soon also have a Digital Marketing qualification!"
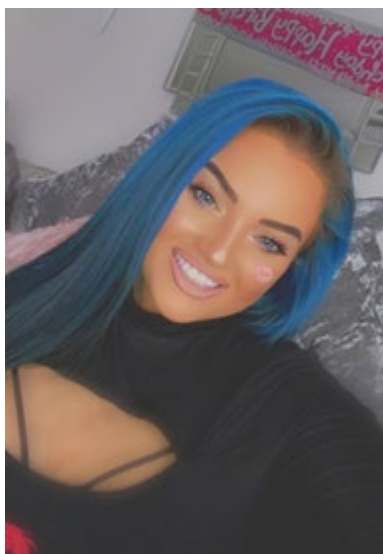
Margaret McAlees Award

In 2017 Healthcare Improvement Scotland, with the support of the Unison Scottish Health Branch, introduced a new award that recognises excellence in relation to equality and diversity – the Margaret McAlees Award. The award honours the memory of our colleague Margaret, who sadly passed away in 2017. Margaret was extremely well known and respected for her committed contribution to advancing equality and diversity. This award seeks to celebrate and promote best practice in relation to equality and diversity.

In March 2020. We made two awards – one individual award and one team award. Our individual winner was Public Involvement Advisor, Graeme Morrison. Graeme led an awareness and fundraising campaign for HIS staff in December 2018 to support Who Cares? Scotland's Care Family Christmas and provide a Christmas gift for forty care experienced young people. As part of the campaign, he led awareness raising activities amongst staff about our responsibilities as a corporate parent to promote the wellbeing of care experienced young people. With a fundraising target of £400 he inspired so much enthusiasm the total mounted to £1400!

Our team winner was our Standards and Indicators Team. The team takes an exemplary approach to mainstreaming equality considerations within their work. A recent example has been their fantastic work to improve mortuary standards and to take steps to ensure that everyone is treated fairly. Moreover, individual team members have shared their experiences via staff blogs on mental health, disability awareness, Barnhaus, blood donation, menopause and being a part-time working parent. As a team they champion inclusion and equality and diversity both to the benefit of the team and those who engage with health and social care services.

Virtual Visiting

During the lockdown periods of the COVID-19 pandemic, visiting to all hospitals was suspended, except in end-of-life and other exceptional circumstances. This meant that patients and their families, friends and carers were unable to see each other during a stay in hospital. This could be very isolating. Moreover, for some people, a lack of access to mobile phones or other devices for staying in touch could make a hospital stay even more challenging.

Many NHS Boards have been introducing Person-Centred Virtual Visiting to address this. Virtual Visiting is about using technology like phones, tablets or computers to keep people in touch during a hospital stay. In July 2020, the Scottish Government asked Healthcare Improvement Scotland's Community Engagement Directorate to learn about where Virtual Visiting was already being used in NHS Scotland hospitals, where it was needed and how we could ensure everyone who could benefit would have access.

The project team undertook an Equality Impact Assessment at the beginning and updated it throughout the project with new and emerging evidence. This has helped the team to take account of issues identified at different points in the project, and to develop solutions or recommendations. For example, the team has been able to identify potential gaps in a Virtual Visiting Service and recommend that individual boards consider the diversity of patients who could benefit from Virtual Visiting when developing their plans. They also identified the need for further work improving awareness and information provision in a range of accessible formats; and the need to consider linkages between Virtual Visiting and programmes such as Connecting Scotland which aim to address inequality of access to digital tools.

4. Equality outcomes (2017–2021) - 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 2013 to April 2017. We set the following four equality outcomes.[2]

1. Disabled staff and job applicants experience improved support and career opportunities within Healthcare Improvement Scotland.

2. Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or who wish to volunteer with us, experience improved opportunities.

3. Minority ethnic people's views and experiences are better represented in the design, development and delivery of Healthcare Improvement Scotland's work.

4. Healthcare improvement Scotland will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported.

This final progress report provides information on the positive actions we undertook to achieve the intended outcomes. It also identifies the challenges we encountered and the lessons we learned.

We provided examples of our activities in our 2019 update report and so we have aimed to provide more recent examples here. The examples below relate to the period from April 2019 to April 2021. However, from March 2020 Healthcare Improvement Scotland refocussed its activities in response to the COVID-19 pandemic. You can read more about our COVID-19 response here. For this reason, we have not achieved as much as we would have liked to in relation to our original planned activities. We have considered the areas where there is work still to do, and reflected this within our new set of equality outcomes and their supporting activities. These are available in section five of this report.

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[2] Healthcare Improvement Scotland (2017) *Equality Mainstreaming Report*:
http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/mainstreaming_report_2017.aspx

Equality Outcome 1: Disabled staff and job applicants experience improved support and career opportunities within Healthcare Improvement Scotland

The Issue:

An analysis of our 2015-16 workforce data demonstrated that only 4.8% of job applicants and 3.7% of those offered employment with us identified as disabled, while no staff applying for internal promotions identified as disabled. We wanted to ensure within our own workforce we were addressing the specific barriers disabled people can experience in finding and maintaining employment.

We considered that just over 2% of working age disabled people in Scotland get support from Access to Work. This support could be essential, or else make considerable improvements, to someone's ability to work.

We also considered that mental health conditions and other hidden impairments could be missed and go unsupported. Anecdotal evidence from Healthcare Improvement Scotland's Partnership Forum suggested the number of staff seeking support for stress and anxiety had increased, but without a correlating increase in support requests to our Human Resources team. The Mental Health Foundation were reporting that around a third of all people with a mental health problem sought no professional help; while the UK government highlighted 10-15% of people in the UK have a hidden impairment such as Autism Spectrum Disorder (ASD), dementia, dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), dyscalculia or a learning disability.

Our Action:

Awareness

We have used our staff intranet to provide information about a range of conditions which are identifiable as disabilities under the Equality Act 2010, or which may impact someone's day-to-day life. We have included hidden conditions such as mental health problems, as well as more visible differences and conditions. Here is Public Involvement Advisor James Stewart on his condition:

All my life I've been mocked, bullied and discriminated against all because I have one thing in common with 1% of the world population. A condition that affects people in every country of the world. No one really knows for certain what causes it, there is no cure or vaccine. It's a condition that can isolate, affect mental health and have a devastating impact on life. It can lead to the breakdown of relationships, increased risk of suicide and even being fired from your job. You can be accused of being a liar, nervous and that you are just making it up. What is this condition that causes all of the above? It's a stammer. … I now stammer openly, and I don't apologise for it. I've also turned my energies to helping others who stammer and so in 2012 I co-founded the Scottish Stammering Network, which is a registered charity that aims to provide people of all ages with a stammer the sort of support and guidance I wish I had when I was growing up.

It has been a real privilege to hear about the different experiences of colleagues and to have the opportunity to celebrate and learn from the diverse people who contribute to Healthcare Improvement Scotland. The articles that were shared received high

levels of staff engagement and comments, helping to maintain a positive work environment with equality and diversity at its heart.

Disability Confident

After successfully obtaining consent to use the government's Disability Confident logo in our job adverts from June 2017, we were able to renew our certification of the scheme in November 2020.

The Disability Confident scheme is designed to help employers recruit and retain disabled people, helping to remove barriers to their participation. As part of this scheme, we are committed to:

- interviewing all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities,
- discussing with disabled employees, at any time but at least once a year, what we can do to make sure they can develop and seek to progress if they wish.
- making every effort when employees become disabled to help them stay in employment,
- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work, and
- reviewing these commitments every year, assessing what has been achieved and planning ways to improve on them.

We are now working towards Disability Confident Leader – level 3 status and will work to achieve this over the next three years. To attain the status of Disability Confident Leader – level 3, we will seek an independent review of our Disability Confident self-assessment from a relevant group or organisation of disabled people, current Disability Confident leaders, or a recognised accreditation organisation.

Inclusive Communications

Healthcare Improvement Scotland creates content in a variety of formats to support improvements in health and social care. For example, we publish reports, case studies, improvement resources, toolkits and news and films - to name a few. To help ensure we represent everyone who needs or uses health and social care services, as well as frontline staff and partner organisations, we published a staff intranet resource called *Making your comms more inclusive.* This provided a tool for individuals and teams to enhance the imagery and language used in all Healthcare Improvement Scotland communications. It included questions to challenge colleague perceptions, such as 'is the disabled person always a service user.' It also reminds staff that Plain English is the preferred style for our publications.

Glasgow Centre for Inclusive Living

We reported in our 2019 update that our staff supported the shortlisting and recruitment process for the Glasgow Centre for Inclusive Living's NHS Scotland Professional Careers Programme. The programme provides disabled graduates with an opportunity to gain work experience within NHS Scotland, and we were delighted to welcome our second graduate, Allan Barr, to our Standards and Indicators Team back in 2018.

