

Scottish Health Council Committee Agenda

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

Date: 23 April 2020
Time: 10.00 – 12.30
Venue: Skype meeting / Call

Contact: Susan Ferguson
Susan.Ferguson12@nhs.net
0141 225 6899/ 07866 130791

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

Item	Time	Agenda item	Lead Officer	Report
1.		OPENING BUSINESS		
1.1	10.00	Welcome, Introduction and apologies	Chair	
1.2	10.05	Draft minutes of Meeting (27/02/2019)	Chair	Paper
1.3	10.10	Review of Action Point Register	Chair	Paper
1.4	10.15	Business Planning Schedule	Chair	Paper
1.5	10.20	COVID-19 response	Director	Paper
2.		SETTING THE DIRECTION		
2.1	10.30	Community Engagement Guidance and Quality of Care approach for Community Engagement: Update	Director	Verbal
2.2	10.45	Involving People in the work of HIS	Head of Engagement & Equality Policy	Verbal
2.3	10.55	Operational Plan 2020/21	Director	Paper
3.		COMMITTEE GOVERNANCE		
3.1	11:15	Committee Annual Report 2019/20	Director	Paper
3.2	11.25	Risk Register	Director	Paper
3.3	11.35	Progress on 2019/20 Operational Plan	Director	Paper
3.4	11.45	Scottish Health Council Progress Report 2019/20	Director	Paper
3.5	11.55	Service Change: Update	Service Change Manager	Paper

3.6	12.05	Engagement Programme: Update	Head of Engagement Programmes	Verbal
4. ADDITIONAL ITEMS of GOVERNANCE				
4.1	12.15	Key Points	Chair	
5. RESERVED BUSINESS				
5.1	12.20	Service Change Sub Committee meeting minutes	Service Change Manager	Paper
6. DATE OF NEXT MEETING				
6.1	12.30	The next meeting will be held on 10 September 2020 in Delta House, Meeting Room 6.5, 50 West Nile Street, Glasgow G1 2NP		

MINUTES – Draft V0.3

Meeting of the Scottish Health Council Committee

Date: 27 February 2020

Time: 13.00–15.30

Venue: Room 6.5, Delta House, Glasgow

Present

Suzanne Dawson, Chair

Christine Lester, Non-executive Director (until 14.20pm)

Alison Cox, Member

Elizabeth Cuthbertson, Member

Dave Bertin, Member

Emma Cooper, Member

Jamie Mallan, Member

Simon Bradstreet, Member

In Attendance

Robbie Pearson, Chief Executive, Healthcare Improvement Scotland (HIS)

Lynsey Cleland, Director of Community Engagement

Safia Qureshi, Director of Evidence

Tony McGowan, Head of Engagement and Equalities Policy

Jane Davies, Head of Engagement Programmes

Daniel Connelly, Service Change Manager, (Items 3.6 & 4.1)

Graeme Morrison, Public Involvement Advisor, (Items 2.3 & 2.4)

Apologies

John Glennie, Vice Chair

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 welcomed everyone to the meeting and introductions were made for the benefit of the four new SHC Committee members and Jane Davies, Head of Engagement Programmes, who were attending their first meeting. The Chair also extended a welcome to Robbie Pearson, Chief Executive of Healthcare Improvement Scotland (HIS) and Safia Qureshi, Director of Evidence.</p>	

	<p>The Chair noted that a press release announcing the appointment of the new SHC Committee members required to be reviewed by each new member for accuracy, feeding back to Tony McGowan, Head of Engagement and Equalities Policy any queries or amendments to the draft.</p> <p>Apologies noted as above.</p>	
1.2	Draft Minutes of Meeting	
	The draft minutes of the meeting held on 27 November 2019 were approved as an accurate record of the meeting.	
1.3	Review of Action Point Register	
	<p>The following Actions were noted as complete 2.1, 3.2 and 3.3</p> <p>After discussion on Action point 2.1, the Committee agreed that Tony McGowan would evaluate feedback from the new members on the Induction Plan with a view to offering relevant aspects of it to existing members of the SHC Committee.</p> <p>Action 2.2- the new Equality and Diversity Advisor took up their post on 18 February 2020 and will progress this action</p> <p>Action 3.4 – still ongoing and a further update was provided later in agenda.</p>	<p>TMG to evaluate feedback from New Committee members on Induction Plan</p>
1.4	Business Planning Schedule	
	<p>The Chair advised the Committee that the Business Planning Schedule had taken on the new format to come in line with other Governance Committees within HIS.</p> <p>The Committee noted the Business Planning Schedule.</p>	
2.	Strategic Business	
2.1	Scottish Health Council Change Implementation update	
	<p>The Head of Engagement and Equalities Policy provided the Committee with the final progress update of the Change Implementation Plan. The following points were highlighted :</p> <ul style="list-style-type: none"> • <i>Renaming / rebranding of the directorate.</i> Directorate title to be renamed <i>Healthcare Improvement Scotland – Community Engagement</i> from 01 April 2020. The new branding design work is currently being finalised and the new website launch will also coincide with the renaming and branding. • <i>Senior team appointments process.</i> The recruitment of the Senior team is now complete with the remainder of the post holders starting 01 February 2020. • <i>Scottish Health Council Committee Member recruitment.</i> The Committee now has a full complement of members 	

	<p>after four candidates were successfully appointed in November 2019. The new Committee members took up their positions on 01 January 2020.</p> <ul style="list-style-type: none"> • <i>Directorate development plan.</i> Following the directorate review and associated feedback from colleagues there has been the need to focus on role-specific development and skills acquisition. This is now being taken forward through the development of a skills framework. Scoping work has commenced on the core skills. The intention is to focus first on service change advisors and use the learning from this for other roles across the specialist teams and Engagement Offices. • An additional all-staff event is planned for 26 March 2020, to brief colleagues about the final preparations before the renaming and rebranding of the directorate in April 2020. <p>The Head of Engagement and Equalities Policy highlighted to the Committee, that both Page 6 '<i>Rebranding</i>' and Page 8 '<i>Change email accounts</i>' were both on track to be completed to coincide with the launch of the renaming in April 2020 and proposals for an evaluation of the change process would be available for the next Committee meeting in April.</p> <p>The Director of Community Engagement advised that an update on the Scottish Health Council's change implementation would be taken to the Board in March.</p> <p>In response to the Committee discussions, it was agreed:</p> <ul style="list-style-type: none"> - Invitation to the SHC All staff event on 26 March 2020 to be extended to the Committee members. - There was a need to share the learnings from the change implementation plan with the rest of HIS <p>Both the Chief Executive of HIS and the Chair noted their appreciation to everyone who had been involved in this work.</p> <p>The Committee noted the updates and approved the recommendation to bring the Change Implementation plan to a close.</p>	<p>SF to send invite to committee members.</p>
<p>2.2</p>	<p>Community Engagement Guidance and Quality of Care approach for Community Engagement update</p>	
	<p>The Director of Community Engagement provided the Committee with a verbal update, advising that an initial draft of the new community guidance for health and social care was shared with all NHS Boards, Integration Authorities and Local Authorities for comment before Christmas and feedback will be sought on a further iteration at the end of March.</p> <p>In tandem with the development of this guidance, the Scottish Health Council is working in partnership with the Care Inspectorate</p>	

