

Scottish Health Council Meeting

Thu 30 November 2023, 10:00 - 12:30

Via Teams

Agenda

10:00 - 10:15 **1. OPENING BUSINESS**

15 min

1.1. Welcome, Introduction and apologies

10.00-10.05 *Chair*

Verbal

1.2. Draft Minutes of Meeting (24/08/2023)

10.05-10.10 *Chair*

Paper

- 1.2 20230824 SHC- Meeting Minutes 0.2 (CM)(SD).pdf (12 pages)

1.3. Review of Action Point Register

10.10-10.15 *Chair*

Paper

- 1.3 20231130 - SHC meeting - Action Point Register.pdf (2 pages)
-

10:15 - 11:20 **2. SHC GOVERNANCE**

65 min

2.1. Business Planning Schedule 2023/24

10.15-10.20 *Chair*

Paper

- 2.1 20231130 -SHC- Business Planning Schedule 2023-24 (002).pdf (1 pages)

2.2. Director's Update

10.20-10.30 *Director - Clare Morrison*

Paper

- 2.2 20231130-SHC-Director's update 1.0.pdf (4 pages)

2.3. Risk Register

10.30-10.40 *Director - Clare Morrison*

Paper

- 2.3 20230811-SHC-Risk Register cover paper.pdf (2 pages)
- 2.3 Appendix 1 20231130- SHC -Risk Register.pdf (1 pages)

2.4. Operational Plan Progress Report

10.40-10.50 *Operations Manager -Richard Kennedy McCrea*

Paper

- 2.4 20231130-SHC-2023-24 Q2 update - Cover paper.pdf (3 pages)
- 2.4 Appendix1- SHC - 2023-24 Q2 update.pdf (7 pages)

2.5. Corporate Parenting Action Plan /Report

10.50-11.00 *Pubic Involvement Advisor-Chris Third*

Paper

- 2.5 20231120 - SHC -Corporate Parenting update.pdf (2 pages)
- 2.5 Appendix 2 20231120 - SHC -Corporate Parenting update.pdf (14 pages)

2.6. New Annual Planning Process update

11.00-11.10 *Director of Finance, Planning & Governance/Head of Planning, Governance & Finance Angela Moodie & Jane Illingworth*

Paper

- 2.6 20231130 -SHC-Annual Planning Process Update.pdf (5 pages)

2.6.1.

11.10-11.20

Comfort Break

11:20 - 12:10 3. STRATEGIC BUSINESS

50 min

3.1. Evidence Programme overview

11.20-11.35 *Acting Head of Engagement Programmes-Claire Curtis*

Paper

- 3.1 20231130- SHC - Evidence for Engagement overview v0.2.pdf (4 pages)

3.2. Improvement Programme overview

11.35-11.50 *Associate Director-Tony McGowan*

Paper

- 3.2 20231120 - SHC - Improvement Programme overview CM.pdf (4 pages)

3.3. Assurance Programme overview

11.50-12.00 *Engagement Programme Manager -Derek Blues*

- 3.3 20231130- SHC- Assurance For Engagement update.pdf (6 pages)

3.4. Assurance of Equalities, Inclusion and Human Rights duties and programme

12.00-12.10 *Equalities & Diversity Advisor-Rosie Tyler-Greig*

Paper

- 3.4 20231120 - SHC- Assurance of Equality Inclusion Human Rights Duties.pdf (4 pages)
- 3.4 Appendix 1 20231120-SHC- Quick guide for Healthcare Improvement Scotland staff managers supporting colleagues affected by GBV.pdf (2 pages)
- 3.4 Appendix 2 20231120 - SHC - Human Rights Bill for Scotland.pdf (17 pages)
- 3.4 Appendix3 20231120 - SHC - Modern Slavery Statement.pdf (3 pages)

12:10 - 12:15 4. RESERVED BUSINESS

5 min

4.1. Service Change Sub-Committee Draft Minutes of Meeting 26/10/2023

12.10-12.15 *Engagement Programme Manager -Derek Blues*

Papers

4.1 20231026 Service Change Sub-committee Minutes v0.4.pdf (5 pages)

12:15 - 12:20 5. ADDITIONAL ITEMS of GOVERNANCE 5 min

5.1. Key Points for HIS Board

12.15-12.20 *Chair*

12:20 - 12:30 6. CLOSING BUSINESS 10 min

6.1. AOB

12.20-12.30 *All*

12:30 - 12:30 7. DATE OF NEXT MEETING 0 min

29 February 2024

Via MS Teams

SHC MINUTES – v0.2

Meeting of the Scottish Health Council

Date: 24/08/2023
Time: 10:00am-12.30pm
Venue: Via MS Teams

Present

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

In Attendance

Clare Morrison, Director of Community Engagement & System Redesign (CM)
Tony McGowan, Head of Engagement & Equalities Policy (TM)
Claire Curtis, Acting Head of Engagement Programmes (CC)
Richard Kennedy McCrea, Operations Manager (RKM)
Christine Johnstone, Engagement Programme Manager (EPM), (CJ)
Wendy McDougall, EPM (WM)
Janice Malone, Programme Manager (Volunteering) (JMaL) (Item 3.4)
Ann Gow, Directorate of Nursing and Systems Improvement

Apologies

Derek Blues, EPM (DBI)

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair’s Welcome, Introductions and Apologies	
	<p>The Chair (SD) welcomed everyone to the meeting and noted that Ann Gow, Director of Nursing and Systems Improvement, had joined the meeting to observe.</p> <p>It was also noted that this was the final meeting for three members of the Scottish Health Council, (SHC) Alison Cox, Elizabeth</p>	

	<p>Cuthbertson and Simon Bradstreet.</p> <p>The following updates were provided to the SHC</p> <ul style="list-style-type: none"> a) The recruitment to replace the outgoing members was progressing and advised that interviews will take place on 6 September 2023. b) Preparation for the SHC development day on 16 November 2023 was underway. c) Highlights were provided from meetings SD had attended since last meeting, including Board Chairs and Cabinet Secretary update, which included a deep dive on mental health and substance abuse. <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	The draft minutes of the SHC meeting, held on 25/05/2023, were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising.	
1.3	Review of Action Point Register	
	<p>The SHC reviewed the Action Point Register with updates being provided for each action point.</p> <p>17/11/2023 Items 2.5/3.3 Engaging People in the work of HIS To provide assurance to the SHC it was advised that there will be a refocus in the non-executive training and corporate parenting to ensure there are available options to coincide with the induction of the new SHC members in the Autumn. It was also confirmed that the Corporate Parenting Module was now available for completion.</p> <p>The SHC noted the content of the Action point Register.</p>	
2.	SHC GOVERNANCE	
2.1	Business Planning Schedule	
	<p>The Business Planning Schedule (BPS) for 2023/24 was presented for comment and noting.</p> <p>SD provided the rationale for the changes that had been made to the BPS.</p> <p>The following point was raised:</p> <ul style="list-style-type: none"> a) What impact will the merger of the Transformational Redesign Unit of the iHub (TRU) into the Community Engagement Directorate have on the SHC? 	

	<p>In response to the point raised the following assurance was provided to the SHC.</p> <ul style="list-style-type: none"> a) Noted there was a need to understand where the new elements fit and whether they continue to fit in other governance structures. b) It was also noted that the current governance measures for both sides of the directorate have to stay in place for now as there is still a need to fully understand the work. Further assurance will be provided at next meeting. <p>The Council members were comfortable with the changes made and noted the Business Planning Schedule.</p>	
<p>2.2</p>	<p>Director's Update</p>	
	<p>CM provided a paper about the work undertaken by the Director and the Directorate Leadership Team (DLT) in the past quarter which focused on the directorate's Organisational change.</p> <p>The following points were highlighted for discussion and approval;</p> <ul style="list-style-type: none"> a) Advised that the 12 week consultation process was now complete and provided assurance noting that the Organisational Change Report (the Report) was checked independently, endorsed by the HIS Governance Committee Chairs Group and then shared with the directorate. b) Noted the different methods of how feedback was received including 1:1s, Teams, e-mail and a weekly Q & As, with the answers provided in the Director's weekly update. c) Staff response to the Report was positive with a caveat re local presence. It was highlighted that the structure had now changed based on the feedback to ensure recruitment across Scotland. d) Advised that they are now in the final stages of Agenda for Change (AfC) and working through the appeals process for some of the Job Descriptions bandings. e) Highlighted that the next step would be matching colleagues to roles and dependent on the resolution of the AfC appeals it is hoped that this will be in the next week. <p>SD expressed her thanks to CM for the quality of the Report and noted her delight with the level of response from staff.</p> <p>Thanks was also extended to Lynda Nicholson, Head of Corporate Development who scrutinized all the feedback to ensure it had been accurately reflected in the Report.</p> <p>The SHC thanked CM for providing the update and raised the following points and feedback ;</p> <ul style="list-style-type: none"> a) The Report was readable, comprehensive and balanced. b) UNISON response (appendix 4) contains criticism but now feels it has been addressed. Have unions been appeased? c) Pleased the issues raised by staff have been addressed. Where would the extra funding for the Social Research 	

	<p>Team come from?</p> <ul style="list-style-type: none"> d) How will recruiting to a part-time post, then making it fulltime, work? Is there a sum of money that would allow that? e) Concern about the culture? f) The high engagement shows people care. Is there an unintended learning from this process? g) Change to separate out the Associate Director role makes sense. h) Income generation: what is the implication if this does not happen? i) How do you keep an eye on ensuring staff don't get pulled into local based work as opposed to national? j) Some bandings are lower than anticipated, will there be some modelling on affordability? k) Has anything been done to support the leadership level? <p>In response to the feedback and points raised the following assurance was provided;</p> <ul style="list-style-type: none"> a) On Union response – hopeful we have appeased their concerns and hopeful that being able to see the full report was helpful for them. We believe we have moved forward with nothing outstanding. b) Social Research Analyst P/T to F/T funding –we are looking at opportunities where we can explore, not just Scottish Government (SG) funding but also from other sources. Also thinking about research grant opportunities. c) Culture concerns – bullying, nothing further was raised when an email from the Director was sent. d) Huge learnings will be taken from the two organisational changes that have taken place. e) Local/National relationships, each region will have a Strategic Engagement Lead to monitor the relationships. Each programme will have Project Officers recruited from each region. f) AfC banding –currently working through appeal process. g) Support for managers – Training has been arranged for managers. <p>The Council members felt assured and approved the Director's update.</p>	
2.3	Risk Register	
	<p>CM provided an update on the Risk Register and noted the following;</p> <p>Risk 1163 Service Change- Still concerns on service change but clear plans are in place for this.</p> <p>Risk 1239 – Noted that the wording on organisational change has now been aligned to the overall HIS organisational change risk and progress is being made to further reduce this risk.</p> <p>The SHC noted the Risk Register</p>	

2.4	Operational Plan Progress Report	
	<p>The Operations Manager RKM provided an update on the Directorate's progress carried out during Quarter 1 of 2023-24</p> <p>The following three topics were highlighted to the SHC for assurance and discussion.</p> <ul style="list-style-type: none"> a) Building Capacity- Examples were provided of positive feedback from NHS 24 Strategy on the usefulness and helpfulness the support had been from the directorate's staff in creating space for engagement. Feedback was also received from NHS Tayside for the support on some <i>What Matters to You</i> (WMTY) work and a discharge pilot. Also mentioned was the volunteering work to create modules to support volunteers. b) Raising awareness- Highlighted the monthly webinar programme continued to strengthen and advised this will be a focus for the new structure to enable a new two way learning process in the future. c) Increasing Diversity and inclusion- Provided assurance to the SHC with the rationale for the drop in engagement activity which was due to the phasing of activity: a lot of engagement had happened in the previous quarter and then the analysis and report writing of this engagement work had been taking place in the current quarter. <p>The Council members thanked RKM for providing the update and agreed that seeing the annual overview was beneficial and would help when compiling the SHC annual report.</p>	
3.0	STRATEGIC BUSINESS	
3.1/3.2	Evidence Programme overview / Evidence from engagement activities	
	<p>It was suggested to the SHC that both items 3.1/3.2 would be combined for this meeting with WM providing an update on the current activity and CC providing a brief overview of the current forward plans for the Evidence from Engagement programme.</p> <p>Both papers were provided for awareness and discussion.</p> <p>The following points were highlighted;</p> <ul style="list-style-type: none"> a) Gathering Views- Waiting Times Guidance, it was advised that work has now been completed and the report is in the final stages of production. The report is due to be published on 30th August. b) Implanted Medical Devices – It was noted that the directorate is currently supporting the Scottish Government (SG) with a Gathering Views exercise to strengthen its policy insight into patient experiences of receiving an implantable medical device. It was noted that a number of tests of change for this project were tried. An example was provided of live analysis of the demographics of the population recruited during this engagement which enabled the team to target the correct people to fill demographic 	

gaps. It was highlighted that 60 interviews were completed across Scotland and the analysis will be carried out from mid-September to mid-October with the final publication being scheduled for November 2023.

- c) “Engaging with” resources- Noted that “Engaging with” resources are being developed to provide guidance for practitioners. Advised that the intention of this is to develop credible, reliable information that can be accessed by the practitioners to help strengthen their engagement approaches. Once the system is live, feedback will be sought from practitioners and staff.
- d) Developing our reputation in providing evidence about how to engage- it was highlighted that the first part of this work will be the research in Citizens’ Panel 13, and will build on our “Engaging with” content.
- e) Building evidence for engagement- it was noted the directorate is exploring opportunities to expand our activity, including potential income generation. It was advised that the directorate is currently funded by Scottish Government for two Citizens’ Panels per year and will explore the potential to expand this through additional resource.
- f) Creating a proactive plan to expand our evidence work which prioritises national needs.

After providing the update, it was asked if the SHC could share their perspectives on the potential income generation, noting that this was not about commercialisation.

The SHC thanked both CC and WM for providing the updates and found the live example helpful.

The following points were raised,

- a) On income generation, it is important when costing to remember that both staff time and staff development should be built into this.
- b) What is the shortfall and what would be the approach to generating income? Is it being proactive or reactive and who would be providing the funding?
- c) A strategic overview is needed and whether some of the future work can support HIS’s wider work on safety in the system and identifying views on this.
- d) Important part of this is sharing best practice and make it for public use and get funding this way. There may be opportunities for this in good quality engagement and evaluation process.
- e) Are there governance implications for this?

After discussion on the opportunities for funding it was agreed that CM and the new Head of Evidence (once appointed) would get in touch with Simon Bradstreet (SB) on how to progress this in terms of good quality engagement and evaluation process. The meeting was provided with the following assurances

- a) There should not be any governance implications with SG expanding the Citizens’ Panel, as long as this is based on

	<p>improving engagement for the public good. SG have agreed to check this and confirm this is the case.</p> <ul style="list-style-type: none"> b) On income generation – it was noted that this is something that is already being looked at within the new structure, increasing resource in the Social Research team. c) This would be proactive based on the development of the directorate’s vision. <p>Action – CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process.</p>	
3.3	Improvement Programme overview	
	<p>A paper was presented to the SHC for awareness and discussion with the following highlights being provided;</p> <ul style="list-style-type: none"> a) People experience volunteers (PEV) –there is a move to seek to reset the PEV from Autumn onwards, with the aim to take the concept back to its original principals which was to develop regional opinion panels for topics of interest to Healthcare Improvement Scotland (HIS) including cross directorate work programmes. b) Children and Young people- noted that a corporate e-learning module is now compulsory for all HIS colleagues. c) HIS staff equality networks- advised that NHS Chief Executives are likely to be given a specific anti-racism objective. It was highlighted that the Race and Ethnicity Network would have the opportunity to influence this for HIS. d) Equality Impact Assessment (EQIA) - noted that there was a 15% improvement on baseline for Q1 for all external facing programmes, with work still required for internal facing policy and procedure development. Highlighted that the adoption of the Quality Framework should help with this going forward. <p>A question was asked around the Governance for Engagement process and if it had an impact on the 15% EQIA increase.</p> <p>It was advised that based on anecdotal feedback from the directorates TMG was confident that this has been a factor to the increase.</p> <p>The SHC thanked TMG for the overview with no further questions.</p>	
3.4	Volunteering in NHS Scotland	

A paper was presented to the SHC for discussion and comment.