Allan remains in post as a Project Officer with the team, and we are now preparing to welcome another two graduates to our communications team in 2021.

Mental health and wellbeing short life working group

A short life cross-organisational working group was established to review all the support currently provided to staff around mental health, and to build on and improve the way we support our staff to maintain good mental health, including the support we offer when staff are experiencing any mental health problems. The group was paused early in the pandemic but was re-started in Autumn. It has worked hard to produce and disseminate mental wellbeing resources in response to the pandemic and is now working to establish its longer-term remit, which will be aligned to the organisation's strong focus on staff health and wellbeing.

Equality Outcome 2: Lesbian, gay, bisexual and transgender (LGBT) people who currently work with Healthcare Improvement Scotland, who wish to work with us or who wish to volunteer with us, experience improved opportunities

The Issue:

Although we were including LGBT+ equality within our standard equality and diversity induction training, we felt more awareness was needed to address the low representation of LGBT+ identities and the high rates of non-disclosure in our monitoring activities, as well as to ensure LGBT+ issues were being considered as part of equality mainstreaming across all our activities.

Research from organisations representing the interests of LGBT+ people was highlighting issues in the workplace, public involvement and healthcare access. For example, Stonewall showed a quarter of LGBT health and social care staff in Scotland experienced bullying or poor treatment about their sexual orientation from colleagues in the 5 years prior, while 9% of staff had been aware of colleagues experiencing discrimination or poor treatment because they were transgender. The Equality Network reported more needed to be done to tackle health inequalities and the specific health issues disproportionately affecting LGBT+ people, such as a higher prevalence of mental health problems, specific sexual and reproductive health needs, and a higher rate of smoking, alcohol and substance abuse. Stonewall reported 80% LGBT people said they had never been asked for their views by local service providers, while Stonewall worried health professionals were not being adequately trained to understand the issues affecting LGBT+ people.

Our Action:

Awareness and celebration

Healthcare Improvement Scotland established its own rainbow flag campaign in order to promote LGBT+ equality during LGBT History Month, which takes place in February each year. For the last 2 years, staff have taken part by sharing their photos with the Pride flag. The photos were shared internally and externally as part of a blog which highlighted our commitment to celebrating diversity in our workforce as well as the important ways we can maintain LGBT+ visibility all year round.

During Pride Month in June 2020 our Equality and Diversity Advisor wrote a personal blog about what LGBT+ pride means to her. The article also shared information about LGBT+ history and sign-posted resources for the LGBT+ community in Scotland.

Stonewall Scotland

We have worked with Stonewall Scotland to improve LGBT+ representation in Healthcare Improvement Scotland. As part of this, we joined the Workplace Equality Index (WEI). The WEI is a benchmarking tool which supports employers to demonstrate their progress in relation to LGBT+ equality. Organisations then receive their scores, enabling them to understand what is going well and where they need to focus their efforts, as well as see how they have performed in comparison with their sector and region.

For Healthcare Improvement Scotland, this has so far involved submitting two reports – one in 2018 and one in 2019 – and receiving detailed feedback and tailored recommendations and support. We are pleased to say that between our first and second report, we managed to almost double our score. We ranked at number 26 out of 64 health and social care sector entrants. Our best performing areas so far have been community engagement and equalities monitoring; while we have most potential for improvement in relation to recruitment and development, supporting a staff network and promoting role models.

Stonewall agreed to promote senior job opportunities within NHS Scotland using their social media. We have shared job opportunities at band 7 and above for promotion by Stonewall, as well as volunteering opportunities. One successful
Public Partner applicant appointed during the 2018 recruitment process identified as LGBT, while the number of LGBT+ staff has remained relatively consistent.

Equality Outcome 3: Minority ethnic people's views and experiences are better represented in the design, development and delivery of Healthcare Improvement Scotland's work.

The Issue:

Healthcare Improvement Scotland's Community Engagement Directorate (formerly the Scottish Health Council) promotes and supports Patient Focus and Public Involvement in our own work and across the NHS in Scotland. We believe meaningful and effective participation involves a diverse range of people from across the country.

An analysis of Healthcare Improvement Scotland's 2015-16 public involvement data showed that of the 632 people who provided their details at public involvement events, just under 10% identified as having a non-white ethnicity. We also involved 35 Public Partners - members of the public who are interested in the design, development and delivery of our work and who volunteer to supply a public view on key areas of our work. However, all those offered a Public Partner role in 2016 identified as either White Scottish or White British.

We supported the Scottish Government's Race Equality Framework for Scotland 2016–2030 and its visions, including that 'minority ethnic participation and representation is valued, effective, fair and proportionate at all levels of political, community and public life' and wanted to improve our performance in this area.

Our Action:

Our 2019 update report covers the key actions we have taken in relation to this outcome. For example, it covers our engagement with ethnic minority groups who have been under-represented within our Public Partner cohort. While we had to report that this engagement did not lead to any new applications for Public Partner roles from people who identify with a minority ethnic group, we explained the other engagement methods we have used to ensure that people's views are represented in our work.

We subsequently did not run Public Partner recruitment activities during 2019-2020, and it remains the case that we have no Public Partners from minority ethnic groups. However, we are committed to ensuring that minority ethnic people's views and experiences are represented as well as possible in the design, development and delivery of Healthcare Improvement Scotland's work. We have therefore set out a range of planned activities in Section Five of this report. The activities we have developed address representation at all levels of the organisation; and we also introduce a new equality outcome which will sharpen our focus on the health inequalities still experienced by minority ethnic groups.

Conversations with colleagues

Inequalities for minority ethnic groups have of course been exposed recently and in the starkest of terms. Disproportionate impacts reported through the COVID-19 pandemic, and a new chapter in the BlackLivesMatter movement, instigated by the murder of George Floyd in America, have clarified the need to do more and to do

better. We began this work with some internal reflection. During September and October, we held confidential discussions with Healthcare Improvement Scotland colleagues from black, Asian and minority ethnic (BAME) backgrounds. We discussed experiences of working in the organisation, including during the pandemic, what the organisation can do better, and the potential role of a network in supporting continued reflection and improvement in relation to BAME colleagues and communities,

The process of developing a network is now underway with the full support of the organisation's executive team. Again, this is an area we have highlighted for development through our 2021-2025 Equality Outcomes in Section Five of this report.

Equality Outcome 4: Healthcare improvement Scotland will maintain an inclusive culture and environment, where staff understand the importance of equality and diversity in their work and interactions with others, and feel valued, respected and supported.

The Issue:

We recognised that there is more that we could do and felt an equality outcome focussed on fostering good relations for all protected characteristics would help to drive further improvements.

We considered we could use our workforce data equality monitoring disclosure rate as a baseline measure of our staff's understanding of the importance of equality and diversity. This would also provide an indication of how confident and supported staff felt in relation to disclosing their protected characteristics. An analysis of 2015-16 workforce data showed:

- 38.1% of staff declined to disclose their religion or belief;
- 40% of staff declined to disclose their sexual orientation;
- 6.7% of staff declined to disclose whether they were disabled;
- 32% of staff declined to disclose whether they considered themselves to be transgender, and
- 3.5% of staff declined to disclose their race.

We also believed regular, targeted, equality-focused awareness raising activity across the organisation would help to consolidate our training activities and improve understanding of the protected characteristic groups, promoting understanding and tackling prejudice between persons who share a relevant protected characteristic and persons who do not share it.

Our Action:

Equality and Diversity Champions

We understand the importance of equality and diversity champions at all levels of the organisation. Carole Wilkinson, Chair of Healthcare Improvement Scotland, has been a champion for equality and diversity since her appointment. Carole chaired the Margaret McAlees award panel and supported the delivery of a development session with the Board and Executive team in relation to tackling inequalities.

Additional equality and diversity champions have been recruited to share their experience with staff via blogs on the Source. Blogs about mental health, visible differences, LGBT+ Pride, Ramadan, unpaid carers and Hanukah, have been published recently. These blogs are intended to improve staff understanding of the experience of different groups of people who might be unfamiliar to them. They have all received good levels of staff engagement.

Board and Executive Team Development

During the Board and Executive Team development session [date to be inserted] the Equality and Diversity Advisor provided an update on the following:

1. The inequalities that exist in Scotland
2. Healthcare Improvement Scotland's duties to take action to tackle inequalities
3. What a human rights-based approach is, and how it can help us to improve what we do
4. What Board and Executive Team members can do to make a positive difference

Menopause Policy

At the end of 2018 we established a short-life working group to create a Menopause Policy to better support staff who experience menopause. A considerable proportion of people working for Healthcare Improvement Scotland are in the age range of 40 - 60, when symptoms associated with the menopause are most likely to occur. Evidence shows that some people may not feel comfortable discussing menopause related health problems and the potential impact these can have on their work. The policy was launched in 2019 and aims to:

- support staff experiencing the menopause, and help them to minimise the impact it can have on them while at work
- create an environment where staff feel confident enough to raise issues about their symptoms and ask for adjustments at work
- ensure all staff know and understand what the menopause is and have access to a policy where help and support within Healthcare Improvement Scotland is clearly defined, and
- inform staff and managers about the potential symptoms of menopause, what the potential consequences can be and what support is available.