	<p>and representatives from NHS Boards, Integration Authorities, the third sector and other relevant stakeholders to develop an approach for supporting and assure meaningful community engagement across health and care aligned to the quality of care approach. A stakeholder advisory group, formed to support the development of this work, met for the first time at the end of February.</p> <p>The Committee will consider the progress of this work, together with the next iteration of the community engagement guidance, at its April meeting.</p> <p>The Committee noted the update</p>	
2.3/2.4	Children’s Rights Report/ Corporate Parenting Action Plan	
	<p>Graeme Morrison, Public Improvement Advisor, joined the meeting to present two papers: <i>The Children’s Rights Report</i> and <i>Corporate Parenting Action Plan</i>.</p> <p>The Public Involvement Advisor provided the rationale behind the production of these reports. He explained that to ensure HIS meets its duties under the <i>Children and Young People (Scotland) Act 2014</i>, the organisation is required to report every three years on the action it has taken to secure better or further effect of the United Nations Convention on the Rights of the Child. As a corporate parent HIS is also required to update its <i>Corporate Parenting Action Plan</i> at least once every three years and publish a report on the action it has taken in the last three years...</p> <p>After some discussion on both documents the Committee raised the following points:</p> <ul style="list-style-type: none"> - How the range of work relating to children and young people across HIS can be taken forward in a co-ordinated way - How the important information in these reports can be disseminated to partner organisation - The importance of sharing the reports with young people in a way which is meaningful to them - In terms of engagement, how stakeholders use this work to help them effectively involve children and young people <p>The Public Involvement Advisor advised the Committee that work is being taken forward with Communications colleagues on the effective dissemination of the reports, and that the terms of reference of the Children and Young People Working Group are being reviewed to broaden the scope of the group and encompass all aspects of HIS Scotland’s work in relation to children and young people.</p> <p>The Chair thanked Graeme for providing the update and the Committee endorsed the reports.</p>	
3.	Committee Governance	

3.1	Directorate Operational Plan	
	<p>The Director of Community Engagement provided the Committee with an update on the progress of the Directorate's Operational Plan for the reporting period October- December 2019, and noted that good progress had been made, with the majority of workstreams at green status throughout the Plan.</p> <p>The Director advised progress had been made with amber status workstreams with topics now agreed for the refreshed Citizens Panel, and a good pipeline of future topics being suggested by an invigorated Topic Advisory group. The Director also advised the Committee on the only red status on the plan, which is due to an external delay with work being postponed until 2020/21.</p> <p>The Committee noted they were satisfied with the progress made.</p>	
3.2	Risk Register	
	<p>The Director of Community Engagement presented the latest report on risks assigned to the Committee and advised that two new risks had been added :</p> <ul style="list-style-type: none"> - Risk 956- Gathering Views on ME from people who have lived experience of it. - Risk 952- Volunteering in NHS <p>The risks relating to the Directorate review and change implementation have been reviewed and consolidated into risk 963 to reflect the current stage of the change process.</p> <p>Risks 778 (Service Change) remains unchanged.</p> <p>The Committee agreed the changes to the Risk Register.</p>	
3.3	Committee Annual Report 2018/19 Action Plan update	
	<p>The Director of Community Engagement provided a paper that was submitted mid-year (December 2019) to the Board to update on progress made with each of the Governance Committees 2018/19 action plans.</p> <p>The Committee noted the paper</p>	
3.4	Draft Committee Annual Report 2019/20	
	<p>The Director of Community Engagement provided the Committee with an overview of the 2019/20 Draft Annual Report. This provides the HIS Board with a summary of the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit.</p> <p>After discussion around the report content, the Director of Community Engagement advised the Committee that this follows a Corporate reporting template and that a more detailed Progress Report similar to one produced for 2018/19 would be presented at the next SHC Committee meeting on 23 April 2020.</p>	

	The Committee reviewed the SHC Committee Annual Report	
3.5	Draft Committee Business Planning Schedule	
	<p>The Director of Community Engagement explained that the draft Business Planning Schedule provides the proposed Scottish Health Council Committee Agendas for 2020/21.</p> <p>After some discussion and explanation, it was highlighted that the dates for the Scottish Health Council Committee meetings were incorrect. Susan Ferguson, Committee Support, will update the Business Planning schedule to reflect the correct dates for 2020/21.</p> <p>It was also agreed that the draft Business Planning Schedule should be amended to reflect the updates that the Committee will receive from each of the HIS Directors about how people are being engaged across all HIS activities.</p>	SF to update.
3.6	Service Change update	
	<p>Daniel Connelly, Service Change Manager joined the meeting to provide the Committee with a Service Change update highlighting the following points:</p> <p>NHS Lanarkshire, Monklands NHS Lanarkshire are currently undertaking a range of engagement activities for the Monklands Replacement project, including public sessions in Airdrie, Coatbridge, Glenmavis and Cumbernauld. The engagement activity will inform an option appraisal event on 10th March, where two pre-existing options (Glenmavis and Gartcosh), along with a newly added option of Wester Moffat will be scored to identify a preferred option. The outcome of this will inform SHC's consideration on advice on next steps. NHS Lanarkshire plan to discuss the outcomes of the options appraisal at a Board meeting on 29 April 2020.</p> <p>NHS Ayrshire and Arran NHS Ayrshire and Arran commenced an eight week engagement programme on proposed changes to chemotherapy services in January. Under the proposals, current inpatient provision over the two hospital sites in Ayrshire would change to inpatient provision on one site at University Hospital Crosshouse. The Scottish Health Council has requested that NHS Ayrshire and Arran complete a major service change template, and plan to discuss this, and the progress of engagement activity at our next scheduled meeting on 13th March 2020 with NHS Ayrshire & Arran.</p> <p>This work in NHS Ayrshire and Arran and NHS Lanarkshire will require the considerations and feedback from the Scottish Health Council. To support this a meeting of the Committee sub-group has been scheduled for Monday 16th March.</p> <p>Kyle Adult Care Centre, Ayr A recent legal challenge on a proposed service closure within South Ayrshire Health and Social Care Partnership was successfully</p>	

	<p>upheld. This was based on insufficient engagement and consultation activity, as well as inadequate impact assessment work. The findings provide significant learning for services and is also timely during the development of national guidance on community engagement. It provides an opportunity to share learning with staff and the Service Change Manager has agreed to liaise with the Head of Engagement Programmes to discuss the way in which this can be best delivered.</p> <p>The Committee thanked the Service Change Manager and noted the update.</p>	
<p>3.7</p>	<p>Engagement Programme update</p>	
	<p>Jane Davies, Head of Community Engagement provided a verbal update to the Committee and highlighted the following points:</p> <p>Gathering Views on Experience of ME Services</p> <ul style="list-style-type: none"> • Commenced on 1 February 2020 with all Engagement offices taking part. • Over 400 responses in just over three weeks - 68% found out about the survey through social media. <p>Gathering Views on Public Consultation on the Guthrie Card Index</p> <ul style="list-style-type: none"> • Proposal to gauge public opinion on using small samples of blood taken from babies at birth for research purposes. • The proposed <i>Gathering Views</i> exercise will be a pre consultation exercise in advance of a public consultation commencing over the summer 2020. <p>Care Experience Improvement Model</p> <ul style="list-style-type: none"> • Working with ihub to support the delivery of the Care Experience Improvement Model in NHS Shetland. SHC staff will provide coaching and support to healthcare teams to engage with service users. • Last year the SHC supported NHS Fife in a similar way. <p>Improvement Support offer to NHS Boards and Integration Authorities</p> <ul style="list-style-type: none"> • Internal short Life Working Group (SLWG) clarifying what is meant by “improvement support” • Work emerged from feedback from staff which indicated there was a need for clarity what the Directorate’s improvement support role will be as Healthcare Improvement Scotland – Community Engagement • Output from SLWG will be a document which describes what the improvement support offer is across the Directorate <p>Patient Participation Group (PPG) National Networking Event</p> <ul style="list-style-type: none"> • Organised by our North Region Engagement Office, this event will provide an opportunity for PPG members to get together nationally to share experiences and learn from each other. The event offers a webinar for everyone in the morning followed by a developmental session delivered by 	