The following points were highlighted;

- a) Volunteering Information System (VIS) replacement- advised by a verbal confirmation from SG that this will be funded. A business case for this has been prepared with a request of funding for 3 years, this will be submitted to SG on Monday 28 August 2023.
- b) The publication of the Best Practice Guide for Volunteering in NHS Scotland is nearing completion. Feedback from various stakeholders has been considered and added to the report which will be published on September.
- c) Various reports have been published including the Annual Survey of the volunteering practitioners' network which provides feedback on the value of the support offered. This feedback also helps to build the volunteering programme for the following year. It was noted that the engagement levels for this report were low with only 21% of members engaging in the survey. After a review was completed on the engagement from other reports/surveys, some improvement work will be set up to help increase the engagement in the future.

The SHC thanked JMaI for providing a comprehensive update and raised the following points;

- a) Is there a policy for ensuring that volunteers don't replace paid roles?
- b) Applauded the work taken to ensure that there is a minimum standard that volunteers across NHS Scotland get paid travel expenses and noted that NHS Boards to have a budget to volunteer services.
- c) Anxious that there is only a verbal assurance for the new VIS. Keen to hear when there is something more tangible from SG.
- d) Also interested to see if there will be any investment in the continuation or expansion of the Tayside Pilot work.
- e) Are we aware why not all NHS Health boards use the induction training course for volunteers?
- f) To increase the engagement what sort of improvement work do you have planned?

In response to the points raised, the following assurance was provided;

- a) Ensuring Volunteers are not replacing paid NHS staff - noted that Volunteer Scotland have refreshed and republished their Charter to ensure that Volunteers are not replacing staff roles or exploiting volunteers. They are currently looking at ways for this to be shared with the NHS Boards, which is a real priority.
- b) Induction training – advised that not all boards use this and some prefer to use their own.
- c) On improvement project to increase engagement- work is

	<p>just at the early stages with the first step to do a deep dive to establish the people within the network. There are plans to do 1:1 conversations with as many people within the timeframe to establish if what is planned meets the needs of the volunteers.</p>	
3.5	Assurance Programme overview	
	<p>A paper was presented to the SHC for awareness and discussion The following points were highlighted;</p> <ul style="list-style-type: none"> a) Service Change, support for Partners- Main focus is on the Quality Assurance of Ayrshire & Arran (SACT) which has been designated as a major service change (this is also referred to in paper 4.1) b) Strategic support for statutory duties – It was advised 10 NHS boards and two Health and Social Care Partnerships (HSCPs) had volunteered to be part of developing a new process for assuring service change that doesn't meet the major threshold. It was highlighted that the process is progressing well with the first of two meetings already taken place. After the second meeting takes place all the information will be drafted together to update the flow chart that was presented in the paper. It was highlighted that the people involved were in agreement that there was a need for a new process and are pleased to be involved in its development. It was noted that one of the Boards is actively testing the process as it's developed. <p>The SHC thanked CM and CC for the update and highlighted the following;</p> <ul style="list-style-type: none"> a) Noted that the development of this process is a huge step forward and getting to this point with the level of engagement from Boards and HSCPs is really encouraging. It was also noted that having a Board actively testing as it progresses is really helpful. <p>Thanks were extended to the Boards involved in the pilot.</p> <p>The SHC were supportive of the progress being made, with no further comments</p>	
3.6	Assurance of the engagement of people in the work of HIS	
	<p>A paper was presented to the SHC for discussion and decision. The following points on the Governance for Engagement report for Cycle 2 were highlighted;</p> <ul style="list-style-type: none"> a) There are continued differences between the engagement achieved by external and internal facing directorates. It was noted there had been an improvement in this since Cycle 1. 	

	<p>b) The increased use and application of EQIAs is a strong message that has come through for this cycle.</p> <p>c) Where Public Partners are being used they are demonstrating a positive impact.</p> <p>d) There is a key priority around logistical alignment between HIS governance processes to streamline evidence gathering and minimise duplication of effort.</p> <p>e) Focus for Q4 is testing of Quality Framework (QF) with three Directorates to ensure it is fit for this purpose.</p> <p>f) Noted that the report was shared with the HIS Executive Team (ET) for feedback.</p> <p>The SHC thanked TMG for the update and found the report really helpful</p> <p>The following feedback from the ET was shared with the SHC.</p> <p>a) Overall ET welcomed how supportive Cycle 2 felt and there was a plea to continue with that approach.</p> <p>b) ET agreed with the Q4 approach with the three directorates testing the QF.</p> <p>A question was raised from ET on whether the GfE report should be going to the Quality Performance Committee (QPC) for information?</p> <p>It was agreed that CM & SD will discuss this separately and feedback to the SHC</p> <p>The SHC were content to approve the paper.</p> <p>Action CM and SD to discuss whether the GfE report should be going to the Quality Performance Committee (QPC) for information and feedback outcome to SHC.</p>	SD/CM
3.7	Engagement across Scotland: maintaining and building local relationships	
	<p>A paper was presented to the SHC for awareness and discussion.</p> <p>The following points were highlighted;</p> <p>a) To provide assurance to the SHC, the paper provided an overview of the work the Engagement Programme Managers (EPM) had been involved in over the last year. It was highlighted that a lot of progress has been made in shifting the balance of relationships with colleagues and Boards and will help moving forward.</p> <p>b) The basis of the paper was also to highlight some of the challenges that the EPMs have had and note some of the gaps that will be required to work on.</p> <p>c) It was noted that this form of paper will be the responsibility of the incoming Strategic Engagement Leads when the new structure comes into place.</p> <p>The SHC thanked CJ for providing the summary and highlighted the importance of having the correct balance between the local</p>	

	<p>and national picture.</p> <ul style="list-style-type: none"> a) It was noted that the paper provides a lot of reassurance on what is happening, it was also noted that the movement in the North region and the planning around exit arrangements to a more strategic role is also reassuring for the SHC to hear. b) It was also noted the awareness of the challenges in building the relationships with some HSCPs. c) Excellent paper and good for sharing some of the learning to other areas. <p>The SHC welcomed the paper and gained assurance from it.</p>	
4.0	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>The draft minutes from the Service Change Sub-Committee on 27/07/2023 meeting were presented to the SHC for comment.</p> <p>Approval from the SHC was requested on the draft report on NHS Ayrshire and Arran's consultation on Systemic Anti-Cancer Therapy (SACT) services.</p> <p>The draft SACT report was approved by the SHC and the minutes from the Service Change Sub-Committee meeting on 27 July 2023 were noted with no further comment.</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, it was agreed the following three key points to be reported to the Board;</p> <ul style="list-style-type: none"> 1. Governance for Engagement 2. Volunteering 3. Organisational Change 	
6.0	CLOSING BUSINESS	
6.1	AOB	
	<p>On the agenda structure, SD would like to hear feedback on this. It was agreed that SD and CM would review this prior to the next meeting to ensure it is fit for purpose.</p> <p>After some reflection on the contribution of the three exiting SHC members had made over the years, SD expressed her thanks and gratitude to them all wishing them the best for the future.</p> <p>Action SD and CM to review the new agenda structure for next meeting.</p>	SD/CM
7.0	DATE of NEXT MEETING	
7.1	<p>The next Scottish Health Council meeting (Development day) will be held on: Thursday 18 Nov 2023</p>	

	Delta House Conference Room 1 10.30-15.30	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: Scottish Health Council
Date: 24/08/2023

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 24/08/2023 3.1/3.2	Evidence Programme overview / Evidence from engagement activities	CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process.	29/02/2024	CM/HOE	Ongoing- will progress once Head of Evidence in post.
Committee meeting 24/08/2023 3.6	Assurance of the engagement of people in the work of HIS	CM and SD to discuss whether the GfE report should be going to the Quality Performance Committee (QPC) for information and feedback outcome to SHC.	30/11/2023	CM/SD	Complete- report gone to QPC.
Committee meeting 24/08/2023 3.6	AOB	SD and CM to review the new agenda structure for next meeting.	30/11/2023	SD/CM	Complete- some adjustments made to improve timings.

Date: 17/11/2023

File Name: SHC Action register

Version:

Produced by: Susan Ferguson

Page: 1 of 2

Review Date:

Committee meeting 25/05/2023 2.4	Risk Register	CC to check the organisational risk and then update the risk 1239 as appropriate.	14/12/2023	CC	Ongoing -Revised draft risk updated for use once the final structure has been implemented.
---	---------------	---	------------	----	--

Date: 17/11/2023

File Name: SHC Action register

Version:

Produced by: Susan Ferguson

Page: 1 of 2

Review Date:

Committee meeting 25/05/2023 3.1	Focus on the new Vision – Evidence	CM to include the HIS-CE communications strategy in the SHC Development day.	16/11/2023	CM	Ongoing – to plan once new structure directorate leadership team is in place.
Committee meeting 17/11/2022 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	Ongoing – OD&L have agreed to ensure Council Members have full access to TURAS online training modules by end November 2023.
Committee meeting 17/11/2022 3.3	Corporate Parenting	CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above)	02/03/2023	CT/TMG	On-going – linked to 2.5
Committee meeting 17/11/2022 3.3	Corporate Parenting	CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a further paper to the Committee at a later date.	02/03/2023	CT/TMG	Update to be provided at Council meeting (30 November 2023).
Committee meeting 19/05/2022 3.2	Service change update including Action plan	DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities	02/03/2023	DBI	Ongoing – this will now form part of the actions following the meeting with SG on 10/05/23 to create a plan to raise awareness about the importance of engagement including the new processes in development

Date: 17/11/2023

File Name: SHC Action register

Version:

Produced by: Susan Ferguson

Page: 2 of 2

Review Date:

Scottish Health Council: Business Planning Schedule

Committee Business		Lead Officer	25.05.23	24.08.23	30.11.23	29.02.24	May 2024 tbc	Notes
STRATEGIC BUSINESS								
Evidence Programme overview	Head of Evidence for Engagement Programme							
Evidence from engagement activities	Programme Manager Evidence							
Evidence about how to engage	Programme Manager Evidence							
Development of Research Programme	Social Researchers							
Evidence strategy: ensuring our evidence is relevant & timely	Head of Evidence for Engagement Programme							
Evidence from engagement activities and evidence about how to engage	Strategic Engagement Leads							
Improvement Programme overview	Head of Improvement of Engagement Programme							
Developing our Learning System	Head of Improvement of Engagement Programme							
Innovation to improve engagement	Programme Manager Improvement							
Volunteering in NHS Scotland	Programme Manager Volunteering							
Sharing knowledge and communications	Programme Manager Improvement & Operations Manager							
Assurance Programme overview	Head of Assurance of Engagement Programme							
Assurance of NHS boards' duties on public involvement	Head of Assurance of Engagement Programme							
Assurance of the engagement of people in the work of HIS	Equality, Inclusion and Human Rights Manager							
Assurance of Equalities, Inclusion and Human Rights duties and programme	Equality, Inclusion and Human Rights Manager							
Quality framework	Programme Manager Assurance							
Strategic Engagement Engagement across Scotland:maintaining and building local relationships	Strategic Engagement Leads							
SHC GOVERNANCE								
Draft Annual Report 2023/24 & Committee Terms of Reference	Chair							
Director's 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	Pubic Involvement Advisor							
New Annual Planning Process Update	Director of Finance,Planning & Governance/Head of Planning,Finance& Governance							
Equality Mainstreaming Report Update	Equality and Diversity Advisor							
ADDITIONAL ITEMS OF GOVERNANCE								
Governance for Engagement Sub-Committee meeting notes	Head of Equalities and Policy							
Service Change Sub-Committee meeting notes	Engagement Programmes Manager							
CLOSING BUSINESS								
3 Key Points	Chair							
AOB								

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Director's Update
Agenda item:	2.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement & System Redesign
Report Author:	Clare Morrison, Director of Community Engagement & System Redesign
Purpose of paper:	Discussion and approval

1. Situation

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

2. Background

SHC approved a new strategic vision for the directorate and a proposed new directorate structure in March 2023. A 12-week organisational change consultation on the proposed new structure ran from April to July, and a final report was approved and published in August 2023.

In May 2023, SHC asked for the regular Director's report to focus on delivery of the strategic vision.

3. Assessment

3.1 Organisational change

The first step of delivering the new strategic vision is to re-structure the directorate so that it is aligned with delivery of the vision. Implementation of the new directorate structure has taken longer than anticipated due to difficulties in achieving the anticipated Agenda for Change banding for a number of posts within the new structure. The reason for this was that there was insufficient detail and real examples or specifics of how the jobs would be delivered for the Agenda for Change Panel to be confident in the higher banding anticipated.

Following a number of appeals, it was agreed that the best way forward was to use existing job descriptions that significantly overlapped with the new roles and specify the required level of “Knowledge and Skills”. This enables the structure to be filled with appointments at the anticipated banding on a permanent basis. It will then be followed by working with the appointed post-holders to review and develop job descriptions in 9-12 months with real examples of work undertaken in that period. These updates will then be submitted for Agenda for Change banding. The senior management team is confident there will be sufficient evidence to secure the anticipated banding levels within the new structure.

An all-staff huddle was held on 7 November to provide information on the agreed way forward and the dates for the next steps of filling the structure. For each band, existing substantive post holders will be slotted in or matched to a post, after which any remaining vacancies will be advertised within the Community Engagement ring fence for internal applications and then interviews held. It is anticipated this process will be completed by the end of January 2024.

Any vacancies remaining after internal to the ring fence candidates have been considered will then be advertised first within HIS and then externally. The aim is for the structure to be fully staffed within this financial year.

The delays to filling the structure did result in increased staff anxiety and apathy about the new structure. It is hoped that now a solution has been found and progress is being made that this understandable impact on staff morale and wellbeing can be improved. A sense of positivity about the direction set out in the Community Engagement vision remains.

3.2 Directorate wide activities

An all-directorate development day event is planned for 28 November. The original expectation was this would focus on the next steps of the new Community Engagement structure and workplan. However, this was changed following the realignment of directorates across HIS in August to deliver the HIS strategy and embed improvement throughout the organisation. With the formation of the larger Community Engagement and System Redesign directorate, it was decided to focus the directorate development day on:

- Bringing together the two separate teams (Community Engagement and the Transformational Redesign Unit of the iHub)
- Generating a shared understanding of the new directorate and shared values
- Creating a positive, welcoming culture with a focus on staff wellbeing
- Generating a positive focus for the future.

A brief verbal update of the day’s outcomes will be provided at the SHC meeting.

In addition to the development day, an assessment of learning and development needs across the whole directorate was completed over the past quarter. From this, the most frequent development needs were identified as: project management, leadership skills, equality & diversity

training, and trauma informed practice. The directorate is now working to develop training opportunities across these areas. In addition to this, individual development plans will continue to be developed particularly for people taking on new roles in the new structure.

3.3 Planned activities in the next quarter

Once new teams are in place within Community Engagement in January, planned activities are:

- Team development within the new programmes and regions, including continued commitment to learning and development
- Creating work plans in both the programmes and regions
- Developing the processes to support delivery of the work plans, including updating current processes, standard operating procedures and CRM
- Defining meetings and team working arrangements across the directorate
- Defining the reporting requirements and governance arrangements to provide assurance of the delivery of work. The SHC development day in November was useful to inform thinking in this area
- Early demonstrative work in each of the programmes
- Tests of change for new ways of working.

The new structure will ensure the directorate is operating effectively and efficiently, delivers the strategic aims of HIS, and maximises our impact within the allocated financial envelope.

In addition to this work within Community Engagement, further work is needed to bring together the Community Engagement & System Redesign directorate into a single entity, rather than working as two halves. Initial work began in November with the Directorate Leadership Team having early discussions about creating a combined vision for the whole directorate, building on the Community Engagement vision, iHub plans and HIS strategy. This work will involve engaging with all staff across the whole directorate in early 2024, as well as scoping work with stakeholders to ensure the value and relevance of our work.

Quality/ Care	Delivery of the Community Engagement 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. A delivery plan with defined outcome measures will be developed to support future governance oversight of progress with delivering the vision.
Resource Implications	The new Community Engagement structure is within the budget allocation for 2023/24.
	The organisational change process continues to be challenging for some staff. Support has been offered including individual

	discussions, team discussions, HR advice, support from Partnership Forum representatives, and support via the new Employee Assistance Programme. There are more WTE posts in the proposed structure than the current number of staff and the proposed structure also provides some opportunities for promotion.
Risk Management	There are people and workforce risks in the development of the new Community Engagement structure. This is reflected in the risk register.
Equality and Diversity, including health inequalities	The new new Community Engagement structure takes equality, diversity and inclusion into account, with a strengthened role in supporting equality and diversity within HIS.
Communication, involvement, engagement and consultation	There was extensive engagement on the development of the Community Engagement vision. The organisational change process is following the HIS policy and has involved discussion with all directorate staff, Partnership Forum and trade union representatives. Work is planned for the next quarter on the next steps of developing the new directorate vision.