Gender based violence policy and training

Our Public Protection and Children's Health Service Lead coordinated a short life working group to produce a Healthcare Improvement Scotland policy on gender-based violence (GBV). While a Once for Scotland policy has subsequently replaced this, our staff were able to access a policy earlier. Moreover, the process of creating the policy also generated substantial awareness and capacity across the organisation to address the impact of GBV on staff. We have subsequently developed a facilitated training session and encouraged all staff to take the opportunity to attend. So far, we have run 14 facilitated sessions and trained over 100 staff members.

5. Healthcare Improvement Scotland equality outcomes 2021-2025

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,
- 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 relevant evidence. Evidence was obtained through:

- Engagement with third sector organisations that represent the interests of people with the relevant protected characteristics,
- Engagement with our Public Partners,
- Engagement with our staff,
- 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,
- An analysis of our workforce data, and
- An analysis of our public involvement data.

We are grateful to everyone who participated in our engagement activities 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, including evidence produced through the COVID-19 pandemic, 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.

We have set four outcomes in total. Two of our outcomes relate to all protected characteristic groups, while another two focus specifically on disability and race.

We chose those protected characteristics for two key reasons. First, there is clear recent evidence which identifies the existence of entrenched inequalities in relation to those protected groups. Second, and relatedly, we believe these areas of focus will enhance Healthcare Improvement Scotland's offer to the health and social care sector as we continue to support improvements in the quality of care for everyone in Scotland.

Healthcare Improvement Scotland is also subject to the Fairer Scotland Duty, which requires public sector bodies to consider how they can reduce socio-economic disadvantage when making strategic decisions. While not all of our decisions take place at a strategic level, we seek to consider health inequalities and the role of socio-economic disadvantage throughout our work. This is important since socio-economic disadvantage cross-cuts protected characteristics. We intend that the activities around health inequalities, representation and effective engagement outlined below will develop our understanding of and response to relevant socio-economic factors.

5.1 Equality outcome 1 – all characteristics

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

Aim: To build, maintain and value diversity in our workforce and volunteers, by:

- being bold in our ambition for recruiting, retaining and developing talent
- continuing to develop a workplace which is fair and inclusive, encourages and supports diversity and growth, and where people can be themselves
- building on individual and collective leadership which inspires, supports and values contributions from all

The General Equality Duty

The general duty need that this outcome is intended to support is:

- 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 workforce profile shows that:

- Disabled people are 3.9% of our workforce. This compares with 20% of the population at the last census.
- BAME people are 3.8%. This compares with 4% of the population at the last census.
- People identifying as lesbian, gay, or bisexual are currently 4.3% of our workforce
- 0.2% of our staff are trans.
- Only 1.6% if our staff are under the age of 25, while 4.9% are aged between 25 and 29.
- Of the 21.9% of staff who work part-time, 88% are female.

- Our mean pay gap has reduced by 1.9%, giving a mean gender pay gap of 15.3%.
- Our median pay gap has reduced by 6.2%, giving a median gender pay gap of 8.0%.

Protected groups continue to experience disadvantage in employment. This includes recruitment, wage disparity and inclusion and progression within the workplace. For several protected characteristic groups, there is a notable 'employment gap' – that is, a percentage difference between employment rates for people with a particular protected characteristic and those without. For example:

- There is reported 16.4% employment gap between Black and Minority Ethnic people (BME) and white Caucasian people in Scotland.[1] At the 2019 STUC Black Workers Conference, resolution 4 was about supporting a diverse workforce. The resolution stated that this Conference believes that NHS Scotland is still not doing enough to support a diverse workforce, and … calls on the STUC Black Workers' Committee and the General Council to work with NHS Scotland to ensure they do more to support the empowerment and career advancement of Black workers who are employed by NHS Scotland
- There is a 35.5% employment gap between disabled and non-disabled people.[3]
- The gender employment gap has narrowed but is still significant at 6.3%.[4] Moreover, women continue to be under-represented in senior roles. This includes the health sector where they make up the majority of the workforce.[5]
- Barriers experienced by LGBT+ people in the workplace are also well documented by Stonewall.
- The intersectional implications of these gaps are worth considering. For example, Close the Gap reported in 2019 that 72 percent of Black, Asian and minority ethnic (BAME) women they surveyed had experienced racism, discrimination, racial prejudice and/or bias in the workplace. Those working in the public sector were more likely to report this.[6]

Our internal consultation with minority ethnic colleagues demonstrated that we need to do more to foster an inclusive culture and support the visibility and leadership of people from diverse communities. To help facilitate our efforts here and in relation to our disabled and LGBT+ colleagues also, we embrace the recent Scottish Government directive to establish networks for staff who share these protected characteristics. Work in developing local networks has already begun and will be delivered in earnest during 2021. We intend that this will further develop the inclusive culture we have worked hard in developing during the last reporting period. It will also complement our equality and diversity training. As Dilraj Sokhi-Watson, Co-CEO (Acting) of Amina Muslim Women Resource Centre (MWRC)) has noted,

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[3] Scottish Government (Mar 2020) A Fairer Scotland for Disabled People Employment Action Plan – Progress report

[4] Scottish Government (May 2020) Decrease in gender employment gap: https://www.gov.scot/news/decrease-in-gender-employment-gap-over-last-decade-1/

[5] Engender (2020): Sex and Power in Scotland 2020: https://www.engender.org.uk/content/publications/Engenders-Sex-and-Power-2020.pdf

[6] Close the Gap (Feb 2019) Still not visible: Research on black and minority ethnic women's experiences of employment in Scotland: https://www.closethegap.org.uk/content/resources/1557499847_Still-Not-Visible.pdf

'training in itself will not build capacity. What matters is that there is an enabling environment in which people feel free to speak about the issues'.[7]

The COVID-19 pandemic has brought particular challenges for some protected groups which may result overall in increased employment disadvantage. This means our efforts in relation to recruitment and retention in those areas will be especially important. For example, the gendered allocation of care has meant that during the pandemic women in particular have had to use a variety of leave options to care for children.[8] Single parents, of whom 90% are female, are particularly impacted by additional caring responsibilities and school closures. Scottish Government note that while adults of visible minority ethnicities - particularly women - are less likely to be employed than White adults, Black, Asian and Minority Ethnic (BAME) people are also more likely to work in some 'shut down' sectors such as hospitality and to feel the economic impact of this into the future. Inclusion Scotland note that the impact of Covid-19 is likely to be disproportionately high on disabled people in terms of redundancy and reduced hours,[9] while Young Scot report that nearly two in five young people do not feel confident about their future employment prospects, with employment and finances a leading concern.[10]

As an employer, we need to acknowledge these trends and ensure as far as possible that our own practices are supportive of the diversity of people we wish to attract to work with us.

Activities and outputs

Activity 1:

Develop and facilitate new staff equality networks to support and learn from colleagues who are BAME, LGBT+ and disabled.

Output: Three new staff networks to support and learn from BAME, LGBT+ and disabled colleagues.
Measure: Frequency of meetings
Measure: Number of participants
Measure: Qualitative feedback from participants in relation to impact

Output: Feedback which can improve the experiences of people who share a protected characteristic in relation to key HIS policies and procedures.
Measure: Changes to policies and procedures.

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[7] Scottish Parliament (Nov 2020) Race Equality, Employment and Skills: Making Progress? *Equalities and Human Rights Committee*, Session 5: https://sp-bpr-en-prod-cdnep.azureedge.net/published/EHRiC/2020/11/15/Race-Equality--Employment-and-Skills--Making-Progress-/EHRiCS052020R3.pdf

[8] Engender (2019): Briefing: Women and COVID-19

[9] Inclusion Scotland (Sept 2020) Factsheet on Employment and Disabled People in the Scottish Government's 2020-2021 Programme for Government

[10] Young Scot (Nov 2020) Lockdown Lowdown report

Activity 2:

Ensure staff, volunteers and board members develop a proficient level of equalities awareness.

Output: Mandatory facilitated equality and diversity training to all new staff and additional opportunities for staff to refresh their knowledge and understanding.

Measure: Percentage of participants who say they have learned something new or will do something differently as a result of the training or learning opportunity.

Output: Training on carrying out Equality Impact Assessments for individual teams.

Measure: Percentage of participants who say they have learned something new or will do something differently as a result of the training.

Measure: Number of EQIAs shared across the organisation for learning and on-going improvement.

Output: Improved training and information resources on race, LGBT+ and disability issues.