	<p>SHC staff in their own locality in the afternoon.</p> <p>Paramedic Undergraduate programme</p> <ul style="list-style-type: none"> New undergraduate programme being developed across five universities in Scotland in conjunction with NHS Education for Scotland. UWS have approached the SHC for advice on how they could engage with patients and communities in two areas: input to the content of the course, and engagement in developing the curriculum. <p>The Committee thanked the Head of Engagement Programmes for the verbal update</p>	
3.8	Engaging People in the work of HIS update	
	<p>The Head of Engagement and Equalities Policy provided the Committee with a progress update on the four workstreams of Engaging People in the Work of HIS</p> <p>The Committee were pleased to hear that work is progressing to develop a governance framework tool which will enable the Committee to gain assurance from Directors on the performance of all directorates in relation to engaging people in our work.</p> <p>The Committee also welcomed the ongoing work to review public partner roles within HIS which is focusing on the practical ways to improve the diversity of volunteering roles and reviewing how public partners are utilised across the organisation.</p> <p>The Head of Engagement and Equalities Policy noted that an update would be provided to the Committee at every Scottish Health Council Committee</p> <p>The Committee noted the update</p>	
3.9	Scottish Health Council Committee and Service Change sub Committee Terms of Reference	
	<p>The Director of Community Engagement presented a paper updating both Scottish Health Council Committee and Sub-Committee Terms of Reference. Although the Committee's Terms of Reference were recently updated, this hadn't taken into account the renaming of the Scottish Health Council to Healthcare Improvement Scotland – Community Engagement.</p> <p>The Committee noted the revised Terms of Reference for Scottish Health Committee for approval by the HIS Board and agreed the revised Terms of Reference for the Scottish Health Council's Service Change Sub-Committee.</p>	
4.	Additional items of Governance	
4.1	Service Change Sub Committee Action Points	
	<p>The Committee agreed to combine this item with Agenda item 3.8 Service Change update.</p>	

	<p>The Service Change Manager presented the Draft minutes from the previous sub-group meeting on 30.01.2020 for the Committee to note.</p> <p>Following on from the update, the Chair advised that there was an opportunity for the new Committee members to join the Service Change sub-Committee and advised these meetings are held separately from the Committee meetings and are scheduled approximately three weeks prior. Interested Committee members to feedback to the Chair.</p> <p>The Committee noted the sub-Committee Draft minutes from previous meeting</p>	
4.2	Key Points	
	<p>After discussion the Committee agreed the following three key points to be reported to the Board:</p> <ul style="list-style-type: none"> - Engaging People in the work of HIS - Community Engagement Guidance and Quality of Care approach for Community Engagement - Gathering Views – Guthrie and ME 	
5.	Any other Business	
	No other business was discussed	
6.	Date of next meeting	
	23 April 2020, Delta House, Glasgow G1, 2NP	

ACTION POINT REGISTER

Meeting: Scottish Health Council Committee

Date: 23/04/2020

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 26/09/19 2.2	Diversity in involving people	<p>MM to include previous years data in the next report for year on year comparisons</p> <p>MM to consider if a question relating to postcode area should be included within a refreshed iteration of the equality monitoring form.</p> <p>MM to consider updating the question asked in relation to disability to ensure that it provides quality data.</p>	31/3/2020	VB	<p>Ongoing</p> <p>New Equality & Diversity Advisor commenced on 19 February. Action will be discussed with her.</p>
Committee meeting 26/09/19 3.4	Community engagement and Improvement update	LC and CJ to review the current approach to gathering views exercised in the context of the Operational Framework and new Directorate ways of working.	31/03/2020	LC/CJ	<p>Complete</p> <p>Requests to undertake Gathering Views exercises will be assessed by the directorate's senior management and captured in organisation's operating framework</p>

Committee meeting 27/11/19 2.3	Community Engagement and the Quality of Care Approach	LC to take forward work to further develop a Quality of Care approach for Community Engagement.	31/12/2020	LC	Ongoing
Committee meeting 27/02/20 1.3	Review of Action Point Register	TMG to evaluate feedback from new Committee members on Induction Plan	30/06/2020	TMG	Ongoing
Committee meeting 27/02/20 2.1	Scottish Health Council Change Implementation update	SF to send invite to directorate all staff event to Committee members.	02/03/2020	SF	Complete [NB All staff event subsequently postponed due to COVID 19]
Committee meeting 27/02/20 3.5	Draft Committee Business Planning Schedule	SF to update Committee meeting dates for the 2020/21 Business Planning Schedule	02/03/2020	SF	Complete

Healthcare Improvement Scotland

Meeting:	Scottish Health Committee meeting
Meeting date:	23 April 2020
Title:	COVID-19 Response
Agenda item:	Agenda item 1.4
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Lynsey Cleland

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

The purpose of this report is to update the Committee on the Community Engagement Directorate's response to COVID-19.

2.2 Background

During the current COVID-19 (Coronavirus) pandemic, Healthcare Improvement Scotland has taken the decision to adapt our normal ways of working to provide support and prioritise capacity to Scotland's health and social care services. This action is supported by Scottish Government.

This is an unprecedented situation requiring unusual measures, and it is important that Healthcare Improvement Scotland supports health and social care services to maintain essential work. We are making a number of changes based on what will be of most benefit to an increasingly pressurised health and social care system, and to maintain our statutory duties.

2.3 Assessment

The Scottish Government asked all national boards to prepare a Mobilisation Plan setting out their resilience arrangements and how they can support the whole system during the COVID-19 pandemic. Healthcare Improvement Scotland's mobilisation plan responds to the request from Scottish Government to 'non patient-facing boards' to suspend non urgent business and assess our resources which may be deployed to support patient care. We are working on the principle that we will deploy our staff (both clinical and non-clinical) as effectively as possible by means of pausing a range of activities across our work programme to ensure frontline services are supported to deliver care. At the same time, Healthcare Improvement Scotland will continue some aspects of its work to provide assurance to the service and the wider public, as well as activities in relation to statutory and business critical functions.

The Community Engagement Directorate is adapting our activities in line with the organisation's mobilisation plan and we have paused a number of work streams that require direct engagement with health and social care services, third sector organisations and members of the public.

We are instead focusing our resources and experience on providing support to health and social care services where it is needed. This includes deploying some of our staff to other parts of the NHS to support patient care.

Our national volunteering programme is advising the Scottish Government and NHS Boards on practical steps in the current situation. We are also having ongoing discussions with a range of stakeholders on the practical ways in which our engagement offices and specialists teams can support community volunteering and other support initiatives, this includes supporting the *No One Left Behind in a Digital Scotland* project.

2.3.1 Quality/ Care

The organisation's response to COVID19 is focused on ensuring frontline services are supported to deliver care

2.3.2 Workforce

We will follow national guidance to keep our staff wellbeing and will be flexible with respect to staff personal circumstance.

2.3.3 Financial

None out with existing core funding.

2.3.4 Risk Assessment/Management

A risk relating to the impact of the COVID-19 pandemic for Healthcare Improvement Scotland has been added to the organisation's Strategic Risk Register and the Community Engagement Directorate's risks have been reviewed in light of the pandemic.

