

**Scottish Health Council Committee
Agenda V1.3**

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

Date: 02/03/2023

Time: 10.30-13:00

Venue: Via MS Teams

Contact: Susan Ferguson
07866 130791

Joining via Teams

[Click here to join the meeting](#)

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	10.30	Welcome, Introduction and apologies	Chair	Verbal
1.2	10.35	Draft minutes of Meeting (17/11/2022)	Chair	Paper
1.3	10.40	Review of Action Point Register	Chair	Paper
1.4	10.45	Business Planning Schedule 2022/23	Chair	Paper
1.5	10:50	Proposed Business Planning Schedule 2023/24	Chair	Paper
1.6	10.55	Director's Update	Director	Paper
2.		COMMITTEE GOVERNANCE		
2.1	11.00	SHCC Draft Annual Report 2022/23 & Terms of Reference	Chair	Paper
2.2	11.05	Remobilisation and Operational Plan Progress Report	Operations Manager	Paper
2.3	11.10	Engagement Programmes Update	Acting Head of Engagement Programmes	Verbal
2.4	11.15	Risk Register	Director	Paper
2.5	11:20	Equality Mainstreaming Report	Equality & Diversity Advisor	Paper
2.6	11.30	Corporate Parenting and Children's Rights Report 2023	Public Involvement Co-Ordinator	Paper

2.7	11.40	Service Change Sub-Committee-update -NHS Greater Glasgow & Clyde GP out of hours service	Acting Head of Engagement Programmes/Engagement Programmes Manager	Paper
2.8	11.50	Governance for Engagement Sub-Committee-Update	Head of Engagement and Equalities Policy	Paper
	11.55	COMFORT BREAK		
3.		SETTING THE DIRECTION		
3.1	12:00	Quality Framework for Community Engagement and Participation - Update	Engagement Programmes Manager	Paper
3.2	12:10	HIS-Strategy Update to Committee	Chief Exec	Presentation
3.3	12.25	Community Engagement Directorate strategy update and business planning for 2023/24	Director	Paper
3.4	12:40	Engaging People in the work of HIS -Update	Head of Engagement and Equalities Policy	Paper
4.		RESERVED BUSINESS		
4.1	12.45	Service Change Sub-Committee draft minutes of meeting (26/1/2023)	Engagement Programmes Manager	Paper
5.		ADDITIONAL ITEMS of GOVERNANCE		
5.1	12.50	Key Points	Chair	
6.		CLOSING BUSINESS		
6.1	12.55	AOB	All	
6.2	13.00	Meeting Close		
7.		DATE OF NEXT MEETING		
7.1		25 May 2023 Delta House 10.00-12.30		

SHCC MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 17 November 2022
Time: 10:00am-12:30pm
Venue: Hybrid

Present

Suzanne Dawson, Chair (SD)
Nicola Hanssen, HIS Non-Executive Director Member (NH)
Michelle Rogers, HIS Non-Executive Director Member (MR)
Dave Bertin, Member (DB)
Simon Bradstreet, Member (SB)
Elizabeth Cuthbertson, Member (EC)
Jamie Mallan, Member (JM)

In Attendance

Lindsey McIntosh, Interim Director of Community Engagement (LM)
Tony McGowan, Head of Engagement & Equalities Policy (TM)
Claire Curtis, Acting Head of Engagement Programmes (CC)
Derek Blues, Engagement Programmes Manager (DBI)
Richard Kennedy McCrea, Operations Manager (RKM)
Janice Malone, Volunteering Programme Manager (JanMal) (Item 2.3)
Gary McGrow, Social Researcher (GM) (Item 2.4 and Observer)
Chris Third, Public Involvement Advisor (CT) (Item 3.3 and Observer)
Joy Vamvakaris, Social Research Analyst (Observer)

Apologies

Emma Cooper, Member (EmC)
Alison Cox, Member (AC)
Victoria Edmond, Senior Communications Officer (VE)
Susan Ferguson, PA to Director of Community Engagement & Chair of SHC

Committee Support

Provided by LM / TMG / CC

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 (SD) welcomed everyone to the meeting and advised of the successful appointment of Clare Morrison, who will be joining the directorate as the permanent director from 23 January 2023. Lindsey McIntosh (LM) will continue in the interim role until that time to provide a smooth handover.	

	<p>SD also advised that the Healthcare Improvement Scotland (HIS) Board had held development sessions over the previous two days. These had looked at the wider operating context, with an opening session from Linda Pollock as our sponsor within Scottish Government. The Board then went on to discuss future challenges, and the organisation's ability to adapt, maintain relevance and make a difference.</p> <p>This is relevant for the Community Engagement directorate, to reflect the future needs of NHS Boards, to identify where the biggest impact can be made, and to ensure that the directorate is working in a more strategic way. There was an acknowledgement that this has to be underpinned by having the right culture in place and supporting staff to deliver that.</p> <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	<p>The draft minutes of the Scottish Health Council Committee meeting, held on 15 September 2022, were approved as an accurate record of the meeting.</p>	
	Matters arising	
	<p>There were no matters arising.</p>	
1.3	Review of Action Point Register	
	<p>LM presented the Action point register to the Committee and advised that three of the five listed actions had been discharged and were recommended for closure. Two other action points were still ongoing and would be referred to within other items on the agenda.</p> <p>In relation to item 3.2 (19/05/2022) DBI would be advising of the workshops planned for HIS Non Executives under Agenda Item 2.2 (partial progress against the stated action).</p> <p>In relation to item 1.6 (15/09/2022) the Committee were advised that this piece of work is due for completion by the end of November and will be reported in full at the next Committee meeting in March 2023.</p> <p>The Committee noted the content of the action point register.</p>	
1.4	Business Planning Schedule	
	<p>SD presented the Business Planning Schedule to the Committee and highlighted two additions – the introduction of the Director's Report and also an annual marker in relation to the production of a draft annual business plan for Community Engagement directorate.</p> <p>SD highlighted that these additions had also been shared with the HIS Board Chairs' Committee for awareness and to ensure consistency across other HIS governance committees.</p>	

	<p>LM advised that following feedback from Committee Members, papers had been included to support each agenda items to better prepare members.</p> <p>The Committee noted the Business Planning Schedule.</p>	
<p>1.5</p>	<p>Director's Update</p>	
	<p>LM provided the Committee with a brief verbal update based on the contents of the circulated paper.</p> <p>In respect of clarifying the Committee's priorities, following discussion amongst members, an amendment was suggested to the wording proposed in the paper on the second priority which originally stated, "<i>The need to proactively reach out to the public.</i>" Following discussion, suggested wording should include being innovative and dynamic, with Committee Members being able to actively promote the needs and benefits of community engagement across various networks, whilst reinforcing that HIS-CE is there in a strategic advisory role.</p> <p>In addition, clarity was sought on the third priority which had been agreed previously: "<i>The change to the public's approach to engagement since the onset of the pandemic.</i>" It was agreed that the development day in June 2022 had reflected a broader discussion around the public's changing expectations/experiences around engagement methods and how bodies have adjusted to new ways of working to enable this engagement.</p> <p>LM explained the rationale behind the proposed dashboard report approach, and how one report could serve many purposes. The format will give a visual overview of the status of engagement levels with the various NHS Boards; the progress of various work programmes; the level of operating resources available; key operating risks and also celebrating directorate achievements.</p> <p>The intention is to use this as a strategic management tool within the Directorate Management Team (DMT), as well as sharing more widely with all staff in the spirit of transparency and engagement. The use of it within the Committee setting would be to establish where there may be areas both for further work or where best practice within boards can be shared more widely.</p> <p>The Committee acknowledged that this is a new initiative and will be iterative in its development and application over the coming months but welcomed the approach and visibility.</p> <p>LM gave an outline of the recently held workshop for the DMT, which looked at the wider operating context over the coming years, and what that would mean for service delivery overall, understanding the financial picture, and examining lessons from the interim structure. This was an initial exploratory workshop, with further sessions scheduled to identify what is going to be possible moving forward. This work reflects the discussions which are happening at the HIS Board. Ultimately this work will identify a number of key activities and outputs, which the Committee will receive regular updates on.</p>	

	<p>The Committee acknowledged the challenges that are facing the directorate with regard to making the organisation fit for the future and advised of their support and desire to be involved in developing future plans.</p> <p>The Committee noted the Director's Report and agreed that this should be a regular written item at every meeting.</p> <p>ACTION: New wording of priorities will be re-issued to the Committee for approval.</p>	LM / Committee Members
2.	SETTING THE DIRECTION	
2.1	Business Planning for 2023/24	
	<p>LM introduced the paper, which outlined plans to develop a business plan for 2023/24. Linked in part to the previous agenda item, this will be based on activity consolidation matched to available resources and budget. This clarity will also allow for everyone to know what delivery model is being sought, and how it links into individuals' personal objectives.</p> <p>ACTION: The Committee expressed a desire to be involved and share expertise throughout the process, and it was agreed that a committee workshop should be set up in order to progress this activity. A timescale for bringing a draft business plan for 2023/24 back to the Committee at its March 2023 meeting for approval was also agreed.</p>	SD / LM
2.2	Quality Framework for Community Engagement	
	<p>The Engagement Programmes Manager (DBI) introduced the paper and provided updates to the Committee on a number of items since the paper was prepared:</p> <ol style="list-style-type: none"> 1. One of the test sites has withdrawn from the pilot of testing due to capacity issues, whilst other Boards have expressed an interest in the testing work. 2. Participants in the pilot are due to meet on 01 December 2023 to have honest discussions around their experiences and identifying 'wicked problems' they have faced whilst testing the framework. 3. There is going to be a session for Community Engagement DMT members to ensure they are all fully sighted on the contents of the framework to ensure consistency of understanding and practice. This will support roll out to the whole directorate staff. 4. Current Scottish Government ambition was to publish a revised version of '<i>Planning with People</i>' in January 2023 and we would intend to align the publication of the final Quality Framework with its publication. 	

	<p>Questions were asked around the scale of change proposed for '<i>Planning for People</i>', and how it would link to the Quality Framework. DBI advised that directorate representatives had been asked to be members of a Scottish Government short life working group which would look at proposed changes, with a view that they should be linked as closely as possible to ensure good alignment.</p> <p>In response to a question on how the tool would be used to measure impact, the Committee was advised that this would require a longer term evaluation to look at what successes there would be in relation to influence, support and changes in practice which had occurred underpinned by HIS-CE evidence.</p> <p>Head of Engagement Programmes (CC) highlighted that this work also closely aligns with the '<i>reconnections</i>' work being undertaken currently. There are lessons to be learned about how the tool does not capture changes to practices that were driven through or impacted by Covid. This is an area which needs further exploration with the short life working group.</p> <p>The Committee noted the Quality Framework for Engagement paper.</p>	
2.3	Volunteering in Scotland - Update	
	<p>The Volunteering Programme Manager (JanMal) introduced her paper and drew the Committee's attention to a number of key points.</p> <ol style="list-style-type: none"> 1. The Volunteering Programme Board has repositioned itself from being one focussed on communications to one of delivery strategy. The first of the new style board meets within the next week. 2. Part of the strategy is about ensuring there is a supporting ICT structure which is fit for the future. This is currently going through a scoping exercise, to meet the needs of many stakeholders, and to get prepared for entering potential tendering phase. <p>In addition to the paper, JanMal also gave an update in relation to the numbers of conversations held with Scottish Government regarding the use of volunteers to assist with winter pressures across the wider system. The key message has to be focused on ensuring volunteering is safe and sustainable, and that it requires long term investment. It cannot be used as backfill for paid workforce. In supporting this sentiment and reiterating that volunteers offer and need something different from staff, it was asked that this be raised at the next Programme Board meeting.</p> <p>In relation to a query about numbers of volunteers, JanMal advised that figures were presently collated on a monthly basis from Boards, and the figures were around 2,300 volunteers participating on a monthly basis across the whole of NHS Scotland, equating to ~ 30-35,000 hours per month in volunteer hours.</p>	

	<p>A question was asked about the levels of risk presented in relation to stability of funding for the systems development work, and also the risk in relation to safety of volunteers. In response to the funding question it was acknowledged that this would be an additional allocation, and could be put at risk given the financial climate, but this would have to be weighed against the wider needs of the NHS. With respect to the safety of volunteers, then this was a risk for both the local NHS Boards where volunteers are deployed which would be for those Boards to manage, but also a national risk in relation to ensuring that NHS Boards have access to appropriate resources and guidance to deliver volunteering.</p> <p>The Committee thanked JanMal for the additional verbal update and noted the Volunteering in Scotland Update paper.</p>	
<p>2.4</p>	<p>Citizens Panel - Update</p>	
	<p>The Social Researcher (GM) presented an overview of his paper, and presented some key information from Citizens Panels 8-10, and also talked through the planned content of Citizens Panel 11, and the current refresh programme which is underway at present.</p> <p>SD advised the Committee that Citizens Panels have a high profile within Scottish Government, with Ministers and the Cabinet Secretary in particular. They cover a broad range of issues, and it was encouraging to hear that there are increasing levels of diversity amongst its membership.</p> <p>Committee Members SB and EC commended the emphasis upon impacts in the reporting that the Panels make, and the commitment to ensuring diversity of panel members.</p> <p>The Committee commended the quality and presentation of the report, with particular reference to the use of hyperlinks to take the reader to additional information.</p> <p>ACTION: The Committee noted the Citizens Panel Update paper and asked for a copy of the presentation to be circulated after the meeting.</p>	<p>GM</p>
<p>2.5</p>	<p>Engaging People in the work of HIS</p>	
	<p>The Head of Engagement and Equalities Policy (TMG) introduced his paper and drew the Committee's attention to a number of key points:</p> <ol style="list-style-type: none"> 1. There has been a recent internal audit of the EQIA process within HIS. It has returned a number of recommendations, which have been considered by the team, and actions are already underway to address these. This is a corporate responsibility held within HIS-CE, on behalf of the wider HIS organisation, and does not necessarily have the resource to be able to audit the whole organisation itself. There are approaches to be made with the wider HIS-wide governance and planning team about what other good practices can be considered. 	

	<p>2. The Easy Read programme is being rolled out HIS-wide, and there are now 10 individuals who are trained in this skill within the organisation.</p> <p>3. Governance for Engagement Sub Committee were presented with the Quality Assurance Directorate (QAD) proposal to establish a sounding board, and had asked for HIS-CE colleagues input and assistance in taking this forwards.</p> <p>SD commended the teams for carrying a significant workload, and the LM highlighted the importance of the EQIA audit in terms of corporate ownership.</p> <p>A question was asked about the availability of EQIA training to inform decision making for Non Executives. TMG offered to progress the training request.</p> <p>Clarification was sought regarding the Citizens Panel, the Volunteer Network and the Public Partners Forums, and if there was any overlap between them. TMG advised that the Citizens Panel seeks to reflect national demographics, that the People’s Experience volunteering provides more localised opportunities to gain public views, and that our Public Partners continue to assist with the wider HIS work which is ongoing in various directorates. All of these routes provide reliable channels for wider community engagement activities.</p> <p>Assurance was sought around about levels of confidence in terms of corporate ownership of the EQIA recommendations across the wider organisation.</p> <p>The Committee thanked TMG for the update and noted the Engaging People in the Work of HIS paper.</p> <p>ACTION: LM to take the EQIA audit report to the HIS Executive Team for consideration and comment, prior to it being presented to the HIS Audit & Risk Committee.</p> <p>ACTION: TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making.</p>	<p>LM</p> <p>TMG</p>
3.0	COMMITTEE GOVERNANCE	
3.1	Remobilisation and Operational Plan Progress Report	
	<p>The Operations Manager (RKM) gave a brief summary of his paper and highlighted that a lot of the good practices had already been covered through items on the agenda.</p> <p>In commending the paper it was suggested that there might be opportunities to include a ‘what next?’ within each section and a final commentary section which draws out the ‘so what?’ with respect to the difference that the work of HIS-CE makes.</p>	

	<p>Although it is recognised that timescales are challenging there was a discussion about what more and/or different we can do with our resources in terms of measurement and practices.</p> <p>The Committee thanked RKM for the update and noted the Remobilisation and Operational Plan paper.</p> <p>ACTION: RKM and LM to collaborate on reporting templates and information for reporting.</p>	RKM / LM
3.2	Risk Register	
	<p>LM provided the Committee with a brief update to advise that the DMT would be collectively reviewing the risks at its next meeting, based on the new guidance and scoring criteria. This would allow consideration of the risks for the remainder of the current business year, as well as looking ahead into 2023/24 in a new operating context.</p> <p>ACTION: The new operational risk register will be presented in full at the next meeting of the Committee in March 2023.</p>	LM
3.3	Corporate Parenting	
	<p>The Public Involvement Advisor (CT) introduced his paper and drew the Committee's attention to a key point:</p> <ol style="list-style-type: none"> 1. The Corporate Parenting Report and the Children's' Rights Reports is already part drafted and will be combined into a single report to be published next year. This is a key statutory duty and is required to be published every three years – "as soon as possible after March 2023". <p>A question was asked about training on the UN Convention on the Rights of the Child (UNCRC), and if it was mandatory. CT advised that Children's Rights is part of the mandatory equalities training, but there is not specific training on that sole topic. CT also advised that Corporate Parenting has now been recommended to become a mandatory training module which is an increase from being mandatory for some roles only.</p> <p>There followed a discussion on what further opportunities could be explored under the remit of Corporate Parenting, such as setting up a charitable arm of HIS, taking positive actions and raising awareness of this corporate responsibility. Committee Members discussed what may be possible and identified this as an area for future exploration.</p> <p>ACTION: CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above)</p> <p>ACTION: CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a further paper to the Committee</p>	<p>CT / TMG</p> <p>CT / TMG</p>

	at a later date.	
3.4	Service Change Sub Committee - Update	
	<p>The Engagement Programmes Manager (DBI) gave a number of updates in addition to the content in the paper:</p> <ol style="list-style-type: none"> 1. The pilot of a session covering service change and statutory duties for NHS Board Non Executives planned for new HIS Board Members is being held on 14 December 2022, with modified content to give a more rounded overview of the work of the directorate. 2. The next meeting of the Engagement Practitioner Network to be held on 15 December 2022. <p>The Director (LM) advised the Committee that this was the same paper, which had previously been presented to the Service Change Sub Committee, with a slightly different format. The appendices now include a full list of all NHS Boards, alongside a list of the associated Integrated Joint Boards. This was to allow full oversight of all activity and non-activity across Scotland.</p> <p>The Committee noted the Service Change Update paper.</p>	
3.5	Governance for Engagement Sub Committee - Update	
	<p>The Head of Engagement and Equalities Policy (TMG) introduced his paper and gave an overview of the recent Governance for Engagement Sub Committee meeting, where both the Quality Assurance Directorate (QAD) and the Finance, Planning & Governance Directorate (FPG) presented their updates on Cycle 2.</p> <p>The Committee noted the update.</p>	
4.0	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>SD presented the draft minute for the Service Change Sub Committee meeting held on 20 October 2022, and reminded the Committee that these would be formally approved at the next meeting of the Service Change Sub Committee due to be held on 26 January 2023.</p> <p>The Committee noted the Sub Committee meeting minute.</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> 1. Volunteering. 2. Citizens Panel. 3. Use of Enhanced Reporting within HIS-CE. 	

6.0	CLOSING BUSINESS	
6.1	AOB	
	<p>Issues with the numbering of papers within Admin Control was raised. LM advised she would look into this.</p> <p>SD noted that this would be the last formal meeting of the Scottish Health Council Committee that LM would be presenting at, and thanked her on behalf of the Committee for her stewardship of the directorate.</p> <p>ACTION: LM to liaise with SF regarding technical issues.</p>	LM / SF
7.0	DATE of NEXT MEETING	
7.1	The next Scottish Health Council Committee meeting will be held on 02 March 2023 10am-12.30pm venue tbc.	
	<p>Name of person presiding: Suzanne Dawson</p> <p>Signature of person presiding:</p> <p>Date:</p>	

ACTION POINT REGISTER

Meeting: Scottish Health Council Committee

Date: 17/11/2022

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 19/05/2022 3.2	Service change update including Action plan	DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities	02/03/2023	DBI	Ongoing - still under consideration to ensure we achieve the best outcome for all parties. Discussions with Claire Curtis and Denise Symington are underway.
Committee meeting 15/09/2022 1.6	HIS Strategy Update	Engagement Programme Managers to ask about <i>Scottish Approach to Service Design</i> activity as they map part of the reconnection work.	02/03/2023	CC	Ongoing – to be considered on completion of the “Reconnect” work that the Engagement Programme Managers are undertaking in November.
Committee meeting 17/11/2023 1.5	Directors Update	New wording of priorities on Director’s Update will be re-issued to the Committee for approval.	02/03/2023	LM/Committee Members	Complete
Committee meeting 17/11/2023 2.1	Business Planning for 2023/24	The Committee expressed a desire to be involved and share expertise throughout the process, and it was agreed that a committee workshop should be set up in order to progress	02/03/2023	SD / LM	On-going -this will be discussed with new Director and Chair.