Measure: Equality and diversity training which better represents minority identities

Measure: Qualitative feedback on the usefulness of the resources in understanding and supporting different groups.

Activity 3:

Take steps to ensure our commitment to equality and diversity is clear at all stages of the recruitment process

Output: Review the approach to flexible working and how we can better support colleagues with caring responsibilities

Measure: Availability of written resources

Measure: Relevant changes in internal policies

Measure: Achievement of the Carers Positive kitemark

Output: Include statements and logos on recruitment advertising which highlight our active commitment to equality and diversity and encouraging applications from under-represented groups.

Measure: Increase in applications from candidates from under-represented groups which leads to a correlating increase in the number of appointments.

Measure: Disability Confident Leader – level 3 status is obtained by the end of 2023

Output: Diverse channels and methods used to advertise external vacancies

Measure: Number of views per advertised vacancy

Measure: Number of applications per advertised vacancy

Measure: Equality monitoring information from applications

Output: Our commitment to equality and diversity in recruitment is clear to managers

Measure: Updated guidance on equalities considerations in recruitment.

Activity 4:

Take steps to support under-represented or disadvantaged groups to participate at every level of the organisation.

Output: Increase in the number of employees who identify as BAME, disabled, LGBT, and under the age of 30.

Measure: Workforce profile as reported in Annual Workforce Equality Monitoring Report

Output: Greater parity of pay and representation in relation to gender across all bands

Measure: Data in the annual Workforce Equality Monitoring Report showing improvement on previous year.

Output: Diversify the range and type of roles available to public partner and volunteers

Measure: Increase in the variety of roles offered.

Measure: Improved diversity in the profile of public partner and volunteers in relation to age, ethnicity and socio-economic backgrounds

Output: Board succession plan which addresses gaps in representation, including for protected characteristic groups and different geographic communities and socio-economic backgrounds.

Measure: Diversity of candidates applying and being appointed to new board positions.

Output: Apprenticeships and work experience placements for young people.

Measure: Number of modern apprenticeships offered and undertaken.

Measure: Number of work experience placements offered and undertaken.

Activity 5:

Review key HIS policies to ensure all colleagues with protected characteristics are adequately represented.

Output: Transitioning at Work Policy to support trans employees

Measure: Review of suitability by Stonewall Scotland

Output: Glossary of terms defining current equalities language, per Once for Scotland policies and local policies.

Measure: Number of staff who have been informed about the resource

Measure: Qualitative feedback on the usefulness of the resource

Output: As part of the Personal Development Review process, work in partnership to establish a corporate objective on equality and diversity.

Measure: Guidance and corporate equality and diversity objective for all staff.

Measure: Percentage of staff who have agreed actions to support the shared objective.

Activity 6:

Seek staff feedback to achieve an up-to-date understanding of workforce diversity and inclusion

Output: Regularly encourage staff to confidentially update details on eESS
Measure: Communications materials explaining the importance of equality monitoring.

Output: Opportunities for staff to evaluate their own experience during internal engagement activities.
Measure: Number of improvements in accessibility informed by staff feedback. For example, this may be changes to the format or structure of meetings.

5.2 Equality outcome 2 – all characteristics

Outcome: We have a mentally healthy and resilient workforce

Aim: To ensure we support a safe and healthy work environment for all our employees, regardless of but accounting for their protected characteristics; and can direct staff to the mental health and wellbeing support they need when they need it.

The General Equality Duty

The general duty need that this outcome is intended to support is:

- 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

While overall showing very positive results, Healthcare Improvement Scotland's 2019 Culture survey showed that 80% of our staff frequently (27%) or sometimes (53%) felt stressed at work, and that there was a correlation between stress and perception of working in HIS.

Mental health issues have become more prevalent during the pandemic. In wave 1 of the SCOVID tracker study, 25.3% of those surveyed reported levels of depressive symptoms indicating a possible need for treatment, and 19.1% reported anxiety symptoms of a similar level. Furthermore, 10.2% of respondents reported very recent suicidal thoughts.

There has been a particular mental wellbeing impact on some protected groups, who at the same time may also experience added pressures in relation to work. For

example, the Office for National Statistics reported in April 2020 that nearly two-thirds (64.8%) of disabled adults said COVID-19-related concerns were affecting their wellbeing,[11] while Inclusion Scotland have referred to a 'mental health crisis' for disabled people.[12] A UK wide suggests the mental health of BAME people has been disproportionately worsened by the pandemic. The Scottish Government's SCOVID tracker study hints this is likely to hold true in Scotland. The Mental Health Foundation reports that, UK wide, women are more likely to experience mental health problems than men,[13] while the LGBT Foundation suggest that while 42% of LGBT people have needed mental health support during the pandemic, 34% had medical appointments cancelled.[14] LGBT+ people already experience disproportionately poor mental health.[15]

While Healthcare Improvement Scotland does not deliver any frontline services, it is important that we continue to invest in the wellbeing of a diverse workforce to build and maintain resilience, including through the challenging times of the pandemic and beyond. The September 2020 *Everyone Matters Pulse Survey* results for our organisation showed a high prevalence of anxiety within our staff, with 57% of respondents registering medium to high anxiety levels. We were pleased however that staff also reported high levels of satisfaction with the organisation. We are keen to ensure a positive work environment is maintained and can be utilised effectively to support our people.

Activities and outputs

Activity 1:

Develop resources which will support colleagues to look after their mental health and provide appropriate support to colleagues to do the same.

Output: Mental health and wellbeing peer support resources for colleagues, as peers / managers.
Measure: Resources available
Measure: Frequency of access and feedback received
Measure: Results of the organisation's culture survey

Output: Continue to promote Mental Health first aid training and other learning and development opportunities which seek to support mental wellbeing
Measure: Number of staff trained
Measure: Percentage of staff giving positive feedback on training.

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[11] Office for National Statistics (Apr 2020) Coronavirus and the social impacts on disabled people in Great Britain: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/2020-04-24

[12] Inclusion Scotland (May 2020) Press Release: Mental Health in Lockdown – disabled Scots hit hard: https://inclusionscotland.org/press-release-mental-health-in-lockdown-disabled-scots-hit-hard/

[13] Mental Health Foundation (no date): Coronavirus Scotland: The Divergence of mental health experiences during the pandemic

[14] LGBT Foundation (May 2020) Hidden Figures: The Impact of the COVID-19 pandemic on LGBT communities in the UK

[15] LGBT Health and Wellbeing et al (2018) LGBTI Populations and Mental Health Inequality: https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf

Activity 2:

Ensure mental health and wellbeing considerations are mainstreamed in our activities.

Output: A Mental Health and Wellbeing Working Group which positively contributes to HIS activities.
Measure: At least three examples of a positive change the working group has implemented or influenced.

Output: Shared corporate objective around wellbeing.
Measure: Results of the organisation's culture surveys indicate the wellbeing objective has had an overall positive impact on staff.

Activity 3:

Understand and challenge the role of stigma in accessing support

Output: Engagement with third sector organisations to better understand the role of stigma, including self-stigma, and how this impacts access to support and health services.
Measure: Meetings with relevant organisations.
Measure: EQIAs which consider the role of stigma for protected groups and set out appropriate mitigating measures.

Output: Participate in anti-stigma campaigns.
Measure: Awareness articles on the Source.
Measure: Staff participation in anti-stigma activities.

5.3 Equality outcome 3 – race

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

Aim: To develop and share a better understanding of the health and care needs of people from BAME communities, to:

- Increase the knowledge and understanding of our staff and those we work with so that we are better able to make interventions which reduce racial inequalities within healthcare.

The General Equality Duty

The general duty need that this outcome is intended to support is:

- 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

The Scottish Government's report <u>Addressing Race Inequality in Scotland: the way forward</u> notes key areas of existing health inequalities for BAME communities. Areas of inequality include cardiovascular diseases, diabetes, HIV and uptake of screening programmes.[16] We support 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, have effective healthcare appropriate to their needs and experience fewer inequalities in housing and home life. Healthcare Improvement Scotland can play a role in relation to the information and practice which could make a difference.

We want to be clear that in considering the health outcomes of ethnic minority groups, we are including gypsy/traveller communities who are also protected by the Equality Act 2010 in relation to race. Our engagement activities in 2018 were a reminder of the high incidence of respiratory conditions, diabetes and heart disease which also exist in gypsy / traveller communities, as well as the shorter life expectancy and higher rates of infant mortality. We understood that quality engagement with communities is key to addressing the issues and working towards better outcomes.[5]

We are additionally compelled by recent evidence produced during the COVID-19 pandemic. UK-wide and international data has clearly indicated that people who are black, Asian or from minority ethnic groups (BAME) are at greater risk of adverse health outcomes and economic disadvantage during the pandemic.[17] In response to this, the Scottish Government has established an Expert Reference Group on COVID-19 and Ethnicity (ERG) to consider and inform the Scottish Government's approach in relation to these issues. The group attributes increased risk to a range of factors, including:

- Differential exposures such as working in the health and care system and a lack of understanding of Scotland's ethnic diversity,
- Differential vulnerabilities such as diabetes and cardio-vascular disease, and
- Differential access to treatment and other forms of support, due in part to discrimination in accessing health services.