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and will continue to do this as part of our response to COVID-19.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

We are having ongoing communication with a range of stakeholders on the ways in which we can best support the COVID-19 response.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to note the Community Engagement Directorate's response to COVID-19.

3 List of appendices

The following appendices are included with this report:

N/A

Healthcare Improvement Scotland

Meeting:	Scottish Health Committee meeting
Meeting date:	23 April 2020
Title:	Directorate Operational Plan 2020/21
Agenda item:	Agenda item 2.3
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Jane Davies

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

The purpose of this report is to agree the Community Engagement Directorate's operational plan for 2020-21.

2.2 Background

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

The directorate's operational plan for 2020-21 can be found in appendix 1. It details the work we intend to undertake in 2020-21 to support the delivery of Healthcare Improvement Scotland's organisational priorities and help achieve our vision and core purpose.

2.3 Assessment

During our first year as Healthcare Improvement Scotland – Community Engagement we will be developing and embedding new ways of working to focus our efforts and resources on the areas where we can make most impact on strengthening the engagement of people and communities.

Therefore, in addition to the key work programmes that each of our directorate teams will be undertaking to continue to support, enable and assure engagement activities across NHS Boards and Integration Authorities, we will also be taking forward a number of cross cutting programmes of work covering the following areas:

- Developing a thematic approach to our work
- Developing a Quality of Care approach for community engagement
- Engaging people in the work of Healthcare Improvement Scotland
- Developing our own people across the Community Engagement Directorate
- Developing a learning system for community engagement that enables and shares good practise and learning

This plan sets out the range of work the Directorate intends to undertake in 20/21 to support the delivery of Healthcare Improvement Scotland's organisational priorities. However, our key focus is currently on supporting Scotland's health and social care services to respond to the COVID-19 pandemic.

The Scottish Government asked all national boards to prepare a Mobilisation Plan setting out their resilience arrangements and how they can support the whole system during the COVID-19 pandemic. Healthcare Improvement Scotland's mobilisation plan responds to the request from Scottish Government to 'non patient-facing boards' to suspend non urgent business and assess our resources which may be deployed to support patient care. We are working on the principle that we will deploy our staff (both clinical and non-clinical) as effectively as possible by means of pausing a range of activities across our work programme to ensure frontline services are supported to deliver care. At the same time, Healthcare Improvement Scotland will continue some aspects of its work to provide assurance to the service and the wider public, as well as activities in relation to statutory and business critical functions.

The Community Engagement Directorate is adapting our activities in line with the organisation's mobilisation plan and we have paused a number of work streams that require direct engagement with health and social care services, third sector organisations and members of the public.

As the duration of these measures is unknown, it is proposed that the directorate's operational plan for 2020/21 will act as a baseline. Variation from the plan arising from the COVID-19 response will be measured and reported in accordance with our established performance reporting mechanisms to the Committee. This is consistent with the approach being taken with the Healthcare Improvement Scotland's 2020/21 annual Operational Plan.

2.3.1 Quality/ Care

The Community Engagement Directorate's work is designed to support and improve the quality of care and services people receive.

2.3.2 Workforce

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

2.3.3 Financial

The resource implications for the delivery of this operational plan have been reflected in the directorate's budget for 2020/21.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in our objectives.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The directorate's objectives have been informed by stakeholder feedback from the review of the Scottish Health Council's role and function.

Delivery of the objectives includes engagement with a range of stakeholders.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to agree the Community Engagement Directorate's operational plan for 2020-21.

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Directorate Operational Plan 2020/21



Operational Plan 2020-21

Healthcare Improvement Scotland's aim is better quality health and social care better for everyone in Scotland. Our 2017-2022 strategy '[Making Care Better](#)' outlines how we can make the biggest difference by:

- Enabling people to make informed decisions about their care and treatment
- Helping health and social care organisations to redesign and continuously improve services
- Proving evidence and sharing knowledge that enables people to get the best out of the services they use and helps services improve
- Providing quality assurance that gives people confidence in the services and supports providers to improve

We are working in an increasingly collaborative way across our organisation to ensure we are combining our resources and expertise to maximise the impact we can make in improving the quality of health and social care across Scotland. This way we can better tailor our response to the needs of our stakeholders.

We believe that how we work with others to deliver our work programme is as important as what we focus our delivery on. As such all of our work has our organisational values embedded within its development and delivery.

Our values are:

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

These values will be visible in our leadership, management and behaviours.

To help plan and prioritise our work, Healthcare Improvement Scotland has agreed four clear priorities for our organisation's work for 2020-23 aligned to national health and social care priorities. These priorities, which are set out in the Operational Plan that the Board of Healthcare Improvement Scotland approved in March 2020, are:

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

This plan details the work the Community Engagement Directorate will carry out during 2020/21 to help support the delivery of these priorities and help us achieve our vision and core purpose.

Healthcare Improvement Scotland - Community Engagement Directorate Operational Plan 2020/21

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

We believe that people and communities should have opportunities and support to use their skills and experience to design and improve the health and care services that matter to them. In addition, they should have the opportunity to work together with the organisations that provide those services.

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

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

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

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

Equality, diversity and human rights approaches are embedded in all our work and we use a range of research methodologies and approaches to ensure our work is underpinned by the latest evidence available and informed by the people of Scotland.

This is our first Operational Plan as Healthcare Improvement Scotland - Community Engagement directorate and this change presents opportunities for new ways of working which will help us achieve our core purpose and to ensure that all of our work meets our three key tests to:

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

Our vision

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

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

Our work programme 2020 -21

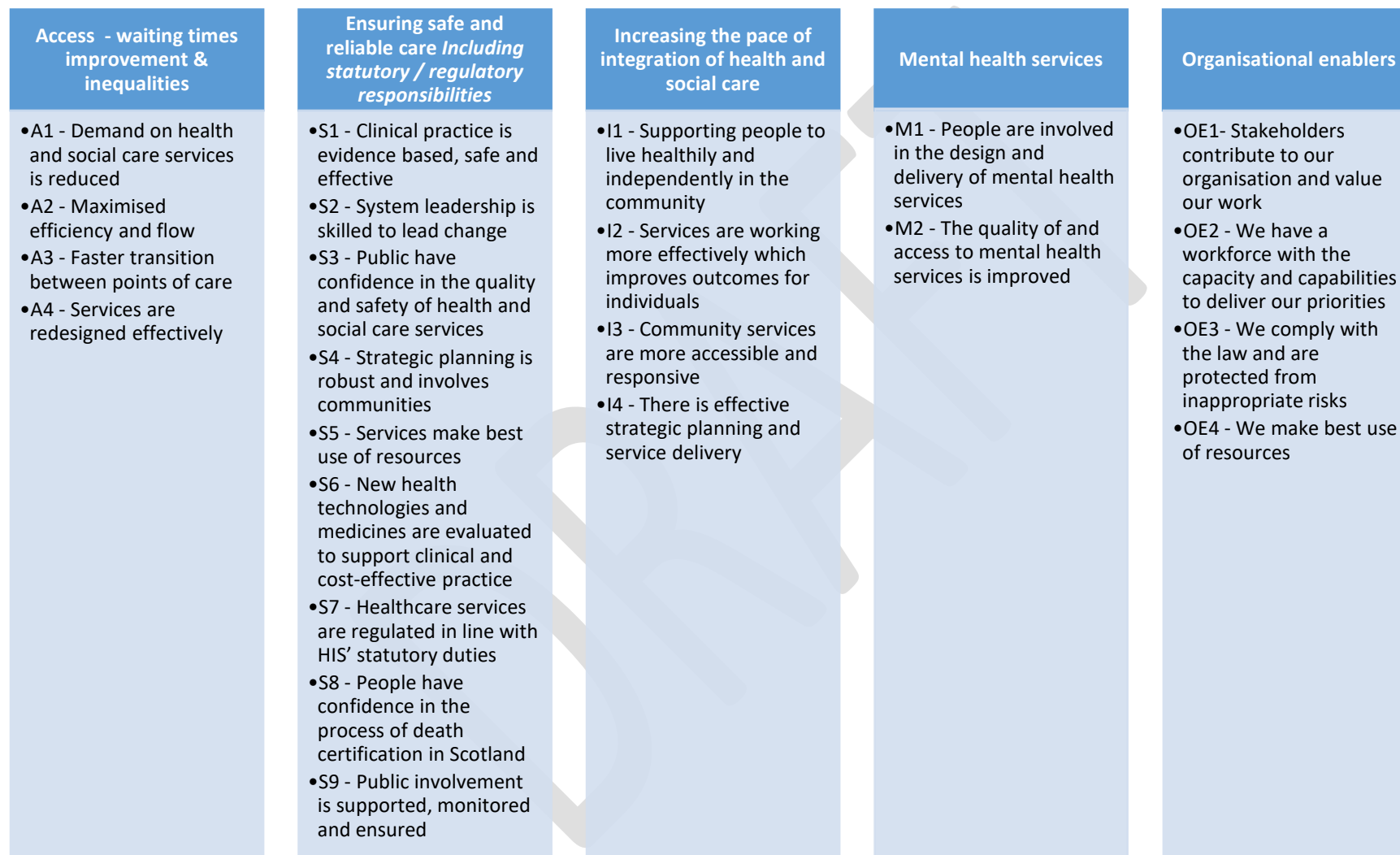
During our first year as Healthcare Improvement Scotland – Community Engagement we will be developing and embedding new ways of working to focus our efforts and resources on the areas where we make most impact on strengthening the engagement of people and communities as well