Date: 28/10/2022

		this activity. A timescale for bringing a draft business plan for 2023/24 back to the Committee at its March 2023 meeting for approval was also agreed.			
Committee meeting 17/11/2023 2.4	Citizens Panel - Update	The Committee noted the Citizens Panel Update paper and asked for a copy of the presentation to be circulated after the meeting.	17/11/2022	GM	Complete
Committee meeting 17/11/2023 2.5	Engaging People in the work of HIS	LM to take the EQIA audit report to the HIS Executive Team for consideration and comment, prior to it being presented to the HIS Audit & Risk Committee.	02/03/2023	LM	Complete – HIS ET discussed in December, and Tony was going to prepare a further paper for ET to ensure consistent levels of understanding and action required from ET – date TBD.
Committee meeting 17/11/2023 2.5	Engaging People in the work of HIS	TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making.	02/03/2023	TMG	On-going – TMG to link in with OD&L colleagues to discuss further and report back at next SHC Committee.
Committee meeting 17/11/2023 3.3	Corporate Parenting	CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above)	02/03/2023	CT/TMG	On-going – linked to 2.5
Committee meeting 17/11/2023	Corporate Parenting	CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a further paper to the Committee at a	02/03/2023	CT/TMG	On-going – linked to 2.5

Date: 28/10/2022

3.3		later date.			
Committee meeting 17/11/2023 3.3	AOB	LM to liaise with SF regarding technical issues.	02/03/2023	LM/SF	Complete

**Scottish Health Council Committee
Business Planning Schedule**

Committee Business	Lead officer
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2023-2024

25/05/2023	24/08/2023	30/11/2023	29/02/2024
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Strategic Business

Evidence Programme <i>(subject to agreement on strategic vision)</i>	Head of Programme
Improvement Programme <i>(subject to agreement on strategic vision)</i>	Head of Programme
Assurance Programme <i>(subject to agreement on strategic vision)</i>	Head of Programme
Volunteering in NHS Scotland	Programme Manager Volunteering
Engaging People in the work of HIS	Head of Engagement and Equalities Policy

Committee Governance

Draft Annual Report 2023/24 & Committee Terms of Reference	Chair
Directors Update	Director
Business Planning Schedule 2023/24	Chair
Proposed Business Planning Schedule 2024/25	Chair
Risk Register	Director
Operational Plan Progress Report	Operations Manager
Corporate Parenting Action Plan /Report	Public Involvement Advisor
Equality Mainstreaming Report Update	Equality and Diversity Advisor

Additional Items of Governance

Governance for Engagement Sub-Committee meeting notes	Head of Engagement & Equalities Policy
Service Change Sub-Committee meeting notes	Engagement Programmes Manager

Closing Business

3 Key Points	Chair
AOB	

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	2 March 2023
Title:	Director's Update
Agenda item:	1.6
Responsible Executive/Non-Executive:	Clare Morrison Director of Community Engagement
Report Author:	Clare Morrison Director of Community Engagement
Purpose of paper:	Discussion and approval

1. Situation

This paper provides an update to the Scottish Health Council Committee (SHCC) about the work undertaken by the new Director in the first four weeks since joining on 23 January 2023, working with the Directorate Management Team (DMT). It provides an outline of the plans for the next quarter, which includes business planning for 2023/24.

2. Background

At the November 2022 SHCC meeting, four priority areas were defined to ensure the Committee maintains oversight and assures the work of the HIS-Community Engagement directorate:

- a) Structure and focus of the Committee
- b) Providing assurance that NHS boards and integration authorities are meeting their statutory requirement for public engagement
- c) Change to the public's approach to engagement since the onset of the pandemic
- d) The impact of the current financial climate on the system and directorate.

It was also noted that there continue to be diverse views on what the directorate's activities should include, uncertainty related to the ongoing interim structure, and a need for a more cohesive approach across the directorate. It was agreed this should be addressed through future business planning.

3. Assessment

In November / December 2022, the interim Director and DMT prepared a current status paper for the incoming Director and gathered opinions from the whole directorate on current functions (ie, the must / should / could / stop quadrant exercise). They also prepared a draft dashboard to provide oversight of the directorate's work.

The new Director's initial priority is to set a clear future direction for the directorate's work and structure, and provide stability to the directorate after a period of prolonged uncertainty which has had a negative impact on directorate staff. This work began immediately and will involve the following steps:

1. Create a clear, concise strategic vision (see item 3.3 on agenda)
2. Define the work and processes that are required to deliver the vision
3. Develop the staffing structure that is required to deliver the vision
4. Define the roles and responsibilities of each team and post within the structure
5. Develop the business plan for how the work will be delivered in 2023/24
6. Define the measurements that will monitor the delivery of the work (both process and outcomes measures) and develop associated monitoring reports
7. Update and align the risk register with the delivery of this work.

A draft strategic vision is being brought to the Committee today (see paper 3.3 for how the vision has been developed). The DMT has begun to define the work required to deliver the vision, the staffing structure, and the roles and responsibilities. Once the vision is finalised, this work will be able to progress at speed. All HIS processes around organisational change associated with defining a new staffing structure will be followed and it must be financially viable. It will also take into consideration the HIS "One Team" approach. This work will be a priority for the Director during the next quarter.

This work will deliver the Committee's priority areas as follows:

- a) *Committee focus*: This work will result in a clear business plan with a monitoring plan and risk register aligned to the delivery of the vision. This will enable the Committee to have a clear oversight of the directorate's work.
- b) *Assurance*: A key programme within the vision is assurance, so this will support the Committee's priority area of assuring NHS boards and integration authorities are meeting their statutory requirement for public engagement.
- c) *Public approach to engagement*: Understanding the public's changing approach to engagement will be supported by the direction within the vision which includes providing evidence about how to engage, evaluation of engagement activities with real-time feedback, and testing innovation to enable improvement in engagement.
- d) *Financial*: Developing a new vision, processes and structure provides an opportunity to ensure the directorate is operating efficiently and maximising our impact within the allocated financial envelope.

Current work

In the meantime, while the future direction work is taking place, the directorate will continue to work in all current delivery areas including Gathering Views, Citizens' Panel, service change, volunteering, equality & diversity and HIS public involvement. Separate agenda items provide updates on current work.

Committee priority: Assurance

Discussions took place in February 2023 with the Scottish Government's team updating the "Planning with People" guidance. This focused on the need to clarify HIS-Community Engagement's role in relation to assurance of engagement in integrated authorities. Wording has now been agreed which provides greater clarity.

Committee priority: Finance

The directorate is expecting to reach a break-even position in this financial year. The December 2022 position showed a forecast overspend on pay but this is partially offset by savings in non-pay. Holding current vacancies is expected to deliver the remaining savings required to reach break-even.

Assessment considerations

Quality / Care	A clear strategic vision will enable the directorate to maximise its impact to support and assure the health and care system to engage meaningfully with people in the development and delivery of services. An accompanying delivery plan with defined measurements will provide the SHCC with appropriate oversight of the directorate's work.
Resource Implications	Delivery of the new strategic vision, business plan and staffing structure must be within the budget allocation for 2023/24. Finance colleagues will be involved in the planning stages to ensure that a financially viable structure is identified. The directorate is expected to break even in 2022/23.
Risk Management	There are people and workforce risks in the development of the new strategic vision and working processes. There are also financial risks around delivering a vision within the budget set for 2023/24. Once the new strategic direction has been set, the risk register will be updated.
Equality and Diversity, including health inequalities	The future structure will take equality, diversity and inclusion into account with an EQIA completed as required. The directorate has a specific role in supporting equality and diversity within HIS and future plans will continue to include this.
Communication, involvement,	There will be extensive engagement with staff, Committee Members, HIS and wider stakeholders in relation to the building

engagement and consultation	of the HIS-CE strategic vision, staffing structure and business plan for 2023/24.
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4 Recommendation

The Committee is asked to:

- Consider the planned approach and provide feedback.
- Gain assurance around the planned approach.

5 Appendices and links to additional information

- See item 3.3 for further details of the draft vision development

GOVERNANCE COMMITTEE ANNUAL REPORT 2022/23

Scottish Health Council Committee Annual Report

Committee Chair	Suzanne Dawson
Lead Director	Clare Morrison

1. Introduction

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

This report is therefore submitted on behalf of the Scottish Health Council Committee for the year 1 April 2022 to 31 March 2023.

Please note that since last year there have been three Lead Director's, namely Ruth Jays until August 2022, Lindsay McIntosh – September 2022 – January 2023, and more recently Clare Morrison. The new permanent Director took up position on 23 January 2023.

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

The purpose of the Scottish Health Council Committee is to:

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

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

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

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

Has the Committee reviewed its terms of reference?

Yes

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

Remit (list each part of remit)	How did the Committee meet its remit during 2022/23 (with examples)
Approval of HIS-CE strategic objectives, priorities and workplan	The Committee approved the HIS – Community Engagement (HIS-CE) Performance Measurement Framework in Sept

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

<p>for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans</p>	<p>2022 which reports the three aims of the directorate's work programme with 10 agreed outcomes to build capacity, raise awareness, and increase diversity and inclusion.</p> <p>The Committee participated in a development day in June 2022 to identify and prioritise the key challenges faced by the directorate.</p> <p>The Committee has received updates on the development of the new HIS Strategy, and provided feedback on its content.</p>
<p>Detailed scrutiny of performance against the workplan and delivery of outcomes</p>	<p>The workplan is reported on and discussed at every meeting of the Committee as part of the Remobilisation and Operational Plan, aligned to the Performance Measurement Framework aims and outcomes as detailed above.</p>
<p>The establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee</p>	<p>The Committee reviewed and amended their terms of reference in June 2022.</p> <p>The Committee has two sub-committees:</p> <ul style="list-style-type: none"> • Service Change and • Governance for Engagement. <p>The Committee received both sub-committee's minutes and action points at each committee meeting and review the developments required for each programme.</p> <p>The Service Change sub-committee will progress the recommendations provided from a recent internal audit undertaken and ensure that this work is reported and progressed over the coming months.</p> <p>The Governance for Engagement sub-committee and associated process has entered into Cycle 2, which has focused on progress reporting from HIS directorates on their work to ensure meaningful engagement and equalities considerations are informing their work programmes.</p>
<p>Approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services</p>	<p>The Committee's Service Change sub-committee considered and made recommendations on service change issues throughout the year. In addition to receiving the sub-committee's minutes and action points, the Committee also received an update on current service change considerations at each Committee meeting.</p> <p>The Committee participated in a development day in June 2022 to identify and prioritise the key challenges faced by the directorate and the Committee. The priority areas identified (provided below) are informing the directorate's new strategy and aims:</p> <ul style="list-style-type: none"> • The structure and focus of the committee • The need to proactively reach out to the public • The change to the public's approach to engagement since the onset of the pandemic
<p>Hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and</p>	<p>Specific areas reviewed by the Scottish Health Council committee during 2022/23 included:</p> <ul style="list-style-type: none"> • HIS Corporate Parenting Action Plan • Volunteering and public partner roles in HIS

<p>Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee</p>	<ul style="list-style-type: none"> • Citizens' Panel • Engaging people in the work of HIS • Quality Framework for Community Engagement Equalities outcomes
<p>The Committee will manage any associated risks assigned to it. The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.</p>	<p>The two current risks aligned to the directorate are discussed at every Committee meeting. These are:</p> <ol style="list-style-type: none"> 1. <i>There is an operational risk to HIS – Community Engagement as a result of the limited 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.</i> 2. <i>There is a risk that system pressures, together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.</i> <p>Note that Risk 2 was revised and amended during these discussions. The Committee will continue to highlight areas of risk to the Board, requesting external written evidence where this is necessary.</p> <p>In Nov 2022 discussion at the Committee meeting identified the need to review these risks in light of COVID and the directorate's future structure. Work is underway with the new HIS Risk Manager and Director of Community Engagement to review and update in the coming months.</p>
<p>4. Reporting arrangements</p>	
<p>The following appendices provide a summary of the work of the Committee during 2022/23: Appendix 1 – Attendance schedule Appendix 2 - Business planning schedule Appendix 3 – Key areas of business arising from each meeting and reported to the Board</p>	
<p>5. Risks (summary of risk landscape during the year)</p>	
<p>During 2022/23 the Scottish Health Council Committee reviewed at each of its meetings all strategic risks/all strategic risks within the remit of the Committee</p> <p>The following key risks were considered and reviewed in more detail by the Committee:</p> <p><i>There is a risk that system pressures, together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.</i></p> <p>As detailed above the Committee will continue to highlight areas of risk to the Board, requesting external written evidence where this is necessary.</p>	

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

a) **Did the Scottish Health Council Committee meet its remit for the year 1 April 2022 to 31 March 2023?**

b)

Yes

Commentary:

Despite the extension of the directorate's interim structure and significant staff changes in the last year, alongside the lifting of emergency measures for NHS boards in June 2022, the Committee was able to progress with meeting its remit, governance and statutory duties. It has met every reporting deadline and supported the review of a significant number of priority work programmes detailed above.

Both the Governance for Engagement and Service Change sub-committees have continued and developed their work programmes with the guidance and support of the full Committee

Two HIS non-executive directors joined the Committee in August 2022 – Nicola Hanssen (who also takes the role of Vice-Chair succeeding John Glennie), and Michelle Rogers.

c) **What are the future actions?**

Commentary:

In light of the appointment of a permanent Director of Community Engagement, the Committee will consider further action and guidance on the strategic direction of HIS-CE. The Committee Members will support the implementation of a final structure to allow the directorate staff to work with the Committee to help support the NHS undertake meaningful engagement as it navigates its way through the significant changes that have taken place since COVID-19, and the sustained financial constraints on the system. It will increase the profile and strategic support required by colleagues in NHS boards and partnerships, whilst also support the imminent revised Scottish Government guidance - *Planning with People* – which provides the direction for health and care bodies to take in engaging with their local communities.

The year will also see a recruitment exercise to appoint Committee Members. Two Members will complete their second term in October 2023 and four complete their first term in January 2024.

7. Sign-off Details

Committee Chair, signature, date:

Lead Director, signature, date:

Part G - Terms of Reference: Scottish Health Council Committee

1.0 Purpose

The Scottish Health Council operates as *Healthcare Improvement Scotland – Community Engagement* (HIS-CE).

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

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

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

2.0 Remit

The duties of the Scottish Health Council Committee are:

- approval of HIS-CE strategic objectives, priorities and workplan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans
- detailed scrutiny of performance against the workplan and delivery of outcomes
- the establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee
- approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services
- hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.

The Committee will manage any associated risks assigned to it². The Committee will review its own effectiveness and report the results of the review to the Board and Accountable Officer through submission of an annual report.

3.0 Membership

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

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

The Chair of the Committee shall be the Chair of the Scottish Health Council as appointed by the Cabinet Secretary for Health and Sport. There shall be up to eight other members of the Committee, two of whom shall be members of, and appointed by, the HIS Board on the recommendation of the Chair of the Scottish Health Council, and up to six who shall be members of the public appointed by the Chair of the Scottish Health Council. Committee members can serve a maximum of two four-year terms. The Director of Community Engagement is expected to attend meetings.

The Healthcare Improvement Scotland Chair cannot be a member of the Committee but has the right to attend.

The Chair of the Scottish Health Council shall be a member of the HIS Quality and Performance Committee.

A Vice Chair will be appointed by the Chair, who will deputise for the Chair in their absence.

4.0 Quorum

Meetings of the Committee shall be quorate when at least 50% of members are present, including at least one HIS non-executive Board member.

For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

5.0 Meetings

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

6.0 Information requirements

For each meeting the Scottish Health Council Committee will be provided with:

- Business Planning Schedule
- Operational Plan
- Risk register

As and when appropriate the Committee will also be provided with:

- Equality mainstreaming reports
- Corporate Parenting progress reports
- Sub committee meeting notes

7.0 Committee Annual Report

The Committee will submit an annual report to the HIS Board to assist in the review of the organisation's systems of internal control.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	2 March 2023
Title:	Remobilisation and Operational Plan 2022-23: Progress Update Q3
Agenda item:	2.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report author:	Richard Kennedy-McCrea, Operations Manager
Purpose of paper:	Discussion

1. Situation

This paper provides the Committee with an update on the Directorate's progress with our work outlined in the Operational and Remobilisation Plan for 2022-23 and carried out during Quarter 3 of 2022-23. The Committee is asked to discuss the contents of the paper.

2. Background

In the second quarter of 2022-23 we have continued to support the remobilisation and recovery of health and care services at a pace that is consistent with the continued pressures in the system. We have been responsive to requests from NHS boards and health and social care partnerships, particularly in relation to development of new engagement strategies and plans and service change issues that were put on hold during the pandemic.

We have continued to contribute to proposals to provide a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas, for example Children and Young People. The Governance for Engagement approach, piloted in the previous financial year, will help ensure we embed engagement and equalities across the organisation.

3. Assessment

The pandemic has presented both challenges and opportunities for staff and the directorate as a whole. Although some challenges have eased as we move out of the pandemic, and we are able to engage with health and care services more proactively as the emergency footing is lifted, nevertheless there remain significant pressures on the health and care system. These are being exacerbated by the increased cost of living and

financial uncertainty, conflict and the effects of climate change. The health and wellbeing of our staff continues to be a focus. There have been considerable opportunities for learning from and collaborating with other colleagues across the organisation and health and social care more generally, and for career progression opportunities due to the location-neutral nature of our work during the period of the pandemic. We are keen that these opportunities continue.

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.

We continue to deliver the work outlined within the organisational Work Programme 2022-23 whilst still responding to significant requests from across the organisation and Scottish Government to undertake national engagement exercises to support remobilisation and recovery of NHS Scotland.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework. Rather than describing activities on a team-by-team basis, as in previous years, we describe in the Q3 Update (Appendix 1) how our work contributes to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

Assessment considerations

<p>Quality/ Care</p>	<p>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.</p> <p>We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement moving forward.</p>
<p>Resource Implications</p>	<p>The resource implications for the directorate’s work programmes have been reflected in the 2022-23 budget.</p> <p>Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of upcoming financial reviews are anticipated and mitigated wherever possible. Planning for the 2023-24 work programme and budget is currently underway.</p>

	<p>Additional funding was secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, and to scope a replacement for the Volunteer Information System.</p>
	<p>We 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 home working policy, which will continue until for the foreseeable future.</p> <p>We have been testing out new Ways of Working (WoW) for the future, ensuring we understand staff preferences in relation to working location. We have supported staff who have chosen to do so to move to hybrid working in Q1 and Q2 of 2022-23 with the reopening of offices, and are currently considering our future accommodation needs.</p>
Risk Management	<p>Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.</p>
Equality and Diversity, including health inequalities	<p>The directorate has a specific role in supporting equality and diversity within HIS 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 pandemic and are able to demonstrate the impact of these through our work.</p> <p>We are currently developing a central register of completed equality impact assessments relating to the work of the whole organisation.</p>
Communication, involvement, engagement and consultation	<p>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.</p>

4 Recommendation

The Committee is asked to note and discuss the content of the 2022-23 Quarter 3 Update.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2022-23 Quarter 3 Update

Quarter 3 Update: October – December 2022

Outlined below is a summary of the work undertaken by the directorate between October and December 2022.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **building capacity** – equipping people with the knowledge, skills and tools they need for meaningful engagement
- **raising awareness** – publicising the positive impact of community engagement (and of Community Engagement)
- **increasing diversity and inclusion** – understanding and overcoming barriers to engagement, making sure all voices are heard

Building capacity

We equip people with the knowledge, skills and tools they need for meaningful engagement. This includes both professionals who have a duty to carry out engagement or to support volunteering, and also community groups and individuals who wish to get involved in health and care.



Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering

Staff in our Engagement Offices continue to build relationships with their local NHS boards and partnerships and to provide **tailored advice and support** where this is needed. Recent examples include advice given on gathering patient experiences to inform a new approach to delivering intravenous fluids in non-medical wards in NHS Forth Valley, and a development session on service change with Argyll & Bute IJB.

At the end of each engagement project, project leads are invited to reflect on the support we gave – typically through a survey or structured conversation. In December, a project lead in Shetland commented:

“Nothing was too much trouble. I felt fully supported. The Engagement Officer helped me to think of different things which I wouldn’t have considered and helped me to develop a strong discovery question platform to use with patients.”

The project lead added that they would happily use and recommend us for future work.

Resources were downloaded from our website a total of 636 times during Q3 (a drop from 866 times the previous quarter). The most-downloaded resources were a template for creating Community Engagement Plans, our ethical checklist when designing engagement activity and a guide to the Quality Framework.

The **What Matters to You?** team published its [annual report](#) in December, noting that activity relating to WMTY Day 2022 was evident from social media in 38 countries. Within the UK, it was observed that the importance of asking people what matters to them had spread beyond the traditional health and care settings, and examples were shared from universities, local authorities, police forces and the Scottish Parliament. Two networking events are planned for early 2023 to showcase examples of good practice and to reinforce WMTY as an improvement principle which is to be used in all care settings and not simply as a one-off conversation to tie in with the annual awareness day on 6 June.

The **Volunteering in NHS Scotland** team’s annual programme is developed through engagement with volunteering teams in NHS boards. In Q3 the team delivered a virtual peer networking session (8 attendees), a virtual practice development session on using social media to recruit or engage with volunteers (14 attendees) and two training sessions for new users of the Volunteer Information System (10 participants). They also answered 50 helpdesk requests for advice or support.

Health and care services can demonstrate compliance with policy and legislation

The testing of the draft **Quality Framework for Engagement** materials and process by 6 pilot sites concluded in December 2022. Learning from the testing will be used to inform the final version of the Framework, and will be shared in internal staff awareness sessions in Q4 to build knowledge, confidence and understanding. The final publication of the Framework will be aligned with the publication of *Planning with People* in spring 2023. Fife Health and Social Care Partnership, which was not one of the 6 test sites, has been using the Quality Framework to support the development of its Engagement Strategy; feedback has been positive on how this has supported the Partnership.

