

SHCC MINUTES – V1.0

Meeting of the Scottish Health Council Committee

Date: 19 May 2022
Time: 10:00am-12:30pm
Venue: MS Teams

Present

Suzanne Dawson, Chair (SD)
John Glennie, Vice Chair (JG)
Christine Lester, Non-executive Director (CL)
Dave Bertin, Member (DB)
Elizabeth Cuthbertson, Member (EC)
Emma Cooper, Member (EmC)
Simon Bradstreet, Member (SB)

In Attendance

Ruth Jays, Director of Community Engagement (RJ)
Christine Johnstone, Engagement Programmes Manager (CJ)
Claire Curtis, Engagement Programmes Manager (CC)
Derek Blues, Engagement Programmes Manager (DBI)
Robbie Pearson, Chief Executive, Healthcare Improvement Scotland (RP)
Jane Illingworth, Head of Governance and Planning (JI)
Richard Kennedy McCrea, Operations Manager (RKM)
Rosie Tyler-Greig, Equality and Diversity Advisor (RTG)
Victoria Edmond, Senior Communications Officer (VE)
Denise Symington, Principal Service Change Advisor (DS)
Alison Waugh, Administrator (AW)

Apologies

Alison Cox, Member (AC)
Jamie Mallan, Member (JM)
Jane Davies, Head of Engagement Programmes (JD)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	The Chair (SD) welcomed everyone to the meeting via MS Teams and extended a warm welcome to Christine Johnstone (CJ) who was deputising for Tony McGowan (TMG). She also welcomed those attending the meeting for the first time as observers. An introduction was made to Denise Symington (DS) who recently joined the Service Change team as	

	<p>Principal Service Change Advisor.</p> <p>SD provided the following update to the Scottish Health Council Committee.(the Committee)</p> <ol style="list-style-type: none"> 1) Work on the programme for the Development Day which takes place on 30 June in Delta House is almost complete. This meeting will provide an opportunity for the Committee to meet up with the Directorate Management Team (DMT) who will be facilitating on the day. 2) Staff from Community Engagement (HIS - CE) appreciated the attendance of one of the Committee members at the monthly CE staff huddle and invited other members to join in when possible. <p>Apologies were noted as above with the Committee sending best wishes to Jane Davies (JD).</p>	
1.2	Draft Minutes of Meeting	
	<p>The draft minutes of the Scottish Health Council Committee meeting, held on 17 February 2022, were approved as an accurate record of the meeting.</p>	
	Matters arising	
	<p>There were no matters arising.</p>	
1.3	Review of Action Point Register	
	<p>SD presented the Action point register to the Committee.</p> <p>The Committee noted the content of the action point register and raised a further point with regard to item 2.2 (17/02/2022)</p> <ol style="list-style-type: none"> 1. Although we do not require volunteers to be vaccinated, should we have a policy? <p>Action: RJ advised that guidance for NHS boards relating to volunteering was being revised and redeveloped to reflect the range of changes to restrictions relating to COVID-19. This guidance will replace our current published guidance titled 'Remobilisation of Volunteering in NHSScotland COVID-19'. RJ to ensure that messaging around the strong encouragement for volunteers to be vaccinated is included in the updated guidance.</p>	RJ
1.4	Business Planning Schedule	
	<p>SD presented the Business Planning Schedule to the Committee.</p> <p>The Committee noted the Business Planning Schedule.</p>	
1.5	Director's Update including Ways of Working (WoW)	
	<p>The Director of HIS-CE (RJ) provided a verbal update to the Committee and highlighted the following points:</p>	

1. Accommodation

Test of Change Period (ToC) has been in operation since beginning of April, with the directorate working in a hybrid way and benefiting from the ability to meet in person. Agreements are now in place for accommodation for all local offices with the exception of two – Highland and Lanarkshire. Staff are working hard to resolve these issues. The Directorate Management Team (DMT) are evaluating staff experiences throughout this period and feeding into the main Ways of Working (WoW) evaluation process. This will allow us to determine a way forward for the directorate, in line with the rest of the organisation, at the end of the ToC period.

2. Staffing

Claire Curtis, Engagement Programmes Manager, has been appointed as Acting Head of Engagement Programmes due to Jane Davies' long-term absence. All the directorate wish Jane a speedy recovery and wish Claire well in her new acting role.

The directorate welcomed Denise Symington who has joined HIS-CE as Principal Service Change Advisor.

The Interim Staffing Structure runs until 30th September and the senior team have held a series of regional meetings with staff to explore and discuss how we reconnect with our stakeholders and each other as we move through the pandemic and the NHS recovers.

There will also be meetings with staff over coming weeks to evaluate the impact of the structure to ensure we have a settled way forward in place by the end of the interim period.