4 Recommendation

SHC is asked to:

- Gain assurance around the directorate's work.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Risk Register
Agenda item:	2.3
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement & System Redesign
Report Author:	Clare Morrison, Director of Community Engagement & System Redesign
Purpose of paper:	Awareness

1. Situation

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

2. Background

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

Risk 1163 relates to service change.

Risk 1239 relates to workforce and strategy.

3. Assessment

Risk 1163 (service change) continues to sit at a rating of 16 (same as last report). This reflects concerns that there are gaps in the engagement activity undertaken by boards on service change due to system pressures in the health and care system, and that we are not fully informed of all ongoing service change. Work continues to be undertaken to mitigate this including: developing a new assurance process for all service change activity, discussions with Scottish Government about proportionate engagement on national service change decisions, and the planned introduction of the new Assurance of Engagement programme.

Risk 1239 (workforce and strategy) continues to sit at a rating of 12 (same as last report). It

describes the current risks with the lack of stakeholder awareness of our role and the risks associated with organisational change that was needed to address this. This risk mirrors the wording in the HIS-wide risk on organisational change which describes the risk on delivery of our strategic priorities, organisational performance and staff wellbeing. Work is ongoing to mitigate this risk with progress being made on the organisational change process after which external communication can take place.

Assessment considerations

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

4 Recommendation


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

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Risk Register Extract

Active Risks - Standard Report

Category	Project/Strategy	Risk No	Risk Status	Risk Manager	Risk Owner	Risk Director	Risk Description	Inherent Risk Level	Current Controls	Current Mitigation	Current Update	Last Updated	Last Updated Risk Score	Nov - 2023
	Change	1163	Active	Derek Blues	Clare Morrison	Clare Morrison	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.</p> <p>Development of Quality Framework for Engagement to support implementation of national guidance.</p> <p>Revised Planning with People published on 21 April 2023. Significant HIS-CE involvement in shaping the content of this publication.</p>	<p>The Scottish Health Council Service Change Sub-Committee continues to provide governance over the issue. The most recent meeting took place in July 2023. 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 has led to quarterly meetings 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 has been picked up by Engagement Programme Managers during the process of reconnecting with Boards and Partnerships in Q4 of 2022 and Q1 of 2023.</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 was undertaken prior to the publication of PWP on 21 April 2023.</p> <p>Engagement Programmes Managers continue to be the strategic contact for boards and partnerships and these contacts will be maintained in the new HIS CE structure.</p>	<p>The current 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 36 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. This work includes the development of a new assurance process for all service change activity. Work to develop the new assurance process is underway and 10 statutory health & care bodies (mostly NHS boards) met with us on 18 & 24 August as part of the development, and testing has begun with 1 partner. Scottish Government has recently released a document which is the output of a SLWG on national and regional planning. Comments on behalf of CE&SR directorate provided and shared at the national planning board on 4 September. Discussions with Scottish Government about meaningful and proportionate engagement on national changes made by SG are ongoing with a view to developing an expectations template that can be used by NHS Boards and HSCPs.</p>	03.11.2023	Very High - 16	Very High - 16 Impact - 4 Likelihood - 4
	Operational	Workforce Strategy	1239	Active	Claire Curtis	Claire Curtis	Clare Morrison	There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Creating a new vision and structure to address this has required organisational change which is a risk on delivery of our strategic priorities, our organisational performance and staff wellbeing, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS-CE.	Medium - 12	<p>CED Comms strategy.</p> <p>HIS Organisational change</p>	<p>Plans to refresh Comms strategy in April 2023. HIS Organisational change consultation completed by August 2023. Implementing new structure to commence in August 2023.</p>	<p>A strategic vision for HIS-Community Engagement was approved in March 2023. A 12 week consultation for a proposed new directorate structure took place in April-July 2023. A final organisational change report and final new structure was endorsed by the HIS Governance Chairs on 1 August 2023. The next stage is implementation: After some delay the process has now been agreed and advertising of posts is underway alongside final agreement on the matching process for all staff affected. It is hoped that this process will be completed by the end of January 2024.</p> <p>The impact of this change process on staff wellbeing remains a significant concern throughout this period and continues to be considered and discussed frequently. This will be followed by external communication with all our partners. Until then, the risks associated with an out of date structure and a lack of understanding of our role remain.</p>	08.11.2023	Medium - 12

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Operational Plan 2023-24: Progress Update Q2
Agenda item:	2.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report author:	Richard Kennedy-McCrea, Operations Manager
Purpose of paper:	Discussion

1. Situation

This paper provides the Council with an update on the Directorate's progress with our work outlined in the Operational Plan for 2023-24, particularly noting impacts from Quarter 2 (July to September 2023). The Committee is asked to discuss the contents of the paper.

2. Background

The Community Engagement directorate provides a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas as set out in its 2023-28 Strategy. Our Governance for Engagement approach helps to ensure engagement across the organisation is high-quality, proportionate and meets the needs of service providers and users. We also provide a wealth of advice and resources to the wider health and care system, in line with our vision of becoming the go-to place for engagement evidence, improvement and assurance.

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

- building capacity
- raising awareness
- increasing diversity and inclusion

3. Assessment

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

enthusiasm and willingness to respond to whatever is asked of them – especially in the midst of a protracted period of organisational change.

Our teams build capacity across the health and care system through tailored advice and support for service change, volunteer managers and generalist engagement practitioners. Feedback from professionals across the system demonstrates the value we add and has identified areas of further development in the coming year. The relationships we build with staff at all levels in the health and care system is an investment that leads to mutual trust, seen for instance when NHS boards proactively approach us to discuss upcoming service changes at an early stage.

As an improvement organisation we continually seek feedback so that we identify learning when approaches do not go as expected. A webinar in August received lower satisfaction scores compared to previous sessions and we were able to identify and implement immediate changes to the programme so that the subsequent webinar received the highest-ever scores.

Quarter 2 has seen a good example of how we are able to synthesise previously gathered intelligence from the public in order to inform new requests that come in. This improves efficiency, maximises our opportunities to influence policy at a national level, and anticipates the benefits of the learning system embedded within our new directorate structure.

Assessment considerations

<p>Quality/ Care</p>	<p>All of our work supports health and social care services to improve the quality of care they provide to the people of Scotland, with a particular focus on ensuring the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and the development and delivery of services.</p> <p>We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement.</p>
<p>Resource Implications</p>	<p>The resource implications for the directorate’s work programmes have been reflected in the budget for 2023-24.</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. Advance planning for the 2024-25 budget is already underway.</p> <p>Additional funding has been secured from Scottish Government to support Citizens’ Panels for 3 years from 2022-23, to replace</p>

	<p>the current Volunteer Information System, and to support promotion of What Matters to You?</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 to support individuals and teams during the organisational change period and as we form a new structure for the future.</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 Leadership Team.</p>
Equality and Diversity, including health inequalities	<p>The directorate has a specific role in supporting equality, diversity and inclusion within HIS.</p> <p>We maintain a central register of completed equality impact assessments relating to the work of the whole organisation, and completion of EQIAs is reported in quarterly Key Performance Indicators (KPIs).</p> <p>We have built in a requirement that external organisations that commission us to gather public views will have undertaken an EQIA beforehand so that we understand which communities will be most impacted by the work and can tailor our approach accordingly.</p>
Communication, involvement, engagement and consultation	<p>Consultation and engagement with a range of stakeholders continues to be our bread-and-butter. This includes patients, carers, families, community groups, third sector organisations, NHS boards, integration authorities and Scottish Government. We will review our internal approach to communications once the new directorate structure is in place so that we maximise the opportunities and reach for publicising our work.</p>

4 Recommendation

The Committee is asked to note and discuss the content of the 2023-24 Quarter 2 Update.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2023-24 Quarter 2 Update

Quarter 2 Update: July – September 2023

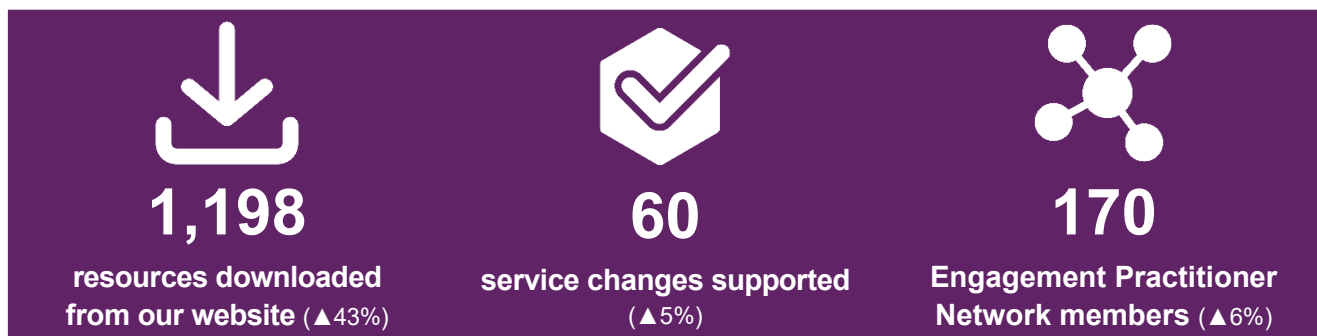
This progress report describes the impact of our work noted between July and September 2023. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

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

We recognise that impact takes time, particularly for medium- and long-term outcomes, and the differences described below can often be attributed to work carried out in previous months or years.

Building capacity

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



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

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 sharing a user journey mapping tool with NHS Shetland's MCN Co-ordinator and helping Carnoustie Patient Participation Group widen its membership, explore potential activities, and further develop as a group.

Resources were downloaded from our **website** a total of 1,198 times during Q2 (an increase from 836

times the previous quarter). The most-downloaded resources were a template for creating Community

Engagement Plans, documentation for the Quality Framework for Community Engagement and Participation and our Strategic Vision for 2023-28. An animation was created to explain the Quality Framework in an accessible engaging way, and this has been viewed 140 times since it launched.

Our service change team hosted 5 **workshops** in Argyll & Bute, Lothian and Highland on a range of topics to do with strategic planning, attended by a total of 39 people. The workshops received positive evaluation, particularly about the practical resources we shared, and opened the door to further conversations about emerging service changes.

53% (down 15% on last Quarter) of **webinar** attendees during Quarter 2 agreed or strongly agreed they had got practical tools or resources that they could use in their practice.

Our **Engagement Practitioner Network** continues to grow and now has 170 members. Originally conceived of in November 2021, over two years it has grown into a collaborative network where members share experiences, swap practical tips and ideas, and work together to influence national approaches to engagement. Five development sessions have been organised, covering a range of topics suggested by members, and feedback shows that engagement staff value the change to make new connections, increase their awareness and understanding, and benefit from others' learning. Recent examples of what has been shared include HIS use of podcasts and members providing feedback on a new webpage for the Scottish National Blood Transfusion Service.

Health and care services can demonstrate compliance with policy and legislation

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q2, the team monitored and supported 60 service changes across all board areas (see separate report for more detail).

At the very end of Q2 we published [our quality assurance report](#) confirming that NHS Ayrshire & Arran had met the requirements around public engagement set out in national guidance in relation to its proposals for Systemic Anti-Cancer Treatment (SACT) services. The board of NHS Ayrshire & Arran considered our report in reaching its decision to approve the permanent change to SACT services and this was noted in their press release. A formal request has been made to the Cabinet Secretary for approval of these proposed changes.

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

During the summer we supported colleagues in boards and health and social care partnerships maintain the momentum of promoting **What Matters to You?**, including staff from NHS Tayside and Perth and Kinross HSCP. This helped to facilitate the rollout of WMTY conversations with staff and patients across these areas.

Our service change advisors regularly **share learning across NHS board areas** to help services to consider alternative methods. A recent example of how we have influenced change can be seen in Fife HSCP, which took learning from the Monklands option appraisal process to inform their approach.

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

In September we hosted a **development session** for 36 health and care staff looking at research into people's views and aspirations regarding community hospitals. Participants provided positive feedback, and there were rich interactions in the chat box and break-out rooms. Comments included:

“Recognising the types of engagement into community hospital and the wider added value helps to understand the context and why it can lead to difficult conversations”.

The session led to follow-up discussions on community hospitals in other areas, for example sharing the learning in discussions with South Lanarkshire HSCP and Aberdeenshire HSCP.

NHS Shetland's Director of Finance asked us for **intelligence** regarding the public's use of public transport for attending appointments or visiting family members, as well as patient views on attending appointments remotely using technology. We synthesised the relevant experiences and comments that had been captured during previous engagement exercises, including gathering views and Citizens' Panels, and presented a detailed summary of people's motivations and the barriers they may face. This information was also shared with the national NHS Scotland Sustainable Travel group to inform national policy and contribute to the Scottish Government's target for reducing patient healthcare journeys by 20%.

People and communities are empowered to participate in health and care

We continue to hold **Voices Scotland workshops** across Scotland as a way for community groups to gain a better understanding of how the health and care system works and the opportunities they have to influence decisions. In Q2, 7 workshops were held with a total of 34 people, including third sector interfaces, carers and asylum seekers.

Feedback was positive with participants saying the workshops will influence how they support colleagues, volunteers and the public, making use of the tools and resources we shared and signposting people to different ways they can engage. Example quote: “Many thanks, very well planned and delivered session.”

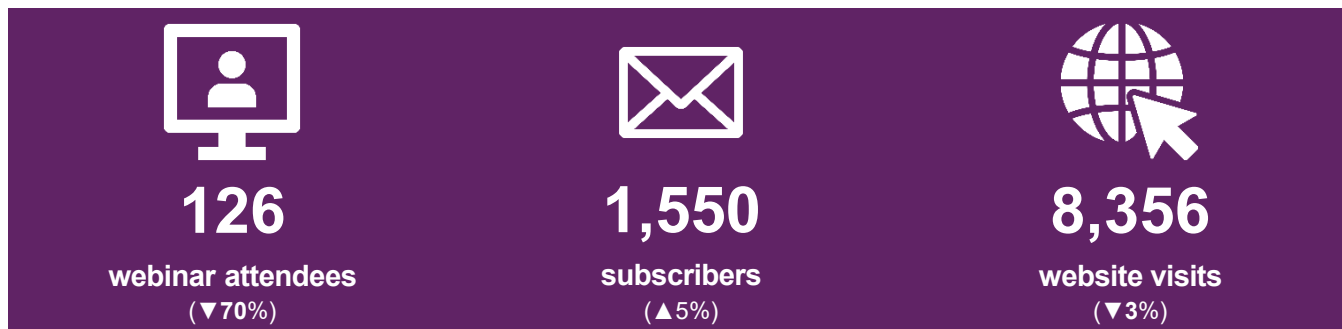
Participants described how they would apply the training:

- “I will be able to inform carers better about how to give feedback to shape services.”
- “For my own personal use to feed back and to encourage carers to do the same and know that they will be heard.”
- “Will use with our group work programme participants to empower them to make / influence change.”

Following the sessions, we have been asked to deliver a series of bitesize workshops in the new year.

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

Due to the summer holidays, we only held one **webinar** during Quarter 2 on Empowering Rural Communities: unleashing the potential of co-production in Argyll & Bute (August, 126 attendees). 68% of attendees rated the webinar “excellent” or “good” (down 28% on last Quarter) and 50% (down 30%) agreed or strongly agreed they had increased their knowledge on the topic. Specific comments included:

- “Felt very rushed. Didn't feel like I could quite take much on board as it was so quick.”
- “Unfortunately felt this session was too rushed and presenters didn't get enough time. Other than that, it was useful to hear about others' experience.”
- “It was good, but I expected real examples.”

The feedback has enabled us to identify improvements for future webinar, including limiting the number of speakers so that each has sufficient time.