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q3, the team monitored and supported 55 service changes across all board areas (see separate report 2.6 for more detail).

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

The **Volunteering in NHS Scotland** programme launched a new Community of Practice on MS Teams in May 2022 to provide a central space for volunteer managers to curate information, ask questions and share ideas. Engagement by members has been consistently lower than expected and as a result the programme team started an improvement project in Q2 to increase engagement levels. After several test of change cycles, member engagement levels are starting to increase.

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

The **Engagement Practitioners' Network** now has 111 members. A development session in December looked at learning from the Scottish Government's digital engagement team; the positive feedback from attendees at previous sessions was used as testimonials within the invitation. Network members have given suggestions for upcoming sessions, which will be developed into a programme for 2023-24. A workshop on trauma-informed practice is planned for 2023.

Louise White from Scottish Government attended the Engagement Practitioners' Network workshop and contacted members afterwards to seek examples of good practice which could be included within the revised edition of **Planning with People** (expected spring 2023). Our staff are helping to quality assure the 3 case studies, and the final publication will also link to the [library of case studies](#) featured on our website. The guidance will also incorporate expectations regarding engagement in regional and national planning and during winter pressures and interim changes, based on learning from the service change team.

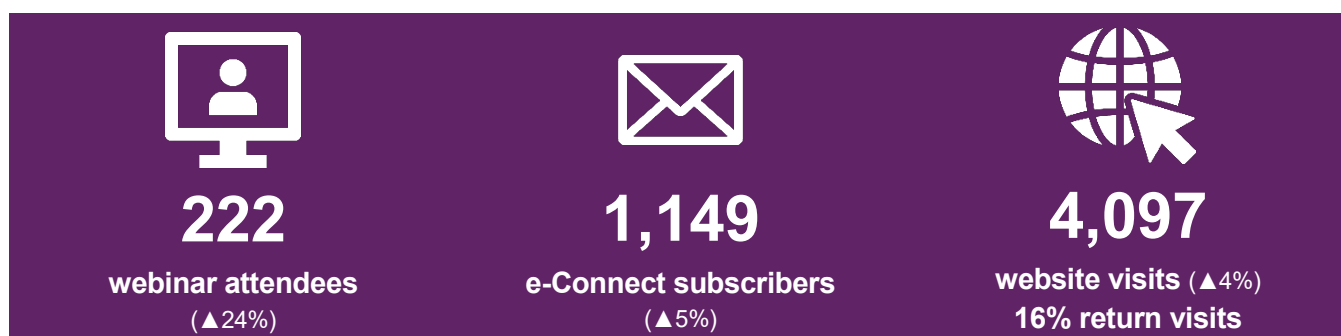
People and communities are empowered to participate in health and care

Staff in our Engagement Offices provide support to community groups and Patient Participation Groups so that they become a more effective voice within health and care. Lanark PPG was helped to review its governance arrangements and to develop an action plan for the coming year. A diversity and inclusion group in Ayrshire & Arran used our [Start-Up Guide](#) to plan how to increase representation, promote their message within the community and demonstrate the impact of their work.

In Fife, 22 members of the public have increased their confidence using [Ketso](#) and other engagement resources from our website following two workshops at a Fife's Communities Matter event in November.

Raising awareness

We publicise the positive benefits of high-quality and meaningful community engagement, share examples of how volunteers contribute to the NHS and help stakeholders to understand our role.



Stakeholders have an increased awareness of good engagement and volunteering practice

We held 2 **webinars** during Quarter 3: in November we heard from speakers on planning for engagement with disabled participants (142 attendees) and in December we featured a volunteering showcase to tie in with International Volunteering Day (80 attendees). Feedback was excellent: 100% of respondents rated

the webinar 'excellent' and 100% said that they had 'increased their knowledge on the topic'. Specific comments included:

- *A well facilitated and really interesting session. Great speakers and good to hear about the work going on.*
- *A very inspiring and useful session. It just highlights the under use of volunteers and what they achieve. As well as what they can get from volunteering too! Great session - thank you*
- *Excellent presentations from two great projects!*
- *Fantastic webinar! Such a valuable session that will help with my work.*

We collaborated with Maternal Health Scotland to deliver awareness sessions to NHS board staff to build on strengths, share ideas and best practice and celebrate achievements within their respective boards. The aim was to help them create a meaningful approach to engagement in Perinatal and Infant Mental Health services. Maternal Mental Health Scotland delivered a presentation on the topic of lived experience and we delivered a presentation on community engagement. Together these presentations were delivered to staff in 14 NHS boards areas who work in Maternal Mental Health.

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

The October edition of our quarterly **email bulletin**, *e-Connect*, went out to 1,149 subscribers, including health and care staff, third sector organisations, policy makers, academics and members of the public. It covered updates on activities we had recently been involved in as well as highlighting upcoming events and opportunities to get involved. The open rate¹ was 26.9% and click rate² was 4.6% (both rates 1% down on the previous quarter; the respective average industry standards are 35.6% and 9.2%). The most popular content was our ninth Citizens' Panel report, and details of our upcoming webinars.

Increasing diversity and inclusion

We provide more opportunities for people to get involved in health and care, identify and overcome the barriers that prevent effective engagement, make sure all voices are heard and track the influence which people's views and experiences have had on policy and practice.



People have increased opportunity to share their views and experiences

During November, 26 people from across Scotland helped us to road-test the questions for the eleventh **Citizens' Panel** survey. Their feedback helped to ensure that the wording was

¹ how many successfully delivered campaigns were opened by subscribers

² how many successfully delivered campaigns registered at least one click

understandable and would yield useable feedback. Fieldwork for the eleventh Citizens' Panel, covering the Tobacco Action Plan, vaccination motivations and digital health and social care, will conclude in early Q4.

Publication of the **Gathering Views** report on chronic pain was delayed to enable further discussions about the recommendations with Scottish Government, who commissioned the work. It will be published in Q4.

Discussions are at an early stage with Scottish Government about other topics for Gathering Views, including access to GPs, use of medical devices, waiting times and Realistic Medicine. Some of this work may start in Q4 and it is anticipated that all will carry over into 2023-24.

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

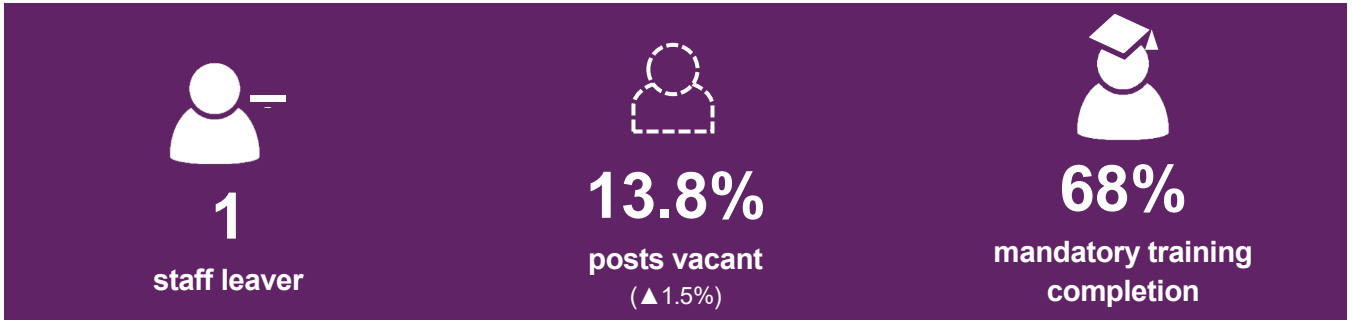
A refresh of the **Citizens' Panel** membership took place between August and November 2022, with 286 new members recruited. This includes younger people, people living in more deprived areas across Scotland and Black, Asian and Minority Ethnic people, and will ensure the Citizens' Panel membership continues to be diverse and broadly representative of Scotland's population. It will also ensure we receive high response rates to ensure future survey results are statistically robust.

Our November **webinar** on planning engagement with disabled participants featured 3 presenters with a disability or impairment and showcased how putting the needs of disabled people at the centre of planning engagement can improve accessibility for all. Planned webinars for Q4 include engagement with asylum seekers and refugees, and engagement at a large scale including with young people during lockdown restrictions.

The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

The tenth **Citizens' Panel** report was published in November, describing public opinions relating to community eye care and a review of the NHS Scotland brand and identity. We identified 10 separate recommendations for Scottish Government to consider.

Staffing



The Executive Team agreed in December to extend the **interim directorate structure**, which had been due to conclude at the end of March, for a period of up to 6 months to the end of September 2023.

During Q3, no **new staff** joined the directorate. We also had one **staff leaver**:

- 1 x Engagement Officer

At the end of December, there were 9 posts vacant across the directorate, and a further member of staff on a career break. The 9 **vacancies** equate to 13.8% of posts.

Our staff have mandatory **training** modules to complete on several learning platforms. At the end of Q3, our directorate completion rate for the 8 mandatory modules on LearnPro (including information security, risk management and fire safety awareness) was 68%. We plan in Q4 to link up the mandatory training modules hosted on other platforms, and to increase the overall completion rate.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	02 March 2023
Title:	Risk Register
Agenda item:	2.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Clare Morrison, Director of Community Engagement
Purpose of paper:	Awareness

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. This paper also provides an update on developments with respect to a new risks package that is currently in development in alignment to the directorate's new strategy and aims.

2. Background

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

Risk 1077 has continued to show as a medium risk, and is subject to re-assessment in accordance with the new risks currently being developed in alignment to the directorate's new strategy and aims.

Risk 1163 is currently showing as high following the application of a cautious risk appetite. The scoring was previously reduced from 16 to 12 based on work undertaken corporately in assessing overall levels of risk and applying a consistent lens across all risks.

3. Assessment

There is a corporate monthly management update requested from each directorate in relation to risk management. The Directorate Management Team (DMT) benefited from a briefing session with the new HIS Risk Manager in January 2023, to make sure we are keeping our treatment of risk up to date, and within the proportion and perspective of the wider HIS risk management strategy.

In relation to Risk 1163, it may be that the likelihood rating for this risk may be higher than the impact rating as the economic position tightens and capital projects are potentially scaled back.

The recently introduced Risk Management Strategy gives pragmatic guidance on what scoring mechanisms should be applied to risks based on best practice.

Five new risks have so far been drafted, with more to follow.

Category	Draft risk descriptions
Community Engagement – Operational (People)	<p>There is a risk that we may not have the right skills at the right time, at all levels of the directorate to deliver our work because of a skills shortage or lack of capacity resulting in a failure to meet our objectives.</p> <p>There is a risk that we do not have a consistent positive culture within the directorate because of historical practices and individual preferences resulting in lack of participation / active resistance in planned change programme.</p>
Community Engagement – Operational (People / Finance)	There is a risk that we do not have a financially viable organisational structure because of the current interim structure arrangements and budget allocation resulting in having to operate with vacancies and impacting on staff morale regarding perception of workload allocation / pressures.
Community Engagement – Operational (Process / Ways of working / Vision / Internal governance)	There is a risk that we do not have a consistent approach to how we achieve agreed key deliverables because of lack of agreed core deliverables resulting in lack of understanding of what the directorate actually does / delivers.
Community Engagement – Operational (Process)	There is a risk that we do not have clear decision making protocols because of lack of role clarity / responsibilities resulting in decision making being escalated to Senior Management Team (SMT) members, and potentially de-skilling line managers at other levels within the directorate.

DMT will finalise our proposed risk package once the Committee has given approval to our directorate strategy and aims.

Assessment considerations

Quality / Care	N/A
Resource Implications	Relevant resource implications for risks have been identified.
	Relevant workforce implications for risks have been identified.
Risk Management	Risk Register attached in Appendix 1.

Equality and Diversity, including health inequalities	HIS-CE directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the directorate's risks.
Communication, involvement, engagement and consultation	The directorate's risks have been informed by our ongoing engagement with a range of stakeholders, and in discussion with the HIS Risk Manager.

4 Recommendation

The Committee is asked to note the update on the two existing risks, and developments with respect to a new risk package in alignment to the directorate's new strategy and aims.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Risk Register Extract

Active Risks - Standard Report

Appendix 1

Category	Project/Strategy	Risk No	Risk Status	Risk Description	Inherent Risk Level	Current Controls	Current Mitigation	Current Update	Last Updated	Last Updated Risk Score	Feb - 2023
Reputational / Credibility	Service Change	1163	Active	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	High - 16	<p>"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance.</p> <p>Review of Planning with People Currently taking place in Q3 of 2022 - HIS submission sent to Scottish Government on 30 September.</p>	<p>The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue. The most recent meeting took place on 20 October 2022 with this matter on the agenda. The issue was also highlighted during an SHC committee development day in June 2022. An action plan has been developed in the light of these discussions and this includes a meeting with the 3 Regional Planning Directors.</p> <p>Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED. This will be picked up by Engagement Programme Managers during the process of reconnecting with Boards and Partnerships in September, October and November 2022.</p> <p>Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning.</p> <p>HIS wide input to the review of Planning With People to reinforce the need for effective and appropriate engagement in national and regional planning is underway (submission sent 30/9/22).</p>	<p>The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 24 months. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of.</p>	28/10/2022	High - 12	- 0 Impact - 0 Likelihood - 0
Operational	Community Engagement directorate wide risk	1077	Active	There is an operational risk to HIS – Community Engagement as a result of the limited 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.	Medium - 8	<ul style="list-style-type: none"> • Defined directorate communications approach to reconnect with internal & external stakeholders (brand recognition and understanding) • Design, delivery, on-going management and evaluation via Directorate communications operational group • Regular reporting via Director, Directorate Management Team, and Scottish Health Council Committee • Regular reporting via Director, and HIS Head of Communications. 	<p>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. Some of the website content is legacy material from the Scottish Health Council - these are being reviewed and where necessary being brought up-to-date.</p> <p>These are supported by a communications operational group comprised of colleagues from all levels within the directorate.</p> <p>The original launch ideas pre-dating the onset of the pandemic are being revisited by the group to determine their appropriateness as part of the communications reconnection work.</p> <p>The directorate's senior team has been taking opportunities to present to and share with external stakeholders about our role and remit (including opportunities with the Scottish Government, NHS Boards and integration authorities).</p>	<p>A further refocus on the branding piece with stakeholders is necessary given the limitations of the launch arrangements in April 2020. Work to reconnect the directorate with internal and external stakeholders focusing on brand recognition, understanding of our remit and better appreciation of system pressures is currently underway during autumn 2022. This is being supported by considered publication of new & existing materials including recorded webinars via social media channels.</p> <p>Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic. This will be addressed during 2022/23. An initial review of our accommodation requirements was completed in February 2022 and discussions with host NHS Boards on new Service Level Agreements during 2022/23. An update on the accommodation review will be undertaken by 31 March 2023.</p> <p>It has been suggested that the work of the</p>	16/02/2023	Medium - 8	Medium - 8 Impact - 4 Likelihood - 2

Healthcare Improvement Scotland

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

1. Situation

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

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

We have produced a report on this basis.

2. Background

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

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

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

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

3. Assessment

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

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

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

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

Assessment considerations

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

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

The Scottish Health Council Committee is asked to:

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

5 Appendices and links to additional information

Appendix A, Equality Mainstreaming 2023 update report

Equality Mainstreaming Report

April 2023 update

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



his.contactpublicinvolvement@nhs.scot



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Foreword

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

In April 2021 we published our Equality Mainstreaming Report and included information about four equality outcomes Healthcare Improvement Scotland will work to achieve by 2025. We understand that addressing health inequalities, challenging discrimination and promoting equality is vital in improving care and moving towards more equitable health outcomes across the population.

Our commitment to equality is integral to all we do, and this report sets out how we have worked over the past two years to deliver on the equality outcomes we set and to mainstream equality considerations throughout all of our work.

The report provides information we are required to publish by the Scotland Specific Duties of the Equality Act 2010. We hope it also gives our stakeholders and members of the public insight into our ways of working - showing how we are promoting equality in our everyday activities, highlighting the pieces of work we are particularly proud of, and being honest about what we still have to do.

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

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

1. Introduction

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

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

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

2. Equality Outcomes (2021-2025) update

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

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

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

Equality Outcome 1

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

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

2.1. Staff Equality Networks

We have established three staff equality networks, including our:

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

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



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

- Race and Ethnicity Network members shared learning about tackling racialized healthcare inequalities at the organisation's all-staff huddles. As part of our mainstreaming update below,

we share examples of our work which have considered health outcomes and service access for minority ethnic communities.

- The Executive Lead for our Race and Ethnicity Network has actively contributed to the development of anti-racist approaches for NHS Scotland through the NHS Scotland Ethnic Minority Forum.
- The Pride Network facilitated Healthcare Improvement Scotland’s engagement with the [NHS Scotland Pride Badge Initiative](#). This saw a significant number of staff, including every member of our Executive Team, demonstrate support for the LGBT+ and minority ethnic communities; and pledge to be a listening, friendly, and responsive ear to people in need and an ally to progress.
- Our Pride Network was a finalist for our internal Margaret McAlees Award 2022. The award honours our late colleague, who sadly passed away in 2017. Margaret McAlees was a respected UNISON Steward and passionate about promoting, supporting and ensuring equality and diversity. The Pride Network was recognised for “demonstrating genuine commitment to promoting, supporting and ensuring equality and diversity, influencing our organisational culture and promoting good practice”. Below, we describe our Workplace Transgender Equality Policy which the network took forward.
- Our Disability Network has worked to raise awareness about the diversity of experiences among disabled staff. The network is currently linking with our Partnership Forum to develop resources to support an accessible work environment for all. It is also exploring the use of Reasonable Adjustment Passports and how these might support disabled colleagues joining, working in and progressing careers within HIS and NHS Scotland.

2.2. Equality Learning and Capacity Building

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

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

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

2.3. Diversity in Recruitment

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

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

2.4. Policy updates

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

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

2.5. Inclusive Language Guide

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

Equality Outcome 2

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

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

2.6. Developing our new Ways of Working

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

2.7. Trauma informed training

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

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

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

- identified our Public Protection and Child Health Service Lead as the organisation's Champion for Trauma-Informed Practice. They are responsible for overseeing, encouraging and raising awareness of trauma-informed and trauma-responsive practice across all services within HIS.
- established a trauma-informed steering group to bring together key stakeholders to plan and implement trauma-informed practices across the organization. The group has now met twice with further meetings scheduled. Members have already or will undertake NHS Education for Scotland's (NES) Scottish Trauma-Informed Leaders Training (STILT) training.
- made it mandatory, from November 2022, for all our staff to undertake a Practice Level one module – Understanding the Impact of Trauma and Responding in a Trauma-Informed Way – on the NHS Scotland learning platform, Turas. This has received good early uptake. Moreover, teams with a specific remit have been asked to complete an additional module relating to their remit. For example, those working in areas related to substance use have additionally completed the specialist module relating to substance use that is part of the NES trauma-informed training offer.
- developed a Public Protection and Trauma-Informed Learning and Education Framework for all staff so they can readily identify and access public protection and trauma-informed practice modules relevant to their roles and responsibilities.
- maintained on-going review of delivery programmes across our ihub directorate, clinical supervision processes and gender-based violence policy to ensure trauma-informed principles and practices are included and emphasised.

2.8. Signposting support

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

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

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

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

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

The pandemic had a disproportionate and negative impact on women's economic equality and left women with increased vulnerability to domestic violence. We recognise the links between women's economic equality and their risk or experience of gender based violence. Taking a comprehensive approach to women's equality is important, and for this reason we are delighted to be one of the first NHS Scotland organisations to join the [Equally Safe at Work](#) pilot, led by Close the Gap. We have been raising awareness internally of the issues impacting women and we have provided a comprehensive list of all the available Scottish support organisations. Moreover, we make facilitated training in Gender Based Violence mandatory to all our staff and provide more specialist training for managers.



We plan to focus further on this outcome over the next two years. This will include developing a better understanding of the role of stigma, including self-stigma, and how this impacts access to support and health services for people from different protected characteristic groups.

Equality Outcome 3

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

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

2.9. Training and awareness

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

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

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

2.10. Ethnic Minority Forum

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

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

2.11. Using available evidence

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

Over the next two years, we plan to focus activities on achieving this outcome more fully, including through better engagement and targeted work with minority ethnic communities who experience health inequalities.

Equality Outcome 4

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

Since April 2021, we have focused on improving the accessibility of our work and promoting best practice for staff around translation, interpretation and accessible documents.

2.12. Easy Read Training

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

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



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

2.13. Accessibility guidance

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

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

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

2.14. Webinar on involving disabled participants

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

2.15. New Models for Learning Disability Day Support Collaborative

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

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

2.16. Lived experience leadership

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

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

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

3. Mainstreaming examples

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

4.1. Supporting teams to use equality evidence

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

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

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

4.2. Gathering Views on chronic pain

In May 2022, the Scottish Government commissioned Healthcare Improvement Scotland – Community Engagement to undertake a *Gathering Views* exercise. This was to support the ongoing development of

the Scottish Government's [Draft Framework for Pain Management Service Delivery](#) to ensure the priorities of people with chronic pain, especially as they relate to local contexts, are appropriately reflected as the Framework is implemented.