Therefore, in addition to the key work programmes each of our directorate teams will be undertaking to continue to support, enable and assure engagement activities across NHS Boards and Integration Authorities, we will also be taking forward a number of cross cutting programmes of development work that will better enable us to meet our core purpose of supporting the engagement of people and communities to shape health and care services across Scotland. These include the following areas:

- Developing a thematic approach to our work
- Developing a Quality of Care approach for community engagement
- Engaging people in the work of Healthcare Improvement Scotland
- Developing our own people across the Community Engagement Directorate
- Developing a learning system for community engagement that enables and shares good practise and learning

Outlined in the tables below is the range of work that we will undertake in 2020 -21 to help us achieve our vision and meet our core purpose, as well as to support the delivery of Healthcare Improvement Scotland's operational priorities.

All our workstreams have been mapped to Healthcare Improvement Scotland's operational priorities for 2020/23 detailed in the diagram below:



Directorate Team Work Programmes

Volunteering in NHSScotland Team was created in Oct 2011 to support NHS Boards to develop sustainable volunteering programmes. This plan outlines the activities to be delivered by Volunteering in NHSScotland in 2020/21.

What difference does this make:

- 1) This programme has enabled the agreement of long term outcomes for volunteering in health since 2012.
- 2) Volunteering contributes to Scotland's health by
 - (a) enhancing the quality of the patient experience, and
 - (b) providing opportunities to improve the health and wellbeing of volunteers themselves
- 3) The infrastructure that supports volunteering is developed, sustainable and inclusive.
- 4) Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Provide developmental and strategic support to NHS Boards. • Provide the Volunteering Information System and ensure development in line with feedback from stakeholders. • Communications; sharing good practice and innovation through media channels. <ul style="list-style-type: none"> ➢ HF1*: Streamlining the volunteer recruitment process ➢ HF2: Pilot of a volunteer supporter role ➢ HF3: Embedding of evaluation throughout volunteer engagement programmes ➢ HF4: Develop and spread new and innovative volunteer roles ➢ HF5: National overview of volunteering across NHSScotland ➢ HFEOLC: Support the delivery of volunteering projects in end of life care • Support the development and implementation of the thematic work programmes ensuring that volunteering and good volunteering practice is embedded within our work <p>*HF (Health Force - funding in place until March 2021)</p>	<ul style="list-style-type: none"> • NHS Boards offer person-centred opportunities to volunteer in health and social care • NHS Boards are better able to manage their volunteering programmes • NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation • Volunteer management staff gain access to practice and development opportunities • Board and staff gain better awareness of the impact of volunteering • Scottish Government gain confidence that the National outcome framework is being used and NHS boards follow policy • Demonstrate that volunteering is embedded in our thematic work programmes 	<ul style="list-style-type: none"> • NHS Board Executive Leads for Volunteering • NHS Board Strategic Leads for Volunteering • The National Group for Volunteering in NHSScotland • NHS Board volunteer managers • Frontline and management staff in NHSScotland • Scottish Government 	<p>S4</p>

Service Change Team was created in 2010 to provide advice and support to NHS Boards and Integration Authorities on involving people and communities in service change processes. This plan outlines the activities to be delivered by Service Change in 2020/21.

What difference does this make:

- 1) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (NHWO4)*
- 2) Health and social care services contribute to reducing health inequalities (NHWO5)
- 3) Health and social care organisations are supported to redesign and improve services.
- 4) NHS Boards and Integration Authorities plan and deliver services that are informed by people and communities.

*NHWO (National Health and Wellbeing Outcome)

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services. • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice. 	<ul style="list-style-type: none"> • NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role • Scottish Government gain assurance that engagement practice is in line with guidance • People and communities receive opportunities for involvement to support meaningful engagement • Demonstrable improvements in service change activity across our four thematic work programmes 	<ul style="list-style-type: none"> • People and communities • service users • Scottish Government • NHS Boards and Integration Authorities 	S4, S9, I2, M1

Community Engagement Programmes seeks to ensure people and communities are fully involved in decisions about health services, and supports NHS Boards and Integration Authorities to continually improve the way they engage with their communities. This plan outlines the activities to be delivered by the function in 2020/21.

What difference does this make:

- 1) People and communities have better quality services which meet their needs
- 2) People and communities feel more engaged with and are supported to continuously improve the information, support, care and treatment they receive
- 3) Health and social care practitioners feel more engaged with patients and communities and are supported to continuously improve services through feedback from service users

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Ensure that people are fully involved in decisions about health and care services by: <ul style="list-style-type: none"> ➢ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered ➢ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities ➢ enhancing care experience through provision of support and training to staff to engage with patients and families ➢ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities ➢ informing national policy through gathering views on relevant services from patients, service users, carers and communities ➢ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified 	<ul style="list-style-type: none"> • Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland • People and communities are enabled and supported to engage with their general practices and other primary care providers • General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients. • Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement. 	<ul style="list-style-type: none"> • Scottish Government • NHS Boards and Integration Authorities • General public, patients, carers and families • Local communities, communities of interest and Third Sector organisations • Primary Care Service Providers and Professional Bodies 	<p>S4, I2, I4, M1</p>

The Public Involvement Unit provides advice and support to colleagues within Healthcare Improvement Scotland (HIS) for involving people and communities, and promoting equality and diversity in all that we do. This supports Healthcare Improvement Scotland to meet its statutory duties. This plan outlines the activities that will be delivered by the Public Involvement Team in 2020/21.