The ERG recommends that:

> … public bodies should recognise that they are part of the "system" and their own actions are therefore likely to include direct and/or indirect discrimination. It is important to improve awareness and understanding of structural racism, institutional racism and individual racism. An effective way to achieve that is by

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[16] Lyle, Kaliani (Dec 2017) *Addressing Race Inequality in Scotland - The Way Forward*: Scottish Government

[17] For example, see Kirby, Tony (May 2020) Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities: *The Lancet* Vol 8 (6) https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30228-9/fulltext

increasing engagement and participation by people from ethnic minorities. This can't be "about" people – it must be achieved with people.[18]

The current socio-political context makes this especially pertinent. The global pandemic and the #BlackLivesMatter movement have simultaneously highlighted the substantial inequalities that persist for BAME communities and, moreover, the ways that systemic racism will continue to perpetuate inequalities if unexamined and un-challenged. We feel it is important to address issues in relation to our own workforce (as per outcome 1) and also to sharpen our focus on issues relating to the delivery of health and social care. As the ERG advises, we are an important part of the system and we therefore have an important role to play.

Activities and outputs

Activity 1:

Explore the best routes for communicating health messages to the most marginalised ethnic minority communities.

Output: Engagement with distinct ethnic minority communities to better understand the nature and format of information needed.
Measure: Positive feedback on quality of key translated documents or resources
Measure: New communications channels used to support activities.
Measure: Engaging Differently examples focused on specific communities that are currently under-represented within our work.

Output: Seeking community champions to support messaging in relation to a relevant health issue.
Measure: Number of communities through which our messages have been disseminated.

Activity 2:

Develop our use of equality outcomes and balancing measures to better understand the impact of our improvement projects on health inequalities relevant to diverse communities.

Output: Relevant data to identify and benchmark inequalities is secured from Public Health Scotland.
Measure: Application of data to at least one distinct improvement project.

Output: Targeted equality outcomes for a particular ethnic group drive at least one key improvement project.
Measure: A measurable reduction in the relevant inequality/ies.

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[18] Scottish Government (no date) *Expert Group on COVID-19 and Ethnicity: Initial advice and recommendations on systemic issues*

Activity 3:

Share information and resources which highlight health concerns and barriers to good health for diverse communities

Output: Better understanding around health issues and barriers to good health.
Measure: Record of learning from meetings with communities and community representatives.

Output: Within service redesign projects, consider whether there are any specific issues around improving outcomes for individuals from BAME communities.
Measure: Robust Equality Impact Assessments which result in recommendations to support equal access for BAME communities.

5.4 Equality outcome 4 – disability

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

Aim: To ensure that people are meaningfully involved in the design and delivery of services that affect them, in order that we can:

- play a role in supporting the design and delivery of health and social care services which work for everyone, and
- respond to learning from the COVID-19 pandemic around the challenges experienced by disabled people and people from certain age groups.

The General Equality Duty

The general duty needs that this outcome is intended to support is:

- 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

Disabled people, including people with mental health conditions and cognitive impairments such as dementia, experience enduring barriers
to accessing health services. For example, our
consultation with representative organisations highlighted issues such as the accessibility of information and engagement tools, unclear pathways between physical treatment and mental wellbeing support and costs associated with accessing treatments.

We are already taking steps to ensure people with lived experience of long-term health conditions, including mental health conditions, influence and direct our work.

However, it seems pertinent and timely to build on this. The reason for this is two-fold. First, there are considerations around the way people's health needs are met as well as different trends in health needs emerging at population level. Reports from National Records of Scotland and from charities such as Inclusion Scotland and Age Scotland have demonstrated that disabled and older people have been disproportionately impacted by the COVID-19 pandemic, and have also been left behind by responses to the crisis.[19] There may also be an increase in the number of people with a mental health condition. For example, Wave 1 of the SCOVID Mental Health tracker study suggests a recent increase in the occurrence of mental illness, with 35.7% of those surveyed showing a possible psychiatric disorder, compared with 17% of the 2019 Scottish Health Survey sample.[20]

Second, specific consideration needs to be given to accessible engagement so that people can continue to be effectively involved in the decisions that impact their lives. For example, the Equality Impact Assessment for our Engaging Differently work highlighted specific barriers to successfully involving disabled people and older people in our activities as digital engagement approaches are popularised in response to physical distancing requirements. Supporting the effective and accessible engagement of people within health and social care services is an area in which Healthcare Improvement Scotland aims to make a substantive contribution through sharing and modelling good practice.

Our work in this area will support the Scottish Government's Fairer Scotland for Disabled People strategy, which sets out the importance of involving disabled people 'in shaping their lives and the decisions that impact upon them'. It also chimes with the Fairer Scotland for Older People framework and the action to 'ensure carers and representatives of people using health and social care services are supported by their local partnerships to enable meaningful engagement with their constituencies'.

Activities and outputs

Activity 1:

Increase the accessibility of internal and external communications

Output: Collect and promote learning about accessibility best practice to support staff, volunteers and those engaging externally with Healthcare Improvement Scotland's activities.
Measure: Availability and dissemination of a resource on accessibility.

Output: Changes to internal and external meetings which increase accessibility.
Measure: Feedback from staff and external event participants.

Output: Review and promote the use of plain English and Easy Read within key documents to ensure they are easily understood and can be translated.
Measure: Number and quality of documents produced in these formats

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[19] Inclusion Scotland (Oct 2020), *Rights at Risk: Covid-19, disabled people and emergency planning in Scotland – a baseline report from Inclusion Scotland*
[20] Wetherall et al (Oct 2020): Scottish COVID-19 (SCOVID) Mental Health Tracker Study - Wave 1 Report*: Scottish Government*

Measure: Quality review of Plain English / Easy Read document that has been produced in a community language.

Output: Establish a clear internal pathway and allocated budget for booking BSL interpreters for HIS events
Measure: Availability of internal guidance
Measure: Frequency of use of interpreting services for events

Activity 2:

Reduce inequality of access to information, services and events for disabled people and unpaid carers.

Output: At last one key resource co-produced with disabled people
Measure: Availability of written, visual, or audio resource(s)
Measure: Disabled people report that the resource(s) are of good quality and accessibility

Output: Targeted advice or guidelines to support people with learning disabilities to particular health or care services.
Measure: Availability and use of written guidance

Output: Capture of cross-organisational learning and recommendations around effective involvement of unpaid carers in influencing our work.
Measure: Learning and recommendations published
Measure: Quality of consideration given to unpaid carers within Equality Impact Assessments.

Activity 3:

Explore best practice in the involvement of people with lived experience in directing our work

Output: Ensure that there is an equitable input from people with lived experience in the range of activities we undertake.
Measure: Tangible examples of lived experience informing our work.

Activity 4:

Understand how to improve access to mental health services for people from a variety of protected characteristic groups

Output: Engagement with third sector organisations and people with lived experience to better understand the range of barriers experienced and where improvements are needed within the system.
Measure: Meetings with relevant organisations
Measure: EQIAs which consider the range of barriers experienced and set out appropriate mitigating measures.
Measure: Number of improvement projects addressing barriers identified.

6. Equal pay statement

This statement was agreed in partnership in 2017 and was reviewed and confirmed by Healthcare Improvement Scotland's Partnership Forum and Staff Governance Committee in 2021.

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, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or political beliefs.

Healthcare Improvement Scotland employs 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 & Conditions of employment. Some staff are employed on NH 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 Boards work within a Staff Governance Standard, which is underpinned by statute. The Staff Governance 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.

Delivering equal pay is integral to the aims of the Staff Governance Standard. 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 fall into a minority ethnic group and people who do not, and people who have an LGBT+ identity and people who do not.

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 2023 and include the protected characteristics of disability and race.

Healthcare Improvement Scotland recognises that to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias. We recognise the importance of access to flexible working on achieving equal pay and we have a flexible working policy that encourages staff at all levels to have a healthy work-life balance.

Occupational segregation is a factor that can contribute to pay inequality and we are committed to ensuring that opportunities exist for people to work and progress from any role, 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.

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.

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

6.1 Occupational segregation data

Occupational segregation is the concentration of staff based upon their protected characteristics:
• in different job roles (horizontal segregation), or

• at different pay bands (vertical segregation).

This data reflects the position of the organisation as at 31 March 2020. At this time we employed 468 members of staff.

Where staff numbers are below 10 and where it may make someone identifiable, we have used <10 in the tables to indicate this. Where it is possible to work out this missing data from the other information we have published, we have replaced the number with an asterisk. Percentages have been rounded up to the nearest 2 decimal places.