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

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

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

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

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

4.2. Advancing Carer's Rights

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

- In July 2021, HIS achieved 'engaged' status of the Carer's Positive Award. The award incorporates 3 levels or stages, from 'engaged' to 'established' through to 'exemplary' and aims to encourage employers to create a supportive working environment for carers in the workplace. Having built an initial level of commitment to embedding a culture of support for carers within the organization, we are working towards achieving the next stage of the award with the support of our internal Carers Positive Group.
- Following staff experiences during the pandemic, we have been keen for some time to grow our offer for carers working in Healthcare Improvement Scotland. We established a Carers Network

as an area of support for who identify themselves as a carer or as someone who is supported by a carer. The network is in place for staff to come together to share advice and support. Network members have the opportunity to learn together, access peer support, attend events, and shape the network's impact in the organisation. A key example of this impact was a webinar organised for Carers Rights Day on 25th November 2021. We hosted this jointly with the Care Inspectorate and NHS Education for Scotland (NES). We heard from Don Williamson, Chief Executive of Shared Care Scotland about the independent review of adult social care in Scotland and the recommendation for a new carers Right to Respite. We also had a quiz and an 'open mic' session where people could chat about issues that are important to them. We covered things like the cost of living and what a supportive workplace looks like.

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

4.3. Mainstreaming Children's Rights

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

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

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

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

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



4.4. Bairns Hoose Standards

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

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

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

It is anticipated that the Bairns' Hoose will be a physical building bringing together child protection, health, justice and recovery services. The first Bairns' Hoose will be launched by the charity Children 1st

and will aim to provide support for up to 200 children from the West of Scotland, in what will be a transformational change to services on a scale more ambitious than anywhere else in the UK. From February 2023, children and young people will work with the HIS Communications Team to create an alternative format children's standards document which meets their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites. This means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

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

4.5. Improving access to mental health services

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

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

4.6. Improving diversity in public involvement

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

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

- share their views and ideas about what is important to people in their local area
- find out how people read and understand reports, websites or information about health and care

- work with Healthcare Improvement Scotland on how to engage with people across Scotland on a topic or a change. Volunteers will be able to help shape and test questions, test understanding of different topics and discover which things are the most important to people.

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

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

We currently have a cohort of 6 volunteers covering Fife and Grampian, and will update on progress with this initiative in our 2025 Equality Mainstreaming Report.

4.7. Community Engagement Webinars

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

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

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

5. Our Workforce

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

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

We employ 519 members of staff. Of these:

- 77% are women and 23% are men
- 6% identify as disabled and 87.2% as non-disabled.

- 4% identify as part of a minority or mixed ethnic group, while over 70% identify as from a white group.
- Around 5% identify as part of an LGBT+ community

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

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

4.1. Pay equality

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

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

While we are pleased to have a smaller gender pay gap than NHS Scotland overall, where the gap was last calculated to be 18.2%, we are dissatisfied that women continue to have less earning power with HIS as well as in the labour market generally. As outlined at section 2.3 of this report, we are currently one of four NHS Scotland organisations participating in a pilot of Equally Safe at Work. The programme is helping us better understand and address some of the areas that could make a difference to women's employment experience and opportunities. This includes our approach to flexible working, how we account for gender differences in our policies and how we equip our staff and managers to identify and address experiences of gender based violence and sexual harassment.

Our equal pay statement, which was reviewed in partnership, was published as part of our Equality Mainstreaming Report in 2021. We remain committed to what was set out in this statement. Our work to close our gender pay gap will continue, including as part of our ongoing work with Close the Gap Scotland as outlined in section 2.3 of this report. We will also consider actions to close our Disability Pay Gap.

Our mean disability pay gap is 17.7% and the median gap is 19.5%. Currently 6.4% of our staff identify as disabled, although we know the number may in reality be higher. A majority (3.6%) of self-identified disabled staff work at Bands 4 and 5, and there is minimal to no representation across our senior posts. We do not think this is good enough. Through our staff disability network and the governance groups which support its efforts, we are actively evaluating the inclusiveness of our work practices and

resources. We will also continue to participate in the 'Disability Confident' scheme, offering guaranteed interviews to disabled candidates who meet the essential criteria for vacancies, and raising the awareness and confidence of staff around reasonable adjustments. We welcome new colleagues who consider themselves disabled or neuro-divergent.

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

4.2. Learning and development

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

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

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

The appraisal and personal development process was reinstated in October 2021 following a pause during the Covid pandemic. We took the opportunity to rebrand the process as a Personal Development and Wellbeing Review (PDWR), ensuring that a wellbeing element is included and prioritised by staff and line managers. During 2021-2022, 69% of staff were recorded as completing

their Appraisal. Of this figure, we found that women were less likely than men to have completed their appraisal - there was a 23% discrepancy compared to 7% for men.

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

Contact information

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee Meeting
Meeting date:	2 March 2023
Title:	Corporate Parenting and Children's Rights Report
Agenda item:	2.6
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Christopher Third, Public Involvement Advisor
Purpose of paper:	For Discussion/Approval

1. Situation

Healthcare Improvement Scotland (HIS) is required to publish, as soon as possible after March 2023, our Corporate Parenting and Children's Rights Report (jointly or separately) and our Corporate Parenting Action Plan for 2023-26. The Executive Team has approved the report and accompanying action plan prior to it being submitted to the Scottish Health Council Committee and then the Board for final approval.

The Scottish Health Council Committee has a duty to assure the Board that HIS is meeting its duties in respect of Corporate Parenting.

2. Background

The [Children and Young People \(Scotland\) Act 2014](#) sets out duties for public bodies in Scotland to uphold the United Nations Convention on the Rights of the Child (UNCRC). HIS is also named as a corporate parent in the Act. This places additional duties on us with regards to care experienced children and young people.

One of our duties is to publish a report on how we've considered and implemented children's rights in our work. This report has to be published every three years. Additionally we are required to publish a new corporate parenting action plan every three years and report on the previous action plan. Both reports are due to be published as soon as possible after March 2023.

An option open to us in the guidance provided by the Scottish Government is to combine the reports together or with other relevant reports. Therefore, we have prepared a joint Corporate Parenting and Children's Rights report which we aim to publish in April 2023.

3. Assessment

Failure to publish the report to our website would risk us failing in our duties as set out in the Children and Young People (Scotland) Act 2014

Assessment considerations

Quality/ Care	Publishing the report in a timely manner will allow us more time to carry out our action plan and learn from our past activity. Not publishing the report will result in us failing in our legislative duty.
Resource Implications	Unlikely to have any direct financial impact.
	Proposed actions in the Corporate Parenting Action Plan 2023-26 have the potential to positively impact on Healthcare Improvement Staff, particularly those who are care experienced as well as care experienced children and young people we may work with in the future.
Risk Management	Failure to publish a report presents a reputational risk.
Equality and Diversity, including health inequalities	The report supports out Public Sector Equality Duty by paying particular attention to the work we do which impacts on Children and Young People, age is a protected characteristic. Our Corporate Parenting duties link with the Fairer Scotland Duty as both primarily aim to tackle inequality. The Board's Equalities Outcomes are strongly linked to a rights based approach which is a key consideration of our Children's Right report.
Communication, involvement, engagement and consultation	The Children and Young People Working Group (CYPWG) and the Children and Young People Key Delivery Area Network (CYPKDAN) have both discussed the draft report. Following those meetings members of both groups have contributed to the report through a collaboration space set up on Microsoft Teams. <ul style="list-style-type: none">• CYPWG, 13 December 2022• CYPKDAN, 20 December 2022

4 Recommendation

It is recommended that the report and contained action plan be approved to move to the next stage of governance to the Board for final approval.

5 Appendices and links to additional information

[Children and Young People \(Scotland\) Act 2014](#)

[Statutory Guidance on Corporate Parenting](#)

[The UNCRC](#)

Children's Rights and Corporate Parenting joint report

2020-2023

April 2023

DRAFT

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Published Month Year

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Foreword

Healthcare Improvement Scotland is a proud corporate parent and supporter of children's rights. We are delighted to present our first ever joint Corporate Parenting and Children's Rights report. This report also includes Healthcare Improvement Scotland's third Corporate Parenting Action Plan.

Being a corporate parent is not easy, but we feel we have come some way in our understanding and practice. We thank our staff for their commitment to improving outcomes for care experienced people, and to our extended family of care experienced people, and organisations that represent their interests, for providing ongoing support to help us on this learning journey.

Under the UN Convention of the Rights of the Child (UNCRC), all children have a right to the highest possible standard of health but we know that health inequalities persist and that in particular outcomes continue to be poorer for care experienced people than those without experience of care. As a national organisation committed to advancing equality and making care better for all, we have a significant role to play. This begins with ensuring that everyone in our organisation understands and acts on their responsibilities.

While the COVID 19 Pandemic has had an impact on some of the work we planned to take forward in our Corporate Parenting Action Plan, much progress has still been made.

We hope that our commitment to furthering children's rights and improving services for care experienced people is evident from our plans for the next three years.

Introduction

About this report

Healthcare Improvement Scotland is committed to ensuring we meet our legal duties set out under the [Children and Young People \(Scotland\) act 2014](#) Part 1 to report on progress against the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) every three years.

Healthcare Improvement Scotland is also named as a [Corporate Parent](#) under part 9 of the act and has a duty to report on progress against our action plan within the same timescale. As Corporate Parents, Healthcare Improvement Scotland has a duty to uphold and promote the rights and wellbeing of care experienced people up to the age of 26.

This report combines both our Children's Rights report and our Corporate Parenting Report. In the report we will aim to highlight the work done over the last three years to promote, support and implement Children's Rights and Corporate Parenting in our work.

The report is centred around the eight clusters set out in the Scottish Government's Framework for reporting on Children's Rights. Each of these sections will include relevant updates from our 2020 – 2023 Corporate Parenting action plan ([Appendix 1](#)).

The eight clusters

The Scottish Government has set out eight clusters for public bodies to report on in relation to their Children's Rights duties. These clusters each cover several of the [articles](#) set out in the UNCRC. The clusters are:

- General Measures of Implementation (Article 4),
- General Principles of the UNCRC (Articles 2, 3, 6 and 12),
- Civil Rights and Freedoms (Articles 7, 8, 13, 15, 16, 17, 28, 37 and 39),
- Violence against children (Articles 19, 28, 37 and 39),
- Family environment and alternative care (Articles 5, 9, 10, 11, 18, 19, 20, 21, 25, 27 and 39),
- Basic health and welfare (Articles 6, 18, 23, 24, 26, 27 and 33),
- Education, leisure and culture (Articles 28, 29, 30 and 31), and
- Special protection measures (Articles 20, 30, 32, 33, 34, 35, 36, 37, 38, 39 and 40)

Progress on Corporate Parenting will be reported separately, linked to each of these clusters.

Who is a child?

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the [Children and Young People \(Scotland\) Act 2014](#), includes all children and young people up to the age of 18. UNCRC also defines a child up to the age of 18.

General Measures of Implementation

What are the General Measures of Implementation?

This cluster focuses on what the government is expected to do to implement the UNCRC through law, policy and decisions which impact on children. From Healthcare Improvement Scotland's perspective this impacts on the systems and supports that we implement to ensure we meet our own legal duties.

Aligning our Corporate Parenting action plan with the UNCRC and the Promise

In 2021 a decision was taken by our Children and Young People Working Group to align our Corporate Parenting action plan with the UNCRC and the [Promise](#). This enabled us to:

- Be more aware of where our duty to uphold children's rights meets our duty as corporate parents,
- Consider the priorities and fundamentals from [Plan 21-24](#) in our work, and
- Collect evidence on progress together in one place.

As a result our corporate parenting actions now take greater consideration of a wider range of factors and support colleagues to make decisions based on children's rights and experiences of services.

Children and Young People Working Group

Our Children and Young People Working Group monitors our progress against Corporate Parenting and Children's Rights. This group meets quarterly and ensures that actions are taken to learn from practice and share knowledge and experience with Healthcare Improvement Scotland colleagues. The working group reports back to the Healthcare Improvement Scotland board via our established governance procedures and is chaired by one of our Directors. The working group has:

- Overseen progress on our Corporate Parenting action plan,
- Set up a new Children and Young People Key Delivery Area Network to bring together colleagues responsible for delivering work with a full or partial focus on children and young people,
- Supported the development of key areas of work where the views and experiences of Children and Young People are vital, and
- Created a programme of learning and development with a focus on the UNCRC.

The Children and Young People Working group is made up of colleagues from across Healthcare Improvement Scotland and is vital to ensuring that we meet our Corporate Parenting and Children's Rights duties.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Corporate Parenting eLearning

Corporate Parenting eLearning was originally made available to all Healthcare Improvement Scotland colleagues in October 2020. An updated version has been created and published early in 2023. The Corporate Parenting eLearning module was made mandatory learning for all staff at the end of 2022. This signifies the importance that Healthcare Improvement Scotland places on children's rights and the wellbeing of care experienced children and young people. The new Corporate Parenting eLearning seeks to:

- Increase colleagues understanding of children's rights,
- Ensure colleagues consider the impact their work will have on care experienced children and young People, and
- Support colleagues to make the best decisions with the needs of care experienced children and young people at the heart of those decisions.

The Corporate Parenting eLearning module was developed with materials provided by Who Cares? Scotland and includes video case studies exploring real experiences of care experienced young people. The eLearning is supplemented by recent data gathered from research and work carried out by Healthcare Improvement Scotland and has been tailored to meet the needs of our organisation.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

General Principles of UNCRC

What are the General Principles of the UNCRC?

This cluster, the general principles, are non-discrimination (Article 2), best interests of the child (Article 3), survival and development (Article 6) and respect for the views of the child (Article 12). These principles ensure that decision making is made with children and young people and with the best possible outcome for them in mind. To Healthcare Improvement Scotland this means that our work is evidence and experience based, taking account of the views of children and young people.

Children and Young People Key Delivery Area Network

Our Children and Young People Key Delivery Area Network was formed in November 2021. The Network was established to bring together colleagues from across Healthcare Improvement Scotland who have responsibility for delivering work that has a full or partial focus on children and young people. Through more effective connections across our different work in this area we are better able to maximise opportunities to positively impact children and young people's experiences and outcomes.

The Network meets once every two months to share experiences and learning. The Network has:

- Organised a development session, led by a colleague from Together Scotland, to learn more about the UNCRC,
- Carried out a literature review ([Appendix 3](#)) to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Decided on a priority to focus on the Promise Plan (21-24) and the UNCRC in 2023/24,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles,
- Conducted a UNCRC Healthcare Improvement Scotland staff awareness survey in December which will be analysed and reported early 2023,
- Collated UNCRC case studies reflecting examples where Healthcare Improvement Scotland staff have placed children's rights at the core of their work, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff.

The Children and Young People Key Delivery Area Network are planning an extensive campaign of awareness raising activities for 2023. This will include the development of a short awareness raising session which will be offered to all teams at Healthcare Improvement Scotland.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Children's Rights and Wellbeing Impact Assessments

In 2021 Healthcare Improvement Scotland produced an internal template for colleagues to use when completing a Children's Rights and Wellbeing Impact Assessment. With an additional question added to the standard Equality Impact Assessment template the two documents are now clearly connected to support colleagues to take the correct steps when starting a new project. The new template includes:

- A Children's Rights checklist to help identify relevant articles,
- Space to include any relevant evidence, and
- Useful Third Sector contacts if further support is required.

Several projects have already undertaken an assessment and are adjusting the work they plan to carry out based on the results.

This work links to [Theme 1](#) and [Theme 2](#) from our Corporate Parenting Plan 2020-23.

Getting it Right for Every Child

In September 2019, the Deputy First Minister made a commitment to the Scottish Parliament to repeal Parts 4 and 5 of the [Children and Young People \(Scotland\) Act 2014](#) and to develop refreshed Getting it Right for Every Child guidance. Following three years of national multi-agency and collaborative working and public engagement refreshed guidance was published on the 30th September. Healthcare Improvement Scotland was part of the national group refreshing "Assessment of Wellbeing" principles. The key changes are:

- A focus on children's rights as an underpinning principle of Getting it Right for Every Child, ensuring policy and practice protects, respects and fulfils the rights of all children and young people,
- Alignment to key policy areas, for example: The Promise and a continued commitment to eradicate child poverty,
- A commitment to ongoing participation of children and young people to ensure that they fully understand, and are involved in, all areas of Getting it Right for Every Child,
- The role of named person does not create any additional authority to obtain information, however, some practitioners who fulfil the role of named person may have an existing role in relation to a child or young person (e.g. health visitor or head teacher) and in that capacity may have a lawful basis to process information, and
- This guidance provides more clarity on information sharing for third sector organisations, and takes into account smaller, voluntary and community organisations that play a valuable role in sharing information to support a child or young person's wellbeing.

The links to the refreshed principles are below:

[Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022](#)

[Getting it right for every child – Practice Guidance 2 – Role of the named person – 2022](#)

[Getting it right for every child – Practice Guidance 3 – Role of the lead professional – 2022](#)

[Getting it right for every child – Practice Guidance 4 – Information Sharing – 2022](#)

[Getting it right for every child – Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014](#)

[Getting it right for every child – Information Sharing Charter – Parents and Carers – 2022](#)

[Getting it right for every child – Information Sharing Charter – Children and Young People – 2022](#)

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Civil rights and freedoms

What are civil rights and freedoms?

This cluster is primarily focused on children's rights to move freely in public spaces, meet with others, think and believe what they like, access information, speak their minds as long as it is not harmful to others, keep personal matters and communication private and their right to be protected from inhumane or degrading treatment. For Healthcare Improvement Scotland this means that information we produce should be accessible to children and young people, that we treat them with respect and that we respect their rights to privacy.

Accessible information project

During 2022 Healthcare Improvement Scotland's Community Engagement directorate undertook a project to develop guidance for colleagues to use in making the information we produce more accessible to all.

A group of Easy Read Champions have undertaken training which will enable them to support colleagues from across Healthcare Improvement Scotland to make information more accessible. They can support colleagues to think about the information they are producing and make suggestions as to how that information could be made more accessible. The Easy Read Champions have access to software to support the development of easy read materials where this is appropriate.

These resources will be particularly helpful when we are developing information aimed at:

- Younger children,
- Children and young people with learning disabilities,
- Children and young people with hearing loss or visual impairment, and
- Children and young people who speak a minority language.

The resources have been piloted with the Community Engagement directorate and will be rolled out across Healthcare Improvement Scotland.

This work links to [Theme 2](#) from our Corporate Parenting Plan 2020-23.

Protecting Personal Data

Healthcare Improvement Scotland is fully committed to protecting people's personal information and data and adhering to relevant legislation. Any child or young person taking part in our work will be clearly told what we will do with any data we receive from them and how it will be stored. Anyone providing us with data or feedback has the right to withdraw

from participation at any time. To adhere to data protection Healthcare Improvement Scotland uses:

- Consent forms accompanied by a participation information sheet, and
- Audio visual consent forms when taking pictures or making audio or video recordings.

Healthcare Improvement Scotland aims to be fully transparent and clear about why we collect data and what we will use it for.

This work links to [Theme 2](#) from our Corporate Parenting Plan 2020-23.

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Violence against children

What is violence against children?

This cluster focuses on situations where children experience violence in any of its forms. This includes physical and emotional violence, abuse, neglect, maltreatment and exploitation including sexual abuse. Healthcare Improvement Scotland is committed to safeguarding, promoting and supporting the wellbeing of children, young people and adults including those who are most vulnerable. This supports the vision of the Scottish Government that children and young people have the right to be cared for, protected from harm and grow up in a safe environment in which their wellbeing, rights and needs are respected; and all adults have the right to self-determination and to live their lives free from harm and those identified to be at risk of harm are appropriately supported and protected.

Healthcare Improvement Scotland has a duty to co-operate with local authorities when they are making enquiries to protect children, young people and adults. Healthcare Improvement Scotland employees have a duty to take appropriate action when we are concerned that a child (including an unborn child), young person or an adult is at risk of harm, abuse or neglect.

The Chief Executives of Health Boards have responsibility to ensure that all staff are competent to recognise and respond to public protection concerns and that they are fully aware of their individual and corporate responsibilities, [Scottish Government \(2021\)](#) and [Scottish Government \(2022\)](#).

A trauma informed workforce

The importance of having a trauma informed and responsive workforce is highlighted in multiple key policy developments such as [Mental Health Strategy](#), [The Promise Plan 21-24](#), [Child Protection National Guidance](#), [Equally Safe](#) and the revised [Adult Support and Protection Code of Practice](#). Furthermore the published [NHS Public Protection Accountability and Assurance Framework \(Scottish Government 2022\)](#) directs “All NHS employees and contractors are trained to the appropriate level, dependant on their role, in line with the [Transforming Psychological Trauma Knowledge and Skills Framework](#), using guidance in the [Scottish Psychological Trauma Training Plan](#).”

In July 2022, our Executive team approved plans to develop a trauma informed workforce across Healthcare Improvement Scotland and a Trauma Implementation Practice Steering Group was convened. Terms of Reference were established and monthly meetings have taken place since October 2022. Healthcare Improvement Scotland also submitted a [leadership pledge](#) of support, essentially meaning pledging our ongoing commitment to embedding trauma informed principles and practice in Scotland to support anyone affected by psychological trauma.

Health Boards were also asked to nominate a local Trauma Champion. The Public Protection and Child Health Lead has assumed this position within Healthcare Improvement Scotland and chairs our Trauma Implementation Practice Steering group. Our Trauma Champion is responsible for overseeing, encouraging and raising awareness of trauma informed and trauma responsive practice across all services within Healthcare Improvement Scotland. As an organisation we will take forward any required cultural and system change to embed the five key drivers of Trauma Informed Practice. The five key drivers are:

- Value the contribution of people with lived experience
- Show courageous leadership and ‘walk the talk’
- Support workforce training and implementation of trauma informed practice
- Prioritise staff wellbeing, and
- Monitor, evaluate and improve.