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

Our **local engagement staff** continue to meet with staff from NHS boards and health and social care partnerships to raise awareness of our role, the resources and support we offer, and build working relationships with them. Regular meetings with strategic and operational staff from Dundee Health and Social Care Partnership over the past year have led to increased awareness of our role, being asked to deliver Voices Workshops for a trans/non-binary group, requests for advice relating to HSCP engagement, and overall a stronger working relationship with the partnership.

As **NHS board annual reviews** return to pre-pandemic arrangements, we have been approached to help recruit community and public participants who will be able to speak to the Minister about their experiences of services. This involves numerous planning meetings in the run-up as well as a pre-meeting on the day to ensure lay participants are comfortable and supported. Our contribution has been much appreciated, especially our links with a wide range of communities.

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 Q2 we carried out engagement across Scotland to **gather people's views** and experiences of living with an implanted medical device. A total of 65 individual interviews were held.

The 12th **Citizens' Panel** survey ran between June and September 2023 and received 663 responses, representing a 64% response rate among Panel members. The high response rate is supported by offering members a range of ways to participate, proactive reminders from the research company which administers the survey and by periodic refreshing of the membership so that the Panel continues to broadly reflect the Scottish population. It is also important that we regularly feed back to members what has been done with their comments gathered in previous surveys.

As part of our **major service change quality assurance** process, we carried out surveys and phone interviews with members of the public who had participated in NHS Ayrshire & Arran's consultation on Systemic Anti-Cancer Therapy services, as well as members of a Stakeholder Reference Group, 28 responses in total. The feedback we received from people helped to inform our assessment of the board's consultation process and our recommendations.

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

The advice we provide to NHS boards and health and social care partnerships includes consideration of **equality impact assessments** of the engagement or consultation process. This is an ongoing dialogue with boards and partnerships, and this is also included in the workshops we offer.

There has been a slight increase in the number of **People's Experience Volunteers** recruited across Scotland. We are also pleased to note that some of the Volunteers have expressed interest in becoming Public Partners, which is more formal and represents a higher time commitment to the organisation. This is an unintended benefit of a scheme which was conceived of as providing a light-touch way for members of the public to get involved in a range of activities on an ad hoc basis.

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

We published a [report](#) on **gathering views on waiting times guidance** in August 2023, which makes 6 recommendations to Scottish Government. These include using people's feedback improve communications and make the information about waiting times clearer, doing additional work to understand the barriers faced by people who miss appointments, and making more explicit links with the NHS Scotland Charter of Patient Rights and Responsibilities.

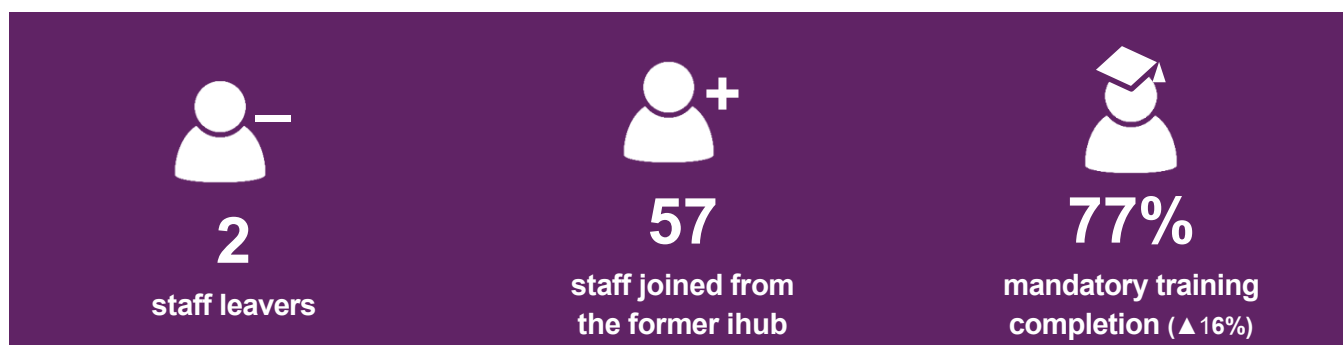
The **8th Citizens' Panel** (report published in March 2022) included questions on the proposed remit of a Patient Safety Commissioner in Scotland. The Scottish Government used the survey feedback to support its policy proposals and the option for legislating. A summary of the findings was cited in the Policy Memorandum to the [Patient Safety Commissioner for Scotland Bill](#), which was introduced to the Scottish Parliament on 6 October 2022 and passed on 27 September 2023.

Feedback gathered by the **11th Citizens' Panel** (report published in May 2023) has informed a refresh of the national Tobacco Action Plan due to be published by the end of 2023. Panel comments have influenced campaigns to raise awareness of the dangers of smoking and encourage cessation; have identified possible legislative routes to reduce smoking rates; have contributed to policy actions to curb vaping products and are helping with actions that require 4-nation collaborating, such as raising the age of sale. The Tobacco Action Plan will support the Scottish Government's vision to have a tobacco-free Scotland by lowering smoking rates in our communities to below 5% by 2034.

The 11th Citizens' Panel also included questions what motivates people to get vaccines. This has improved NHS Scotland's understanding of how and why uptake of COVID vaccines varies, and how the COVID vaccination programme has affected attitudes towards other vaccination programmes such as flu. The results have been shared with Scottish Government, territorial NHS boards and Public Health Scotland, and has been incorporated into marketing and publicity materials.

Feedback about digital health and care provided an evidence base to support the development of national policies such as the Data Strategy for Health and Care, the Digital Health and Care Delivery Plan, NHS Inform and the Digital Front Door. Findings informed NHS Scotland's thinking on digital healthcare messaging, content, digital inclusion and future engagement. The Scottish Government will incorporate the findings into an Equality Impact Assessment in support of proposals for an Integrated Care Record.

Staffing



The 12-week staff consultation on **organisational change** concluded at the start of Q2. The process of enacting the revised directorate structure was anticipated to begin during the summer but progress was slower than anticipated, not least because of staff moves within the wider organisation and the inflow of

staff from the former Improvement directorate (ihub). This has resulted in an expanded Community Engagement & System Redesign directorate with roughly double the number of staff. Recruitment to the new structure of the Community Engagement teams is planned to take place in Q3.

Our staff have **mandatory training** modules to complete on several learning platforms. At the end of Q2, our directorate completion rate for the 15 mandatory modules (including information security, risk management and fire safety awareness) was 77%. This was a 16% increase from the end of the previous quarter. Staff across Healthcare Improvement Scotland are expected to have completed all mandatory training modules by the end of November, in time for their mid-year Performance Development and Wellbeing Reviews.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Corporate Parenting Action Plan
Agenda item:	2.5
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Quality Assurance and Regulation
Report Author:	Chris Third, Public Involvement Advisor
Purpose of paper:	Awareness

1. Situation

To update the Council on progress made against our Corporate Parenting Action Plan. As named Corporate Parents, Healthcare Improvement Scotland (HIS) has a duty to create and maintain a three year action plan, and report on the current plan as soon as possible after March 2026.

2. Background

Our latest report was published in April 2023 and was a combined Children's Rights and Corporate Parenting report. It set out the progress made to date on both our children's rights and corporate parenting duties. It also set out our Corporate Parenting Plan for the next three years to March 2026.

Thanks to the efforts and support of staff from across HIS, the organisation was among the first in NHS Scotland to publish their Children's Rights and Corporate Parenting report.

3. Assessment

Since publication of the report and action plan we achieved an early win by holding a 'Masterclass' in April 2023 for the HIS Board. It was well-attended and feedback was positive. The Public Involvement Advisor and Public Protection and Child Health Lead gave a presentation, followed by a 'world café' where Board members could generate ideas and hear about relevant work taken forward by the organisation over the past year.

Another early win was publishing the new Corporate Parenting e-learning course in May 2023. The course was compiled by the Public Involvement Advisor with support from Who Cares? Scotland and tested by colleagues. It now forms part of HIS' mandatory training for staff. Feedback on the module has been widely positive.

The Public Protection and Child Health Lead and the Public Involvement Advisor have been building relationships with some of the national NHS boards. We have met periodically with NHS National Education for Scotland (NES) and Public Health Scotland to discuss joint approaches to Corporate Parenting. Through these links HIS staff were invited to attend a series of webinars organised by NES during Care Experience Week in October 2023.

Initial progress on the new action plan has been slower than hoped. While this is a three-year plan, progress in the first 6 months so far has been affected by capacity considerations associated with ongoing organisational change and other competing priorities. This has been recognised and plans are underway to focus on achievable components of the action plan with clear deliverables and associated timelines over the next 6 months, assigned to relevant colleagues from across the organisation. A staff development session early in 2024 with a focus on Corporate Parenting is also planned.

4 Recommendation

This paper has been submitted for awareness only and no decision is needed at this time.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, [Children's Rights and Corporate Parenting Report](#) (published)
- Appendix 2, 20230309 Corporate Parenting Plan 23-26 v1.doc

Corporate Parenting Action Plan 2023-2026

Update: v1.0

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>a) 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>b) 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</p> <p>Children and Young People Key Delivery Area Network</p>	
		<p>c) 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</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</p>	<p>New eLearning module made available in May 2023 and is included in Mandatory training.</p>

		facilitated learning sessions and ongoing promotion of the module.	Relates to: Priority 'Supporting the Workforce' from the Promise		Children's Health Service Lead	
		d) 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.	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	Ongoing to be reviewed annually	Public Involvement Advisor Programme leads Children and Young People Key Delivery Area Network	
		e) Develop a programme of awareness raising/ learning opportunities for all staff to increase understanding of and encourage proactive initiatives to support Healthcare Improvement Scotland's role as a Corporate Parent, including exploration of: potential Healthcare Improvement Scotland to consider care experience as being as important as the recognised protected characteristics and how that would be applied in the widest sense	We understand the issues care experienced people face when accessing employment opportunities Relates to: Article 2 (non-discrimination) from UNCRC Article 12 (respect for the views of the child) from	December 2025	Healthcare Improvement Scotland Executive Team Public Involvement Team People and Workplace Team	

		<p>how Directorates are including consideration of care experience in their work</p> <p>evolution of organisational practice in relation to employability, recruitment and the policy framework</p> <p>As part of this work we will look to learn from what works well in these areas for other corporate parents.</p>	<p>Fundamental 'Listening' from the Promise</p>			
		<p>f) 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.</p>	<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>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p>	<p>Board Masterclass held in April 2023.</p>
		<p>g) 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</p>	<p>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</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Corporate Parenting Lead</p> <p>Children and Young People</p>	

		gaps in our work such as maternity and mental health	<p>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</p> <p>Priority 'Supporting the Workforce' from the Promise</p>		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>	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity	<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>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>	<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>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Engagement Programme Managers</p>	
		<p>c) Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.</p>	<p>Staff 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> <p>Priority 'supporting the workforce' from the Promise</p>	<p>March 2024</p>	<p>Public Involvement Advisor</p> <p>Child Protection lead</p> <p>Organisational Development and Learning Team</p>	

		<p>d) 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.</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 2025	<p>Corporate parenting lead</p> <p>Organisational Development and Learning Team</p> <p>People and Workplace</p> <p>Other NHS health boards</p>	
		<p>e) Promote Modern Apprenticeships to care experienced people</p>	<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 2024	<p>People and Workplace Team</p>	
Number	Theme	Activity			Who should be involved?	
3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Create opportunities for HIS representatives on local Champions Boards to network and share learning (links to action 2. A)	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	Ongoing to be reviewed annually	<p>Corporate parenting lead</p> <p>CYPKDA</p> <p>Engagement Office staff</p>	

	<p>Our Duties: Easy to Access and Constantly Improving</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>b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties</p>	<p>We collaborate with NHS Scotland 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>	<p>March 2024</p>	<p>Corporate parenting lead</p>	<p>Chris Third and Maureen Scott met with colleagues from NES and Public Health Scotland to discuss joint bid for Corra Foundation UNCRC funding. Agreed not to proceed, time scale too short to put together application, but to continue to collaborate in other ways.</p> <p>NES shared links to sessions that they've co-organised for Care Experience week in October 2023.</p>
		<p>c) Share learning from our work with children and young people with other corporate parents</p>	<p>Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents</p>	<p>Ongoing to be reviewed annually</p>	<p>Clinical Expert, Quality Assurance Directorate</p> <p>Relevant programme leads</p>	

			Relates to: Priority 'Building Capacity' from the Promise			
		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	<p>We apply learning from other corporate parents to improve how we involve care experienced people in our work</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	Ongoing to be reviewed annually	Public Partnership Co-ordinator	

DRAFT

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](#).

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Annual Planning Process Update
Agenda item:	2.6
Responsible Executive/Non-Executive:	Angela Moodie, Director of Finance, Planning & Governance / Clare Morrison, Director of Community Engagement and System Redesign
Report Author:	Jane Illingworth, Head of Planning & Governance

1. Situation

The purpose of this paper is to set out the integrated annual planning process for 2024/25 for the wider organisation as well as the specific arrangements in relation to the Scottish Health Council's remit.

2. Background

As set out in its Terms of Reference, the duties of the Scottish Health Council include approval of the HIS community engagement strategic objectives, priorities and workplan for recommendation for inclusion in the overall HIS strategy, corporate and operational delivery plans and to ensure convergence between these plans.

The HIS integrated plan will consist of three main planning documents: financial budget, delivery plan and workforce plan.

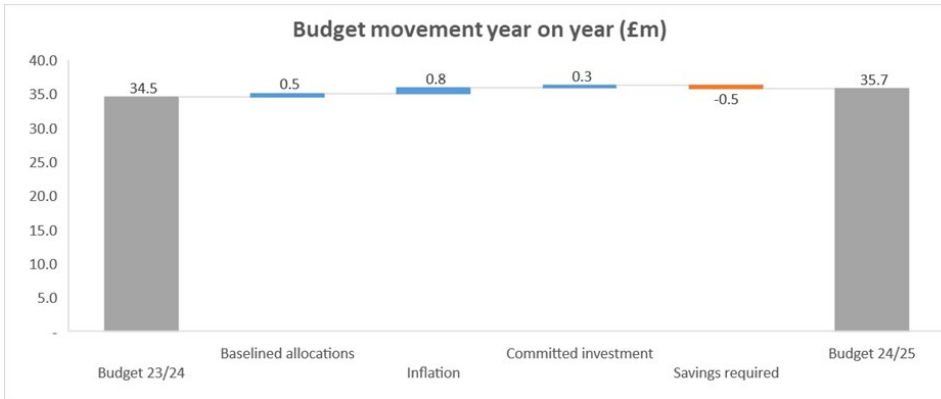
The budget for 24/25 is due to be submitted to the Scottish Government (SG) in draft form in mid-January 2024, with a final submission in March 2024, exact dates have yet to be agreed with the formal commission expected end of November. At time of writing, budget assumptions from SG have not been shared. The commission for the 24/25 Annual Delivery Plan is expected from SG also in late November, for submission by the end of February. For our Workforce Plan 2022-25 current expectation is that the action plan associated with the workforce plan is reviewed and refreshed annually.

3. Assessment

Consistent with previous years we are proposing an integrated approach, supporting close working arrangements between Finance, Planning, People & Workforce and directorates to ensure consistent assumptions across all three plans. We will ensure operational

managers / leads play a key role in the development of their respective plans enabling a robust process to ensure that operational and workforce plans fit within financial targets.

At a corporate level, we anticipate that our increase in costs for 24/25 are unlikely to be fully funded by SG. Therefore, savings in the region of £0.5m are required to achieve a balanced position. It is proposed at this stage there is no area for investment fund for 24/25.



Financial Planning

Consistent with last year we have adopted a ‘top-down’ based approach to budgeting. A baseline cost target was set for each directorate that aligns to their operational plan, work programme and resourcing plan. Budget submissions were tasked to include initiatives which will be delivered during the year taking into account cost savings identified through the One Team Programme Board. Recurring savings identified in the previous year should be carried forward into the forthcoming year and not reintroduced for 24/25.

The proposed targets by directorates for 24/25 are noted below:

Baseline Recurring Budget		
£000s	Budget 23/24	Budget target 24/25
Chief Executive	525	530
Communications	790	848
Community Engagement and System Redesign	4,949	4,999
Evidence	6,899	6,970
Finance, Planning and Governance	1,258	1,272
IT + Digital	1,812	1,978
Medical and Safety	4,535	4,757
Nursing and Systems Improvement	5,432	5,651
One Team	299	772
People and Workforce	1,085	1,110
Property	1,477	1,492
Quality Assurance	5,782	5,841
Independent Healthcare	-	268
Corporate Provision	238	240
Corporate Services Recharge	- 991 -	1,000
Areas For Investment	414	0
	34,504	35,728

Directors were asked to return a baseline budget within these targeted figures. Directors have full accountability for the delivery of an assigned budget and authority to spend it as they see fit up to their budget allocation in pursuit of HIS Strategic priorities and committed outcomes.