Disability

Table 1

Job Family/Band	⊞ Disabled	⊞ Non-disabled ⊞	Prefer not to say/Not Known	Grand Total
⊟ ADMINISTRATIVE SERVICES				
⊟ ADMINISTRATIVE SERVICES				
Band 2		1		1
Band 3		2		2
Band 4	10	68	6	84
Band 5	4	77	5	86
Band 6	1	53	7	61
Band 7	2	96	6	104
Band 8A	1	61	2	64
Band 8B	1	18	3	22
Band 8C		6		6
Band 8D		8		8
⊞ OTHER THERAPEUTIC		11	5	16
⊞ MEDICAL AND DENTAL		11	1	12
⊞ SENIOR MANAGERS		7		7
Grand Total	19	419	35	473

Above shows the number of disabled people we employ across the organisation.

Race

Table 2

Row Labels	African - African, African Scottish or African British	Asian - Chinese, Chinese Scottish or Chinese British	Asian - Indian, Indian Scottish or Indian British	Asian - Pakistani, Pakistani Scottish or Pakistani British	Caribbean or Black - Black, Black Scottish or Black British	Prefer not to say/Not Known	Mixed or Multiple Ethnic Group	Other Ethnic Group - Other	White - Irish	White - Other	White - Other British	White - Polish	White - Scottish	Grand Total
⊟ ADMINISTRATIVE SERVICES														
Band 2													1	1
Band 3													2	2
Band 4		1		1		4	3		1	4	9	1	60	84
Band 5					1	5	1		2	9	9	1	58	86
Band 6				1		8				2	11	1	38	61
Band 7	1	1	1			5	1		2	7	16		70	104
Band 8A	1		2			1	1	1	2	2	11		43	64
Band 8B				1		1			1		4		15	22
Band 8C										1			5	6
Band 8D											1		7	8
⊟ MEDICAL AND DENTAL						1			1	1	3		6	12
⊟ OTHER THERAPEUTIC						5			1		2		8	16
⊟ SENIOR MANAGERS						1					1		5	7
Grand Total	2	2	3	3	1	30	7	1	10	26	67	3	318	473

Above provides information about the number of people we employ across the organisation, broken down by their race.

Sex

Table 3 – Employments and percentage (horizontal by band)

Row Labels	Female Staff	%	Male Staff	%	Total Staff	Total %
☐ ADMINISTRATIVE SERVICES						
Band 2	1	100.0%		0.0%	1	100.0%
Band 3	2	100.0%		0.0%	2	100.0%
Band 4	75	89.3%	9	10.7%	84	100.0%
Band 5	73	84.9%	13	15.1%	86	100.0%
Band 6	45	73.8%	16	26.2%	61	100.0%
Band 7	70	67.3%	34	32.7%	104	100.0%
Band 8A	49	76.6%	15	23.4%	64	100.0%
Band 8B	16	72.7%	6	27.3%	22	100.0%
Band 8C	1	16.7%	5	83.3%	6	100.0%
Band 8D	7	87.5%	1	12.5%	8	100.0%
⊞ MEDICAL AND DENTAL	5	41.7%	7	58.3%	12	100.0%
⊞ OTHER THERAPEUTIC	14	87.5%	2	12.5%	16	100.0%
⊞ SENIOR MANAGERS	6	85.7%	1	14.3%	7	100.0%
Grand Total	364	77.0%	109	23.0%	473	100.0%

Table 4 – Average pay and differential by sex

	Female Average Pay	Male Average pay	% Difference
ADMINISTRATIVE SERVICES			
Band 2	£9.40		N/A
Band 3	£11.22		N/A
Band 4	£11.98	£11.52	-3.9%
Band 5	£14.20	£14.46	1.8%
Band 6	£17.62	£18.16	3.0%
Band 7	£20.85	£21.25	1.9%
Band 8A	£24.87	£25.36	1.9%
Band 8B	£30.31	£30.30	0.0%
Band 8C	£38.21	£34.79	-9.8%
Band 8D	£42.09	£45.07	6.6%
MEDICAL AND DENTAL	£50.38	£51.03	1.3%
OTHER THERAPEUTIC	£32.18	£23.24	-38.4%
SENIOR MANAGERS	£41.90	£59.79	29.9%

Above shows the average hourly pay of staff broken down by their gender and the percentage difference at each pay band.

Table 5 – Employments and Percentage (vertical by gender totals)

Row Labels	Female Staff	%	Male Staff	%	Total Staff	Total %
☐ ADMINISTRATIVE SERVICES						
Band 2	1	0.3%		0.0%	1	0.2%
Band 3	2	0.5%		0.0%	2	0.4%
Band 4	75	20.6%	9	8.3%	84	17.8%
Band 5	73	20.1%	13	11.9%	86	18.2%
Band 6	45	12.4%	16	14.7%	61	12.9%
Band 7	70	19.2%	34	31.2%	104	22.0%
Band 8A	49	13.5%	15	13.8%	64	13.5%
Band 8B	16	4.4%	6	5.5%	22	4.7%
Band 8C	1	0.3%	5	4.6%	6	1.3%
Band 8D	7	1.9%	1	0.9%	8	1.7%
⊞ MEDICAL AND DENTAL	5	1.4%	7	6.4%	12	2.5%
⊞ OTHER THERAPEUTIC	14	3.8%	2	1.8%	16	3.4%
⊞ SENIOR MANAGERS	6	1.6%	1	0.9%	7	1.5%
Grand Total	364	100.0%	109	100.0%	473	100.0%

Above shows the distribution of staff across pay bands broken down by their gender.

Table 6 – Part-time employments and percentages by sex

	Female P/T Staff	%	Male P/T Staff	%	Total Part Time Staff	Total %
ADMINISTRATIVE SERVICES						
Band 4	20	95.2%	1	4.8%	21	100.0%
Band 5	16	94.1%	1	5.9%	17	100.0%
Band 6	16	94.1%	1	5.9%	17	100.0%
Band 7	20	100.0%		0.0%	20	100.0%
Band 8A	8	100.0%		0.0%	8	100.0%
Band 8B	1	50.0%	1	50.0%	2	100.0%
Band 8C	1	100.0%		0.0%	1	100.0%
MEDICAL AND DENTAL	5	45.5%	6	54.5%	11	100.0%
OTHER THERAPEUTIC	7	100.0%		0.0%	7	100.0%
Grand Total	94	90.4%	10	9.6%	104	100.0%

Above shows the number of part-time workers employed at each pay band broken down by gender.

Analysis

Female staff members' average hourly pay is higher than male staff at bands 2, 3, 4, 8b, 8c and at the therapeutic grades. In the case of bands 2 and 3, there are no male staff members. There is a significantly higher concentration of female staff (20.6%) in pay band 4 in comparison to male staff (8.3%). In terms of actual headcount, this

equates to 75 female staff and 9 male staff with a gender split of 89.3% female staff and 10.7% male staff.

The difference at grade 8b is only 1 pence in favour of female staff members; while the gender divide at this grade is 50/50, making it overall the most gender equal grade. Female staff earn less than male staff at every other grade in the organisation, including within senior management where the difference is greatest at 29.9% in favour of male staff. There are 85.7% female staff employed at this grade compared to 14.3% males.

6.2 Gender Pay Gap

Our gender pay gap calculations below have been based on the Close the Gap method used in previous years.

There are two measures of the gender pay gap: the mean and the median. The mean average is calculated by adding all individual employees' hourly rates of pay and dividing by the total number of employees. The median average is calculated by listing all employees' hourly rates of pay and then finding the midpoint.

The mean pay gap

To calculate the mean pay gap, we first determined the basic hourly rate of pay for each employee. We then used the following formula to calculate the percentage difference.

$\dfrac{A-B}{A} \times 100$	A = mean hourly rate of male employees	£23.39
	B = mean hourly rate of female employees	£19.80

This provides a mean pay gap of 15.3%.

Our mean pay gap has reduced by 1.9% in comparison to the previous period.

The median pay gap

To calculate the median pay gap, we determined the midpoint of the salary scale for both female and male staff and used the following formula.

$\dfrac{C-D}{C} \times 100$	C = median hourly rate of male employees	£20.89
	D = median hourly rate of female employees	£19.21

This provides a **median pay gap of 8.0%.**

Our median pay gap has reduced by 6.2% in comparison to the previous period.

Pay Gap year by year

	2016/17	2017/18	2018/19	2019/20
Mean Gender Pay Gap	21.5%	19.9%	17.2%	15.3%
Median Gender Pay Gap	24.2%	13.4%	14.2%	8.0%

Pay gap analysis

On the basis of our analysis, we believe the cause of our pay gap is:

- The proportion of female to male staff employed at the lower pay bands within the organisation, compared with the proportion of female to male staff employed at the higher pay bands,
- The distribution of staff by gender across the different pay bands generally. This is known as 'occupational segregation' and is explained further below.
- The higher proportion of female staff working part-time compared to males. 94 (90.4%) of our part-time staff are female compared to 10 (9.6%) males.