The seven-minute briefing Trauma Informed Practice ([Appendix 4](#)) was also disseminated across the organisation.

Practice Level one TIP was given mandatory status for all Healthcare Improvement Scotland colleagues at the Mandatory Training Review Panel Meeting on the 14th November.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Child Protection eLearning Suite

In partnership with NHS Education for Scotland (NES) four Public Protection eLearning education resources (2 x informed levels & 2 x skilled levels) were developed and launched in September 2022. The resources have a significant focus on children’s rights and support a national “Once for Scotland” approach. This development has not only helped alleviate some pressure on health board resources but also improved accessibility to high quality learning and consistency in practice across Scotland. Informed level modules are designed for the entire health workforce, whether employed or volunteers and skilled level for those with more direct contact with children, young people and their families and adults. The level one modules are mandatory for all Healthcare Improvement Scotland staff.

It is vitally important that all Healthcare Improvement Scotland staff, regardless of their role, be aware of their duty to protect children and young people and take appropriate action when they feel they may be at risk. The resources are available on [Turas Learn](#), an online learning system.

Family environment and alternative care

What is family environment and alternative care?

This cluster focuses on the role of parents and the support they should have to bring up their children. It also focuses on the right of children not to be separated from their parents unless it is in their best interests. Additionally it covers the right of children to be well cared for when they are apart from their parents, to maintain contact with their parents if it is in their best interests and to have a say when decisions are made about where they live. Again while this cluster is less likely to impact directly on the work of Healthcare Improvement Scotland, it is still relevant to some of our work as it is key that we work with frontline service providers to ensure these rights are upheld.

National Hub for Reviewing and Learning from the Deaths of Children and Young People

Scotland has a higher mortality rate for under-18s than most other Western European countries, with over 300 children and young people dying each year. Around a quarter of those deaths could be prevented.

Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

We use a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and will ultimately aim to reduce deaths and harm to children and young people. We want to ensure the death of every child and young person is reviewed to an agreed minimum standard.

Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care experienced young people.

Work was carried out to engage with stakeholders in developing national guidance. This guidance was published in October 2021 and is available on our [website](#).

The National Hub produced a family and carer survey in collaboration with third sector colleagues; Child Bereavement UK, Children's Hospices Across Scotland (CHAS) and Sands, the stillbirth and neonatal death charity. Our third sector colleagues distributed the survey to families and carers who had experienced a bereavement and asked them to share their experiences with us. A report was produced from the responses we received. The report outlines what we have learned from families and carers who have experienced the loss of a child and what recommendations need to be put in place to improve the experience for families and carers in the future. We made 8 recommendations to NHS boards, local authorities and public protection committees, third sector organisations and the National Hub in order to make sure that families' experience will improve. Following the survey findings, we

are developing a national leaflet for families and carers. The leaflet will set out the process following the death of their loved one and the role of the National Hub.

Although we did not have a survey specialist in our group, the survey was developed in collaboration with third sector colleagues, all of whom have produced surveys in the past. Their knowledge and guidance was invaluable. During the initial stages of developing the survey, we shared a draft version with a small number of bereaved families and carers to ensure the questions asked were appropriate, sensitive to the subject matter and easy for families and carers to understand. The feedback we received was valuable and helped inform the final survey.

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Basic health and welfare

What is basic health and welfare?

This cluster focuses on the health and welfare of all children and particularly upholding the rights of disabled children. For Healthcare Improvement Scotland this means that we must consider the views and experiences of children and young people when developing standards for the NHS in Scotland. It means that standards must be based on the best available evidence.

Sexual Health Standards

In early 2019, Healthcare Improvement Scotland carried out a scoping exercise to determine the ongoing validity of the 2008 standards for sexual health services. The view from stakeholders was that the standards needed to be updated in line with changes in local and national policy and current clinical best practice. In February 2019, Healthcare Improvement Scotland withdrew the 2008 standards for sexual health services and convened a multidisciplinary standards development group to refresh the standards for sexual health.

The new draft sexual health standards were published in March 2021 and following their publication a 15 week long consultation exercise took place. Members of the public including young people, healthcare professionals and colleagues working in the third sector were asked to take part. As a result of the consultation:

- Several changes were made to the wording of certain criterion, and
- A consultation report was produced setting out the changes made.

The updated sexual health standards and a copy of the consultation report are available from the Healthcare Improvement Scotland [website](#).

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

SIGN Guideline for Epilepsies in Children and Young people: Investigative procedures and management

SIGN guidelines provide a review of evidence and research findings and make recommendations for best practice. The recommendations are produced following consideration of the evidence by a group of multidisciplinary healthcare professionals and people with lived experience. In May 2021 [SIGN 159](#) was published and provides evidence based recommendations on the investigation and management of epilepsies in children and young people. Children and young people were involved in developing the guideline in a number of ways:

- A facilitated engagement session was held with members from Epilepsy Scotland's youth group to discuss their priorities. Their views and preferences were then presented to and considered by the guideline development group,
- Two young people joined the team to contribute to setting key clinical questions to be addressed in the guideline, present to the national open meeting and help write parts of the guideline,
- Quotes from young people were used in the published guideline to illustrate key aspects of care that matters to them, and
- A [video](#) was produced about young people's experiences of epilepsy services.

The guidelines were developed with children and young people and their families. Booklets for children and young people and their families were also created as part of the development of the guidelines. Positive feedback has been received from people that work with children and young people with epilepsy, families, healthcare professionals and most importantly, children and young people.

Development of this guideline also led to the identification of areas outwith the scope of this work in which further research could be carried out to help inform best practice.

SIGN Guideline on Eating Disorders

In January 2022 SIGN published a guideline on eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorders and misuse of insulin in type 1 diabetes. The guideline covered children, young people and adults.

Symptoms of eating disorders are first recognised in people under the age of 16 in approximately 60 % of cases. Prevalence of eating disorders in teenage girls is as high as 12 %. Adolescents have higher rates of full recovery and lower mortality than adults (mean mortality 2 % vs 5 %). With treatment, around 50 % of people with anorexia nervosa achieve full functional recovery.

Having an eating disorder can lead to severe disruption in education and subsequently employment. There is a risk of a break in care when young people have to transfer from paediatric to adult services, or between health boards (for example if moving house or going away to university).

We worked with eating disorders organisations such as Beat to identify the areas of most concern for children and young people and identified equality considerations through an equality impact assessment. As a result we included research questions to address the specific needs of children and young people, and a question on how best to manage transitions between services. The guideline also includes research on the needs of people who identify as lesbian, gay, bisexual, trans, queer, or non-binary and/or have a minority ethnic background, to encourage individual needs and preferences to be taken into account

when offering support and treatment. Recommendations on how to support families and carers of someone with an eating disorder are also included.

The SIGN guideline is aimed at healthcare professionals. We considered how best to translate and present the research findings and recommendations to children and young people, and their parents or carers, to help them have informed discussions about their care. People with eating disorders continue with treatment and find it more effective if they have had a choice in what treatment they receive. Having the opportunity to choose treatment was an issue raised by people with lived experience of eating disorders during workshop discussions about the remit of the guideline.

We invited workshop participants to share their views on which formats of information would be helpful for children and young people. Their preference was video format which they suggested would be more accessible for children and young people than written booklets. Research also suggests that children and young people have a preference for digital health information so we produced a series of animated videos on treatment options and what works best for children and young people with anorexia nervosa, bulimia nervosa, and binge eating disorder and a video on transitions between healthcare services.

The videos for children and young people provide an opportunity for them to understand what care might be best for them, what happens during treatment and to hear the experiences of others.

Pre-term Perinatal Wellbeing Package

In 2019 the Maternity & Children's Quality Improvement Collaborative, as part of the Scottish Patient Safety Programme, launched the pre-term perinatal wellbeing package. This is a group of multidisciplinary interventions which reduce illness and mortality, resulting in improved outcomes for babies born before 34 weeks gestation. The pre-term perinatal wellbeing package was launched across all maternity and neonatal units in Scotland along with supporting resources. Since launch, this has contributed to improvements in the delivery of these treatments, including:

- An increase in the administration of magnesium sulphate, which can reduce the risk of cerebral palsy by up to 30%
- An increase in the administration of pre-birth steroids to the mother, which can reduce mortality by up to 32%
- An improvement in deferred umbilical cord clamping, which reduces brain haemorrhage and the need for blood transfusions

Details of these interventions and their effects, as well as the others in the package, can be found [here](#).

Subsequently, in January 2023 the Scottish Patient Safety Programme began piloting a new tool, the pre-term passport, which is based on the interventions in the pre-term perinatal wellbeing package. The preterm passport will be introduced for women in preterm labour or having a planned preterm birth, and will follow them through their entire journey. The passport prompts the treatments that need to be given before, during and after the birth of premature babies. It also prompts communication and reflection among the teams looking after them. The passport aims to be a truly person centred document involving all maternity and neonatal teams as well as a communication aid and prompt to standardise care, all of which is underpinned by our Scottish Patient Safety Programme Essentials of Safe Care work ([Essentials of Safe Care - ihub](#)).

All of the available pre-term perinatal wellbeing package resources can be found [here](#).

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Education, leisure and culture

What is education, leisure and culture?

This cluster focuses on the right of all children to access education which helps them to reach their full potential without discrimination. While it does not directly relate to Healthcare Improvement Scotland's outcomes, we can still support the delivery of this cluster and should continually seek to do so.

Career ready mentoring

The Career Ready Mentoring Programme is all about linking young people with working people and workplaces to develop their understanding of careers and the attitudes, behaviours and professional skills needed to gain employment.

Young people attending high schools in areas of deprivation or regeneration areas in Scotland are offered the opportunity to take part.

Young people nearing the end of their high school journey are paired up with mentors who support them to:

- Develop skills that they will find useful in the workplace, and
- Think about their potential future career and any further education they may require.

Participants in the scheme meet with their mentors and discuss their goals and objectives. Summer internships are made available to participants to help them get a taste of working life. The internship can include many different tasks including attending meetings punctually, managing deadlines and even managing a busy email inbox.

Young people involved in the scheme can expect support and guidance throughout from their mentor. Participants can also gain from advice and support from other colleagues that may work with the mentor. Ultimately it is hoped that this scheme can support young people to develop their career goals, build a foundation for their working lives and find a place in further education if this is what they desire.

Three young people completed the program with Healthcare Improvement Scotland ending with their summer internship in 2022.

Special protection measures

What are special protection measures?

This cluster focuses on protecting the rights of vulnerable and marginalised children, children who are most at risk of having their rights ignored or infringed upon. This includes asylum seeking and refugee children, child victims of trafficking or exploitation and children in trouble with the law. For Healthcare Improvement Scotland this means learning from the experiences of children and considering the impact our work could potentially have on them.

Healthcare within justice – mental health service provision for young people

Healthcare Improvement Scotland contributed to the expert review of provision of mental health services at [HMP Young Offenders Institute Polmont in 2019](#). The review resulted in the introduction of mobile phones for prisoners in custody. It also influenced a decision made by the Scottish Government to commit to not having children under the age of 18 serving a prison sentence, they would go to a place of safety instead. In July 2022 we carried out follow up work to identify the impact the changes have had on the mental health and wellbeing of young people at HMP Young Offenders Institute Polmont. We did this by:

- Supporting the review of the recommendations made in the initial review, and
- Holding focus groups with young people.

Feedback has shown that the changes have had a positive impact on young people in custody. The focus groups have also given us key areas to examine in future inspections of custody facilities, ensuring that we remain focused on what is important to people who have lived experience of being in custody.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Joint inspection of children's services

Healthcare Improvement Scotland works collaboratively with the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland to jointly carry out inspections of services for children and young people at risk of harm. Trained young inspection volunteers are also involved, to support the inspection team, through their lived experiences.

Some of the children and young people may be at risk of harm from abuse or neglect or may require additional support to make sure their needs are met. The regulation of Children's Services aims to reduce risks associated with harm and promote positive outcomes for all children, young people, families and carers. The inspection model considers the effectiveness of services; what works well and what could be improved. This process takes into account the

experiences of and outcomes for children and young people. Inspectors also assess how care is delivered by the people providing that service. This involves speaking to the staff and children, young people and their families. The operational management and strategic leadership that supports the planning, delivery and evaluation of the service is also assessed. Where necessary, inspectors make recommendations based on the findings of the inspection. This aims to promote positive outcomes for children and young people.

Inspection reports are published on [the Care Inspectorate's website](#). Health and Social Care Partnerships are expected to act on any recommendations for improvement.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Development of Bairns' Hoose standards

Healthcare Improvement Scotland has worked with children and young people, third sector colleagues and other partners to develop the Bairns' Hoose standards which are based on the Barnahus model. The first Barnahus or 'Child's House' was established in Iceland in 1998 to improve the statutory response to child sexual abuse. Inspired by the Child Advocacy Center model from the United States, the Barnahus model is explicitly underpinned by the United Nations Convention on the Rights of the Child and is internationally recognised as an evidence-based model for children and families who are victims and witnesses of abuse and violence.

In December 2021, before the formation of the Bairns' Hoose Standards Development Group, children and young people across Scotland were asked one key question: 'what would you like to see in the standards?' This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to the Standards Development Group. The Standards Development Group were presented with this feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations have supported children to play an active role throughout the six months standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children input their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

From February 2023, children and young people will work with our communications team to create an alternative format children's standards document which meets their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites— this means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Appendix 1: Corporate Parenting Plan 2020-23

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

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

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

More detail on these can be found in Appendix 1

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

- What matters to children and families
- Listening

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

- A good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts Relates to: Article 3 (best interests of the child) from UNCRC	December 2021	Equality and Diversity Advisor	Care experience has been built into our Equality Impact Assessment templates and guidance. We will regularly review Equality Impact Assessment actions and learning during the period of our next plan and continue to improve guidance for colleagues. Completed
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people Relates to: Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing	Children and Young People Working Group	Updates from Children and Young People Working Group have been shared via staff huddles and articles on the Source staff intranet for Care Day and Care Experienced Week. For example, Twitter and the Source staff intranet activity carried out for CareDay22 on 18 February 2022. Completed
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work Relates to: Priority 'Supporting the Workforce' from the Promise	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's	Corporate parenting e-learning module was shared with staff in October 2020 during Care Experienced Week. Content updated and moving to new platform. Old platform no longer supported.

					Health Service Lead	Corporate parenting e-learning module to be made mandatory training for all. Completed
		d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people Relates to: Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	March 2023	Public Involvement Advisor Programme leads	CYPWG provided opportunities for staff to reflect. 2 June 2020 session allowed opportunity to consider HIS contribution to Scotland fulfilling The Promise. Children and Young People Key Delivery Area Network was launched in November 2021 for colleagues to share practice, learn from experts and each other. Rapid Review into the Health and Wellbeing of Care Experienced Children and Young People was carried out in January 2022. The evidence was discussed at the January 2022 meeting of the CYP KDA Network and is being used to inform our work. Completed
		e) Seek views and experiences of care experienced people with a view to exploring scope for 'care-proofing' recruitment/staff policies	We understand the issues care experienced people face when accessing employment opportunities	July 2021	People and Workplace Team	This action was significantly delayed due to the pandemic. Conversations are being held with People and Workplace to discuss carrying this activity forward to the next Corporate Parenting Plan for 2023-26.

			<p>Relates to: Article 2 (non-discrimination) from UNCRC</p> <p>Fundamental 'Listening' from the Promise</p>			<p>Carried forward to item 1. e) in 2023-2026 Plan</p>
		f) Share learning from the Independent Care Review with our staff, including non-executive members	<p>We understand the health issues that care experienced people face</p> <p>Relates to: Article 12 (respect for the views of the child) from UNCRC</p> <p>Fundamental 'Listening' from the Promise</p>	April 2020	Community Engagement Director/Public Involvement Advisor	<p>A scheduled in-person awareness raising and information session for HIS colleagues was postponed due to COVID-19 restrictions.</p> <p>Awareness raising about the Promise work has started through sharing video and resources. This activity to carry forward to next Corporate Parenting Plan 2024-26.</p> <p>Carried forward to item 1. f) in 2023-2026 Plan</p>
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	<p>Our board members are committed to corporate parenting and encourage our staff to demonstrate this</p> <p>Relates to: Priority 'Supporting the Workforce' from the Promise</p>	Ongoing	Public Involvement Advisor	<p>E-learning module was made available at end of October 2020.</p> <p>Same e-learning module as described at action 1. c) will be used.</p> <p>Progress made, ongoing activity to be carried forward to item 1. f) in 2023-2026 Plan</p>
Number	Theme	Activity			Who should be involved?	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care	Champions Boards are equipped to have their voice heard in health and care	October 2022	Community Engagement local offices	<p>Delayed due to pandemic.</p> <p>This action will be carried forward to our Corporate Parenting Plan for 2023-26</p>

		services, and our improvement activity	<p>Champions Boards have opportunities to become engaged in our work</p> <p>Relates to: Fundamentals ‘what matters to children and families’ and ‘Listening’ from the Promise</p>			Carried forward to item 2. a) in 2023-2026 Plan
		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	<p>Care experienced people are well represented in our engagement activities</p> <p>Our decisions are informed by the views and experiences of care experienced people</p> <p>Relates to: Article 12 (respect for the views of the child)</p> <p>Fundamental ‘Listening’ from the Promise</p>	Ongoing	<p>Public Involvement Advisor</p> <p>Engagement Programme Managers</p>	<p>Community engagement activity restricted due to the pandemic. No data collected in 2020-21 and limited data during 2021-23 associated with Gathering Views exercises.</p> <p>Revised equalities monitoring forms include a care experience question.</p> <p>Completed</p>
		c) Explore how line managers can best support care experienced members of staff and other care experienced people we work with.	<p>Staff with line management responsibilities are aware of how to best support care experienced people involved in our work</p> <p>Relates to: Article 6 (life, survival and development) from UNCRC</p>	March 2021	Organisational Development and Learning Team	<p>Action delayed due to the pandemic.</p> <p>This action will be carried forward into our Corporate Parenting Plan for 2023-26</p> <p>Carried forward and integrated into item 2. c) in 2023-2026 Plan</p>

Number	Theme	Activity			Who should be involved?	
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	<p>Priority 'supporting the workforce' from the Promise</p> <p>Care experienced young people have opportunities to gain work experience in the NHS</p> <p>Relates to: Article 28 (right to education) from UNCRC</p> <p>Priority 'A good childhood' from the Promise</p>	October 2020	<p>Corporate parenting lead</p> <p>Organisational Development and Learning Team</p> <p>Other NHS health boards</p>	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people from areas of multiple deprivation.</p> <p>Carried forward to item 2. d) in 2023-2026 Plan</p>
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	<p>Care experienced people have opportunities to gain employment in the NHS and develop their skills</p> <p>Relates to: Article 28 (right to education) from UNCRC</p>	July 2022	People and Workplace Team	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people.</p> <p>Opportunities to promote Modern Apprenticeships to care experienced people will be considered over the next action plan period.</p> <p>Carried forward to item 2. e) in 2023-2026 Plan</p>

3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	<p>We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties</p> <p>We share our learning with other corporate parents to inform the practice of other corporate parents</p> <p>We identify opportunities for collaboration where it will add value and avoid duplication of effort</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	July 2020	Corporate parenting lead Children and Young People Working Group	<p>Joined the Corporate Parents Collaboration Group in 2020 but this group was halted during the pandemic. HIS continues to participate in online meetings and actively explores opportunities for potential collaboration with other corporate parents.</p> <p>Carried forward to item 3. a) in 2023-2026 Plan</p>
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	<p>We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	March 2021	Corporate parenting lead	<p>Delayed due to the pandemic.</p> <p>A revised version of this action will be carried forward to the Corporate Parenting Plan for 2023-26</p> <p>Carried forward to item 3. b) in 2023-2026 Plan</p>
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents	Ongoing	Clinical Expert, Quality Assurance Directorate	The HIS Clinical Expert in Joint Inspection's for Children's Services attends Children and Young People Working Group meetings and can advise and support

			Relates to: Priority 'Building Capacity' from the Promise			options for sharing learning more widely. Progress made, ongoing activity to be carried forward to item 3. c) in 2023-2026 Plan
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work Relates to: Priority 'Building Capacity' from the Promise	Ongoing	Public Partnership Co-ordinator	Actively seeking learning regarding the involvement of care experience people during the pandemic. We shared an Engaging Differently case study about the Lockdown Lowdown study initiated by YouthLink Scotland and partners, which involved care experienced young people. Progress made, ongoing activity to be carried forward to item 3. d) in 2023-2026 Plan

Monitoring and Reporting

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

Appendix 1

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

A summary of the related articles available below:

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

A summary of all articles can be found [here](#).

Appendix 2

The Promise

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

Fundamentals:

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

Priorities:

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

The Plan 21-24 contains more detail and is available [here](#).