What difference does this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group. • Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates 	<ul style="list-style-type: none"> • People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people 	<ul style="list-style-type: none"> • People and communities • HIS staff • Our public partner volunteers • Third sector organisations • Our Board including Scottish Health Council Committee • Relevant national bodies/networks 	<p>OE1, OE2, OE3, OE4</p>

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

What difference does this make:

- 1) People and communities are appropriately engaged in the development and improvement of health and social care services. Services are enriched and learn from public views with patient satisfaction increased (NHW03*).
- 2) Stakeholders are facilitated to share and learn from best practice public engagement with opportunity to implement knowledge into action and inform policy (NHW08).
- 3) Stakeholders increase the effective engagement of people in the design and provision of care (Christie Commission, NHW09 Framework, HIS priority)

*NHW0 – National Health & Wellbeing Outcome

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Inform policy through research evaluation and impact assessment by: <ul style="list-style-type: none"> ➢ Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support ➢ Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities. ➢ Internal research carried out to evidence, support and evaluate internal priorities and practice ➢ Ensuring that our thematic work programme is informed by the latest research, good practice, learning and evidence available 	<ul style="list-style-type: none"> • An increased number of people and communities feel supported to engage to inform health and social care service improvements • HIS staff feel increasingly confident to deliver effective evidence based engagement methods • HIS Board and SHC committee have confidence in the use of research evidence to shape internal priorities and policy • Approaches followed by Scottish Government always have a source of up to date evidence based practice • Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people • NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities 	<ul style="list-style-type: none"> • People and communities • HIS staff. • HIS Board and SHC Committee • Scottish Government • Professional Bodies/ Practitioners / Researchers/ Royal Colleges/Third Sector Organisations • NHS Boards and Integration Authorities 	<p>A4, S9</p>

The What Matters to You? programme is co-ordinated and managed within the directorate. The programme was created to encourage and celebrate more meaningful conversations between people who provide health and social care services and those who receive care and support, as well as their families and carers. This plan outlines the activities that will be delivered by in 2020/21.

What difference does this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Co-ordinate, manage, develop content and promote website and social media channels • Co-ordinate, manage, develop content of and promote resources • Collaborate nationally and internationally, sharing knowledge and experience • Produce and promote annual report • Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities 	<ul style="list-style-type: none"> • Health and social care staff (primarily) have access to accurate and up to date information and case studies • H&SC staff have access to materials to support them to begin/improve caring conversations • We have access to the most up to date knowledge and experience to inform our approaches • Scottish Government and stakeholders are informed of the impact of our work • 	<ul style="list-style-type: none"> • People and communities • service users • Scottish Government • Health and Social Care Organisations • Anyone who registers to participate 	S3, S4, S9, M2

Directorate Development Work Programmes

Developing a thematic approach to our work

To deliver a more cohesive approach to our engagement support across Scotland and focus our resources to make the best possible impact we will develop a thematic approach to our work in 2020-21. We will scope out what our thematic offer looks like and ensure that we are working closely with our stakeholders across Scotland and colleagues in HIS to maximise our impact in these areas. Our thematic work will align to national and local priorities and focus on:

- Children and Young People
- Mental Health services
- Integration of health and social care
- Primary Care

Taking a **thematic approach to our work** will enable us to maximise the potential and impact of our expertise across our central and engagement offices. We will work in partnership with our key stakeholders to ensure that our work is informed by their views and the best evidence possible. This plan outlines the activities to be delivered in 2020/21.

What difference will this make:

- 1) Maximise the potential and impact of our work aligning with both national and local priorities
- 2) Support regional community engagement and ways of working across health and social care
- 3) Support our colleagues across HIS to meet their strategic priorities

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement • Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities • Ensure that this thematic approach is embedded in all our activities and not developed as a stand-alone programme 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities will be able to better engage and involve people and communities in priority areas such as mental health, primary care, etc. • There will be increased involvement of those with lived experience to enable services to redesign and deliver services that better meet the needs of their users • Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities • We are able to demonstrate a more collaborative approach to our work and the priority areas identified 	<ul style="list-style-type: none"> • People and communities • service users • Scottish Government • NHS Boards and Integration Authorities • Third sector organisations and community groups 	<p>A4, S3, S4, S9, I3, I4, M1 M2</p>

Developing a Quality of Care approach for community engagement

We will be working in partnership with the Care Inspectorate and a range of key stakeholders to develop a new approach to our support and assurance functions for community engagement whilst supporting Health Boards and Integration Authorities. This approach will be aligned to the Quality of Care framework developed by HIS. This approach will be taken forward at the same time as new national guidance is being introduced on community engagement for health and care services to ensure that people who use services, their carers and local communities, all have opportunities to be meaningfully involved when services are being planned and delivered.

<p>Developing a Quality of Care approach for community engagement will enable us to carry out our support and assurance functions whilst supporting NHS Boards and Integration Authorities to improve how they engage and involve people and communities. This plan outlines the activities to be delivered in 2020/21.</p> <p>What difference will this make:</p> <ol style="list-style-type: none"> 1) People and communities will be meaningfully involved and engaged in the design and delivery of services within their area and beyond, where appropriate 2) NHS Boards and Integration Authorities will have a nationally agreed and tested tool for self-assessment of their community engagement activities to support improvements in these areas 			
What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-assessment tool • Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement • NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards • The directorate can demonstrate that our engagement and involvement meets best practice and standards 	<ul style="list-style-type: none"> • Care Inspectorate • the ALLIANCE • Scottish Community Development Centre (SCDC) • Scottish Government • COSLA • the Improvement Service, • public partners • representatives from health and social care involvement structures • People and communities 	<p>A4, S4, S9, I2</p>

Engaging people in the work of Healthcare Improvement Scotland

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

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

In 20-21 we will take forward the work detailed below to ensure we are meeting our statutory duties and complying with current standards and guidelines for community engagement.

Engaging people in the work of Healthcare Improvement Scotland is crucial to ensure that we are meeting our duties and complying with current standards and guidelines for community engagement. It also means that we can apply consistency of approach and achieve good practice for community engagement activities. This plan outlines the activities to be delivered in 2020/21.

What difference will this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Governance arrangements for public engagement within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➢ Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard ➢ Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee • Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our thematic work programme <ul style="list-style-type: none"> ➢ Roll-out of engagement development programmes for key job roles ➢ Roll-out of mandatory induction, training and other learning support for engagement • Volunteering and Public Partner roles within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➢ Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement ➢ Development of an organisational volunteering strategy aligned to organisational priorities 	<ul style="list-style-type: none"> • The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation 	<ul style="list-style-type: none"> • Healthcare Improvement Scotland Executive Team • Senior Managers within Directorates • Public Involvement Unit • Corporate Office Team • Volunteering Team • Public Partners • Scottish Health Council Committee 	<p>OE1, OE2, OE3, OE4</p>

<ul style="list-style-type: none"> • Healthcare Improvement Scotland Public Involvement Unit <ul style="list-style-type: none"> ➤ Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit ➤ Establish organisational objectives within Turas process relating to engagement 	<ul style="list-style-type: none"> • Improved diversity of volunteering roles and volunteers and their management within the organisation 		
--	--	--	--

DRAFT

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

We are developing a learning network for Community Engagement. During 2020/21 we will consider how we create the culture for learning, how we can support each other to put learning into practise and what the structure to support such a network would look like.

Developing a learning system will enable us to share good practise and learning across our own directorate, HIS and the wider health and social care. We will be able to model this good practise in our engagement activities and build a resource that supports our own staff and health and social care staff to improve their engagement activities as well as celebrate their successes. This plan outlines the activities to be delivered in 2020/21.