For additional allocations, each allocation should be reviewed in isolation depending on the status of funding confirmation received by SG and resourced accordingly.

The main budget assumptions are outlined below. These may be subject to change on publication of SG's assumptions expected in November.

	2023/24	2024/25
CPI Inflation	6%	5%
Pay award *	5%	2%
Baseline funding uplift **	2%	2%
Staff turnover rate (financial impact)**	2.5%	2.5%

* Assumption applied is to all pay schemes; AFC, Medical & Dental, Senior Management, etc. Also assume all pay awards are fully funded by SG.

** Staff turnover of 10% equates to a financial impact of 2.5% due to average recruitment time of 3 months.

Risks to the financial plan and assumptions will be captured during the planning process, but key risks identified to date include:

- Certainty on recurring funding in both short and medium term given the national position.
- AFC pay negotiations, both timing and value.
- Shortening the pay spine or changes to the working week, could have an impact if not fully funded by SG.
- Inflation. CPI is currently running at 6.4% (Office for National Statistics, August 23) with the Bank of England anticipating CPI to return to the 2% target level by Q2 2025.
- Anticipated v funded on a non-recurring basis.

Work Programme

The 23/24 Q2 performance report was used as the baseline position for the operational plan for 24/25. Directorates were asked to review each project within their remit and set out clear plans for key pieces of work that must continue (these are projects that are statutory or Ministerial directed work), highlight projects we anticipate will be completed by the end of March 2024 and identify any anticipated new projects through the new commission process.

Consideration must also be given to ensure work programmes are aligned to the delivery of HIS' Strategy, our Annual Delivery Plan 24/25 and medium term planning assumptions, which are sustainable and affordable within designated funding allocations for 24/25.

Workforce Plan

The three year Workforce Plan was approved in 2022 and quarterly updates provided to the Staff Governance Committee. The action plan is reviewed on an annual basis to reflect the current position and priorities for the coming year(s) based on the changing situation and factors that may impact progress. The first review and refresh of the action plan to support the workforce plan was considered by the Staff Governance Committee in November 2023 where it was agreed that the Committee would hold a development session early in 2024 and agree a timescale for a final version of the action plan.

Community Engagement and System Redesign Integrated Plan

The Community Engagement and System Redesign Directorate has submitted its draft budget and work programme for 2024-25. The budget is showing £5.1m (1.2% over target).

It has been challenging for the Directorate to produce an accurate plan and budget because:

- Additional work is required over the next 6-12 months to align workstreams across the two halves of the directorate (i.e. the former Community Engagement directorate and the Transformational Redesign Unit of ihub). The time constraints in creating this plan so close to the realignment of the HIS structure and during the ongoing Community Engagement organisational change meant this work to align workstreams has not happened yet and therefore current workstreams have been used. There has been no opportunity to consider how duplication can be reduced or efficiencies created.
- The former Community Engagement structure and cost centres need to be realigned to new work programmes for Evidence, Improvement and Assurance of Engagement. Non-staff pay costs in these brand new workstreams has had to be based on estimates which may prove to be inaccurate as the structure is not staffed yet (e.g. travel costs will vary depending on which staff fill posts).

The plan includes a focus on staff development to support staff across the newly-enlarged directorate as well as staff in new teams/posts following the organisational change.

Next steps

The HIS Executive Team will be considering the draft budget and work programme over the coming weeks, and will agree a draft budget for submission to the HIS Board on 24 January, and to Scottish Government by 29 January.

SHC will receive a draft of the Community Engagement and System Redesign Directorate budget and work plan by email in January, followed by a final draft at its February meeting. It is expected that final budgets will be agreed with Scottish Government by 31 March 2024.

Assessment considerations

Quality / Care	Our integrated operational and financial planning process is a key part of corporate governance which in turn ensures the best outcomes in services we deliver and supports delivery against HIS' Strategy and Annual Delivery Plan
Resource Implications	There are no resource implications as a result of this paper
Risk Management	The management of the organisation's finances is covered on the strategic risk register
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper
Communication, involvement, engagement and consultation	This report has been developed jointly by finance, workforce and planning teams

4. Recommendation

SHC is asked to note the update on the approach being taken to the integrated budget for 2024/25, the challenges facing the directorate and to support the direction of travel.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Evidence Programme Overview
Agenda item:	3.1
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Claire Goodheir Curtis, Acting Head of Engagement Programmes
Purpose of paper:	Awareness/Discussion

1. Situation

In line with the directorate's new vision, this paper will provide a brief overview of the current status of the Evidence from Engagement programme and a summary of current activity.

2. Background

The Evidence for Engagement programme aims to build and share evidence around engagement to support our directorate's vision statement which is aligned to the overall HIS Vision:

"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."

How we will do this: gather public views, run Citizens' Panels, carry out research, write case studies, service change reports, guidance and toolkits, hold workshops and events.

While the organisational change is ongoing, the Evidence for Engagement programme is being developed in line with the directorate vision. Further development work will be undertaken once the programme is fully staffed and will be led by the Head of the Evidence for Engagement. Most of the current work is co-ordinated by the Participation Networks' Operations and Research teams. The Research team will become part of the Evidence for Engagement programme with additional resource to increase its capacity for future work.

3. Assessment

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

Commissions – Citizens’ Panels and Gathering Views

Discussions have progressed with Scottish Government to prioritise our future commissioned work based on impact and priority. This will be developed further once the Head of Evidence for Engagement post is appointed in the final structure.

Internally, we have been reviewing learning from Gathering Views and Citizens’ Panel work. This includes reviewing both standing operating procedures and aligning the best practice from each. For example, reviewing draft reporting timeframes and developing appropriate communication plans. This work will progress over the coming months.

Citizens’ Panels (CP)

CP 12 - Regulation of Independent Healthcare, and Organ and Tissue Donation. Survey was distributed to panel members during June and was published on 17 November 2023. The Tissue Donation topic is a comparison from a baseline survey in 2019 to gauge progress with awareness in the change in legislation. The Independent Healthcare topic will help ensure HIS’ regulatory work is helpful and meaningful to the public.

CP 13 – Topics include NHS Climate Emergency and Sustainability, and ‘People’s preferences on how they want to be engaged with’. The latter topic will aim to understand different preferences for accessing services, as well as booking appointments and accessing information. This topic was generated following a conversation with Board Chief Executives. It will form part of wider internal research for our directorate that will include qualitative research. The aim is to cover both engagement to inform policy/service development, as well as engagement on accessing health & care services. The survey is now with Panel members with publication planned for May 2024.

CP 14 – Topics will be finalised with Scottish Government in January 2024 with publication planned for November 2024. One anticipated area is Value Based Health and Care/Realistic Medicine, along with other topics relating to future NHS service provision. A further focus on ‘How do people want to be engaged with’ could potentially be considered based on the learning from CP13.

Gathering Views

Gathering Views learning

A Short life Working Group has been established to consider learning from recent gathering views commissions and make any required amendments to the standing operating procedure. The first meeting was held in September and next is planned for 17 November 2023

Waiting Times

The report for the Gathering Views work on the Scottish Government’s Review of Waiting Times Guidance was published on 30th August 2023.

GP Access principles

This Scottish Government commission had a two-pronged approach, which involved both targeted Gathering Views activity, and a pulse survey conducted through the Citizens' Panel membership. The Scottish Government's report has now been shared with General Practices and is due to be published on the Scottish Government's Scottish Health on the Web (SHOW) website shortly. In the meantime, our report of the findings and recommendations has been shared with participants.

Implanted Medical Devices

The Scottish Government is undertaking the preparatory stages to develop Scotland's first Medical Devices Policy Framework. We are supporting this work with a Gathering Views exercise to strengthen and deepen policy insight into patient experiences of receiving an implantable medical device. These insights will be used to guide the Framework and wider medical devices policy as they develop. A meeting with Scottish Government is planned for late November to discuss the first draft of the report and recommendations, with a planned publication date of 31 January 2024.

National Care Service Charter of Patient Rights and Responsibilities

This is a small-scale Gathering Views exercise carried out in October to help shape the draft National Care Service Charter from a community health perspective. A meeting with Scottish Government is planned for late November to discuss the early draft and recommendations, with a planned publication date of February 2024.

Palliative care

Discussions are ongoing with Scottish Government about the potential for a Gathering Views piece on palliative care. The next meeting is planned for 21 November. The piece will potentially cover five specific groups and to ask questions.

Webinars

In August we held a webinar on *Empowering Rural Communities: unleashing the potential of co-production in Argyll & Bute* (126 attendees). 68% of attendees rated the webinar "excellent" or "good" and 50% said they had increased their knowledge.

A webinar on "Involving children and families in strategic planning" led by Childrens Hospice Association Scotland (CHAS) took place on 25 October, with 96 attendees. Speakers described the challenges of gathering meaningful feedback from young users of hospice services and their families, and how this was achieved sensitively. Attendees really valued the reflections on what had worked and what hadn't, as well as the introduction to practical tools such as sentiment analysis. Feedback was very positive: 100% rated it excellent/good and 100% said they had increased their knowledge of the topic.

Case studies

Work on the "Engaging with" series to co-design best practice approaches for people with protected characteristics as well as progressing other best practice for engagement will be developed further once the new directorate structure is implemented. With

support of Engagement Officers, currently developing a resource on *Engaging with... asylum seekers and refugees* for the website.

Assessment considerations

Quality/Care	A clear direction on the Evidence for Engagement will enable the directorate to maximise its impact on evidence to support and assure the health and care system to meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Evidence for Engagement programme will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses.
	As the implementation of the directorate vision requires a period of organisational change, this will be considered extensively in planning the detail of how the overall vision can be delivered as well as its impact of staff.
Risk Management	Risks in relation to delivery of this work programme are captured on the strategic and operational risk registers.
Equality and Diversity, including health inequalities	The overall vision acknowledges the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council (SHC) members, HIS and wider stakeholders. Specific work on the Evidence from Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4 Recommendation

The work of the Evidence from Engagement programme will develop over the coming months as the directorate structure is finalised. The SHC is asked to:

- Consider the current activity and future reporting for awareness and discussion.

5 Appendices and links to additional information

N/A

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Improvement Programme overview
Agenda item:	3.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Associate Director of Community Engagement / Janice Malone, Programme Manager (Volunteering in NHS Scotland)
Purpose of paper:	Awareness / Discussion

1. Situation

In line with the directorate's new vision, this paper provides a brief overview of the current status of the Improvement of Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Improvement of Engagement programme aims to use knowledge and expertise to improve engagement in support of our directorate's vision statement which is aligned to the overall Healthcare Improvement Scotland (HIS) vision:

“Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities.”

The Improvement of Engagement function will:

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

The Improvement of Engagement function will do this by:

- Spreading internal and external stakeholder understanding and use of the Quality Framework for Community Engagement & Participation;
- Leading networks for professionals in similar roles;
- Identifying, celebrating and sharing widely successful community engagement practice;
- Providing training and other learning opportunities on the full range of good practice community engagement and equalities & inclusion approaches;
- Supporting the establishment of a culture that values and supports people;
- Reducing unnecessary variation in community engagement and equalities & inclusion approaches;
- Sharing our expertise with internal and external stakeholders on equality, diversity, inclusion & human rights, person-centred care, and *What Matters to You?*; and
- Driving forward volunteering and public involvement across health & care in Scotland.

3. Assessment

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

People's Experience Volunteers

We have increased our number of People's Experience Volunteers by nine over the last report to a total of 23. Most of these new volunteers have been recruited through Volunteer Scotland and we continue to receive enquiries via this route. Equalities monitoring information has been received from almost 50% of volunteers, and this work is continuing in order to build an accurate demographic. People's Experience Volunteers have recently been asked to look at guidance produced by SIGN, questions for use with patients during inspections, and user testing Citizens' Panel 13.

Children & Young People-related work within HIS

A separate update paper on progress with the Corporate Parenting Action Plan has been provided for consideration by the Council at this meeting.

An external speaker from the Third Sector has been arranged to attend the Children and Young People working group with the aim of raising our knowledge and capacity around *The Promise* and how we can work more closely with local Third Sector organisations. Initial plans are underway to hold a development session for the Children and Young People working group early in 2024.

Assurance of Equalities, Inclusion and Human Rights

A separate update paper on progress with the organisation's equalities, inclusion and human rights programme has been provided for consideration by the Council at this meeting.

Volunteering in NHSScotland

An outline business case for the Volunteering Management System project was submitted to Scottish Government on 28 August 2023 – a decision has not yet been received. The programme team have published the following reports and resources:

- [NHSScotland Volunteer Induction Training Evaluation](#)
- [Annual volunteer practitioner's survey results](#)
- [NHS Scotland Volunteering: Exploring Best Practice](#)
- [NHSScotland Volunteering Programme Annual Report 2022-23](#)

As a direct result of the volunteer practitioners survey results the team are running a project aiming to improve the engagement of NHS board volunteering staff in the volunteering practitioner's network activities.

The programme team have provided advice and support to NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Fife in the development of their volunteering strategies, and are represented on local volunteering steering groups.

Bridge builder volunteers

Bridge-builders are volunteers who accompany people who need extra support to attend appointments in the healthcare system. The model was developed by Social Health in Denmark in 2013 and by 2023 it has expanded nationwide. The ways in which a bridge-builder volunteer will provide support will differ from person to person, but broadly speaking can:

- Support those who may not feel safe and secure enough to travel to and from appointments on their own;
- Help people to get to their appointment, and to navigate any obstacles that they might encounter on the way;
- Act as an 'extra pair of ears' to listen during the appointment, helping to translate medical terms and checking that the person understands what is being said and feels able to ask questions;
- Spend time after the appointment discussing what was said during the consultation and what it means for the person; and
- Ensuring that the person is clear what was agreed on, including follow up appointments.

Working in partnership with universities and colleges, recruiting volunteers from the student body who are studying for a career in healthcare provides opportunities for practice-based learning in 'real life' making them more knowledgeable health professionals in future. Volunteers can be recruited from a range of disciplines such as medicine, nursing, allied health professions, psychology, psychiatry, public health.

This model was reported to SHC in May. In August, NHS Lothian approached us about its plans to test the model. Early-stage discussions have followed between HIS, Scottish Government, NHS Lothian and University of Edinburgh around the proposed Lothian pilot. Our interest is to understand if the model could be applied to the Scottish context, its impact and what would be required for the model to be transferred across NHS Scotland, for example governance arrangements, training, safeguarding and operating processes. This will be assessed through an external evaluation which will also enable factors previously highlighted by SHC members (eg, expectations on students) to be considered.

Assessment considerations

Quality / Care	A clear direction on the Improvement of Engagement will enable the directorate to maximise its impact on community
-----------------------	--

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

4 Recommendation

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

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

5 Appendices and links to additional information

N/A

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Assurance Programme Overview
Agenda item:	3.3
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Derek Blues, Engagement Programmes Manager
Purpose of paper:	Awareness/Discussion

1. Situation

In line with the directorate's new vision, this paper will provide a brief overview of the current status of the Assurance of Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Assurance of Engagement programme aims to provide assurance that people are involved in shaping services to support our directorate's vision statement which is aligned to the directorate vision:

“Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities.”

As part of this work;

- We will fulfil our statutory role to support, ensure and monitor NHS boards' duty to involve the public.
- We will provide strategic support and governance on engagement to our partners across health and care.
- We will plan and prioritise our work and resources in a clear and consistent way. We will assure the approach Healthcare Improvement Scotland takes to engagement, equality and diversity.

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

3. Assessment

Reporting for HIS community engagement activity will be developed in line with the three engagement programmes over the next financial year as the final structure is agreed and implemented. The current activity for the Assurance of Engagement programme is detailed below.

Service Change

Support for partners

The service change team is currently supporting a total of 61 service changes across NHS Boards and Health and Social Care Partnerships. This includes the [publication](#) of the Quality Assurance report for the NHS Ayrshire & Arran (SACT) major service change.