Appendix 2: Corporate Parenting Plan 2023-26

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

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

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

More detail on these can be found in [Appendix 1](#)

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

- What matters to children and families
- Listening

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

- A Good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in [Appendix 2](#)

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

Our duties as a corporate parent are to:

- (a) **be alert** to matters which, or which might, adversely affect the wellbeing of children and young people
- (b) **assess the needs** of those children and young people for services and support it provides
- (c) **promote the interests** of those children and young people
- (d) seek to **provide** those children and young people with **opportunities** to participate in activities designed to promote their wellbeing
- (e) take such action as we consider appropriate to **help those children and young people to:**
 - (i) **access opportunities** we provide in pursuance of (d)
 - (ii) **make use of services**, and **access support**, which we provide, and
- (f) take such other action as we consider appropriate for the purposes of **improving the way in which we exercise our functions** in relation to children and young people.

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

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	<p>We understand the issues that care experienced people face and assess their needs</p> <p>Our Duty: Be Alert and Assess Needs</p>	<p>h) Regularly review completed Equality Impact Assessments and Children's Rights and Wellbeing Impact Assessments and highlight relevant learning. Learning could be highlighted using a seven minute briefing, flash report or another format. Learning opportunities in the future will be available through the Healthcare Improvement Scotland Campus which aims to bring key learning together in one place for all Healthcare Improvement Scotland colleagues.</p>	<p>We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts</p> <p>Relates to: Article 3 (best interests of the child) from UNCRC</p>	<p>Once every six months with first report due in September 2023</p>	<p>Public Involvement Advisor</p> <p>Equality and Diversity Advisor</p> <p>Children and Young People Key Delivery Area Network</p>	
		<p>i) Create a care experience communications/awareness calendar to support the sharing of current relevant learning/literature/research with colleagues e.g. through flash reports and intranet pages. The calendar will link with awareness raising dates such as mental health, sexual health, pregnancy and maternity and other relevant topics</p>	<p>We are aware of issues affecting care experienced people</p> <p>Relates to: Article 2 (non-discrimination) from UNCRC</p> <p>Fundamental 'Listening' from the Promise</p>	<p>Ongoing to be reviewed annually</p>	<p>Children and Young People Working Group (CYPWG)</p> <p>Children and Young People Key Delivery Area Network (CYPKDN)</p>	
		<p>j) Build on the updated corporate parenting e-learning module, which was made mandatory for all staff in the previous reporting period, by supporting the content with facilitated learning</p>	<p>We understand our corporate parenting duties and how it applies to our work</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Public Protection and Children's</p>	

		<p>sessions and ongoing promotion of the module.</p>	<p>Relates to: Priority 'Supporting the Workforce' from the Promise</p>		<p>Health Service Lead</p>	
		<p>k) Create specific opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward. For example with facilitated sessions, through the Children and Young People Key Delivery Area Network and by providing access and signposting to additional resources.</p>	<p>We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people</p> <p>Relates to: Article 13 (Freedom of expression) from UNCRC</p> <p>Priority 'Building Capacity' from the Promise</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Programme leads</p> <p>Children and Young People Key Delivery Area Network</p>	
		<p>l) Seek views and experiences of care experienced people in Scotland with a view to exploring scope for their engagement in helping us to 'care-proof' recruitment/staff policies</p>	<p>We understand the issues care experienced people face when accessing employment opportunities</p> <p>Relates to: Article 2 (non-discrimination) from UNCRC</p> <p>Article 12 (respect for the views of the child) from</p>	<p>December 2025</p>	<p>People and Workplace Team</p>	

			Fundamental 'Listening' from the Promise			
		m) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities. We will do this by holding a board development session, running an awareness session as part of the Masterclass programme for our non-executive board members and providing regular updates to the SHC committee and Board as required.	Our board members are committed to corporate parenting and encourage our staff to demonstrate this Relates to: Priority 'Supporting the Workforce' from the Promise	Ongoing to be reviewed annually	Public Involvement Advisor	
		n) Using data from the Rapid Evidence Review on Health and social outcomes in care experienced children and young people carried out in 2022, support relevant projects to engage with key groups of care experienced people to fill any potential gaps in our work such as maternity and mental health	Our colleagues have the information they require to consider the impact of their work on care experienced people and are supported to fill any gaps in knowledge Relates to: Article 2 (non-discrimination), Article 3 (best interests of the child) and Article 12 (respect for the views of the child) from the UNCRC Priority 'Supporting the Workforce' from the Promise	Ongoing to be reviewed annually	Public Involvement Advisor Corporate Parenting Lead Children and Young People Key Delivery Area Network	

Number	Theme	Activity			Who should be involved?	
2	<p>We promote the interests of care experienced people and provide them with opportunities</p> <p>Our duty: Promote Interests and Provide Opportunities</p>	<p>b) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity</p>	<p>Champions Boards are equipped to have their voice heard in health and care</p> <p>Champions Boards have opportunities to become engaged in our work</p> <p>Relates to: Article 3 (best interests of the child) from UNCRC</p> <p>Fundamentals ‘what matters to children and families’ and ‘Listening’ from the Promise</p>	October 2024	<p>Community Engagement local office staff</p> <p>Community Engagement Area Managers</p> <p>Public Involvement Advisor</p>	
		<p>f) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities</p>	<p>Care experienced people are well represented in our engagement activities</p> <p>Our decisions are informed by the views and experiences of care experienced people</p> <p>Relates to: Article 12 (respect for the views of the child)</p>	Ongoing to be reviewed annually	<p>Public Involvement Advisor</p> <p>Engagement Programme Managers</p>	

			Fundamental 'Listening' from the Promise			
		g) Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.	Staff are aware of how to best support care experienced people involved in our work Relates to: Article 6 (life, survival and development) from UNCRC Priority 'supporting the workforce' from the Promise	March 2024	Public Involvement Advisor Child Protection lead Organisational Development and Learning Team	
		h) Work with NHS Scotland Employability and Apprenticeships Network to explore opportunities to offer NHS work experience tasters for care experienced people to support them to build on their strengths and prepare for the workplace.	Care experienced young people have opportunities to gain work experience in the NHS Relates to: Article 28 (right to education) from UNCRC Priority 'A good childhood' from the Promise	October 2025	Corporate parenting lead Organisational Development and Learning Team People and Workplace Other NHS health boards	
		i) Promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills	July 2024	People and Workplace Team	

Number	Theme	Activity			Who should be involved?	
			<p>Relates to: Article 28 (right to education) from UNCRC</p>			
3	<p>We collaborate with other corporate parents and improve the way we work with care experienced people</p> <p>Our Duties: Easy to Access and Constantly Improving</p>	<p>e) Create opportunities for HIS representatives on local Champions Boards to network and share learning (links to action 2. A)</p> <p>f) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties</p>	<p>We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties</p> <p>We share our learning with other corporate parents to inform the practice of other corporate parents</p> <p>We identify opportunities for collaboration where it will add value and avoid duplication of effort</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p> <p>We collaborate with NHS Scotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</p>	<p>Ongoing to be reviewed annually</p> <p>March 2024</p>	<p>Corporate parenting lead</p> <p>CYPKDA</p> <p>Engagement Office staff</p> <p>Corporate parenting lead</p>	

			Relates to: Priority 'Building Capacity' from the Promise			
	g) Share learning from our work with children and young people with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents	Relates to: Priority 'Building Capacity' from the Promise	Ongoing to be reviewed annually	Clinical Expert, Quality Assurance Directorate Relevant programme leads	
	h) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work	Relates to: Priority 'Building Capacity' from the Promise	Ongoing to be reviewed annually	Public Partnership Co-ordinator	

Monitoring and Reporting

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

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Appendix 1

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

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Appendix 2

The Promise

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

Fundamentals:

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

Priorities:

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

The Plan 21-24 contains more detail and is available [here](#).

Appendix 3



Evidence
Advice, guidance
and intelligence



Rapid Response

Health and social outcomes in care experienced children and young people

Rapid Responses are brief summaries of the best available evidence prepared to inform time-sensitive decision-making. Rapid Responses are not peer reviewed, are current only at time of publication, and do not constitute recommendations. They should be considered alongside existing guidance applicable to NHS Scotland.

For further information on our Rapid Response process and previous Rapid Response outputs, please visit our website

Topic	Health and social outcomes in care experienced children and young people
Date of search	20-21 December 2021
Referrer	Maureen Scott, Public Protection and Child Health Lead, HIS
Author	Jenny Harbour

HIS Evidence Conclusions

- Statistics from Scotland and England show that care experienced children and young people have poorer health and social outcomes than their non-care experienced peers.
- Evidence on physical and mental health outcomes in care experienced children and young people show higher rates of mortality, pregnancy-related hospital admissions, mental illness, visits to accident and emergency, and dental care needs.
- Deaths among care experienced children and young people are more likely to be due to unnatural causes, including suicide, misadventure (for example car accidents or drowning), risk-taking behaviours (such as drug abuse), and assaults.
- Care experienced children and young people are more likely than their non-care experienced peers to be imprisoned and one quarter of prison inmates in Scotland state they were in care as a child or adolescent.
- Care experienced children and young people tend to leave school earlier, with lower qualifications and literacy levels than their non-care experienced peers. Fewer care experienced children and young people go on to higher or further education, and their employment opportunities may be restricted by their qualifications.

What were we asked to look at?

In Scotland, the term 'care experienced' is used to refer to looked after children and young people (children in care), and young people who have previously been in care up to the age of 26.¹ We were asked to identify and summarise statistics from the last 5 years on the health and social outcomes of care experienced children and young people compared with the general population. In the past, health and social outcomes have been poorer in care experienced children and young people.²

On 31 July 2020 there were 14,458 children currently in care in Scotland.³ This represents less than 2% of all children in Scotland at that time.

Overview of the evidence

It is possible that some of the statistics described below are subject to confounding from socioeconomic factors affecting outcomes in care experienced children and young people. It is also likely that there are interactions between some of the outcomes described below, for example poor mental health has previously been linked with lower levels of educational achievement.

Physical health outcomes

A cohort study (Children's Health in Care in Scotland, CHiCS) reported longitudinal data comparing outcomes from two cohorts of children between 2009 and 2016: care experienced school-age children, recorded in the Scottish Governments' Children Looked After data, and children who did not have experience of care but were listed in the national Pupil Census.⁴ Children who did not attend school or who attended an independent school were not included. The cohort consisted of 663,602 children aged 4 to 19 in 2009, of which 13,831 were care experienced. The study reported higher rates of mortality, pregnancy-related hospital admissions, mental illness, and visits to accident and emergency in care experienced children (*Table 1*).

Another cohort study used similar methods to investigate dental health outcomes in care experienced children compared with the general school-age population in Scotland.⁵ This study used the Pupil Census and the Children Looked After data from 2007 to 2013. Children who were in care in the 12 months prior to July 2012, and children in care in 2007 to 2008, were collectively used as the care experienced cohort. The total cohort consisted of 633,204 children aged 4 to 17 years old, of which 10,924 were classed as care experienced. Care experienced children had greater dental treatment needs and poorer access to dental services, including preventive dental care, compared with children in the general population. This continued to be true after adjusting for age, sex and socioeconomic status of the children:

- a lower proportion of care experienced children regularly attended dental services: 51% versus 63%, adjusted odds ratio (OR) 0.55, 95% confidence interval (CI) 0.53 to 0.58
- a greater proportion of care experienced children had recent dental extractions under anaesthesia: 9% versus 5%, OR 1.91, 95% CI 1.78 to 2.04.

Table 1: Health outcomes in two Scottish cohorts of children aged 4 to 19 in 2009⁴

Outcome	n general population	% general population	n care experienced	% care experienced	Ratio of rates (experienced: general)
Deaths	746	0.1	78	0.6	5.48
Outpatient visit	382,590	58.9	9,427	68.2	1.57
General or acute inpatient and day case	179,551	27.6	5,404	39.1	1.60
Pregnancy-related inpatient and day case	12,268	4.5	1,302	20.8	4.33
Mental health inpatient and day case	2,197	0.3	323	2.3	5.15
Visits to accident and emergency	434,528	66.9	10,826	78.3	2.09

Mental health outcomes

The rate of mental illness and psychiatric disorders in care experienced children aged 5 to 15 years in the UK is estimated at 45% (rising to 72% in residential care) compared with 10% in the general population of the same age.^{2, 6}

A survey in 2008 found that, in the UK, 72% of children aged 5 to 15 years had an emotional or behavioural problem on entering care.⁷ In Northern Ireland in 2015, 40% of care experienced children had been diagnosed with behavioural problems, 35% with emotional issues, and 21% with depression or anxiety.²

In Scotland, results from the Strengths and Difficulties Questionnaire were considered 'cause for concern' in 37% of care experienced children compared with 12% of children in the general population.⁷

Mortality

Care experienced children and young people are between four and five times more likely to attempt suicide compared with the same age group in the general population.⁷

Sixty-one deaths of care experienced young people were reported to the Care Inspectorate in Scotland between 2012 and 2018.¹ Of these deaths, 42 occurred in children and young people currently in care, and 19 in young people receiving continuing or aftercare. Of the deaths occurring in care, the children or young people ranged in age from less than 1 year to 17 years old. Deaths

were twice as common in boys compared with girls. In young people receiving continuing or aftercare, 15 deaths were in young men and four in young women. The Care Inspectorate report states that it is not currently clear whether care experienced young people are more likely to die than young people in the general population, because of the way data are gathered in the two groups. However, the 42 deaths recorded in care experienced children represents 1.9% of all children who died in the same period (n=2,187).

Deaths among care experienced children and young people fell into three categories: anticipated deaths caused by life shortening conditions or terminal illness; unexpected deaths caused by misadventure or unexplained deaths; and deaths resulting from risk-taking behaviours. Between 2012 and 2018, 16 care experienced children died because of life shortening conditions or terminal illness. Twelve children died from misadventure (for example road traffic accidents or drowning) or in unexplained circumstances. The majority of children in the latter category were aged under 5 years, seven of them under 1 year (sudden infant death). Fourteen deaths occurred because of risk-taking behaviours. Children in this category were aged 13 to 17 years and typically died as a result of substance misuse, self-harm or suicide.

In England, care experienced children and young people were more likely to die prematurely from unnatural causes, such as suicide, drug overdose, alcoholism, car accidents and assaults.⁸ Premature mortality in care experienced young people was 62% higher than in children with no care experience. This excess risk of premature death increased to 212% if comparing children cared for in a residential home with the general population. The excess risk was 27% for children cared for in a relative's home or in a foster family, compared with the general population.

Prison and the justice system

Statistics suggest that care experienced children and young people are four times more likely to be convicted, or subject to a final warning or reprimand, compared with the general population (4% versus 1%).⁹ In 2015, a Youth Justice Board found that care experienced young people reoffend at approximately twice the rate of young people with no care experience.

The 2019 Scottish Prison Survey reported that 25% of prison inhabitants had care experience, with six out of ten people who had been in care having been in care at the age of 16.¹⁰ Care experienced young men were particularly over-represented in the adult prison population, with 49% of young male offenders stating they had care experience.⁹ Of the prisoners reporting they had been in care, 64% were cared for in a residential home, 33% spent time in a secure unit, 30% were cared for by a foster family, and 16% were cared for by a family member.¹⁰ Evidence also suggests that young people in prisons are more likely to use drugs, have a methadone prescription, have poor mental health or have poor literacy skills.

In Scotland, care experienced young people make up an estimated 33% of young offenders, despite only constituting an estimated 0.5% of the population.¹¹ In 2015 to 2016, approximately 37% of people in young offender institutions had spent time in care.⁹

Education

The Scottish Government collates annual statistics on education outcomes for care experienced children and young people.¹² The 2019 to 2020 edition of these statistics collated data on children and young people who experienced care at any point between August 2019 and July 2020, who had a Scottish Candidate Number, and who left school during that period. Children cared for at an earlier period in their life were not captured in this data. In 2019 to 2020, there were an estimated 943 care experienced young people who left school after being in care within the preceding 12 month period. This represents 2% of the 47,454 school leavers in the same year.

Care experienced children and young people tend to leave school earlier than the general population. Forty-three percent of Scottish care experienced children left school at the end of fourth year or earlier, compared with approximately 10% of the general school population.¹² Care experienced children were less likely to have at least one Higher or Advanced Higher qualification on leaving school: 14% compared with 64% of all school leavers. Fewer care experienced young people went on to further education within 3 months of leaving school: 56% versus 72% of all school leavers. In the year 2018 to 2019, 19% of care experienced school leavers did not go on to further education, employment, training, voluntary work or a learning programme, compared with 5% of all school leavers.²

Care experienced children and young people in Scotland were considerably more likely to be excluded from school compared with their peers: 152 per 1,000 pupils versus 22 per 1,000 pupils in 2018 to 2019.³ In England, care experienced children and young people were five times more likely to be excluded from school than their peers.⁹

In England, 25% of care experienced school children meet the expected standard of reading, writing and mathematics compared with 55% of the general population.⁹ Only 6% of care leavers were in further education in England in 2015.

In 2019, in England, 27% of care experienced children had an additional or special educational need compared with 3.1% of children in the general population.²

In 2016 to 2017, only 1% of students in higher education in England were care experienced.¹³ In 2018 to 2019, 13% of care experienced young people were in higher education by age 19 compared with 43% of all school students. Care experienced young people who do go into further education are approximately 38% more likely to drop out of university compared with their non-care experienced peers.⁹ Care experienced students in England are also less likely to achieve a first or upper second

class degree compared with their non-care experienced peers: 68.2% versus 80.3% in 2018 to 2019.¹³

The impact of differential education attainment in care experienced young people is unclear. Some reports state that care experienced young people are restricted in their choice of employment because of their qualifications.¹² Other reports suggest that care experienced graduates of higher education have comparable employment outcomes to their non-care experienced peers.¹³

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Appendix: literature search

Due to the nature of the enquiry the normal list of resources used to fulfil a rapid response were not appropriate. Searches of the internet were conducted using Google, limited to the UK or Scotland and to PDF files.

Search concepts used: care experienced; looked after; children in care; health outcomes.

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Appendix 4



“7 Minute Briefing”

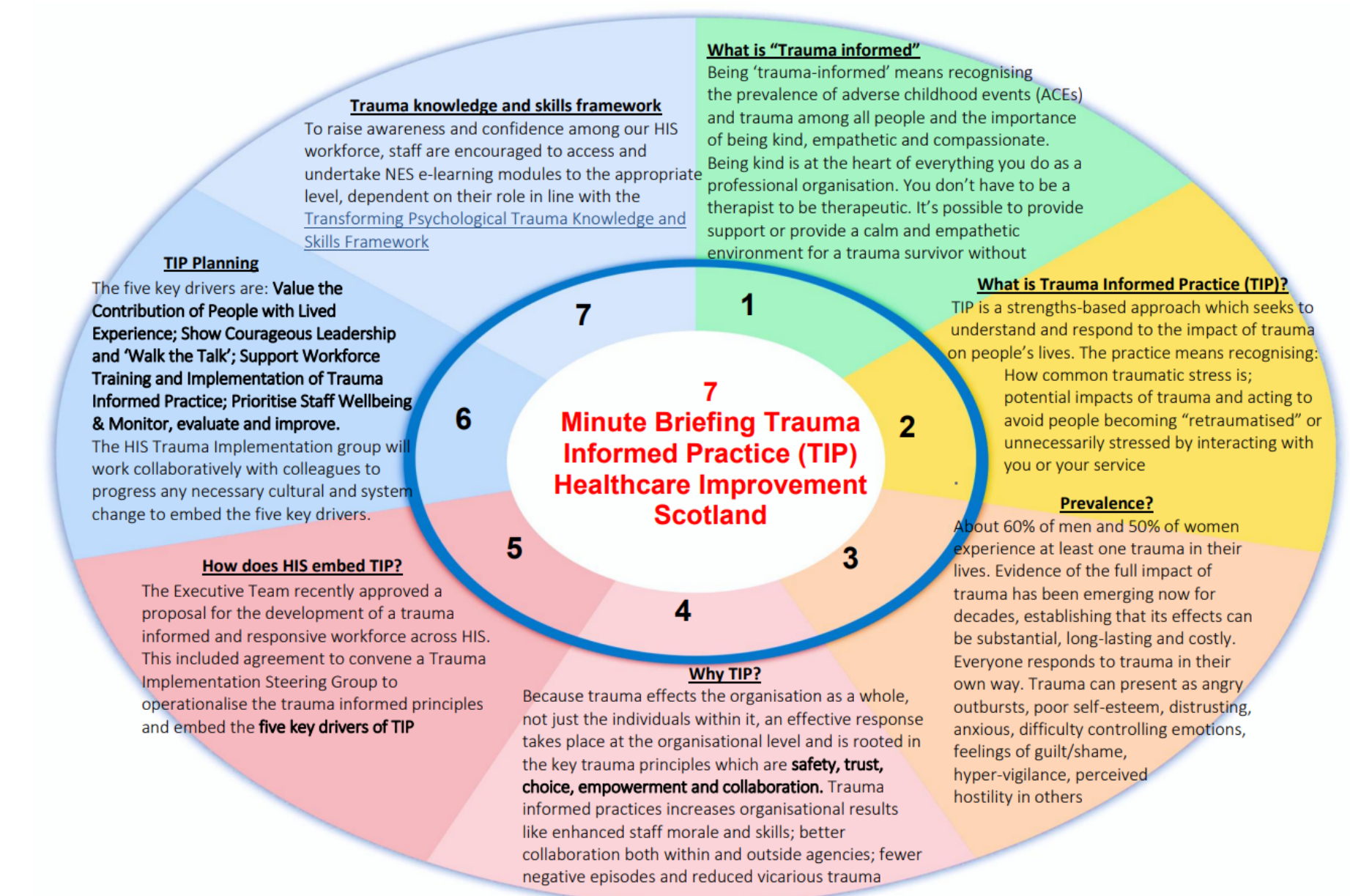
Development of Trauma Informed Practice across Healthcare Improvement Scotland

Maureen Scott

Public Protection & Child Health Service Lead

August 2022

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**7
Minute Briefing Trauma
Informed Practice (TIP)
Healthcare Improvement
Scotland**

What is "Trauma informed"
Being 'trauma-informed' means recognising the prevalence of adverse childhood events (ACEs) and trauma among all people and the importance of being kind, empathetic and compassionate. Being kind is at the heart of everything you do as a professional organisation. You don't have to be a therapist to be therapeutic. It's possible to provide support or provide a calm and empathetic environment for a trauma survivor without

What is Trauma Informed Practice (TIP)?
TIP is a strengths-based approach which seeks to understand and respond to the impact of trauma on people's lives. The practice means recognising: How common traumatic stress is; potential impacts of trauma and acting to avoid people becoming "retraumatized" or unnecessarily stressed by interacting with you or your service

Prevalence?
About 60% of men and 50% of women experience at least one trauma in their lives. Evidence of the full impact of trauma has been emerging now for decades, establishing that its effects can be substantial, long-lasting and costly. Everyone responds to trauma in their own way. Trauma can present as angry outbursts, poor self-esteem, distrusting, anxious, difficulty controlling emotions, feelings of guilt/shame, hyper-vigilance, perceived hostility in others

Why TIP?
Because trauma effects the organisation as a whole, not just the individuals within it, an effective response takes place at the organisational level and is rooted in the key trauma principles which are **safety, trust, choice, empowerment and collaboration**. Trauma informed practices increases organisational results like enhanced staff morale and skills; better collaboration both within and outside agencies; fewer negative episodes and reduced vicarious trauma

How does HIS embed TIP?
The Executive Team recently approved a proposal for the development of a trauma informed and responsive workforce across HIS. This included agreement to convene a Trauma Implementation Steering Group to operationalise the trauma informed principles and embed the **five key drivers of TIP**

TIP Planning
The five key drivers are: **Value the Contribution of People with Lived Experience; Show Courageous Leadership and 'Walk the Talk'; Support Workforce Training and Implementation of Trauma Informed Practice; Prioritise Staff Wellbeing & Monitor, evaluate and improve.**
The HIS Trauma Implementation group will work collaboratively with colleagues to progress any necessary cultural and system change to embed the five key drivers.