What difference will this make:

- 1) Health and social care staff will have the opportunity to share and learn from good practice in engagement through local and national networks.
- 2) Engagements activities across health and social care are informed by good practice from across Scotland, the UK and beyond
- 3) Robust process for capturing and sharing good practice and learning for engagement activities

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Undertake research into the components of effective learning systems that will inform the development of our system • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development 	<ul style="list-style-type: none"> • Demonstrable improvements in engagement and involvement activities undertaken by our own staff and health and social care staff supporting their continuous personal and professional development and learning 	<ul style="list-style-type: none"> • Staff across the directorate • HR colleagues • OD & Learning colleagues within HIS and wider health and social care • Staff across health and social care 	OE2

Developing our own people in the Community Engagement Directorate

The staff of the Community Engagement directorate are our greatest resource and our biggest asset. A well-informed, confident and skilled workforce is key to the delivery of our values, vision and core purpose. Our staff should feel valued within their workplace and have the opportunity for development in their roles as well as career progression within Healthcare Improvement Scotland and beyond. We will invest in our staff to ensure that they have the right skills to undertake their roles and that they feel confident in the work they are undertaking. We will ensure that they have the opportunities to enhance their existing skills and learn new skills that enable them to deliver improvements in their work.

Developing our people is crucial to enable us to realise our values, vision and core purpose. Our staff should have access to a range of development opportunities to enable them to undertake their roles as well as learning new skills to support them to make improvements to their working practise. This plan outlines the activities to be delivered in 2020/21.

What difference will this make:

- 1) We will have a confident, skilled workforce that is able to deliver improvements in their work
- 2) Our staff will be valued in their work and be able to see how this helps deliver our priorities and those of HIS
- 3) The culture of our directorate supports staff development and career progression
- 4) Leadership and management behaviours enable positive growth and development of our workforce

What we will do	Outcomes and Impact	Our stakeholders	Mapped to HIS Operational Priorities 2020-23
<ul style="list-style-type: none"> • Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. 	<ul style="list-style-type: none"> • We have an understanding of the skills available across the directorate and the ability to map these to specific roles • A skilled, confident workforce that is able to deliver improvements in their work • We are able to demonstrate improvements in our engagement with staff across the directorate • An improvement in our iMatters and Culture Survey responses and scores • Staff trained in improvement methodologies and able to implement these in their work • Staff have the opportunity for career advancement and development within their role 	<ul style="list-style-type: none"> • Staff across the directorate • HR colleagues • OD & Learning colleagues 	OE2, OE3, OE4

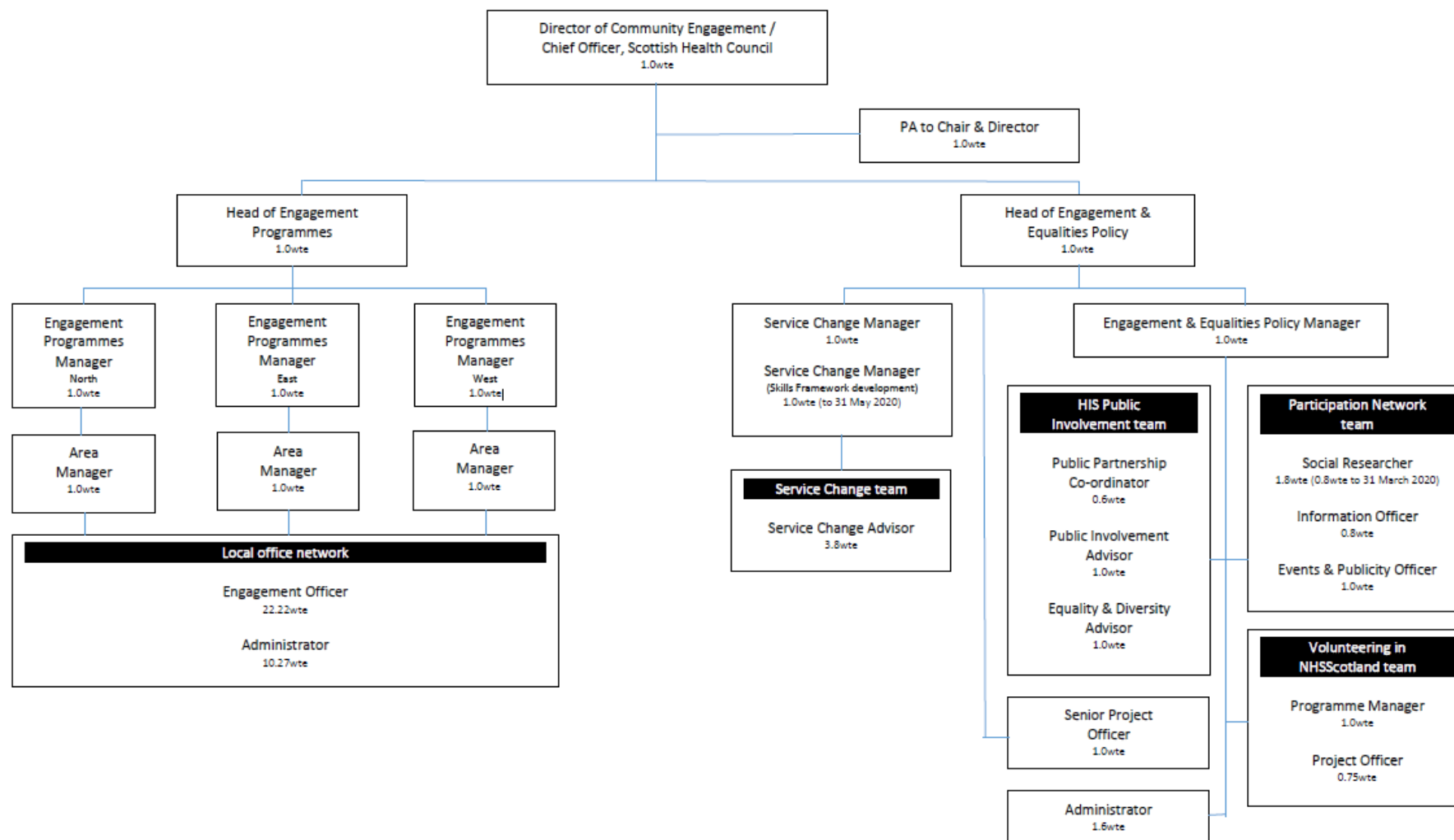
<ul style="list-style-type: none"> • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as SIFS, SCiL, SCLIP etc. and deliver an improvement project in line with their current activities 	<ul style="list-style-type: none"> • Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff 		
---	--	--	--

Conclusion

This Operational Plan presents an ambitious work programme for the year 2020-21. This is our first plan as the new Healthcare Improvement Scotland – Community Engagement directorate and will help us achieve our core purpose of supporting the engagement of people and communities in shaping health and care services. Our new approaches and ways of working as well as our wealth of experience will enable us to forge ahead with the delivery of this plan and deliver improvements in our activities. We will be able to support Health Boards and Integration Authorities to deliver their engagement activities and ensure that this is informed by evidence, good practise and learning in engagement. This will enable us to help shape the heath and care services of the future and make care better for the people of Scotland.

DRAFT

Healthcare Improvement Scotland Community Engagement Directorate – Organisational Structure



Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	23 April 2020
Title:	Scottish Health Council Committee Annual Report 2019/20
Agenda item:	Agenda item 3.1
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Lynsey Cleland

1 Purpose

To agree the Scottish Health Council Committee's annual report for 2019/20.

This is presented to the Committee for:

Decision

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

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

The annual report for the Scottish Health Council Committee for the year 1 April 2019 to 31 March 2020 is detailed in appendix 1.