3. External Engagement

Planning with People (PWP) Scottish Government (SG) have indicated that they will restart engagement work on this shortly and the directorate will be discussing with them in the next couple of weeks to ensure that the timings of the Quality Framework (QF) coincide with this.

RJ attended her first meeting of the *Capital Investment Group* – considering the Lochaber Redesign Project. SG were very pleased to have us represented and fed back how beneficial our input was. Attending the meeting ensured that the Impact Assessment (IA) didn't progress until SG had confirmation that they had submitted the Major Service Change template. This has now been received and will be taken to the Service Change Sub Committee for consideration. NHS Ayrshire and Arran have this week formally responded to RJ's letter of February 2022 about changes to chemotherapy services and have confirmed that they will move to consultation.

Noted that work had started on external comms plan to promote the work of the directorate, with a blog from RJ out this week and highlighted this will be followed up with other activity in the coming months.

NHS event - Highlighted that the directorate has two e-posters

	<p>accepted about Citizens' Panels 8 and 9 and also a spotlight session on volunteering.</p> <p>The Committee thanked RJ for the verbal update, noting the volume of work that is currently on-going within the directorate.</p>	
2.	SETTING THE DIRECTION	
2.1	Quality Framework for Community Engagement	
	<p>RJ provided a verbal update and provided assurance to the Committee advising that the work on the Quality Framework is on track, and highlighted the following points:</p> <ol style="list-style-type: none"> 1. A programme of testing is being worked through with 5 partners with steady progress being made 2. There is a focus on internal and external messaging to support the future roll out 3. Next steps to continue alignment with <i>Planning with People</i> and build on learning for testing phase <p>The Committee thanked RJ for the verbal update.</p>	
2.2	Engaging People in the work of HIS	
	<p>RJ provided a verbal update to the Committee and highlighted the following points:</p> <ol style="list-style-type: none"> 1. Work on accessibility - the directorate are supporting a project to improve accessibility of key documents by providing relevant translations or interpretations. As part of this, resource has been identified to embed capacity for the production of 'Easy Read' materials within HIS-CE. HIS-CE is seeking to exert influence across HIS to produce publications in 'plain English' which is a writing style that is considered to be clear & concise, avoiding the use of uncommon vocabulary and jargon. The accessibility project is being supported by dedicated resources to end September 2022, and the intention is for there to be a lasting positive impact on the directorate, the organisation and its capabilities. 2. We have recently supported Quality Assurance Directorate (QAD) by advising on materials produced as part of their Quality Assurance System. Christine Johnstone, Engagement Programmes Manager (CJ) provided the following update on the People's Experience Volunteering Panel roles. This will see a small group of members of the public join HIS as volunteers so that their opinions can be sought on a variety of issues relevant to the organisation including its strategy, key delivery areas, and individual work programmes. The aim is to have four panels of volunteers giving feedback across the four CE regions. To test the support materials, a trial was set up in Fife, where the Engagement Officers have been looking for opportunities to engage with potential panel candidates, recently trying out a 	

	<p>café coffee crawl. This had some success with some people expressing interest in joining the panel in Fife.</p> <p>The Committee thanked both RJ and CJ for the update and raised the following points.</p> <ol style="list-style-type: none"> 1. Once formed, will the panels meet in person or virtually? 2. Noted that when recruiting, considering Community Councils are a good way to get reps. 3. When recruiting for the panel, it is important to think of a wide representation of people. Has this been considered? 4. Use of accessible language is great, what determines the September cut-off date for these resources? 5. Are the four regions aligned with the national planning regions, is there merit in relating these? <p>In response to the points raised RJ and CJ provided the following feedback :</p> <ol style="list-style-type: none"> 1. Initially the panel will meet virtually, but this will be reviewed. 2. Agreed that the Community Councils are a good idea but as this was still a trial, they weren't considered due to the potentially high volume of interest this could generate without the capacity to deal with it. 3. An EQIA was conducted to ensure there were no gaps in representation when recruiting. 4. While this is a short term post due to budget constraints, the intention is for the learning and findings to build capacity and mainstream the approach within the directorate. 5. It definitely merits being aligned and something we should consider. <p>SD highlighted that EmC had placed a link in the chat re Plain English training. http://www.plainenglish.co.uk/services/training.html</p> <p>The Committee thanked both RJ and CJ for the update.</p>	
<p>2.3</p>	<p>HIS Strategy Development Update</p>	
	<p>RJ thanked the Committee for their input into the HIS Strategy and introduced the HIS Chief Executive, Robbie Pearson (RP) and the Head of Planning and Governance Jane Illingworth (JI) to the meeting.</p> <p>RP advised the Committee that HIS Strategy draft for is not the finished article and would welcome more input/feedback from Committee members.</p> <p>JI provided a slide deck (Appendix 1) and highlighted the main areas of focus on the coming year.</p> <p>The Committee welcomed the presentation by RP and JI and were very pleased to have the opportunity to be involved in engagement around the strategy and provided a number of points of feedback:</p> <ol style="list-style-type: none"> 1. Appreciative of the work that has gone into the HIS Strategy so far but how do we measure the success. Will this form part of the content at all? It is not just about implementation, it's 	