Trauma knowledge and skills framework
To raise awareness and confidence among our HIS workforce, staff are encouraged to access and undertake NES e-learning modules to the appropriate level, dependent on their role in line with the [Transforming Psychological Trauma Knowledge and Skills Framework](#)

Published Month Year

You can read and download this document from our website.

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

Please contact our Equality and Diversity Advisor on 0141 225 6999

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	2 March 2023
Title:	Service Change Update
Agenda item:	2.7
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Denise Symington, Principal Service Change Advisor
Purpose of paper:	Awareness

1. **Situation**

To provide the Service Change Committee with an update and overview of the activities that the Service Change Team have been involved in on behalf of Healthcare Improvement Scotland – Community Engagement (HIS-CE).

2. **Background**

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

3. **Assessment**

National Guidance

The Planning with People guidance is currently under review by Scottish Government and COSLA. Healthcare Improvement Scotland have submitted feedback on a draft of the updated guidance and developed four case studies for inclusion. There has been ongoing dialogue as this work progresses. The current timescale for the publication of the updated guidance is March 2023.

Engagement Practitioner Network

The third development session of the Engagement Practitioners Network was held on Thursday 15 December with presentations from Eleanor Snape (Senior Digital Engagement Manager, Scottish Government) discussing approaches to digital engagement.

The session was attended by 26 people and there are now 115 members in the network held on Microsoft Teams. We have developed a plan for the further promotion and growth of the Engagement Practitioner Network externally.

The sessions planned with Emma Murphy (NHS Dumfries and Galloway) on conflict resolution was postponed until 2023 due to absence. We have identified further topics from ongoing discussion and evaluation with network members.

Service Change Audit

As part of the Healthcare Improvement Scotland wide internal audit plan for 2022/23, Grant Thornton undertook a review on the work of the Community Engagement Directorate in shaping health and care services in Scotland aim to support the engagement of people and communities.

The objective of the audit was to evaluate the adequacy of internal controls in place around the service change function of the Community Engagement directorate to mitigate against the following two potential risk areas:

- Risk 1 - HIS do not have robust engagement processes in place to ensure they are aware of all service change plans being undertaken by NHS boards as a result, they are unable to support the boards through these service changes.
- Risk 2 - HIS Community Engagement regional engagement responsibilities and governance are not clear, resulting in inconsistencies in the support provided across the regions.

The summary of findings within the draft report has been reviewed for factual accuracy and points of clarification. The final report will contain six findings set against the two potential risk areas set out above. Our understanding is that the findings will be as follows;

Risk Area 1 – HIS do not have robust engagement processes in place to ensure they are aware of all service change plans being undertaken by health and care services as a result, they are unable to support the boards through these service changes.

- There is no good practice guidance which sets out the most effective ways of community engagement which can be shared across the regions.
- There are inefficiencies in the service change and engagement processes with regards to identifying service change and providing the necessary support to health and care providers.

Risk Area 2 – HIS Community Engagement regional engagement responsibilities and governance are not clear, resulting in inconsistencies in the support provided across the regions.

- Lessons learned have been scaled down as a result of remobilisation of the health and care services. Ongoing evaluation of the effectiveness of community engagement has not been restarted.
- The Service Change Sub Committee TOR is not in date.
- The relationship between the health and care services and HIS Community Engagement Team is not as strong as it could be due to a lack of mutual agreement and understanding of the roles each entity plays in community engagement and service change.
- Management should consider the ongoing monitoring of resource requirements, particularly if improvements in the identification of service changes occur.

The draft report has been reviewed and once a final report is agreed, the HIS-CE senior management team will consolidate the recommendations into a management action plan for monitoring, review and reporting. The final report will be submitted to the Healthcare Improvement Scotland Audit and Risk Committee in March 2023.

Current Activity

NHS Greater Glasgow and Clyde (NHS GGC) advised HIS-CE of its proposal to make permanent the current business continuity arrangement for GP Out-of-Hours services permanent.

The business continuity arrangement was approved by the Board of NHS GGC in February 2020, HIS-CE are now being asked to set out what activities are required for NHS GGC to progress its plans.

An extraordinary meeting of the Service Change Sub-Committee has been called for 20 February 2023 to consider the information available. The Sub-Committee's view on whether the proposal meets the threshold of Major Service Change will inform our advice and role in the process going forward.

The table attached at Appendix 1 provides an overview of the active, more significant changes that the Service Change team has been involved in, with further detail on wider changes provided in Appendix 2.

Developing Practice

Online workshops	<p>The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months, topics include:</p> <ul style="list-style-type: none">• Duties and Principles• Option Appraisal• Planning with People, and• Planning Effective Engagement <p>All the workshops have now been delivered to NHS Ayrshire & Arran, in addition to workshops being planned for 2023 with Grampian Public Health Team, NHS Highland and Renfrewshire Health and Social Care Partnership.</p> <p>A Short Life Working Group (SLWG), with internal and external representation, has been set up to support the further evaluation of the impact of workshops, including learning from feedback to ensure there is a focus on continuous improvement and development of the product provided. A draft approach, evaluation and learning needs survey have been developed for the SLWG to review. HIS-CE has outlined within its Operational Plan to develop a cross-directorate approach to evaluation, an initial meeting has taken place and will be followed up in Q4 and may incorporate evaluation of the workshops alongside other areas of the directorate.</p> <p>The Service Change Team have provided a draft presentation (overview of the three workshops and the Planning with People guidance) for executive and non-executive members of NHS Boards and Integration Authorities. HIS-CE has been invited to present to the Chairs Group, a date for this has to be confirmed.</p> <p>HIS-CE Executive Team and Engagement Programme Manager for Service Change presented to new board members of Healthcare Improvement Scotland with further consideration on the process for external delivery.</p>
Resources	<p>The team has published an updated flowchart to demonstrate how the engagement process for service change, Equality Impact Assessment and Fairer Scotland Duty Assessment link together.</p> <p>https://www.hisengage.scot/service-change/resources/integrating-service-change-and-impact-assessment/</p>

<p>Regional and national changes</p>	<p>The action plan for regional and national service change/redesign was discussed at the last Service Change Sub-Committee meeting where it was agreed that it be shared with the SHC Committee for consideration.</p> <p>The Service Change Team developed three case studies of different approaches taken to regional planning and prepared a discussion paper which was shared to SMT/DMT.</p> <p>Progress on national and regional developments may be impacted by the current uncertainty surrounding the overall UK and Scottish fiscal position. Updates will be reported to the SHC Sub-Committee in the next quarter.</p> <p>HIS-CE recently met with the Regional Directors, it was agreed that this should become a regular quarterly meeting.</p>
<p>Capital Investment Group</p>	<p>HIS-CE attends as a member of the Capital Investment Group, to share intelligence relating to community engagement on planned capital projects. In addition, the Service Change Team has monthly meetings with Paul Mortimer (Head of NHS Strategic Capital Investment, Scottish Government) to discuss engagement in the development of capital investment projects. We are developing a flowchart of how the two processes (business case and service change engagement) may link together.</p> <p>The team met with Paul Mortimer, Head of NHS Strategic Capital Investment at the Scottish Government, on the 13 December to discuss the guidance that he is developing for NHS Boards in relation to the development of Whole Systems Plans for capital projects.</p> <p>HIS-CE have been invited to attend a future Capital Investment Network to provide a short presentation on the value and need for engagement, our expectations in relation to engagement for capital projects, our involvement in the development of Whole System Plans, and then more detailed engagement for the Outline Business Case.</p>

Assessment considerations

Quality/ Care	Advice on Service Change is a legislative requirement
Resource Implications	There are no financial implications for HIS-CE in the Reporting of Service Change Team activity.
	There are no negative implications for HIS-CE in the Reporting of Service Change Team activity relating to resources, capacity and capability.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register (Risk 1163).
Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been presented to the following: <ul style="list-style-type: none">• Engagement Practitioner Network, 15 December 2022.• Presented to SHC Sub Committee, 26 January 2023

4 Recommendation

The Committee is asked to discuss and note the update on the planned work programme of the Service Change Team.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1: Active, significant service change, December 2022
- Appendix 2: Wider overview of ongoing service change, December 2022

Appendix 1 – Active Significant Service Change (December 2022)

'Status' Legend:	Red = indicates that a change is deviating from the advice we have provided and requires escalation	Amber = active public and political interest, concerns raised re proposal, a watchful brief	Green = work is progressing in line with guidance, not aware of public concern	Blue = contentious proposal, high public/ political interest, may be 'major' change
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Organisation	Summary of Planned Service Changes	Update	Action Taken	Escalation Required?	Status
TERRITORIAL BOARDS					
NHS Ayrshire & Arran	Review of Chemotherapy Services: proposal to make the current interim model permanent. This involves all Tier 2 chemotherapy treatments and inpatients being delivered from Crosshouse; Tier 3 chemotherapy delivered from Crosshouse and Kyle Ward, Ayr Hospital	<p>Decision Making Following a decision at Scottish Health Council Committee on 17 February, HIS-CE confirmed (by letter) its view that these proposals met the threshold for major service change and made recommendations to inform next steps</p> <p>The West EPM/Acting Head of Engagement Programmes was advised that due to operational pressures, NHS A&A's strategic lead for this project is being changed to Derek Lynsey, Finance Director.</p> <p>Key Dates Forthcoming Period NHS A&A plans to take a paper and communications/consultation plan to their January 2023 Board meeting with a view to consulting people and communities from February to 05/05/23.</p> <p>Update 12/12/22 Meeting held on 15 November between NHS A&A and the Head of Engagement Programmes and Service Change Advisor (HoEP and SCA) to discuss next steps.</p> <p>Specific Consideration if Major Service Change HIS-CE has provided feedback on NHS A&A's communication and consultation plan. It has attended two meetings of the Stakeholder Reference Group (with a further meeting scheduled for 18/01/23) and will continue to assess activity in line with national guidance.</p> <p>Update 16/02/23 Consultation has started</p>	<p>Key Successes Four workshops were co-delivered by the SCAs and Engagement Officers to NHS A&A (Ayrshire and Arran)'s Engagement and Communications team during September/October 2022.</p> <p>Update 12/12/22 Ongoing honest discussions are being held with the heads of service from both organisations to understand the pressures on NHS A&A and all parties understand that the risk sits with NHS A&A</p> <p>Key Challenges Update 12/12/22 NHS A&A shared their draft communications and consultation plan with HIS-CE for feedback, which we provided on 16 November. We will continue to monitor how the plan, and our feedback, is considered and, where appropriate, implemented.</p> <p>Evaluation of Engagement to Date HIS-CE welcomed the engagement activity undertaken by NHS A&A during January-March 2020 (with over 600 responses to draft proposals). NHS A&A has also received over 300 patient experience questionnaires from patients on the interim arrangements. We agreed the following wording with NHS A&A to include in their January 23 board paper, when Board members make a decision on whether to proceed to public consultation: <i>"Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a key role to provide advice and support and to quality assess our consultation process. As such the draft consultation plan has been shared with HIS-CE colleagues for initial review and discussion and to seek endorsement of our planned approach. HIS-CE has provided advice and suggestions on the draft plan and the attached consultation plan has been updated to reflect this feedback. Following a meeting with HIS-CE on 15 November we have obtained endorsement (subject to our consideration of their feedback) of our planned approach and approval to progress with the attached plan and associated timeline."</i></p>	No	
NHS Borders	<i>No significant service changes known about at present</i>				
NHS Dumfries & Galloway	Review of Maternity Service Galloway Community Hospital: Births suspended 2017 due to staffing issues, vary low birth rates and ensuring skills and competencies maintained. Patients. High risk births have always travelled to Dumfries for Consultant led service.	<p>Decision Making Paper presented to the Integrated Joint Board on 8 December 2022.</p> <p>Key Dates Forthcoming Period Update 22/12/22</p>	<p>Key Successes Service Change Team provided comment on the content of the survey due for release on 9th January</p> <p>Evaluation of Engagement to Date</p>	No	

	Review is being supported by 2 independent chairs and an external professional	12 week Community Engagement Exercise begins from 9 Jan 2023 with a view to following up with Options Appraisal exercise	A number of face to face drop in sessions have been held in localities to hear concerns from patients public and local action group members		
NHS Fife	<i>No significant service changes known about at present</i>				
NHS Forth Valley	<p>Primary Care Premises review: review of GP services to reflect the new General Medical Services (GMS) contract and 'right person, first time' ethos.</p> <p>50 GP practices in 6 localities with the potential for many practices to be impacted by change</p>	<p>Decision Making Initial Agreement to be submitted to SG.</p> <p>Key Dates Forthcoming Period Update 06/10/22 Next meeting date 29 September 2022</p> <p>Update 12/12/22 HIS-CE met with NHS Forth Valley on 7 December 22 to discuss elements of engagement undertaken to date and offer advice on engagement moving forward.</p>	<p>Key Successes A meeting was held July 2022 with regular meetings agreed thereafter. Meeting held on 12 July with NHS Forth Valley Engagement lead to discuss further engagement</p> <p>Key Challenges Each locality will be reviewed as a separate project – this may overlap but project could run for some years before completed</p> <p>Evaluation of Engagement to Date May 22 HIS-CE submitted an email with a view on engagement to date and a view on next stages.</p>	No	
NHS Grampian	<p>Review of Maternity services model at Dr Gray's (DGH), Elgin: Service has been downgraded due to staffing issues and patient safety. It has been agreed the Consultant led service will be reinstated.</p>	<p>Decision Making NHS Grampian's draft plans for model 6 were submitted to the Scottish Government on 22 December and the plan will now be reviewed by the Scottish Government and by the External Assurance Panel led by Dr Linda de Caestecker.</p> <p>It is expected that a further statement by the Cabinet Secretary will be made to the Parliament.</p> <p>In the Members Debate on Maternity Services at Dr Gray's on the 22 December it was noted that in response to concerns raised model 4 will no longer include the short-term plan to set up a new community maternity unit, linked to Raigmore Hospital in Inverness. There are also plans to reintroduce enhanced complex antenatal care; consultant led triage and day assessment and elective caesarean sections returned to Dr Gray's within two years.</p> <p>Key Dates The board has been continuing engagement with people with lived experience to inform the planned interim model development and impact assessment working towards 2026 for the reinstatement of the consultant led unit.</p>	<p>Key Successes Attending the Grampian Maternity Communication & Engagement group to give advice on the need for ongoing engagement in the move to model 4 (interim) and model 6. Met with the Maternity Engagement Lead and NHS Grampian Public Involvement Manager on 21 November 2022 to seek reassurance about plans for engagement and impact assessment.</p> <p>Key Challenges There is ongoing community concern about the safety of the interim model and the timescales for the reinstatement of the service by 2026.</p> <p>Evaluation of Engagement to Date No evaluation has been carried out by HIS-CE as this is an interim model.</p> <p>The Board is carrying out engagement and getting feedback on their approach via the Grampian Maternity Communication & Engagement group.</p>	No	
NHS Greater Glasgow and Clyde	<p>Institute of Neurological Sciences (INS): Redesign of patient pathways and refurbishment /rebuild facilities. The five shortlisted options propose that INS remains on the QEUH site.</p>	<p>Decision Making NHS GG&C approved a draft Initial Agreement (April 2022) that was considered by the Capital Investment Group (CIG) in August 2022.</p> <p>Update 12/12/22 NHS GGC advised on 25/10/22 that they hadn't yet received formal feedback from the CIG on the Initial Agreement. A further meeting with HIS-CE will be arranged once this has been received.</p>	<p>Key Successes Update 06/10/22 HIS-CE SCA met with NHS GG&C colleagues on 28 September 2022 to discuss further engagement (as outlined in our January 2022 letter). They advised communications and engagement will be taken forward once they receive feedback on the Initial Agreement from the CIG. We agreed to schedule regular meetings.</p> <p>Key Challenges New ways of working between NHS GG&C and HIS-CE to be established. This means we do not currently have a further update on engagement plans for INS. A further challenge are the current fiscal conditions for capital projects and whether this may impact on engagement within the SCIM process.</p>	No	

			<p>Evaluation of Engagement to Date HIS-CE have confirmed that engagement to date was within guidance</p>		
	<p>GP Out of Hours services (GPOOHs) Changes were made to GP OOHs services during the Covid pandemic. NHS GGC is seeking to make some of these changes permanent. It is also considering the number of Primary Care Emergency Centres it can sustain to meet overnight demand</p>	<p>Decision Making Although GPOOHs is a delegated service to the IJB, NHS GGC has confirmed the decision sits with the NHS Board</p> <p>Update 06/10/22 Email from NHSG GC received to consider the support required from the HIS-CE team.</p> <p>Update 08/11/22 The Acting Head of Service and Service Change Advisor met with NHS GGC on 8 November 2022 to understand the proposal and discuss engagement approach moving forward, with HIS-CE sharing a draft note of meeting on 21 November 2022.</p> <p>Update 12/12/22 HIS-CE wrote to NHSGGC on 30 November 2022 requesting they complete a Major Service Change template by 05 January 2023.</p> <p>Update 19/01/23 Letter from Director of Communications and Engagement, NHS GGC to HIS-CE</p> <p>Update 03/02/23 Letter from Director of Community Engagement to NHS requesting again that the Major Service Change template is completed and advising of extraordinary meeting of SHC Sub-Committee on 20 February 2023</p>	<p>Key Successes MSC Template submitted on 10/02/23 for consideration by SHC Sub Committee</p> <p>Key Challenges NHS GGC consideration that there are constraints on what people can influence through involvement.</p> <p>Evaluation of Engagement to Date HIS-CE provided advice on proportionate engagement</p>	No	
NHS Highland	<p>Lochaber Hospital: Replacement of the current facility with a new build within Fort William.</p>	<p>Decision Making Initial Agreement approved by Capital Investment Group in May 2022. Major Service Change (MSC) Template completed by NHS Highland and submitted to HIS-CE on 9 May 2022 re view on the status of the proposal.</p> <p>Update 12/12/22 The Lochaber stakeholder group continues to meet regularly to provide information and discussion. The meeting scheduled on 22 Dec 22 discussed a presentation on redesign of Rehabilitation. Further clinician workshops will be held to discuss potential models of care and this discussion will be reported back to the Stakeholder group.</p> <p>Other discussion points were around; transport; staffing and Outline Business Case timeline.</p>	<p>Key Successes Update 06/10/22 SHC Committee approved Service Change Sub Committee recommendation that the Lochaber service redesign does not meet the threshold for Major Service Change. NHS Highland informed formally by letter from Director of HIS-CE. Stakeholder meetings continue to be held monthly.</p> <p>Key Challenges Submission of MSC Template out with SHC meeting cycle.</p> <p>Evaluation of Engagement to Date HIS-CE recognised NHS Highland had met engagement expectation for the Initial Agreement process.</p>	No	
NHS Lanarkshire	<i>No significant service changes known about at present</i>				
NHS Lothian	<i>No significant service changes known about at present</i>				

NHS Orkney	<i>No significant service changes known about at present</i>				
NHS Shetland	<i>No significant service changes known about at present</i>				
NHS Tayside	<i>No significant service changes known about at present</i>				
NHS Western Isles	<p>Neurological Service Review of delivery of service to patients. Proposed Neurology team lead by a band 7 Neurological Nurse and Specialist nurse covering all neurological conditions</p>	<p>Decision Making Lead for Neurology has proposed a new service delivery model as a result of the loss of two members of the specialist nurse team</p> <p>Update 06/10/22 Neurological MCN 13/10/22 HIS Review meeting 20/10/22 Meeting with Parkinsons Group 18/11/22</p> <p>Update 06/10/22 Engagement across the Western Isles, ongoing meetings with Neuro Hebrides and Neurological Managed Clinical Network (MCN).</p> <p>Key Dates Forthcoming Period Regular meetings have taken place with NHSWI and HIS-CE to provide support and advice on engagement for the development of the Neurological Service.</p> <p>Meeting of HIS CE and NHS WI 11/01/23</p>	<p>Key Successes Established regular 2 weekly meetings with HIS-CE Fairness Assessment and Communication and Engagement Plan drafted was shared with HIS-CE and comments provided on the content.</p> <p>Key Challenges Local press have carried a number of articles about the proposed change. There has been some concern vocalised on the level of engagement from some service users.</p>	Not at present	

NATIONAL / SPECIAL BOARDS					
Public Health Scotland	<i>No significant service changes known about at present</i>				
Healthcare Improvement Scotland	<i>No significant service changes known about at present</i>				
NHS Education for Scotland	<i>No significant service changes known about at present</i>				
NHS Golden Jubilee	<i>No significant service changes known about at present</i>				
NHS 24	<i>No significant service changes known about at present</i>				
Scottish Ambulance Service	<i>No significant service changes known about at present</i>				
State Hospitals Board for Scotland	<i>No significant service changes known about at present</i>				
NHS National Services Scotland	<i>No significant service changes known about at present</i>				

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	02 March 2023
Title:	Governance for Engagement sub-committee
Agenda item:	2.8
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement and Equalities Policy
Purpose of paper:	Awareness

1. Situation

To provide the Committee with an update on continued progress with Cycle 2 of the Governance for Engagement sub-committee and associated process, and the provisional timeframes associated with adoption of the Quality Framework.