There are a number of other significant pieces of work including changes to the NHS Greater Glasgow & Clyde (NHS GG&C) GP Out of hours services (currently in a period of consultation until 11 December 2023). We are also supporting other work with NHS GG&C around the refresh of their mental health strategy and are assessing the impact on the 16 services included in this review.

Workshops

The team will continue to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) moving forward. Three workshops were delivered with 45 people attending in the last quarter and a further two are currently scheduled for November and December 2023.

Public Partners

The service change team had their quarterly meeting with the Service Change public partners on 15 September 2023. This helpful meeting allows the team to share their activity and receive feedback from the public partners which supports much of the ongoing work to develop practice. The next meeting takes place on 15 December 2023.

Quality Framework

An animation to support the use of the Quality Framework was completed and launched on 15 September 2023. This an excellent resource in support of the framework and the animation can be found [here](#).

Engagement Practitioners Network

The fourth and fifth sessions of the Engagement Practitioners Network were held on 7 September and 2 November 2023. The fourth session had presentations from Dr Helen Tucker (President of the Community Hospitals Association, England) and Dr Angela Ellis Paine (Researcher and Lecturer) who spoke about their research project with the University of Birmingham into the importance of community engagement in the reshaping of Community and Cottage Hospitals.

The fifth session covered engagement in the CALEUS project, a consortium that will develop and trial what will be the UK's first national distribution network to use drones to transport essential medicines, blood, organs and other medical supplies throughout Scotland. After the conclusion of this session, attendees were invited to provide feedback which is summarised in the graphic at Appendix 1.

Membership of the network remains steady with 168 current members (+4% since the last report to the Council). The next development session is scheduled for the end of January 2024 and further discussions about this session will be undertaken once the hosting of the network sits within the Improvement of Engagement Programme in the new organisational structure.

Strategic support for statutory duties

Assurance of service changes that do not meet the threshold for major service change

We have established a short life working group (SLWG) consisting of three members of the Community Engagement leadership team, all three Service Change Advisors and two members of the Service Change Sub-Committee to lead on the development of an assurance approach for service changes that do not meet the threshold for major service change. The group has now met twice and has considered three aspects of service change decision making and assurance processes.

1. Development of a flowchart setting out a proposed approach for quality assurance of all service change
2. Clear description of where the decision making authority sits for different types of service change (embedded within the flowchart)
3. Consideration of the development of metrics to assist in the identification of major service change to help reduce the subjectivity of this decision.

Six NHS Boards and two Health and Social Care Partnership took part in two meetings in late August 2023 to discuss the proposed approach. They told us that they were supportive of the development of this approach and provided a number of helpful comments which we will take account of as we continue with this work. We have also discussed this approach with colleagues in Scottish Government who are supportive of this work in line with Planning with People.

We agreed with NHS GG&C that we would test out potential approaches using the changes to their NHS GG&C GP Out of hours services and a further meeting of the SLWG is scheduled for 5 December 2023 to review the feedback from partners and the learning from NHS GG&C.

Further work will be undertaken to develop metrics to assist in the major service change decision making process and whilst this will be helpful, it is vital that the decision making retains an element of subjectivity through discussions at both the Service Change sub-committee and the Scottish Health Council.

National Changes

In developing national policy, Scottish Government undertakes engagement to provide an opportunity for members of the public to comment on plans or ideas which are being considered, and share experiences, knowledge or ideas that help inform decision-makers. This engagement adheres to the Consultations in the Scottish Government guidance and also follows the Gunning Principles.

The consultations undertaken provide evidence of a range of experiences and opinions, knowledge and ideas regarding a given issue. This can help policymakers improve their decision making. Their consultations aim to;

- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- finalise new legislation before it is implemented.

The Planning with People guidance does not apply to Scottish Government engagement activity because the nature of Scottish Government work (and guidance) extends beyond health and social care and includes all aspects of public service. This can result in national policy decisions being made that impact on local health and social care services where it is clear that any local engagement by NHS Boards or Integration Joint Boards cannot influence that policy decision. However, in line with Planning with People, local engagement around the impact of these decisions is necessary.

The engagement responsibilities of Boards is not always clear when implementing a national service change that has been decided by Scottish Government - especially in situations when that service change would be considered "major" if it had originated from a local NHS Board. Further clarity is needed on Boards' engagement responsibilities in this situation since any engagement could only be around the impact of local implementation, not on changing a decision which has been made nationally.

Ongoing communication with Scottish Government is underway to seek to address this matter. Scottish Government has provided an overview of its engagement responsibilities to improve understanding of its processes and we are now drafting an expectations template which sets out what engagement would be expected at a local level for a service change decided nationally.

This work is at a fairly early stage and further reports on the progress of this work will follow at future meetings. It will also require engagement with NHS Boards and IJBs in the development of the expectations template.

Equality, Inclusion and Human Rights

This work will form part of the Assurance of Engagement programme when the organisational change is completed. Future reports will incorporate an update on this work, however for this meeting a separate paper has been provided as agenda item 3.4.

Assessment considerations

Quality/ Care	A clear direction on the Assurance of Engagement programme will enable the directorate to maximise its impact internal operational, and external statutory support to partners to assure the health and care system can meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Assurance of Engagement programme will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses. As the implementation of the directorate vision requires a period of organisational change, this will be considered extensively in planning the detail of how the overall vision can be delivered as well as its impact for staff.
Risk Management	Risk 1163 - 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 resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS. Risk 1163 reflects this and has been updated to note the publication of Planning with People and the mitigation activity underway. The impact scoring of this risk has been increased to rating 4 from 1 May 2023.
Equality and Diversity, including health inequalities	The overall vision considers the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with SHC Members, HIS and wider stakeholders including Scottish Government. Specific work on the Assurance of Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4 Recommendation

The work of the Assurance of Engagement programme will continue to develop over the coming months as the directorate structure is finalised. Council members are asked to;

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

5 Appendices and links to additional information

Appendix 1; Evaluation of the 2 November Engagement Practitioners Network session.

ENGAGEMENT PRACTITIONERS NETWORK

FIRST PEER LEARNING SESSION CAELUS PROJECT NOV 2023

This is what you told us



Did you like the format of the session?

We had 16 responses from our 30 attendees.
100% of people who completed the poll liked the format of the first Peer Learning session



Was the session helpful in supporting the work you do?

81% of the attendees answered 'yes', the session supported the work they do. Leaving 19% of those completing the poll who thought that the session 'maybe' helpful in supporting their work



What do you feel was most useful about the session?

'Interactive discussion' and 'information shared' were some of the most useful elements as well as 'awareness raising' and considering 'how we engage together before implementing'



What do you feel was least useful?

69% of respondents said 'nothing' or 'n/a' to this question. Others noted that there was 'not enough time', 'everything was useful' and 2 people said they were keen to hear more about the project



How would you like to connect with other members?

There was interest in an update session on this project. All respondents who completed this question (63%) are happy to link in via Teams Channel and Email. 'Happy with current set-up'



How can we improve the network?

38% of respondents completed this poll question. Suggestions for improvement included 'more active involvement', 'posting more information at network', and 'gain momentum and keep it going'. One respondent answered 'not applicable'

THANK YOU FOR YOUR FEEDBACK

THE NEXT PEER LEARNING SESSION IS SCHEDULED FOR 25 JANUARY 2024

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	30 November 2023
Title:	Assurance of Equalities, Inclusion and Human Rights duties and programme
Agenda item:	3.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Rosie Tyler-Greig, Equality and Diversity Advisor
Purpose of paper:	Awareness / Discussion

1. Situation

The Assurance of Equality, Inclusion and Human Rights Programme ensures that Healthcare Improvement Scotland (HIS) meets its legislative requirements and best practice on equality and human rights. It additionally ensures that effective and inclusive engagement is undertaken across HIS. This paper provides an update on the progress of the programme.

2. Background

The Assurance of Equality, Inclusion and Human Rights Programme supports delivery of HIS' current equality outcomes. These are:

1. A greater diversity of people are attracted and retained to work or volunteer with us and through sharing their relevant lived experience actively shape and strengthen HIS activities;
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; and
4. Disabled people better inform and influence the development, design and delivery of Healthcare Improvement Scotland's work.

The programme also monitors compliance with Equality Impact Assessment across the organisation, promoting consistency and quality through advice provision and resource development. It further facilitates the operational delivery of three staff equality networks, including staff engagement and knowledge mobilisation activities.

3. Assessment

Equality Outcomes

Contributing towards outcome 1, HIS participated in the NHS Scotland pilot of Close the Gap's employer accreditation programme, *Equally Safe At Work*. HIS successfully completed the development level of accreditation in October this year. This included a range of new and existing resources to support staff and managers to respond to gender based violence and promote women's economic equality being collated on the Source (example available at Appendix 1: new Guide for HIS staff supporting colleagues affected by GBV). It also included an updated commitment to flexible working within HIS job adverts and a gender analysis of the organisation's Ways of Working.

As part of outcome 2, we supported colleagues to understand and challenge the role of stigma in accessing support by creating and delivering bespoke training on LGBT+ mental health for NHS24. The training received positive feedback. It is now being adopted for future delivery by NHS24, while the Equality, Inclusion and Human Rights programme is considering its place as part of an extended equality training offer for HIS.

As part of outcome 4, we have spread good practice around involving disabled people in the work of HIS. This has included a [Community Engagement Webinar](#) about engaging disabled participants, a 'Learning Live' session about using Easy Read information, and further support for staff in reviewing and disseminating project information in Easy Read format.

Equality Impact Assessment

Since Quarter 4 (2022-23) we have recorded organisational compliance with Equality Impact Assessment (EQIA) as part of our corporate Key Performance Indicators (KPIs). Updates are provided by the programme to the HIS Audit and Risk Committee through the Finance, Planning and Governance Team. Operating a KPI has helped to facilitate new conversations about EQIA with colleagues across HIS and direct support as needed. Over three reporting quarters, this has led to a 15% improvement in EQIA completion across the organisation.

Staff Equality Networks

All three staff equality networks have continued to grow in membership while operating peer support and learning activities for staff, and making meaningful contributions across HIS equality outcomes.

A key highlight is the commitment to anti-racism included within the HIS Strategy 2023-2028, influenced by the Race and Ethnicity Network. The network has subsequently carried out specific staff activities which help deliver HIS equality outcomes, particularly outcome 3. These activities have been around: Black History Month; anti-racist approaches to addressing women's workplace inequality; the ethnicity pay gap; and anti-racist approaches to the critical appraisal of evidence. The network recently gained the support of Partnership Forum to survey minority ethnic colleagues about their workplace experience. The findings of this survey will help to inform network activities during 2024.

Work around Reasonable Adjustments is currently being led by the Disability Network, in partnership with NHS Golden Jubilee and NHS National Services Scotland. A dedicated working group expects to deliver new staff guidance by Quarter 4 next year. The network is also running a schedule of activities for Disability History Month. This includes staff blogs, an external speaker event and staff drop-in sessions.

Policy updates

- A Modern Slavery Statement was agreed by the Staff Governance Committee in August 2023 (Appendix 2).
- An organisational response to the consultation on the Scottish Human Rights Bill was submitted in October 2023 (Appendix 3). The Scottish Government has a two-tiered implementation working group to support the Bill's realisation, with activities running from August 2023 until December 2024. Healthcare Improvement Scotland contributes to this group through the Director of Community Engagement & System Redesign, the Associate Director of Community Engagement, and the Equality and Diversity Advisor.

Assessment considerations

Quality / Care	The Assurance of Equality, Inclusion and Human Rights Programme increases the capacity of HIS to understand and take meaningful action around quality and care issues that arise in its activities.
Resource Implications	The team actively manages work focussed on delivering HIS equality outcomes and supporting inclusive engagement. Organisational change processes have had an impact on some aspects of planning and delivery. However as the new Community Engagement and System Redesign directorate structure comes into place, capacity will increase.
Risk Management	The programme manages organisational risk by assuring HIS meets the legal requirements of the Public Sector Equality Duty
Equality and Diversity, including health inequalities	The programme assures the mainstreaming of equality and human rights considerations across HIS. It supports understanding of and action to mitigate health inequalities through our influence in the health and care system.
Communication, involvement, engagement and consultation	Quality, ongoing engagement with HIS staff, NHS partners and external stakeholders shapes and drives the organisation's equality, inclusion and human rights activities.

4 Recommendation

The work of the Assurance of Equality, Inclusion and Human Rights programme will continue to develop over the coming months as the new directorate structure is put in place. Council members are asked to:

- **Consider** the current activity and future plans for awareness and discussion.

5 Appendices and links to additional information

1. Quick Guide for HIS staff supporting colleagues affected by GBV
2. HIS Modern Slavery Statement
3. HIS response - Scottish Human Rights Bill consultation

Quick guide for Healthcare Improvement Scotland staff / managers supporting colleagues affected by gender based violence.

Healthcare Improvement Scotland (HIS) is committed to creating a trauma informed environment in which employees are safe to disclose their experience of abuse or stalking in order to access support and increase safety for themselves and others. The right of staff not to disclose, however, will be respected and no-one should feel pressured into sharing this information if they do not wish to do so. This brief two page guide is to **support managers or any staff** within Healthcare Improvement Scotland who are supporting their colleagues with any form of gender based violence (GBV). It does not replace Healthcare Improvement Scotland [Gender Based Violence policy](#).

GBV is an umbrella term for a spectrum of abuse that can be directed at a person due to their gender, and that predominantly affects women. GBV is perpetrated predominately by men. It can manifest in many ways and take place in many settings including homes, communities and work places. GBV encompasses domestic abuse including coercive control, rape and sexual assault, child sexual abuse, commercial sexual exploitation, sexual harassment and stalking and harmful traditional practices such as forced marriage and female genital mutilation.

Who is at risk?

GBV disproportionately affects women and girls. It can however also affect men and boys and non-binary people – it is important to be aware of this. Anyone who is affected by abuse deserves to be supported.

10 key points of support

- 1. If you think an employee may be affected by any form of gender based violence, whether at home or in the workplace, it is essential to start a conversation about this.**
- 2. Be supportive and non-judgemental if one of your team does disclose.**
- 3. Protect their confidentiality. It will be important to let them know that you will do this and to explain the steps you will take. You will also need to be clear about the limits of confidentiality - if you have any reason to suspect a child or vulnerable adult is at risk, you will need to raise this with the relevant authorities. Here is a link to the [reporting process](#) and if required the [referral form](#).**
- 4. Go at the employee's pace, suggest taking a break if they are upset or finding it difficult to speak.**
- 5. Work with the employee to identify and monitor their support needs. Making some simple changes within the workplace can have a huge impact on wellbeing and resilience.**

6. Identify the workplace policies that could be supportive. You may need to consider a flexible working arrangement or working pattern, adjustments to their workload and / or work location, or updating their salary payment arrangements. Here are quick links to the policies that could help:

- [Gender Based Violence policy](#)
- [Flexible Working Practices and Procedure](#)
- [Parental Leave Policy and Procedure](#)
- [Annual leave, sick leave and special leave](#)

7. Where relevant, provide information on the workplace reporting and investigation procedure and make sure the employee is kept up to date with how their situation is being assessed and resolved. Here are the relevant procedures:

- [Once for Scotland grievance policy](#)
- [Bullying and Harassment Policy](#)

8. Organise regular meetings with the employee to check in and review their support needs.

9. Consider any steps you may need to keep the employee safe during work which may include agreeing a safety plan with the employee which is in line with their needs. For more details please see page 15 [Gender Based Violence policy](#).

10. Prioritise the needs of the employee who is the victim-survivor when managing a known or suspected perpetrator in the workplace.

[Helpful contacts](#) - Below are helpful contacts for **both** managers and staff affected by GBV.

HIS Internal single point of contact

- [Confidential Contacts](#)
- Public Protection Lead: 07816370956 or maureen.scott2@nhs.scot.
- [People and Workplace](#)

External contacts

- Police Scotland: [Domestic abuse - Police Scotland](#)
- Scottish Women's Aid: www.scottishwomensaid.org.uk
- [Shakti Women's Aid \(shaktiedinburgh.co.uk\)](http://shaktiedinburgh.co.uk) (help for black minority ethnic women, children and children)
- [Galop – national helpline for LGBT+ victims and survivors](#)
- Domestic aid help line - <https://www.nationaldahelpline.org.uk/>
- Rape Crisis Scotland: www.rapecrisisscotland.org.uk
- Women's Support Project: [HOME | WSP \(womenssupportproject.org.uk\)](http://womenssupportproject.org.uk)
- Forced Marriage: <https://www.gov.uk/stop-forced-marriage>
- Men's aid: <https://www.mensaid.co.uk/aboutus.html>
- Abused Men in Scotland: <http://abusedmeninscotland.org/>

Respondent Information and Answer Return Form **To be filled in online**

Please Note this form **must** be completed and returned with your response.