	<p>important to know what works and what doesn't.</p> <ol style="list-style-type: none"> 2. It is beneficial to consider strategic measures of success against the high level roadmap and strategic aims. 3. Interested to see how focus on early intervention and prevention iterates in the strategy and could mean new ways of working and new partners <p>In response to the Committee's points raised, JI assured the Committee that measuring success will be considered as it is already in the plan and noted that this is an iterative document so will evolve.</p> <p>JI highlighted the benefit of the support from Public Partners, the Engagement Group and the Equality and Diversity Advisor Rosie Tyler-Greig (RTG) and found it very useful to hear the different perspectives provided by the Committee.</p> <p>After discussion it was agreed that committee members were happy to provide further feedback in writing, via one-to-one discussions with members of HIS-Community Engagement staff or take part in a group discussion.</p> <p>The Committee thanked both RP and JI for providing the update.</p> <p>Action RJ/SD to organise a small group of committee members to take part in discussion for HIS Strategy.</p>	RJ/SD
3.0	COMMITTEE GOVERNANCE	
3.1	Risk Register	
	<p>RJ presented the Risk Register to the Committee and advised there were no changes at this time.</p> <p>The Committee noted the Risk Register and queried if risk 1163 is broad enough, as this shouldn't just be about Service Change.</p> <p>After discussion it was agreed that RJ and SD will look further into this for next meeting.</p> <p>Committee members expressed an interest on the wider process of identifying risks and who owns them.</p> <p>Action</p> <p>It was agreed that Susan Ferguson, Committee Secretary (SF) would approach the Governance Manager regarding the workings of the Risk Register and provide any information back to the Committee members.</p> <p>It was also agreed that an invite would be sent to Gill Graham the new Chair of Audit and Risk and the new Risk Manager for the next SHC Committee meeting on 15 September 2022.</p>	SF SF
3.2	Service Change Update, including Action Plan	
	The Engagement Programmes Manager, Derek Blues (DBI), provided the	

	<p>following highlights to the Committee.</p> <ol style="list-style-type: none"> 1. The new Principal Service Change Advisor (DS) is now in role and settling in well 2. The format for the service change update document has been changed and now provides a description of the colour coding which has been added. 3. The team have made links with the Scottish Government Capital Investment Group (CIG) and have agreed a schedule of monthly meetings for sharing of knowledge and information. And advised that this has been really productive for both parties. 4. The Engagement Programme Manager (EPM) joined a meeting with the Capital Investment Network (CIN) and provided them with a brief insight into the work of HIS-CE. 5. The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months. Topics covered have included duties and principles, <i>Planning with People</i>, option appraisal and effective ongoing engagement. 19 online workshops have now taken place in 2022. 6. The team have drafted an overview of the workshops and the <i>Planning with People</i> guidance for non-Executive board members in NHS boards and Integration Authorities. 7. The team have developed a draft regional planning expectations template covering expectations, outputs and evidence. <p>The Committee thanked DBI for the update, and raised the following points:</p> <ol style="list-style-type: none"> 1. The importance of DS and the team establishing what is working well and what isn't in respect of the workshops that have taken place for moving forward. 2. Requested that the overview of the workshops for the non-Executive board members in NHS boards and Integration Authorities be shared with Committee members. 3. The Committee agreed that the colour coding on the service change update works really and welcomed the new formatting of the report. <p>After a discussion on Regional planning, it was emphasised by the Committee that there was a need for continued engagement with Regional and National Planning structures as they consider changes to services. This is aimed particularly at ensuring that regions do not plan services without engaging with the public. The impact on individual territorial health boards when decisions are made at regional level without appropriate patient and public engagement was recognised.</p> <p>Action DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities</p>	DBI
3.3	Remobilisation and Operational Plan Progress Report	

The Operations Manager (RKM) thanked the Committee for the opportunity to attend and highlighted the following points:

1. Things are moving at pace as we move out of pandemic. All areas are beginning to look at new engagement plans and strategies to ensure that people and communities are involved in co-designing and developing services. This has meant a considerable amount of work for all of our engagement offices to support this recovery effort and ensure that people and communities continue to have their voices heard.
2. Discussions are underway with SG around the delivery of a Gathering Views exercise for Chronic Pain between June and September 2022.
3. Citizens' Panel - funding for the next three years has recently been secured from SG, which includes a refresh to identify new Panel members. It will also fund Project Officer support one day per week for the Panel work plan.
4. Citizens' Panel 8 report published mid-February. The survey sought public opinion on the remobilisation of dentistry and elective care, the redesign of urgent care services, and the remit of the Patient Safety Commissioner. The Citizens' Panel 9 survey is underway, looking at public engagement, inclusive COVID vaccination and the COVID Vaccine Certification (passport). The report is due to be published in Q1 of 2022-23.
5. Advised that funding had been secured from SG to replace the current Volunteer Information System which is out of date.
6. The online volunteer application form has been delayed (for six months) by a lack of capacity within the IT team at the Golden Jubilee.
7. Staff training - 54 CE staff have now undertaken Foundation Improvement Skills training (FIS). This is making a significant difference to staff in terms of their confidence in delivering improvements within their own work. One member of staff has successfully completed the course in Cohort 30. Another member of staff has gained a place on Scottish Improvement Leaders Programme (SCL) and starts in Q1 of 2022-23.

The Committee thanked RKM, welcomed the approach used to providing the update and looked forward to seeing the changes in the report at the next meeting. The Committee raised the following points :

1. Is there a risk that volunteering IT support is deprioritised, can the Committee offer any support with regards to the delay?
2. Is there any update on the Redesign of Urgent Care (RUC)?

In response to the points raised, RJ provided assurance to the Committee :

1. Advised that she was not aware of any deprioritising and that the new volunteering information system will help. She also advised that she will ask the Volunteering Manager, Janice Malone (JM) to provide more information outwith the meeting cycle or include a paper on this when volunteering is next scheduled to attend the Committee meeting.
2. Advised that work is ongoing and that due to capacity in HIS-CE with absence, this has been paused at present. The RUC Evaluation Advisory Group chaired by Sir Lewis Ritchie and

	<p>Derek Bell has paused as they are commissioning an independent evaluation of patient experience due to take place over the next few months. We are awaiting an update on the exact timescale.</p> <p>Actions RJ to contact JM regarding providing an update on the online Volunteering application form.</p> <p>RJ, CC and SD to discuss the update of RUC</p>	<p>RJ</p> <p>RJ, CC &SD</p>
3.5	Equality / tackling inequalities – discussion following HIS Board development day	
	<p>RTG provided the Committee with an update on the HIS-Board Development Day which took place on 6 April and supported the HIS Board members to understand their role and responsibilities in respect of equality and diversity.</p> <p>The day focussed on the theme of equality and diversity and two workshops were delivered.</p> <p>Workshop 1 'What we know and what we can influence', this covered COVID-19 as a 'great illuminator' in respect of existing health inequalities for different groups.</p> <p>Workshop 2. Shared findings and analysis around the HIS 2020-21 Workforce Equality Monitoring data. It highlighted current equality and diversity considerations within the HIS workforce. It covered pay gaps and employment trends in relation to gender, disability, age and race and ethnicity.</p> <p>RTG talked through the presentation which is attached (Appendix 2) and welcomed any reflections from the Committee.</p> <p>The Committee found the presentation very informative and raised a point on what the position was within HIS on providing Apprenticeships or Graduate Trainee support, as they felt it was important that people should be aware what was on offer to them. This could help in making HIS a career of choice.</p> <p>SD noted that she had points raised by JM in his absence and would share these by email to RTG to answer.</p> <p>RJ advised the Committee that HIS offered various learning opportunities for trainees, and some examples were provided, such as work with the Glasgow Centre for Independent Living to support graduates, work experience provided for Occupational Therapists, Career Ready Mentoring and Modern Apprenticeships,</p> <p>The Committee thanked RTG for the update.</p>	
3.6	Governance for Engagement sub-committee Report	
	<p>RJ provided an update to the Committee and highlighted that the report presents the findings for the first year of the sub-committee's operation and makes recommendations for the way forward. She advised that as there had been no specific feedback on the draft report from sub-committee members, the report is presented to Committee as a structured</p>	