Flexible working

Flexible working hours are available to all our staff, with the exception of a small number of staff who provide administrative support during death certification reviews. The following flexible working practices are available to staff:

- flexi-time
- compressed hours
- part-time
- job share
- home working, and
- phased retirement.

Managers are encouraged to promote working flexibly and set a good example for employees, ensuring that they do not:
- regularly work long hours
- allow meetings to overrun
- regularly take work home
- send emails late at night, or
- regularly be contactable on days off.

Flexible working hours allow our staff to begin work between 7.30am and 10am, and to leave between 4pm and 6.30pm.

Pay practices

Healthcare Improvement Scotland is committed to ensuring that pay is awarded fairly and equitably. 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 (A4C) Contracts and Terms and Conditions of employment.

Occupational segregation

While the overall number of women employed at the majority of the pay bands, including the higher pay bands, is greater than the number of men, men are under-represented, relative to their overall number within the organisation, at the lower pay bands and over-represented at the higher pay bands. This disproportionate distribution of staff based on their gender is the main factor that contributes to our gender pay gap and is known as occupational segregation.

Of our female staff, 16% are employed within Administrative Services pay band 4 in comparison to 1% of our male staff. In terms of actual headcount, this equates to 75 female staff in comparison to 9 male staff. Moreover, 95% of those who work part-time at this pay grade are female. The under-representation of male staff, coupled with the high number of female staff at this pay band, alongside work patters has a significant influence on our pay gap.

Of our female staff, 10% are employed within Administrative Services pay band 8A in comparison to 3% of our male staff. In terms of actual headcount, this equates to 49 female staff in comparison to 15 male staff. This is a significant change since we published our 2017 mainstreaming report, where 8.48% of female staff and 17.39% of male staff worked at band 8A, and may have contributed to the decrease in our gender pay gap.

Our workforce data shows that during 2019-2020:

• 67.4% of the total job applications we received were from female applicants

• 70.6% of all applicants shortlisted for interview were female

• 71.6% of people offered jobs were female

• 73.7% of internal applications for promotion were from female staff members

• 76.3% of the internal applicants shortlisted for interview were female, and

• 72.1% of the internal applicants offered promotion were female.

During 2019/20, 13 employees were on maternity leave at points during the year. All employees who returned to work from maternity leave during this reporting period did so to their previous job role and previous pay band

Our workforce data shows that women are more likely to apply for jobs with us and then subsequently be shortlisted and appointed. However, the data in tables 5 and 6 show the smaller numbers of male staff at the lower pay bands or in part time work contributes to our gender pay gap.

The Chair of our Board is female and our Board, as at 1 March 2021, consisted of nine females and five males.

We are committed to equal pay for all and we believe we have robust measures in place, as already detailed, to allow people, irrespective of gender or any other protected characteristic, to enter the organisation at any level and progress without barriers.

Actions

To be inserted

7.   Contact information

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact our Equality and Diversity Advisor:

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Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**25 February 2021**
Title:	**Service Change Briefing**
Agenda item:	**3.6**
Responsible Executive/Non-Executive:	**Lynsey Cleland, Director of Community Engagement**
Report Author:	**Daniel Connelly, Service Change Manager**

1   Purpose

To provide the Scottish Health Council Committee with an update on service change activity within *Healthcare Improvement Scotland – Community Engagement.*

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

This report provides an update on specific guidance issues, general service change and practice development.

3 National Guidance

3.1   The Scottish Government / COSLA Working Group met on 07 December for its first meeting since March 2020. A revised draft of the guidance was circulated and formed the basis of the meeting discussion.

3.2   Following the meeting, Healthcare Improvement Scotland and the Care Inspectorate provided further feedback on the revised document for incorporation. We highlighted some significant areas where we believed further consideration was still required, particularly in relation to governance

and major service change. We have requested that these are considered prior to finalising the document and are continuing discussions with Scottish Government.

3.3   A further meeting scheduled for 21 January was postponed as we understand Scottish Government were still awaiting internal advice on some aspects of the content.

3.4   A practitioner network event was held on 12 January 2021 with around 20 engagement leads from across NHS Boards and Health and Social Care Partnerships. The event was hosted by *Healthcare Improvement Scotland – Community Engagement* with input from the Scottish Government and COSLA representatives. Key themes and workshop discussions were on the emerging guidance and the Quality Framework for Engagement.

4   Current activity

4.1   The most recent service change update provided for the monthly Directorate Management Team meeting is included as appendix one. This provides an overview of the active changes that we are involved with and further detail on some of the more significant ones.

5   General updates

5.1   NHS Lanarkshire - Monklands:
At its Board meeting on 16 December, NHS Lanarkshire confirmed that its preferred location for the new University Hospital Monklands is Wester Moffat.

5.1.1   The Chair of NHS Lanarkshire thanked people for their involvement in the engagement process, which had enabled full consideration of factors relating to the three shortlisted options (Gartcosh, Glenmavis and Wester Moffat) including transport and travel, cross boundary flow of patients, contamination and socio-economic impacts. In particular, the Fairer Scotland Duty assessment was discussed in detail at the board meeting.

5.1.2   On 29 January, the Cabinet Secretary for Health and Sport approved NHS Lanarkshire's preferred location of Wester Moffat. As part of the statement, the Cabinet Secretary referenced the assurances received from Healthcare Improvement Scotland and the Monklands Oversight Board in informing the decision.

5.1.3   Information relating to NHS Lanarkshire's board discussion is provided on their webpage and includes *Healthcare Improvement Scotland – Community Engagement's* assessment report.

6   Developing Practice

6.1   **Online workshops** – The team are continuing to develop three online workshops with sessions now being conducted internally across the directorate.

6.1.1   Nine workshop sessions for internal staff are being undertaken across the three regions by the team and are scheduled to be completed by March 2021.

6.2   **Animation** - The next animation for supporting engagement in service change is scheduled for publication at the end of February. This focuses on 'Overcoming barriers to engagement', and will highlight common barriers and how to overcome these to support providers plan and work with people more effectively when making changes to services.

Daniel Connelly
Service Change Manager
February 2021

7   Recommendation

- **Awareness** – For Members' information only.

8   List of appendices

The following appendices are included with this report:

- Appendix one, Directorate Management Team Service Change Update, January 2021

Appendix one: Service Change Update, January 2021

- **NHS Ayrshire and Arran – Vascular services**
  West of Scotland regional planning has been developing a new clinical model for vascular services. The outcome of this work has been a two centre model for Tier 3 vascular surgery and inpatients (at the Queen Elizabeth University Hospital, Glasgow and University Hospital Hairmyres, East Kilbride). In summer 2019, an interim phase was implemented at University Hospital Ayr, where patients who required unscheduled Tier 3 care at the weekends were transferred to University Hospital Hairmyres.

  Healthcare Improvement Scotland – Community Engagement met with NHS Ayrshire and Arran on 03 December. Based on the decisions already taken, we advised NHS Ayrshire and Arran to:

    - Consider mechanisms to validate its current position with regards to the clinical drivers for change, in light of the lack of public engagement thus far.
    - Seek to understand the level of impact of change (acute and repatriation) on people, both positive and negative, by engaging with patients, their families and carers and by capturing patient experience.
    - Engage with people on rehabilitation arrangements closer to home/use of local facility as this aspect of the service is not yet in place.

  It was agreed that engagement would take place between January and March 2021 and NHS Ayrshire and Arran was asked to share a draft communications and engagement plan. We offered to schedule a meeting to discuss this further.

  At a meeting with NHS Ayrshire and Arran's Portfolio Programme Manager and Engagement Lead on 19 January, it was agreed that they would provide us with a written update on plans to take forward public engagement within the next two weeks. We also offered to provide advice on their draft communications and engagement plan.

- **NHS Grampian - Review of the model for Maternity services at Dr Grays (DGH), Elgin**
  NHS Grampian is planning work with the NHS Highland, NHS Orkney and NHS Shetland to develop a maternity strategy for the North of Scotland with staff with the aim to publish it before the end of 2020. There are plans to gather input from recent service users via user panels (digitally).

  We are due to meet with NHS Grampian's Public Involvement Team at the beginning of February and will seek clarity on what this means in relation to the plan to reinstate the Consultant Led Unit at Dr. Grays Hospital.

  Recent media articles indicate that the staff leading on the project in Elgin were redeployed to support other priority areas and the board has indicated an updated plan will be submitted to Scottish Government in the Spring.

- **NHS Highland- North Skye inpatient and community bed redesign**
  The review started in 2019 in response to Sir Lewis Ritchie's recommendations for inpatient and Out-of-Hours Care. Three community events took place at the beginning of this year before the option appraisal process was paused in March due to COVID-19. The process has restarted with the second workshop on 16 December via Zoom to involve community representatives in the review of criteria and development of options. The case for change will be reviewed to take account of recent changes at Portree Hospital and Home Farm Care Home.