Please send your response to us by email or by post using the following details:

Our email address is: HumanRightsOffice@gov.scot

Our postal address is:
Human Rights Strategy & Legislation Unit
Directorate for Equality, Inclusion and Human Rights
Scottish Government
Area 3H North
Victoria Quay
Edinburgh
EH6 6QQ

To find out how we handle your personal data, please see our privacy policy:
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
- Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email Address

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

- Publish response only (without name)
- Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No

Questionnaire

The questions in this document refer to information contained in '[A Human Rights Bill for Scotland: Consultation](#)'.

Questions 1 – 5 refer to Part 4: Incorporating the Treaty Rights

Question 1

What are your views on our proposal to allow for dignity to be considered by courts in interpreting the rights in the Bill?

Answer:

Healthcare Improvement Scotland (HIS) welcomes the opportunity to respond to this consultation, and notes our ongoing engagement with the Scottish Government regarding the Scottish Human Rights Bill.

We support the proposal that courts should be able to consider dignity when they are interpreting rights in the Bill. Dignity is a central human rights principle, as well as one of our core NHS values. We believe people's dignity should be at the heart of decision-making in public services. Healthcare Improvement Scotland Community Engagement's 'Gathering Views' work on chronic pain (1) showed that being treated with dignity is of crucial importance to people engaging with health services. People from different backgrounds may have different experiences around what it means to be treated with dignity, and this should be considered as part of interpreting rights.

We note that the National Taskforce for Human Rights Leadership recommended including a purpose clause in the Bill, defining dignity and other key concepts. We support this recommendation as being essential in ensuring clarity for public bodies interpreting the Bill's provisions. We would additionally suggest that guidance supporting the Bill makes clear that dignity should be interpreted through the Bill's equality clause to account for experiences that may be shaped by people's culture, background or characteristics.

(1) <https://www.hisengage.scot/chronic-pain#:~:text=The%20work%20involved%20gathering%20lived,services%20and%20local%20support%20groups>

Question 2

What are your views on our proposal to allow for dignity to be a key threshold for defining the content of MCOs?

Answer:

We agree with the proposal to allow for dignity to be a key threshold for defining the content of Minimum Core Obligations. Understanding the purpose, or 'spirit', of legislation is key to effective implementation. Dignity is part of our NHS Scotland values, where we understand that working with dignity and respect means '[keeping] the feelings, wishes and rights of others in mind'. It will be important for public bodies to have a clear understanding of what dignity looks like in practice, to support them carrying out their duties. We recommend that guidance is developed to support public bodies, and that practice examples from the relevant sectors including health are used to bring the concept to life.

Question 3

What are your views on the types of international law, materials and mechanisms to be included within the proposed interpretative provision?

Answer:

We support the Scottish Government's proposed approach. There is a range international jurisprudence related to the different treaties being incorporated through the Bill. We anticipate this will be of assistance to public bodies in interpreting their duties and understanding the rights over which they have influence. We would recommend that Scottish Government establishes a learning portal similar to KHub, which supports delivery of the Fairer Scotland Duty, to facilitate on-going learning and the dissemination of relevant UN observations, comments and recommendations.

Question 4

What are your views on the proposed model of incorporation?

Answer:

We agree with the Scottish Government's proposed model of incorporation.

We agree that public bodies should have a procedural duty in relation to the rights in the Bill. We would advise that any timeframe here aligns with the current cycle of reporting under the Public Sector Equality Duty (PSED) and enables sufficient time for public bodies to update their processes and allocate suitable resources.

We agree that there should be a duty to comply that is introduced later, aiming to deliver Minimum Core Obligations and progressive realisation of the rights in the Bill.

We fully support the inclusion of an equality provision in the Bill, promoting equal access to economic, social and cultural rights and the right to a healthy environment for all groups equally. We think that LGBTI groups and older people should be named on the face of the Bill as part of this. Please refer to our answer to question 14.

We anticipate that delivering rights through the lens of the 'equality treaties' could support understanding of the specific needs of women, disabled people and minority ethnic groups and thereby complement delivery of the PSED. We do however acknowledge the need for comprehensive guidance and support for public bodies around interpreting economic, social and cultural rights through the lens of the 'equality treaties'. As a public body that drives system improvement and quality assurance for health and social care, we will be keen to ensure robust understanding around compliance.

We note the calls from civil society organisations including the Human Rights Consortium Scotland and the Alliance for Health and Social Care that the 'equality [special protection] treaties' be subject to a duty to comply rather than a weaker procedural duty. We think this requires further consideration from the Scottish Government per its commitment to taking a maximalist approach to incorporation.

There should be a clear explanation of the rights included in the Bill. The Scottish Government should work with rights holders, duty-bearers and relevant experts to

develop guidance about the rights and what they mean in reality, including for the equality groups named in the Bill.

Question 5

Are there any rights in the equality treaties which you think should be treated differently? If so, please identify these, explain why and how this could be achieved.

Answer:

We are aware of the calls from civil society for some rights in the UN Convention on the Rights of Persons with Disabilities (CRPD) to be treated differently, with a duty to comply. We think this deserves consideration, particularly as the Bill aims to 'deliver stronger public services and improve the lives of those who are most marginalised and disadvantaged in our society'.

There is a risk that without additional consideration, rights such as CRPD Article 19 may not be realised in the way required. Article 19, the right to live independently and be included in the community, places an obligation on states to ensure that disabled people have the opportunity to choose where and with whom they live, and are provided with the necessary support. There is sometimes a misconception that it is about people's right to live alone. It brings together rights to self-determination, involvement in decision-making, non-discrimination and reasonable accommodations. This nuance needs to be clear and well understood within the Bill's provisions.

Questions 6 – 11 refer to Part 5: Recognising the Right to a Healthy Environment

Question 6

Do you agree or disagree with our proposed basis for defining the environment?

Answer:

We agree with the Scottish Government's proposed basis for defining the environment. Every person has the right to an environment that is not harmful to their health.

Question 7

If you disagree please explain why.

Answer:

Question 8

What are your views on the proposed formulation of the substantive and procedural aspects of the right to a healthy environment?

Answer:

We agree with both the substantive and procedural aspects of the Bill in respect of the right to a healthy environment. We are already working toward implementing many of the recommendations as part of our Climate Emergency and Sustainability activity.

Question 9

Do you agree or disagree with our proposed approach to the protection of healthy and sustainable food as part of the incorporation of the right to adequate food in ICESCR,

rather than inclusion as a substantive aspect of the right to a healthy environment?
Please give reasons for your answer.

Answer:

We agree with the proposal to incorporate the right to food under Article 11 of ICESCR, which guarantees the right to adequate, culturally appropriate, accessible and available food.

Question 10

Do you agree or disagree with our proposed approach to including safe and sufficient water as a substantive aspect of the right to a healthy environment? Please give reasons for your answer.

Answer:

We agree with the proposal include 'safe and sufficient water' as a substantive feature of the right to a healthy environment, in addition to incorporating the human right to water through ICESCR.

Question 11

Are there any other substantive or procedural elements you think should be understood as aspects of the right?

Answer:

Questions 12 – 18 refer to Part 6: Incorporating Further Rights and Embedding Equality

Question 12

Given that the Human Rights Act 1998 is protected from modification under the Scotland Act 1998, how do you think we can best signal that the Human Rights Act (and civil and political rights) form a core pillar of human rights law in Scotland?

Answer:

We accept the limitations placed on the Scottish Government in terms of reiterating commitment to the Human Rights Act 1998 within the body of the Bill. We do however fully expect the new Bill will include and strengthen existing rights and duties currently included as part of Human Rights Act. We appreciate that the Human Rights Act is a significant part of Scotland's past and present human rights landscape. We would like to see Human Rights Act rights and duties referred to within guidance as well as training and capacity building for public bodies. This could help to support understanding as well as the Bill's coherence with European Convention rights.

Question 13

How can we best embed participation in the framework of the Bill?

Answer:

Participation of rights-holders, including the most marginalised, should be embedded throughout the Bill. This includes in designing the Human Rights Scheme and other reporting mechanisms, and in all monitoring and reporting by duty-bearers.

One key function of HIS is to support the health and social care system to ensure people and communities have a say in the design and delivery of policies and services that impact their lives. We welcomed the Scottish Government's proposal to introduce a new PSED requirement to report how we used lived experience in implementing our duties. In line with this, we support strengthened duties of rights-based participation outlined within the Bill. The expertise needed to support meaningful participation is available in the health and care system. For example, HIS developed and leads on the Quality Framework for Community Engagement and Participation (1) alongside a diverse portfolio of engagement activities carried out as part of our statutory role supporting public involvement.

While expertise and good practice examples around participation are readily available, we would again highlight the need to consider adequate resourcing for public bodies to meaningfully and accessibly involve rights-holders as part of the development and monitoring of activities.

(1) <https://www.hisengage.scot/media/2248/20230420-quality-framework-for-community-engagement-document-apr-2023-v10.pdf>

Question 14

What are your views on the proposed approach to including an equality provision to ensure everyone is able to access rights in the Bill?

Answer:

We agree that there should be an equality provision and that LGBTI and older people should be specifically named. There is significant benefit in these groups being visible in the Bill, given the particular consideration needed to address barriers to their rights being met.

For consistency and coherence, as well as in recognition of the significant barriers experienced, we would like to see the groups explicitly named in the Bill reflect the range of groups we would ordinarily consider as part of our duties under the Equality Act 2010 and the Children and Young People (Scotland) Act 2014. For us, this would mean including older people, gender and sexual minorities and also care experienced people. This will make the Bill coherent with other duties and 'back up' their importance.

Question 15

How do you think we should define the groups to be protected by the equality provision?

Answer:

We support the National Taskforce recommendation to 'include an equality clause which aligns with the Equality Act 2010 and provides equal access to everyone to the rights contained within the Bill'. We feel this will bring coherence with our existing duties under the Act.

As a 'Corporate Parent' under the Children and Young People (Scotland) Act 2014, we support the call from Who Cares? Scotland (1) for 'Care Experienced people of all ages to be named in and explicitly protected by the equality provision' of the Bill.

(1) <https://www.whocaresscotland.org/wp-content/uploads/2023/09/WCS-Scottish-Human-Rights-Bill-consultation-response-Oct-2023-Final.pdf>

Question 16

Do you agree or disagree that the use of 'other status' in the equality provision would sufficiently protect the rights of LGBTI and older people? If you disagree, please provide comments to support your answer.

Answer:

We recognise that the framework of international law creates challenges in extending the defined groups beyond those named within the equality treaties. We also recognise, however, the significant rights challenges that are faced by gender and sexual minorities and by older people.

We support the Scottish Government's suggestion to use an 'other' category so long as the Bill clearly defines the groups that are included as part of this category. As well as being included on the face of the Bill, guidance should about be clear about interpretation of any such status group.

For consistency and coherence, as well as in recognition of the significant barriers experienced, we would like to see the groups explicitly named in the Bill reflect the range of groups we would ordinarily consider as part of our duties under the Equality Act 2010 and the Children and Young People (Scotland) Act 2014. For us, this would mean that 'other' status must include older people, gender and sexual minorities and also care experienced people. This will make the Bill coherent with other duties we are subject to and 'back up' their importance.

Public bodies must be supported to give appropriate consideration to the groups included and understand their status within the Bill, including the opportunity for judicial enforcement. We would like to see clear guidance about the groups that are included and how this should be interpreted and applied by public bodies in carrying out their duties under the Bill. We recommend that public bodies and duty-bearers are involved in the development of guidance alongside rights holders, National Human Rights Institutions (NHRIs) and academic and practice experts. The process of producing guidance together could also function as a capacity building exercise – see our answer to question 42.

Question 17

If you disagree, please provide comments to support your answer.

Answer:

Please see our answer to questions 15 and 16.

Question 18

Do you think the Bill framework needs to do anything additionally for LGBTI or older people?

Answer:

As noted in our other answers, the Bill framework will ideally name both groups as requiring consideration. Public bodies already consider gender and sexual minorities and older people as protected characteristic groups when applying the provisions of the Equality Act 2010. Any guidance accompanying the Bill should emphasise that LGBTI and older groups require equal consideration, and make reference to relevant primary legislation.

**Questions 19 – 26 refer to Part 7: The Duties
CED**

Question 19

What is your view on who the duties in the Bill should apply to?

Answer:

We agree that these duties should apply to all Scottish bodies carrying out public functions. As a national NHS organisation, HIS fully welcomes this Bill and its intent.

Question 20

What is your view on the proposed initial procedural duty intended to embed rights in decision making?

Answer:

We agree that there should be a procedural duty – that is, a duty to have due regard to the incorporated treaties – placed on public bodies.

An initial period where a procedural duty applies will be necessary for public bodies to plan how to embed and evidence human rights within decision-making. We anticipate using the initial procedural duty to review and update internal resources and build staff awareness, with initial reporting focussed on technical changes and capacity building. The Bill should explicitly state the timeframe during which a procedural duty will apply, and the date we can expect a duty to comply to begin.

We would advise that the timescale for introducing the procedural duty is sensibly aligned with the bi-annual PSED reporting duty to promote coherence and consideration across the protected groups, equality treaties and progressive realisation of rights. We would expect a procedural duty to sit alongside and enhance existing efforts to mainstream equality.

It will be important that the procedural duty is backed up with guidance, training, capacity building and adequate resources for duty-bearers to understand and comply with their duties. Learning from compliance and monitoring of existing duties within the public sector should be collected and used to inform resources put in place to support delivery of the new Human Rights Bill.

Question 21

What is your view on the proposed duty to comply?

Answer:

We agree that public bodies (and relevant private actors) should be given a duty to comply with rights in the Bill. We agree that the duty to comply should include delivering Minimum Core Obligations and demonstrating the progressive realisation of rights. It would be helpful for guidance to public authorities to include detail and examples to illustrate the concepts we should become familiar with as part of this. For example, concepts such as 'progressive realisation' and using 'maximum available resources'.

We think the duty to comply will be important in demonstrating outcomes and providing assurance that rights are being delivered. It should however still be accompanied by a duty to have due regard so that the whole process of designing and taking forward actions is included. Currently, public bodies are asked to mainstream equality through consideration of protected characteristic groups and the PSED when planning new work, and then demonstrate how this has influenced decisions. There should be a complimentary approach applied to Human Rights Bill.

Again, we would like to see a transition towards the duty to comply taking place in a way that is cognisant of the other reporting duties public bodies undertake, and the planning and governance processes that support those. As it is often small teams that are responsible for compliance with equality and rights duties, learning from the initial procedural duty and other reporting obligations should be captured in order to monitor and address capacity issues.

Question 22

Do you think certain public authorities should be required to report on what actions they are planning to take, and what actions they have taken, to meet the duties set out in the Bill?

Answer:

Yes. We agree that there should be a reporting requirement for public bodies. This should complement and strengthen our other reporting requirements, including in respect of the Equality Act 2010 and Children and Young People (Scotland) Act 2014.

Question 23

How could the proposed duty to report best align with existing reporting obligations on public authorities?

Answer:

We would support an approach that is coherently aligned with, and enhances, existing reporting requirements for public bodies. For example, we note that the Human Rights Lived Experience Board emphasised that public bodies should not just report on their activities but about their impact for rights holders and any gaps. We welcomed the Scottish Government's proposal to introduce a new PSED requirement to report how we used lived experience in implementing our duties and see this as aligning well with the Lived Experience Board's consideration.

We look forward to further engagement with Scottish Government around planning and reporting duties on public bodies, and supportive capacity building related to new duties.

Question 24

What are your views on the need to demonstrate compliance with economic, social and cultural rights, as well as the right to a healthy environment, via MCOs and progressive realisation?

Answer:

Please see our response to question 21. We agree that public bodies (and relevant private actors) should be given a duty to comply with rights in the Bill. We agree that the duty to comply should include delivering Minimum Core Obligations and demonstrating the progressive realisation of rights. It would be helpful for guidance to public authorities to include detail and examples to illustrate the concepts we will become familiar with. For example, around progressive realisation and using maximum available resources.