	<p>draft pending comments to allow sub-committee members more time to feedback before it is finalised. However, to reassure the Committee, RJ advised that the report is based on discussions, reflections and feedback from sub-committee members so the intention has been to reflect their views.</p> <p>It was proposed that 2022/23 sees a continuation of the established process, from cycle 1.</p> <p>Following discussion, the Committee provided some feedback which centred on the need to make sure that there were elements of peer learning included in the approach going forward, to ensure that examples of best practice and case studies were shared among directorates, and for the need to ensure that the evidence of impact takes account of qualitative as well as quantitative evidence.</p> <p>The Committee recognised TMG for the huge amount of work achieved in supporting each of the directorates throughout the process and in the production of this report.</p> <p>The Committee were in agreement with the proposed continuation of the established process for 2022/23.</p>	
4.0	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>DBI presented the Service Change Sub-Committee meeting minutes from the meeting held on 31 March 2022</p> <p>The Committee noted the sub-committee meeting minute</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> 1. Governance for Engagement sub-committee 2. Regional Planning 3. Committee work on Strategy development 	
6.0	CLOSING BUSINESS	
6.1	AOB	
	<p>SD noted that this was the last meeting that the Vice Chair JG would be attending as his second term has come to an end. She thanked John for his contribution throughout his eight year tenure and for supporting her as Vice Chair of the Committee. The Committee wished John the very best for the future.</p>	
7.0	DATE of NEXT MEETING	
7.1	<p>The next Scottish Health Council Committee meeting will be held on 15 September 2022 10am-12.30pm venue TBC</p>	

Name of person presiding: Suzanne Dawson

Signature of person presiding:



Date: 15 September 2022

Appendix 1



Draft Strategy 2022-27

Scottish Health Council Committee
19 May 2022

Supporting better quality health and social care for everyone in Scotland



Principles for strategy development (agreed August 2021)

What:

- Supports HIS long term vision with identified aims/priorities/roadmap
- Proactive response to anticipated major impacts on health and social care while retaining confidence in our core statutory functions
- High level, strategic and easily understood
- Reflects new ways of working including digital first
- Seeks to reduce inequalities and to take account of different perspectives

How:

- Developed in partnership
- Informed by stakeholder needs and assets throughout its development
- Learning from experience: previous strategy; response to COVID-19
- Not restricted to where HIS is already positioned
- HIS values at core

SHC Committee Strategy discussion – September 2021

- Support for the direction of travel – and a **flexible, responsive** approach
- Importance of **evidence** across all that we do (for CED in terms of meaningful engagement)
- Can we do more on **innovation**? Take more risks?
- Clarify **national versus local** contributions (especially re service change)
- Clarify HIS' role re **prevention** and our impact on **inequalities**
- Importance of **staff buy-in and support** for internal leadership in new ways of working
- Need to demonstrate good practice in our **consultation and engagement**

Draft Strategy (March 2022) – key features

- Drawing on and combining HIS' entire range of functions and expertise to achieve our ambitions and be **responsive** to the needs of the system
- A **human rights-based** approach – in our own work and across the system
- A drive for **quality and safety** across the patient journey, **accessible by all** – with HIS maintaining oversight and recommending action where required
- A focus on a **sustainable** system with quality improvement at its core
- **Evidence** and **intelligence** underpinning all of our functions
- Promoting and embedding **innovation**, best practice and proven technologies
- HIS as an exemplar public sector employer embracing **diversity, sustainability and digital technology**

Draft strategy – Community Engagement role

- Opportunities for Community Engagement staff to contribute (all staff huddles, Directorate activities)
- Discussion groups: Public Partners; regional groups (including service user and patient group representatives)
- Advice on stakeholder engagement including input to consultation approach / questions
- Support with EQIA development
 - intended positive impacts
 - capture feedback from consultation – to inform final version
- Support for Plain English approach

Next steps (i)

Currently working on

- Internal engagement with HIS staff and volunteers, led by the Executive Team
- Broad ranging external stakeholder engagement (with support from Community Engagement)
- Committee members will have opportunities to engage directly with the strategy consultation and questionnaire

June – September 2022

- Consultation and engagement analysis
- Feedback to the Board in June
- Further refinement of Strategy drawing from external and internal feedback
- Final version to Board in September for approval for publication

Appendix 2

Healthcare Improvement Scotland | Community Engagement

Equality and Diversity 1

What we know and what we can influence

Ruth Jays, Director of Community Engagement
Rosie Tyler-Greig, Equality and Diversity Advisor



Overview of session 1

- COVID-19 as a 'great illuminator' in respect of health inequalities
- A changing health context as we continue to live with COVID-19
- Continuing challenge through other social, political and environment change
- We are not powerless



RJ

Minority ethnic groups

- Greater incidence of serious illness and death
- Risk factors through socio-economic circumstances and existing health inequality
- Lower uptake of vaccination
- Trust is an issue
- Refugees experiencing isolation and digital and food poverty



RJ

Disabled people and unpaid carers

- At greater risk and account for a higher proportion of deaths
- Adults with learning disabilities over two times more likely to be infected and had worse prognosis once infected.
- Questions about quality of care
- Increase in unpaid carers as a result of pandemic and serious shortfalls in social care provision.