  The local north Skye Community Trust will support the sharing of information with the wider community between the sessions. At the Zoom Option Appraisal meeting held on 20 January 2021 there was a

proposal to hold an additional session to allow more time to consider development of the options. There was agreement in principle but this has to be confirmed.

- **NHS Lanarkshire – Monklands Replacement Project**
  At its board meeting on 16th December NHS Lanarkshire confirmed that Wester Moffat was its preferred location for the new University Hospital Monklands. A range of factors in relation to the three shortlisted sites – Gartcosh, Glenmavis and Wester Moffat – were considered. This included the outcome of the Fairer Scotland Duty assessment (that considered socio-economic impacts), transport and travel, site contamination and groundworks, and cross boundary flow of patients. Public engagement was also considered with reference to Healthcare Improvement Scotland – Community Engagement's assessment report. There has been a mixed public reaction to NHS Lanarkshire's preferred location.

  NHS Lanarkshire has submitted its recommendation to the Cabinet Secretary for Health and Sport for approval. If approval is given, NHS Lanarkshire will proceed to complete its Outline Business Case. As part of the planning application, NHS Lanarkshire will be required to undertake a planning application. This will inform the development of the hospital transport strategy, which is part of the planning approval process. It is currently planned to have the new hospital operational by around 2028.

- **NHS Tayside – Integrated Clinical Strategy 'Transforming Tayside'**
  The Shaping Urgent and Emergency Care Services review has been paused to take account of the recommendations of the national work being undertaken on developing a national model for emergency care and learning from COVID-19. NHS Tayside had planned to present proposals for restarting paused service change to their board in Autumn 2020 but this has been delayed due to the pandemic.

  The proposals for urgent care may need to be reviewed to take account of national models and feedback. Our regular meetings with NHS Tayside have been cancelled so the communication team can focus on the pandemic.

- **NHS Tayside- Mental Health and Learning Disability Services**
  The strategy has been developed with service users, carers an third sector groups who are members of the Communication and Engagement sub-group. Further engagement is due to start this month with plans for an online event in early 2021.

  An update to independent review on progress with recommendations is due in February.

  We are seeking clarity on how engagement on the strategy aligns with any service redesign priorities.

NHS Board	
National Waiting Times Centre	*Ophthalmology Review, Orthopaedics Review*
NHS Ayrshire and Arran	*Caring for Ayrshire*
NHS Borders	*Clinical Service Review*
NHS Grampian	*Dr Gray's Hospital Transformation Programme, Elective Treatment Centre*
NHS Highland	*Review of inpatient and Community beds North Skye, Primary Care provision in Inverness, Belford replacement*
NHS National Support Services	*National Review of Radiology.*
NHS Shetland	*Gilbert Bain Hospital replacement and Clinical Strategy*
Scottish Ambulance Service	*Strategy Development Framework 2021-2030*
Integration Authority	
Angus Health and Social Care Partnership	*Review of Specialist Dementia discharge pathway*
Argyll and Bute Health & Social Care Partnership	*Dementia Review*
Glasgow City Health and Social Care Partnership	*Mental Health services*
North Ayrshire Health and Social Care Partnership	*Arran Integrated Island Services*

East Ayrshire Health and Social Care Partnership	*Cumnock Health and Wellbeing Hub*
Dumfries & Galloway Health and Social Care Partnership	*Strategic Review*
East Lothian Health and Social Care Partnership	*Transformational Programme*
Fife Health and Social Care Partnership	*Community Hospital Inpatient Services in East Division*
Moray health and Social Care Partnership	*Business case process for replacement of Keith Health Centre and Turner Hospital- may widen to wider review of community hospital beds in Moray.*

Daniel Connelly
Service Change Manager
January 2021

Governance for engagement meeting Notes – V1.0

Meeting of the Governance for engagement sub-committee

Date: 11 January 2021
Time: 12.30pm - 2:30pm
Venue: MS Teams

Present
Suzanne Dawson, Chair
Emma Cooper, Member
Jamie Mallan, Member

In Attendance
Lynsey Cleland, Director of Community Engagement
Tony McGowan, Head of Engagement and Equalities Policy

Apologies
Elizabeth Cuthbertson, Member
Simon Bradstreet, Member

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

Declaration of interests
No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	ACTION
1.1	**Chair's Welcome and Apologies**	
	The Chair of the Scottish Health Council (*'the Chair'*) welcomed everyone to the first meeting of the Governance for engagement sub-committee via MS Teams. Apologies were noted as above.	
1.2	**Discussion of key priorities and ways of working**	
	The Director of Community Engagement (*'the Director'*) opened the discussion with the sub-committee on establishing the priorities and ways of working for the group. She made reference to the Terms of Reference (ToR) which had been shared prior to the meeting. She also provided initial thoughts and expectations of what the role of this sub-committee would deliver : - focus on constructive scrutiny - importance of having open and honest discussions with Directors	

		• identify and recognise good practice • identify areas where development is required. The sub committee members provided the following thoughts on priorities and ways of working: • look at baseline information • establish the framework to provide assurance • establish and provide clarity on the standards and legal requirements that need to be met • provide more guidance and support, particularly to directorates where engagement opportunities are less obvious. • the need for the sub-committee to gain a better understanding of relevant legislative requirements. After discussion around the key areas, it was agreed that training material on legislative requirements would be provided to the sub-committee for the next meeting on 11 February 2021. **Action** 1. Head of Engagement and Equalities Policy to send members of the sub-committee legislation training materials prior to the next sub-committee meeting on 11 February 2021. 2. Include on the agenda, a learning session on legislative requirements at the next sub-committee meeting on 11 February 2021.	**Head of Engagement and Equalities Policy** **Head of Engagement and Equalities Policy**
1.3	**Review baseline information from Directorates**		
		The Head of Engagement and Equalities Policy provided the sub-committee with a brief explanation of the baseline proformas, which each directorate within HIS completed prior to the Christmas break. Each directorate provided feedback/evidence on the following four points: • planning for fairness • engaging effectively • reporting transparently • learning through reflection The sub-committee reviewed and discussed each directorate's proforma and noted the varying degrees of information provided. The following points were highlighted in the discussion: • the external facing directorates provided more feedback than internal, as they may benefit from more projects to use as examples • some directorates provided information that wasn't directly relevant to the ask • some directorates were unable to answer certain questions deemed less applicable to them • some returns were missing information on	

	- notable successes and/or challenges - lack of impact stories After an individual discussion on each of the proformas, specific feedback points were identified for directorates to help inform their attendance and discussions at future sub-committee meetings. The sub-committee were encouraged by the level of work and commitment that had been put into completing the proforma by each directorate, recognising that the proforma will continue to evolve throughout the year. The sub-committee then agreed the following action points : **Action** 1. The Head of Engagement and Equalities Policy to provide feedback to each directorate based on the discussions from the sub-committee, to provide guidance on the completion of the proforma, highlight key areas of good practice and offer support in any areas of challenge recognised by the sub-committee. 2. The Head of Engagement and Equalities Policy to reconfigure the proforma and move successes to Page 1.	**Head of Engagement and Equalities Policy** **Head of Engagement and Equalities Policy**	
1.4	**Agree Business planning schedule for 2021**		
	The Head of Engagement and Equalities Policy opened a discussion with the sub-committee on the scheduling of directorate's attendance at the future sub-committee meetings to present their baseline proformas. He highlighted that there was a need to consider when agreeing the business planning schedule, any additional asks that have been placed on certain directorates due to the Covid pandemic. The sub-committee agreed that this was important and should be factored into the business planning schedule. Following on from the discussion around the scheduling, it was agreed that the Community Engagement Directorate would present their proforma at the next sub-committee meeting on 11 February 2021. To ensure that the directorate is being challenged and scrutiny is fair and consistent throughout HIS, it was agreed that attendance from two non-executive board members would be beneficial. The sub-committee discussed the remainder of the business planning schedule and agreed the following : two directorates would present at each of the sub-committee meetings following what will be a		

		test of process with the Community Engagement directorate's input on 11 February
		• a reflection exercise from the Director following their attendance at the sub-committee will be included in the subsequent meeting agenda
		• an update on the Quality Framework would be provided at each meeting
		• the 'evidence' presented from the directorates, should include examples and information on impact
		
		Action
		   1. Director of Community Engagement to approach two non-executives to attend the next meeting of the sub-committee.
		
		   2. The agreed business planning schedule to be communicated to Directors.
			Director of Community Engagement
			
			Head of Engagement and Equalities Policy

1.5	**AOB**	
	There were no items of other business	
1.6	**Date of next meeting**	
	The next meeting will be held on 11 February 2021	