Question 25

What are your views on the right to a healthy environment falling under the same duties as economic, social and cultural rights?

Answer:

We agree with this proposal.

Question 26

What is your view on the proposed duty to publish a Human Rights Scheme?

Answer:

We support the proposed duty to publish a Human Rights Scheme and we understand this will bring transparency and accountability to the new duties in the Scottish Human Rights Bill.

We support the involvement of rights-holders in preparing and reporting on the Scheme - and agree with participation being embedded in all relevant parts of the Bill too. Through our Community Engagement and System Redesign directorate, we have a legal duty to support, ensure and monitor public involvement in respect of changes or developments in the delivery of health services. Embedding participation in the Bill should strengthen and support existing requirements for public bodies as set out in relevant legislation, including the Equality Act 2010 and the Public Bodies (Joint Working) (Scotland) Act 2014.

Questions 27 – 37 refer to Part 8: Ensuring Access to Justice for Rights Holders QAD / complaints team

Question 27

What are your views on the most effective ways of supporting advocacy and/or advice services to help rights-holders realise their rights under the Bill?

Answer:

Question 28

What are your views on our proposals in relation to front-line complaints handling mechanisms of public bodies?

Answer:

We agree that front-line complaints handling by public bodies needs to be changed to take into account rights and duties in this Bill. It is important that there are no initial barriers to rights-holders accessing complaints mechanisms and that there is an accessible first point of contact for rights holders, including to sign-post on to the Scottish Public Services Ombudsman (SPSO) for example.

Our engagement has found a need for improvement around people's awareness of how to complain. For example, our eighth Citizen's Panel on Dentistry Services (1) found that 'almost two thirds of respondents (62%) said that they would not know how to raise a complaint about a dental professional if they needed to'. We found that of those who would make a complaint, they were most likely to either use the complaints procedure within their local dental practice (84%) or to raise a concern with the dental professional in question (80%). We recommended in this case that all patients are aware of how to make a complaint should they need to, and that local resolution of complaints is supported whenever appropriate.

(1) <https://www.hisengage.scot/informing-policy/citizens-panel/eighth-panel-report/>

Question 29

What are your views in relation to our proposed changes to the Scottish Public Services Ombudsman's remit?

Answer:

While the Bill doesn't make specific reference to HIS in relation to complaints handling it is important to note that HIS has a role in relation to complaints about private healthcare providers that are regulated by HIS. Any proposals in relations to HIS's role in complaint handling could only be in so far as the obligations of the Bill extend to private healthcare providers. HIS would be happy to discuss this matter further with Scottish Government to ensure any potential requirement placed on HIS fully takes account of our statutory role and remit and supports a consistent and joined up approach to complaint handling.

Question 30

What are your views on our proposals in relation to scrutiny bodies?

Answer:

HIS welcomes the opportunity to consider the role that scrutiny bodies might play in helping to ensure that human rights are embedded in public services. We recognise and value the role of human rights in the design and delivery of services that are safe, person centred and committed to continuous quality improvement.

It is important that any new duties on scrutiny bodies relating to human rights should take account of and build on the work already undertaken by scrutiny bodies in this context. For example, the national Health and Social Care Standards, which HIS and the Care Inspectorate use in carrying out inspections and reviews are designed on a human rights based approach. It is not clear in the consultation paper how any new duties to assess would align with existing scrutiny activities and statutory duties, and further work will be required to clarify this. Consideration will need to be given to the scope and focus of individual scrutiny organisation's statutory functions when determining the extent to

which individual bodies can make assessments on whether appropriate steps are being taken to meet human rights obligations. For example, the focus of HIS's scrutiny is on assuring safety and quality of care and all our scrutiny activity is carried out through this lens. When undertaking scrutiny activities we may identify matters that provide indicators of an organisation's focus on human rights that we would either make recommendations for improvement on, or identify as areas of good practice for others to learn from. However this is different from being in a position, through a specific scrutiny invention such as an inspection, to make an evidence based judgement on the extent to which an organisation is taking steps to meet its human rights obligations.

Given that the determination of whether or not there has been a breach of human rights legislation is a matter for the courts, both the extent and limitations of any new duties on scrutiny bodies requires to be clarified to avoid duplication or confusion.

HIS works collaboratively with a range of national scrutiny bodies on areas of shared interest, both in terms of day-to-day activity and also through the mechanism of the Sharing Intelligence for Health and Care Group. There are existing agreements in place between relevant organisations to enable the sharing of relevant information, and any new information sharing provisions should be developed in that context.

The consultation refers to a proposed requirement on scrutiny bodies to inform the SHRC of "any systemic human rights issues the come across as well as informing other relevant organisations". Clarification is required regarding the definition of "systemic human rights issues" and there may be grey areas in practice. For example, during an on-site inspection, there may be instances of poor care or leadership approaches that are observed by inspectors, and raised with service providers to ensure these are addressed and any improvements made. Determining which instances may also be symptomatic of systemic issues can be complex and will require careful judgment alongside other evidence. Given this complexity, HIS considers that any new provision in this regard should be an enabling provision, rather than "a requirement".

Once the new duties are clearer, it will be important to assess the resource implications for scrutiny bodies to implement these duties effectively. Potential costs of implementing new duties would include those associated with business planning, initial and ongoing training for staff, revising tools, methodologies and inspection footprints, follow up activity, and where appropriate, obtaining legal advice.

An overarching human rights scrutiny framework should be produced to support implementation, provide clear guidance and promote a consistent approach across the range of scrutiny bodies that will be subject to the new duties.

Within the healthcare context, it is notable that this Bill is being developed alongside the Patient Safety Commissioner for Scotland Bill, and clarification is needed about alignment of these developments.

Question 31

What are your views on additional powers for the Scottish Human Rights Commission?

Answer:

Question 32

What are your views on potentially mirroring these powers for the Children and Young People's Commissioner Scotland where needed?

Answer

Question 33

What are your views on our proposed approach to 'standing' under the Human Rights Bill? Please explain.

Answer:

Question 34

What should the approach be to assessing 'reasonableness' under the Human Rights Bill?

Answer:

Question 35

Do you agree or disagree that existing judicial remedies are sufficient in delivering effective remedy for rights-holders?

Answer:

Question 36

If you do not agree that existing judicial remedies are sufficient in delivering effective remedy for rights-holders, what additional remedies would help to do this?

Answer:

Question 37

What are your views on the most appropriate remedy in the event a court finds legislation is incompatible with the rights in the Bill?

Answer:

Questions 38 – 44 refer to Part 9: Implementing the New Scottish Human Rights Act**Question 38**

What are your views on our proposals for bringing the legislation into force?

Answer:

There needs to be clear and robust timelines for full implementation of this Bill and its duties.

International human rights are already in place, and are therefore recognised as part of our expanded approach to equality impact assessment. We recognise however that we are still on a journey developing awareness and understanding to support practice. Public sector capacity requires careful consideration so that duty-bearers understand and are able to evidence with confidence that Minimum Core Obligations are being met through progressive realisation.

We do not currently have a distinct training offer around human rights. We recommend, and would welcome, the development of a national resource and a distinct programme of engagement to build the capacity of the sector. Any training resources will need to work effectively for different organisation types – for example, for territorial as well as special NHS boards. Duty-bearers should be involved in the development of resources to ensure to ensure they are accessible and coherent for their sector.

We anticipate a need for specialist staff support for colleagues as they start to evidence human rights considerations in their work. We also welcome the development of senior leaders as a way of supporting confidence and driving accountability within organisations. In our experience delivering existing duties, ongoing support and leadership is needed to establish and maintain good practice.

Question 39

What are your views on our proposals to establish MCOs through a participatory process?

Answer:

We believe that everyone has a right to the highest attainable standard of physical and mental health. As part of our current strategic priorities, we aim to enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care. Meaningful engagement is essential in bringing about improved outcomes for communities.

We think developing Minimum Core Obligations through a participatory process, particularly focussed on groups whose rights are most at risk, is essential and the right thing to do. This approach has significant potential to increase understanding and awareness of how rights are being delivered in Scotland currently, and to identify gaps and best practice. In our ninth Citizen's Panel (1) for health and social care we found that just under one quarter of respondents were aware that people across Scotland have the right to get involved in the design and delivery of new health or social care services. We therefore recommend that Scottish Government actively encourage all relevant communities, especially the most marginalised, to participate in the development of Minimum Core Obligations. This should include raising awareness about the right to get involved, providing accessible information about the new bill and providing feedback to participant rights-holders on the impact of their involvement.

(1) <https://www.hisengage.scot/informing-policy/citizens-panel/ninth-panel-report/>

Question 40

What are your views on our proposals for a Human Rights Scheme?

Answer:

We support the proposed duty to publish a Human Rights Scheme. We believe this will bring transparency and accountability to the new duties in the Bill. We support the proposed list of items the Scheme identified for inclusion in the scheme, and would add that the scheme should also systematically identify any 'gaps' in order to capture learning.

We support the involvement of rights-holders in preparing and reporting on the Scheme, and agree with participation being at the heart of all relevant parts of the Bill including the Human Rights Scheme. We have a statutory role to support, ensure and monitor NHS legal responsibilities around public involvement. We recognise participation is a key element of a Human Rights Based Approach, and making this central in the Bill will additionally strengthen and support existing requirements for public bodies - for example, those set out in the Equality Act 2010 and the Public Bodies (Joint Working) (Scotland) Act 2014.

Timescales and reporting in relation to the Scheme should occur at a frequency that enables sufficient time for action to be taken and consulted on meaningfully, while not being so long that the update becomes outdated or difficult to track alongside other developments.

Question 41

What are your views on enhancing the assessment and scrutiny of legislation introduced to the Scottish Parliament in relation to the rights in the Human Rights Bill?

Answer:

We agree with the Scottish Government proposal. We would add that, mirroring proposals for the UN Convention on the rights of the child (UNCRC) Bill, Ministers should be required to evidence how they have assessed the human rights impact for any Bill introduced to the Scottish Parliament. Accessible human rights impact assessments should be part of the development of all legislation and related scrutiny processes so that good practice is modelled and replicated across the public sector.

Question 42

How can the Scottish Government and partners effectively build capacity across the public sector to ensure the rights in the Bill are delivered?

Answer:

Public sector capacity will be essential to successful delivery of the Bill. We agree that statutory and non-statutory guidance is essential for building and supporting public sector capacity. This should be developed alongside both rights-holders and the range of different duty-bearers, to ensure it is accessible and coherent for all purposes.

We also welcome the development of a plan around human rights capacity building for public bodies. While we do already support internal awareness of human rights and

include reference to the Human Rights Act and equality treaties within our impact assessment resources. We acknowledge however that we are still on the journey of embedding rights-based assessment and do not currently have a distinct training offer around human rights. We would welcome the development of a national resource and a distinct programme of engagement to build the capacity of the sector.

Consideration should be given to monitoring approaches that public bodies can take within their existing processes – for example, embedding the provisions of the Bill within strategic and operational plans and reflecting in the objectives of senior leaders.

Question 43

How can the Scottish Government and partners provide effective information and raise awareness of the rights for rights-holders?

Answer:

We think it will be very important to develop effective ways to ensure people have access to information about their rights as well as access to advice and remedies.

We fully support the Scottish Government's consideration of a public awareness campaign to highlight the new rights introduced in Scotland through the Bill.

An ongoing action could be to ensure that any new information produced for people accessing or contributing to a public service has appropriate introductory rights-based text. For example, a health information leaflet or web-page might say 'You have the right to access to information on health issues, including how to prevent and manage them. This leaflet is intended to give you information about [issue A]'. This could help ensure that interactions between public bodies and rights-holders explicitly address delivery of rights, inviting awareness and conversation.

Question 44

What are your views on monitoring and reporting?

Answer:

Please see our answers above to questions 22 and 23. We agree that monitoring and reporting are key to realising the rights in the Bill, and that a strong and effective mechanism must be in place to support this.

A monitoring mechanism will be a source of technical support for listed bodies, and will have an active role in shaping how we understand, interpret and implement the duty. It will be important that it is accessible to public bodies and able to engage to support learning and offer advice.

Modern Slavery Statement

Healthcare Improvement Scotland (HIS) is aware of the Modern Slavery Act (2015). We have policies and procedures in place to ensure that modern slavery or human trafficking is not taking place within our organisation and commissioned services. We are committed to remaining vigilant and reviewing our policies and procedures regularly to ensure that they remain fit for this purpose.

Modern Slavery is a public protection concern as outlined in both the [national guidance for child protection in Scotland](#) and [adult support and protection code of practice](#).

Modern slavery is the recruitment, movement, harbouring or receiving of people - including children, women or men - through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK. They may be trafficked for a number of reasons, including sexual exploitation, forced labour, domestic servitude and organ harvesting. Traffickers and slavers use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Healthcare Improvement Scotland has a zero-tolerance approach to any form of abuse. Modern slavery is incorporated as part of our public protection activities. We are committed to acting ethically and with integrity and transparency in all our business dealings and to putting effective systems and controls in place to protect our staff and the public against any form of modern slavery.

Through the implementation of robust recruitment policies and procedures Healthcare Improvement Scotland ensures that comprehensive checks and balances are in place to negate the likelihood of individuals being employed by Healthcare Improvement Scotland who have been trafficked illegally or who are the victims of Modern Slavery and that we comply with:

- Right to work in the UK / identity checks
- The collection of appropriate references
- Occupational health screening
- PVG checks

By adopting the national pay, terms and conditions of service, we have the assurance that all staff will be treated fairly in respect of pay and will comply with the latest legislation. Healthcare Improvement Scotland has appropriate policies and procedures in place designed to provide guidance and advice to staff, managers and volunteers. These policies are available on the staff intranet or via the Once for Scotland website. They include:

- [NHS Scotland Bullying and Harassment policy](#)
- [NHS Scotland Grievance Policy](#)
- [NHS Scotland Conduct Policy](#)
- [NHS Scotland Whistleblowing Policy](#)
- [HIS Equal Opportunities and Diversity Policy](#)
- [HIS Gender Based Violence Policy](#)
- [HIS Recruitment and Selection Policy](#)

An Equality Impact Assessment is completed on each policy to assess the impact across the range of protected and disadvantaged groups and to ensure Healthcare Improvement Scotland is conducting business in an ethical and transparent manner.

Healthcare Improvement Scotland is responsible for procuring third party providers of goods and services. Our procurement approach set out in our Ethical Procurement Policy follows the Scottish Government Procurement Journey via the Single Procurement Document (SPD) and includes a mandatory exclusion question regarding non-compliance to the Modern Slavery Act 2015. (Self-cleansing applies where applicable).

When procuring goods and services, Healthcare Improvement Scotland additionally applies NHS Scotland Terms and Conditions for Goods and or Services (for clinical and non-clinical procurement). Both require suppliers to comply with the relevant legislation.

Healthcare Improvement Scotland is responsible for monitoring the quality of our service provision in all aspects of delivery. We will therefore ensure that all commissioned service providers are aware of their responsibilities and have effective systems in place for a similar zero tolerance approach to human trafficking, compliant with the Modern Slavery Act (2015).

The supplier's contract will include:

- a) An assurance by the supplier to comply with the Act, a breach of which may lead to the termination of the contract;
- b) Indemnities – an undertaking by the supplier to meet any direct loss, costs, expenses or damages incurred by the NHS organisation as a result of the supplier's non-compliance with the Act;
- c) Rights to request and audit information in respect of the supplier's on-going compliance with the Act;
- d) Rights to terminate if the supplier commits an offence under the Act.

HIS recognises that everyone has the right to feel included, be respected, feel safe and live without fear of harm. The Modern Slavery Act 2015 highlights the importance of identifying and responding to victims of Modern Slavery. If any HIS staff or volunteers are aware of or come into contact with members of the public who are suspected modern day slaves, they should discuss this with their line manager and / or Public Protection lead. They should also [consider making a referral](#) and raising their concern to the local authority.

Staff can access further information via the links below:

- Modern Slavery and Victim Identification Guidance: [Modern Slavery Awareness booklet \(publishing.service.gov.uk\)](#)
- Modern Slavery Module on [Turas Learn](#)
- Child protection and adult support and protection learning via [Turas Learn](#).