RJ

Women

- Mothers 47% more likely than fathers to have lost jobs or resigned
- 14% more likely to have been furloughed.
- Women taken on more childcare responsibilities when working from home
- More than half of those who needed childcare reported insufficient provision.



RJ

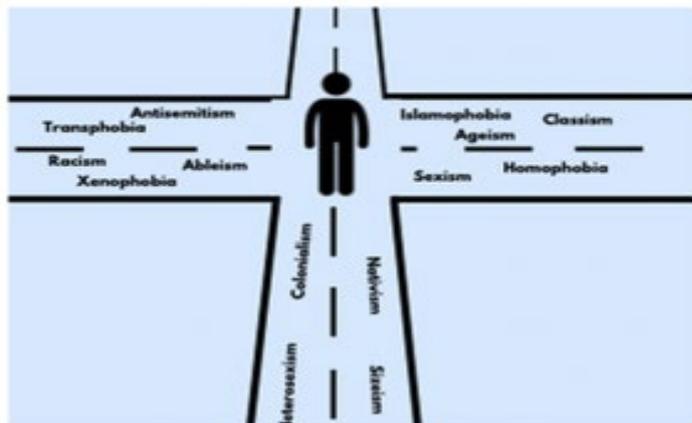
LGBT+ communities

- Fewer safe spaces – physical and virtual
- People living with HIV experience increased risk
- Interruptions in gender identity services and fertility services
- Mental health inequality



RJ

Pause at the intersection



RT

Pause at the intersection

- **Socio-economic position.** Covid death rate twice as high in poorest areas.
- **Age.** Older people more isolated and younger people facing economic uncertainty.
- Consider younger and older people who are also LGBT+, part of a minority ethnic group, disabled, living on low income.



RT

Changing context

- Am I valued? Will I get the treatment I need?
- Will I be able to continue living independently?
- What risks can I take with my health and wellbeing?
- How accessible is the digital world?



RT

Changing context

- **Covid-19** – ‘living with’ period
- **Conflict** – support for refugees will only grow in importance, as will questions around equality for different refugee groups
- **Climate chaos** – infrastructure and health impacts during extreme weather events
- **Cost of living crisis** – food and fuel



RT

Changing context

As currents change, inequalities will continue to rise to the surface- not be swept away.



RT

What is within our power?

1. Asking questions which centre the experiences of marginalised groups
 -
 - Equality Impact Assessments
 - A learning culture



RJ

What is within our power?

3. Valuing lived experience –

- A national care service for Scotland
- New requirements as part of the Public Sector Equality Duty



RJ

Healthcare Improvement Scotland | Community Engagement

Examples (over to our colleagues)

NHS
SCOTLAND

ADP & Homeless Programme

- Collected information about age and sex via peer research interviews
- Engaged with women through Simon Community Scotland
- Worked with Scottish Families Affected By Alcohol and Drugs to better understand the impact on families and children
- Engaged with mental health services in response to number of people affected by both mental health and drug and alcohol issues
- Completed a survey through LGBT networks

Healthcare Improvement Scotland | ihub RT

Scottish Barnahus (Bairns Hoose) standards

If my interests are only a primary consideration, what are the other considerations? Why am I not a priority?

If primary means first, how can there be more than one primary? If that is not me, why isn't it? This one word [the] changes the whole meaning!

My time is just as important as your time so it should not be about when it works best for you that dictates what happens. This will be one of the most traumatic times in our lives and we can't afford for you to get it wrong.



RT

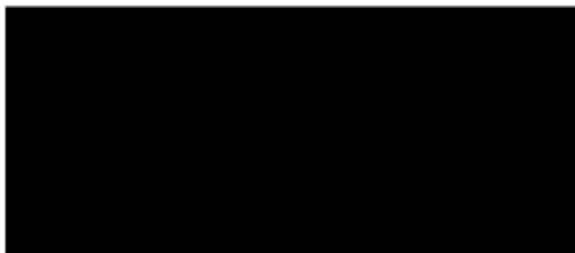
Sexual Health Standards

- Where to make condoms available?
- Where young people go for sexual health advice?



RT

Engaging with Gypsy Travellers



RT

Board Diversity Action Plan

A plan to -

- Promote learning and development support to the HIS Board in respect of diversity, equality and inclusion.
- Contribute to the delivery of HIS equality outcomes in the context of our values and behaviours.



RJ

Board Diversity Action Plan

Facilitated diversity focus sessions -

- Race and Disability
- Pride at HIS

Mainstreaming –

- Non-executive equality champions
- Staff Equality Networks



RJ

Breakout discussions

- What stands out?
- How can the board provide effective leadership?
- What support does the board need to do this?