2. Background

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

- The use of Equality (and other) Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
- Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities;
- Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken; and
- Learning through reflection to identify, celebrate and share good engagement practice within work programmes, and determine sources of support and appropriate remedial actions where improvements are needed.

3. Assessment

Quality / Care	Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we offer. Therefore, effective governance of how the organisation engages with people and communities has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	None out-with existing core funding.
	There is an expected positive impact on staff wellbeing through facilitating the organisation to gain more consistently its understanding of the lived experience and insights of people and communities, and how these can positively impact our work and outcomes.
Risk Management	An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and sub-optimal approach to engagement with people and communities and monitoring our equalities activities.
Equality and Diversity, including health inequalities	The Community Engagement directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The sub-committee's governance role with respect to this is set out within its Terms of Reference.
Communication, involvement, engagement and consultation	The arrangements to support Governance for Engagement have been considered during the Scottish Health Council review process, and over the past two years by the Committee the HIS Executive Team. Their feedback has informed the process throughout its development.

- 3.1 At the time of writing (February 2022), Cycle 2 is continuing. The focus on directorates and teams providing progress updates from Cycle 1 is working well, with positive feedback gained from Directors and other participants including sub-committee members. Evaluation feedback is being sought immediately after sub-committee meetings to ensure timely consideration of any amendments or other observations about the process.
- 3.2 At the point when two cycles of Governance for Engagement have been completed, it is anticipated that HIS will be able to engage successfully with the Quality Framework process.

Process alignment to the Quality Framework for Community Engagement is therefore the intention for Cycle 3. This will be dependent on progress with the Scottish Government's *Planning With People* guidance – the next iteration of which is due imminently.

- 3.3 Sub-committee members will be guided on the exact timing of process alignment by the Director of Community Engagement and the Head of Engagement and Equalities Policy. A provisional timeframe is provided below:

Timeline	Action
By end March 2023	Governance for Engagement categories & aims statements to be mapped across to the Quality Framework self-assessment statements.
By end May 2023	Testing of Quality Framework self-assessment statements by two directorates (provisionally noted as Community Engagement, QAD).
By end July 2023	Programme of Governance for Engagement sub-committee dates in place for remainder of 2023/24, with directorates using the Quality Framework to self-assess their progress. Package of directorate support created based on learning from earlier testing.

4 Recommendation

The Committee is invited to note the progress with Cycle 2 of the Governance for Engagement process, and the intended actions with respect to the adoption of the Quality Framework.

No recommendations for consideration are made in this paper.

5 Appendices and links to additional information

No appendices.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	2 March 2023
Title:	Quality Framework for Community Engagement and Participation
Agenda item:	3.1
Responsible Executive/Non-Executive:	Clare Morrison Director of Community Engagement
Report Author:	Derek Blues Engagement Programmes Manager
Purpose of paper:	Decision on approval to publish final materials

1. Situation

To provide the Scottish Health Council Committee with an update on progress with the testing and development of the Quality Framework for Community Engagement and Participation, and seek approval for publication of the final materials.

2. Background

The draft Quality Framework for Community Engagement and Participation was published in September 2021. This report provides an overview of recent testing, feedback and next steps in advance of the planned publication of the Quality Framework for Community Engagement and Participation in 2023.

3. Assessment

Assessment considerations

Quality/ Care	Advice on Service Change is a legislative requirement.
Resource Implications	There are no financial implications for HIS-CE in the Reporting of Service Change Team activity in relation to the development of the Quality Framework.
	The learning needs analysis identified some additional awareness raising for HIS-CE colleagues prior to the Quality Framework being rolled out.
Risk Management	The Quality Framework is not currently on the Risk Register however this should be considered given the alignment with the revised version of Planning With People.

Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board’s Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been presented to the following: <ul style="list-style-type: none"> • Presented to SHC Sub Committee, 20 October 2022. • Presented to SHC Sub Committee, 26 January 2023.

National Guidance – Planning With People

The Planning With People guidance is currently under review by Scottish Government and COSLA. Healthcare Improvement Scotland has submitted further feedback on the draft version of the updated guidance during December 2022 – February 2023 including a meeting with Craig White, Directorate of Healthcare Quality Improvement at Scottish Government. The updated guidance, as with the version published in 2021, refers to the alignment of the Quality Framework to the Planning With People guidance and how it can be used to identify and support improvement in community engagement practice, as well as identify and share good practice.

The current timescale for the publication of the updated Planning With People guidance is March 2023. It is not anticipated that fundamental changes to the Quality Framework materials will be required as a result of the final version of the updated guidance and the plan is to synchronise publication timescales.

External testing

The development of the Quality Framework was supported by a small external group of partners from NHS Boards and Integration Joint Boards who provided helpful feedback on the development of materials, with feedback being incorporated into the revised versions.

The approach to the self-evaluation was tested with NHS Boards and Health and Social Care Partnerships and is designed to be flexible. One NHS Board and three Health and Social Care Partnership have taken part in the testing between May and December 2022. A Service Change Advisor worked with the Engagement Programme Managers and Engagement Officers to provide advice to the test sites with the planning of their approach to the self-evaluation, briefing participants and, if required, the facilitation of the consensus and improvement planning sessions.

HIS-CE also held meetings (via Microsoft Teams) at regular intervals to allow the test sites to share their approaches and learning. This also provided an opportunity for us to gather ongoing feedback. The test sites that had to drop out of the testing due to capacity issues also attended these meetings, when available, and have reported the discussions will be useful when planning their use of the framework.

Testing was completed in December 2022.

Feedback

The Service Change Team gathered feedback from the test site leads and people who participated in the self-evaluation and improvement process via Microsoft Forms and ad hoc feedback after meetings. The feedback focused on:

- Language - how to make the self-evaluation statements more accessible to a wider group of people less familiar with the related guidance and statutory duties.
- Layout of the tool - include more comment boxes so people completing the self-evaluation can explain their answers.
- Clarity on who should be involved in the self-evaluation and improvement planning processes, and
- Clarity that the framework and self-evaluation tool can be adapted for use at service level.

Other feedback related to some 'tips and hints' about the process that people felt may be useful for other people to consider:

- Preparation - consider holding meetings for staff less familiar with the current guidance and statutory duties related to engagement.
- Timing - avoid busy periods and holidays as the test sites found people's availability was limited to attend all the meetings.
- Group work - test sites found it useful for groups to come together to complete the tool to discuss how they could evidence their activity.
- Consensus and Improvement sessions - test sites found these could be combined and were useful for networking, and
- Make use of Microsoft Teams and email to develop the details of the improvement plans.

Feedback and tips have been incorporated into the Framework materials. Resources include, guides for organisations and communication tools which have been developed alongside presentations, frequently asked questions and a draft animation.

Internal activity

The internal work defines what HIS-CE's role is in supporting the Quality Framework, and any associated areas of activity for NHS Boards and Integration Joint Boards to support improvement.

A staff learning needs assessment carried out in October 2022 indicated some potential areas for staff training, for example facilitations skills, and interest in holding further staff sessions ahead of the launch of the framework.

A staff guide, frequently asked questions, and a series of presentations were updated to include feedback from the testing to assist staff to support the use of the Framework.

The internal delivery group developed materials for three Community Engagement staff sessions held in January 2023. The sessions provided an update on progress with testing, opportunity for staff to improve their understanding of the self-evaluation process, identify

how to address learning needs, and discuss how the directorate can support organisations with their improvement plans. Every member of HIS-CE staff in the directorate attended one of the three sessions.

Next steps

The updated documents were shared with colleagues in the Care Inspectorate on 10 February 2023, as the self-evaluation tool is co-badged to enable them to consider if they wish to continue with co-badging the final version.

We will work with colleagues in the HIS communications team to finalise the plans for the launch at a national and local level. There are plans for the development of some key national messaging and further development of existing communication materials for Community Engagement staff to use locally.

There are also plans for a development session with the Engagement Practitioner Network in quarter 2 of 2023, on both the Quality Framework and the updated Planning with People guidance. We have asked colleagues from the test sites to share their experiences at this session.

Finally, work has commenced to establish how the Quality Framework might support HIS wide reporting to the Governance for Engagement sub-committee with an intention to complete this work in the summer of 2023.

4 Recommendation

The Committee is asked to:

- Note the contents of this report.
- Approve the publication of the Quality Framework for Community Engagement and Participation in line with the planned publication of Planning With People in March 2023.

5 Appendices and links to additional information

- Direct feedback from partners

North Ayrshire Health and Social Care Partnership

“In North Ayrshire we have used the HIS Framework for Community Engagement and Participation to support our Community Mental Health Team to think about their current approach to engagement within the service. We asked staff to take part in a self-evaluation to establish a baseline and then facilitated two sessions with the team to establish areas for development and an associated action plan.

We’ve learned a lot from use the framework and the Partnership will look at implementing this approach across other service areas in order to create consistency in our approach to engagement.”

East Renfrewshire Health and Social Care Partnership

"The HIS Framework for Community Engagement and Participation was the perfect tool for us to use as a Participation and Engagement Network. It really helped us to identify our future shared outcomes and the steps to take to improve on engagement within East Renfrewshire.

As a Network we used the evaluation tool in smaller group and individual sessions. This told us what we do well and how we know this. We used this baseline to invite our wider partners to help us develop a fuller action plan and have now set up sub groups to work collaboratively on this.

Using the framework helped us identify our shared direction and have a more established presence".

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	2 March 2023
Title:	Community Engagement Directorate strategy
Agenda item:	3.3
Responsible Executive/Non-Executive:	Clare Morrison Director of Community Engagement
Report Author:	Clare Morrison Director of Community Engagement
Purpose of paper:	Discussion and approval

1. Situation

This paper provides an update to the Scottish Health Council Committee (SHCC) about the development of a new strategy for the HIS-Community Engagement Directorate.

2. Background

The new Director's initial priority is to set a clear future direction for the directorate's work and structure. Previous work had shown there continue to be diverse views on what the directorate's activities should include and a lack of consistency in the current approach across the directorate. It is hoped that a clear strategic direction will help to resolve this. In addition, there is an urgent need to move on from the ongoing interim staff structure which has led to a prolonged period of uncertainty with resulting negative impact. The first step in developing a new structure is to define a vision which sets out the work of the directorate, following which a structure to deliver the work can be developed.

3. Assessment

The purpose of the strategic vision is to set out a clear, high-level vision of our future. It is deliberately not about detail but about setting our direction of travel in a concise one-page document. Detail will follow once the direction has been agreed.

The draft vision was developed through the following process:

1. Information was gathered from a number of sources:
 - "Must/should/could/stop" quadrant documents completed by the whole Directorate in November/December 2022

- SBAR documents about the work of the four national teams within the directorate
 - Documents produced in 2018 as part of previous organisational change of the directorate
 - Individual conversations with contacts in NHS Board, Scottish Government and internally within HIS
2. It was decided to draft the vision to describe how HIS-Community Engagement delivers its contribution to the new HIS strategy 2023-27. Three themes were identified: evidence for engagement, improving engagement and assurance of engagement.
 3. A Directorate Management Team (DMT) workshop along with Partnership Forum representatives took place on 2 February which comprised:
 - Reviewing and reflecting on information gathered to date
 - Understanding and theming key priorities from this information
 - Creating the vision together: an aim statement (one sentence), areas of activity to deliver the vision and specific actions.
 4. A first draft of the vision was shared with all staff in the directorate on 8 February. Feedback was sought both via line management routes and through the Director attending team meetings to hear feedback directly.
 5. The DMT met again on 15 February to reflect on the feedback. Overall, the feedback was very positive, particularly about the clarity of the vision, and around 20% of comments suggested improvements and requests for clarification on how the vision will be delivered. All comments were considered and a number of improvements were made.
 6. A second draft was circulated with directorate staff on 17 February and is attached in Appendix 1. This will also be shared with the HIS Executive Team and One Team Programme.
 7. Following comments from the SHC Committee, Executive Team, One Team Programme and directorate staff, a final draft will be produced for wider engagement.
 8. The vision will then be finalised for both internal and external use.

Assessment considerations

Quality / Care	A clear strategic vision will enable the directorate to maximise its impact to support and assure the health and care system to engage meaningfully with people in the development and delivery of services. Meaningful engagement leads to higher quality, more person-centred services.
Resource Implications	Delivery of the new strategic vision, business plan and staffing structure must be within the budget allocation for 2023/24. This is being considered as the work progresses.

Risk Management	There are people and financial risks in the development of the new strategic vision and working processes: this will be considered extensively in planning the detail of how the vision can be delivered.
Equality and Diversity, including health inequalities	The vision takes into account the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Committee Members, HIS and wider stakeholders.

4 Recommendation

The Committee is asked to:

- Consider the draft strategic vision and provide feedback.

5 Appendices and links to additional information

- Appendix 1: Draft strategic vision

Our strategic vision for 2023-2028

Our aim is:

We will enable inclusive engagement of people and communities in health and care services through evidence, improvement and assurance.

Meaningful engagement matters because it leads to services which are person-centred, high quality, safe, and meet the community's needs.



We will achieve our aim by:

1. Creating and sharing evidence around engagement
2. Using knowledge and expertise to improve engagement
3. Providing assurance that people are involved in shaping services

1. Evidence: we will create and share evidence around engagement

- We will be the go-to place for evidence we create *from* engagement, and *about* how to engage effectively.
- We will play a crucial role in national health and care transformation and policy development by creating relevant, timely evidence.
- We will support people, communities and the public to have their say in health care.
- We will gather engagement evidence locally, nationally and internationally.
- We will have a coherent, proactive plan for creating evidence which prioritises national needs.

Approaches we will use to create and share evidence include providing: Gathering Views, Citizens' Panels, research, case studies, service change reports, guidance, toolkits and workshops.

2. Improvement: we will use knowledge and expertise to improve engagement

- We will create a learning system that supports stakeholders and our team to learn, develop, improve and spread best practice in engagement. This includes applying learning from our work, and testing innovation.
- We will have excellent partnership working and communication that underpins sharing knowledge.
- We will be forward-thinking and ambitious in our approach, continually improving to develop our expertise.

Approaches we will use to improve engagement include: using our Quality Framework, leading communities of practice, celebrating success, providing training, having a culture that values and supports people, and reducing unwarranted variation. Our learning system will include providing expertise on: equality, diversity & human rights, person centred care and What Matters to You. It will help embed volunteering and public involvement.

3. Assurance: we will provide assurance that people are involved in shaping services

- We will fulfill our statutory role to support, ensure and monitor NHS boards' duty of public involvement.
- We will provide strategic support and governance on engagement to our partners across health and care.
- We will take a clear, consistent approach to our work across Scotland, including planning and prioritising our work and resources. We will assure the approach HIS takes to engagement, equality and diversity.

Approaches we will use to assure engagement include: supporting development and review of engagement strategies, advising on service change, supporting use of the Quality Framework, supporting use of equality impact assessments, and having a clear strategic vision and operational plan with outcome measures.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	02 March 2023
Title:	Engaging people in the work of HIS
Agenda item:	3.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement & Equalities Policy
Purpose of paper:	Awareness

1. Situation

To share with the Committee progress on work-streams within the Engaging People programme. This paper focuses on the fourth and final workstream – establishing the need for changes to the Public Involvement Team to increase its impact within Healthcare Improvement Scotland (HIS).

The difference between the Public Involvement Team’s purpose and the overall purpose of the Community Engagement Directorate (HIS-CE), is not clearly understood by colleagues either within the directorate or across HIS. This is evident through both direct feedback and the way support is requested.

In the context of increasing inequalities due to the current economic, political and social landscape, and the extension of HIS-CE’s interim structure up to 30 September 2023, this is a timely opportunity to consider how equality, inclusion and human rights work is managed and where it is positioned i.e. within HIS-CE and the wider HIS. It is critically important to use our resources to best effect, supporting and advising colleagues to help ensure our work delivers better care and reduced health inequalities.

2. Background

2.1 Changing landscape

While public sector resources are squeezed, the equality and rights landscape is changing. The Scottish Government has recently carried out a review of the Public Sector Equality Duty with a view to strengthening its operation in Scotland. A process is currently underway towards incorporating the United Nations Convention on the Rights of the Child (UNCRC) into Scottish Law; while the Scottish Government has also proposed a new Human Rights Bill which would see the United Nations International Covenant on Economic, Social and Cultural Rights, as well as three treaties on race (CERD), women (CEDAW) and disability (CRPD) incorporated into law. The Bill is proposed to additionally include environmental rights, rights for older people, and provision for LGBTI people. Alongside this, inequalities for all groups deepened throughout the COVID-19 pandemic. This has led to renewed focus across the public sector on addressing inequality and strengthening rights, a focus reflected in the draft HIS strategy for 2023-2027.

2.2 The Public Involvement Team

The team consists of a Public Partnership Co-ordinator (0.6wte), an Equality & Diversity Advisor (1.0wte) and a Public Involvement Advisor (1.0wte), and works centrally within HIS-CE providing advice and support to the whole of HIS around inclusive, rights-based engagement and good practice in meeting the organisation's equality duties. The team facilitates cross-organisational activity and training in relation to equality and diversity, children's rights and corporate parenting. It seeks to ensure work across HIS benefits from the perspectives of citizens, including those from marginalised communities. The team hosts the majority of HIS' volunteers (Public Partners), who add distinct value to a range of work programmes and initiatives across the organisation.

Below is a list of the work currently undertaken by the team:

- Advice and support
- Legal reporting duties
- Cross-organisational working groups
- Equality policy and governance
- Equality and diversity training
- Equality, diversity and human rights guidance and improvement
- Facilitation of staff equality networks
- Volunteering (Public Partner) support

2.3 Trends and gaps

Currently, equality and diversity resource is driven by demand for advice and support and facilitation / support of the staff equality networks. Development work has received a competitive share, but not at the sustained capacity necessary to readily demonstrate impact.

Training currently receives the smallest proportion of resource as this is delivered 'off the shelf' (although reviewed and updated via staff feedback after each delivery) once each quarter. There is substantial development potential around strengthening the training offer, including building the capacity of known 'equality champions' within the organisation who participate in working groups and staff equality networks.

3. Assessment

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. All aspects of the Engaging People work-stream seek to advance this ambition.
Resource Implications	Any financial impact is reported as part of ongoing financial management and reporting arrangements. 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. This includes supporting our workforce in its understanding and enthusiasm for diversity, and fully reflecting this in their work.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis.
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 are carried out on specific aspects of our work to ensure an inclusive approach and mitigate against potential adverse impacts for any population group.
Communication, involvement, engagement and consultation	The Committee has received update reports previously on the Engaging People work programme. The focus on equality and other impact assessments, and increasing the diversity of people involved in our work through volunteering has come from our Equality Outcomes, and the ability to focus available resources to progress the work post-pandemic.

- 3.1 HIS-CE's interim structure has been extended up to 30 September 2023. This provides sufficient time for the new Director of Community Engagement and the Directorate Management Team to consider changes with Partnership Forum

representatives to the directorate, including roles, responsibilities and structure. Engagement and consultation will be with directly-affected staff.

- 3.2 This change package will include steps on how best to configure and resource the Public Involvement Team in the context of the themes outlined in this paper, including a changing equalities policy landscape, and the increasing need for HIS to help address issues of health inequality.

4. Recommendation

The Committee is asked to:

- Note the content of this paper; and
- Offer any comments or suggestions with respect to the information provided.

5. Appendix

No items.