RJ

Board Development Day 6th April 2022

Equality Monitoring Report

Sybil Canavan
Director of Workforce

Ann Laing
Head of People & Workplace



Workforce Equality Monitoring Report

- Produced annually to help us understand our workforce profile and opportunities within the organisation in respect of the protected characteristic groups defined in the Equality Act 2010.
- Reporting helps us promote transparency and meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended).
- Report covers the period April 2020- April 2021.
- During this reporting period, our ways of working were impacted by the COVID-19 pandemic. This included - the suspension of recruitment activities between March and June 2020,
 - the temporary re-deployment of some staff to clinical and frontline roles
 - home-working by default for all staff.
- Normal activities were significantly disrupted during this period and it is important therefore to bear that in mind.

Areas for discussion

- Gender Pay Gap/Gender Split
- Disability (including Disability Pay Gap)
- Age, Race and Ethnicity

The Gender Pay Gap

- The gender pay gap is an equality measure that shows the difference in average earnings between women and men.
- Our gender pay gap has increased to 16.9% (Mean) and 14.9% (Median) in favour of men.*
- We tested our disability pay gap for the first time and found an average 24.3% pay difference in favour of non-disabled employees



*The NHSS Gender Pay gap for 2020-21 is 18.2%

Gender Pay Gap

- Healthcare Improvement Scotland has seen an increase in its gender pay gap over the first year of the pandemic (2020-21). The increase is from 15.3% mean to 16.9% mean. It has been (marginally) decreasing year-on-year previously.

	2016/17	2017/18	2018/19	2019/20	2020/21
Mean Gender Pay Gap	21.5%	19.9%	17.2%	15.3%	16.9%
Median Gender Pay Gap	24.2%	13.4%	14.2%	8.0%	14.9%

- 77.4% of our workforce are women and 22.6% are men
- 85.7% of our senior management level are women, but the biggest pay gap is at this grade - at just under 30%.
- Women are the gender majority at all grades, except bands 8c and medical and dental grades. Bands 2 and 3 are occupied solely by women, who continue to make up over 90% of the grade at band 4.
- Women out-perform men during recruitment, but also make up the majority of part-time workers at all grades.
- 100% of part-time staff at bands 5, 8a, 8c, 8d are women; while over 90% of part-time staff are women at bands 4 and 7.

Gender Pay Gap : Discussion Points

- The pay gap could be the result of:

The proportion of women working in the 'lowest bands' and in part-time roles, in-band pay differences and the pay gap at senior level.

The gender pay gap of organisations can fluctuate and small changes have a big impact.

Women and men doing different types of work or women being clustered at more junior grades

A lack of flexibility in working practices which means that women, who tend to have more and varied caring responsibilities can find it hard to balance work and family life.

Pay structures that have a different impact on women and men.

Length of service is a contributing factor to pay difference at some grades if men have been able to progress more quickly in their careers.

Disability (pay gap)

Disability pay gap

Our disability pay gap is based on whether staff have a disability or not (those not disclosing their status is shown for reference but my not be specifically commented upon):

Disability Group	Workforce			Pay Rate	
	Female	Male	% of Headcount	Mean Pay	Median Pa
1. Yes	*	*	4.4%	£16.58	£12.96
2. No	69.9%	18.7%	88.6%	£21.90	£20.30
3. Unknown/Declined	4.8%	*	7.1%	£23.09	£22.44
% of headcount	77.8%	22.2%	100%		

Staff numbers below 10 are substituted with *

Disabled employees currently represent 4.4% of the workforce and are showing a pay differential of 24.3% compared to those who are not disabled. There is no previous data to compare against.

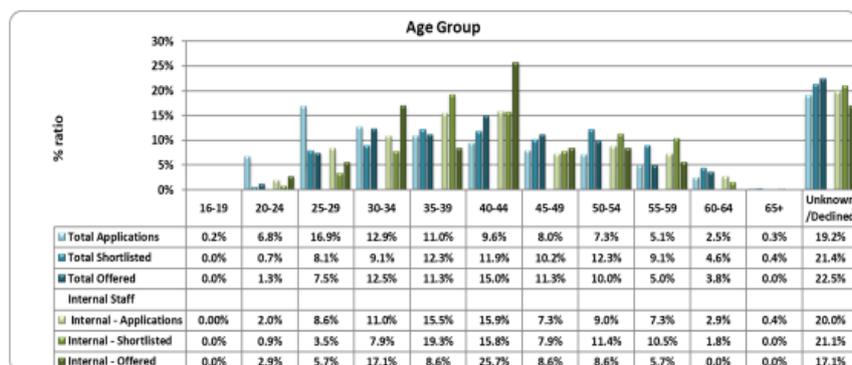
Disability

- Disability includes, physical, sensory and energy impairments as well as neuro-developmental differences and long-term conditions including cancer. 
- Staff identifying as disabled are currently 4.4%. This is an increase of 0.5% from last year. 
- At the last census, 20% of the population were disabled / had a long term health condition. 
- 11.3% of all appointments made were to disabled candidates. However, the number of applications from disabled people was less than 10%. 
- Colleagues identifying as disabled work at bands 4-8b. But there are no disabled colleagues at band 8c or higher. 
- Non-disabled colleagues currently earn on average 24.3% more than disabled colleagues.

Disability: Discussion Points

- New ways of working during the pandemic have largely supported disabled employees. As we shift gear again, it will be important to maintain awareness of the way ableism can shape our ways of working. For example, do we prioritise physical presence / presentee-ism? Are we continuing to optimise and build on digital ability developed over the course of the pandemic (e.g. Digital Facilitation Group)? For some people with long-term conditions, Covid has changed the context of their health / health considerations.
- HIS participates as an employer in the Disability Confident scheme, and has clear actions undertaken in relation to disabled employees in this regard.
- Looking closely at the experiences of disabled employees, learning and adapting on an on-going basis, will enable instructive insight into the reality of recruitment and progression within HIS. The HIS Disability Network will be key in supporting the organisation to do this.

Age and the recruitment profile



Age

- 6.8% of all applications received were from those aged 20-24
 - 0.7% of those shortlisted for posts were aged 20-24
 - 1.3% of those offered posts were aged 20-24
- 
- The majority of applications received were from candidates within the combined age ranges of 25-34 (39.8% this year compared to 27.8% last year) and fewest from candidates aged 16-19 (only 0.2%) and over 65 (only 0.3%).
 - Across the whole recruitment journey, from application to offer stage, candidates in the age range of 40-54 were the most successful. On average, people in this age range achieved a 3.8% higher offer to application rate than for other age groups.
 - In contrast, the least successful candidates were people aged between 20 and 29. This group achieved an average offer to application rate of -7.5% (down from -4.8 last year). Unfortunately, no candidates aged under 20 progressed beyond the application stage

Age – Discussion Points

- We have no non-executive board members under the age of 50, and younger people remain under-represented at all levels of the organisation.
- We have not considered occupational segregation by age, but this may be informative. It is likely younger people occupy the 'junior' grades to a greater extent.
- Young people have been disproportionately impacted by the pandemic in terms of education, job opportunities and mental health and wellbeing.
- Consideration could be given to the requisite professional experience for roles in HIS. Given the clear interest in working with us, are there any roles in which the pre-requisites are unreasonably high and may screen out good candidates with potential?

Race and Ethnicity

- 4.4% of HIS staff identify with a minority ethnic group we currently include in monitoring. This is a 0.5% increase on the previous year.
- The number of applicants from a minority ethnic group we record was 26.4%. The previous year was 11.2%, so a significant increase here.
- 26.3% of job offers went to candidates from recorded minority ethnic groups.
- This is almost entirely a result of changes in the 'other ethnic group / Arab' category.
- For some groups, there has been a consistent lack of appointments despite changes in application numbers
- Colleagues from minority ethnic groups work at a range of grades - 7 and 8a may have the most representation (e.g. less than 10 but not 0% for some groups)
- The biggest pay differential looks to be between the white majority and white minority group at 16.6% difference in favour of the white majority.



Race and Ethnicity – Discussion Points

- Minority ethnic staff are not well represented at any band in the organisation, and are under-represented in senior posts across NHSS.
- We have no non-executive directors from a minority ethnic background, meaning visibility at this level of leadership is poor. Minority ethnic people are under-represented on boards generally.
- Under-representation does not mean a lack of suitable talent. For example, see the '[Pass the Mic](#)' campaign to address the under-representation of women of colour experts in media.
- Looking closely at the experiences of minority ethnic employees, learning and adapting on an on-going basis, will enable instructive insight into the reality of recruitment and progression within HIS. The HIS Race and Ethnicity Network will be key in supporting the organisation to do this.
- Anti-racist approaches take time to develop. The only way to do so is to be proactive / embed reflection and awareness into the day-to-day.

Discussions and Feedback

Breakout discussion questions

- What areas of the workforce need our specific focus?
- What steps are possible for HIS to take and could have a tangible impact? Please consider those outlined by colleagues and any new suggestions you might have.

Facilitated feedback

- The board wants to focus on ... (stand-out areas)
- The board recommends the following steps (actions)
- The board will provide leadership to support these steps by (actions)