2.2 Background

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

- ensure, support and monitor NHS Boards compliance with the duty to involve the public
- ensure, support and monitor the NHS Boards compliance with the duty of Equal Opportunities (in relation to the provision of services and public involvement).

The Committee is also responsible for assuring the Board that HIS is meeting its duties in respect of: (i) patient focus and public involvement, (ii) equalities (excluding staff governance), (iii) User Focus and (iv) Corporate Parenting.

2.3 Assessment

The annual report demonstrates the range of ways in which the Committee worked to deliver its remit during 2019/20.

A key focus for the Committee has been assuring the timely delivery of the Scottish Health Council directorate's change implementation process, whilst ensuring the directorate continued to fulfil its statutory duties.

The Committee also sought assurance on how HIS is meeting its duties in respect of patient focus and public involvement, equalities, user focus and corporate parenting through consideration of:

- HIS Corporate Parenting Action Plan
- HIS Involving People Equality Monitoring report 2018/19
- Engaging people in the work of HIS: focused review report.

In addition, the Committee held a joint development session with the Staff Governance Committee on equalities duties and the respective roles that each of the Committees has in relation to this.

2.3.1 Quality/ Care

The Committee's work is designed to support and improve the quality of care and services people receive.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The Scottish Health Council Committee reviewed all relevant risks at each of its meetings.

2.3.5 Equality and Diversity, including health inequalities

The Scottish Health Council Committee has a specific role in holding to account all HIS Directorates for performance in relation to Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The Committee's work is informed by engagement with a range of stakeholders where appropriate.

2.3.8 Route to the Meeting

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

- Scottish Health Council Committee meeting, 27 February 2020

2.4 Recommendation

The Committee is asked to agree the Scottish Health Council Committee's annual report for 2019/20.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Scottish Health Council Committee Annual Report 2019/20

GOVERNANCE COMMITTEE ANNUAL REPORT 2019/20

Scottish Health Council Committee Draft Annual report V0.1

Committee Chair	Suzanne Dawson
Lead Director	Lynsey Cleland
Lead Officer	N/A

Introduction

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

This report is therefore submitted on behalf of the Scottish Health Council Committee for the year 1 April 2019 to 31 March 2020.

Purpose of the Committee (from Code of Corporate Governance)

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

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

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

Remit of Committee (from Code of Corporate Governance)

Remit (list each part of remit)	How did the Committee meet its remit during 2019-20 (with examples)
Approval of the Scottish Health Council's strategic objectives, priorities and work plan for recommendation for inclusion in the HIS strategy, corporate and operational delivery plans and	Following an extensive period of consultation and review, the Committee approved the Scottish Health Council's phased change implementation plan in April 2019. This plan set out the new core purpose of the Scottish Health Council and the three key tests which all the Scottish Health Council's future work will fulfil. The plan also detailed the work streams required to deliver

<p>to ensure convergence between these plans</p>	<p>the key strategic priorities from the Scottish Health Council review in relation to the name, structure, governance arrangements and ways of working of the Scottish Health Council.</p> <p>In addition to the change implementation plan, the Committee also approved the Scottish Health Council's operational plan for 2019/20 which detailed the directorate's contributions to the delivery of Healthcare Improvement Scotland's 2019/20 operational plan.</p>
<p>Detailed scrutiny of performance against the work plan and delivery of outcomes</p>	<p>The Committee reviewed progress of the Scottish Health Council's change implementation plan and operational plan at each meeting.</p>
<p>The establishment of terms of reference, membership, and reporting arrangements for any sub committees acting on behalf of the Committee</p>	<p>Currently there is one sub-committee, the Service Change Sub-Committee. The terms of reference of this group were reviewed during 2019/20 and the Committee received copies of the Group's minutes and action points at each of its meetings.</p> <p>The timing and sequencing of the Service Change Sub-Committee's meetings were reviewed during 2019/20. These meetings are now held approximately two weeks prior to Committee meetings instead of on the day the Committee meets. This change will enable more timely reporting arrangements and help ensure appropriate governance of the respective considerations of the Sub-Committee and the Committee.</p>
<p>Approval of systems and processes by which the organisation makes assessments of performance in relation to patient focus and public involvement in health services</p>	<p>The Committee's Service Change Sub Committee considered and agreed decisions on all major service change issues throughout the year.</p> <p>The Committee agreed an updated interim operating position detailing how the Scottish Health Council will support public involvement in service change while revised national guidance and a new operating framework for how the Scottish Health Council delivers its duties across NHS Boards and Integration Authorities are developed.</p> <p>The Committee also agreed proposals for developing a new approach to how the Scottish Health Council carries out its support and assurance functions for community engagement across health and social care services in line with current practices within Healthcare Improvement Scotland and in partnership with other organisations such as the Care Inspectorate. The Committee agreed that an approach aligned to the Quality of Care framework should be developed and</p>

	<p>tested in conjunction with key stakeholders. This work is being progressed during 2020.</p> <p>There was ongoing consideration by the Committee of how Scottish Health Council's local office network supports public involvement in primary care. The results of a survey of GP practices is being used to offer targeted support, disseminate good practice and enable the directorate's Participation Network to start to evaluate new methods of engagement in primary care.</p>
<p>Hold to account all HIS Directorates for performance in relation to Patient and Public Involvement, the Duty of User Focus, Corporate Parenting and Equalities Duties in the delivery of HIS functions, excluding Equalities Duties relating to workforce which fall within the remit of the Staff Governance Committee.</p>	<p>Specific areas reviewed by the Scottish Health Council committee during the year included:</p> <ul style="list-style-type: none"> • HIS Corporate Parenting Action Plan • HIS Involving People Equality Monitoring report 2018/19 • Engaging people in the work of HIS: focused review report. <p>The Committee also held a joint development session with the Staff Governance Committee on equalities duties and the respective roles that each of the Committees has in relation to this.</p> <p>Following the Engaging People in the work of HIS Review, the Committee have agreed a work stream to develop robust governance mechanisms to assure how the organisation is engaging people in its work. This work stream is being progressed in 2020 and will include the practical steps required to enable the Scottish Health Council Committee to gain assurance on the performance of all HIS directorates in relation to engaging people, including meeting our Duty of User Focus and equalities duties in the delivery of our work.</p>

Reporting arrangements

The following appendices provide a summary of the work of the Committee during 2019-20:

- Appendix 1 – Attendance schedule
- Appendix 2 - Business planning schedule
- Appendix 3 – Key areas of business arising from each meeting and reported to the Board

Risks (summary of risk landscape during the year)

The Scottish Health Council Committee reviewed all relevant risks at each of its meetings:

Key risks noted during the year centred around

- 1) The Scottish Health Council's role in relation to service change issues.
 - The operational and reputational risk in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities, resulting in uncertainty on the engagement process to be followed and challenge to the role of the Scottish Health Council.
- 2) Scottish Health Council Change Implementation.
 - The operational and reputational risk that resource demands, unexpected disruption or delays arising from the Directorate's change process could have on the delivery of its duties.
 - The risk arising from renaming and rebranding the Scottish Health Council in terms of disruption to email systems; stakeholder confusion about the change in identity; and loss of goodwill that has developed through the existing brand and relationships.

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

Did the Scottish Health Council Committee meet its remit for the year 1 April 2019 to 31 March 2020?

YES

Commentary:

Throughout the year the Committee supported and assured the timely delivery of the Scottish Health Council directorate's change implementation process, whilst ensuring it continued to fulfil its statutory duties. The changes introduced during 2019/20 provide the foundations for the directorate to move forward as a fully integrated part of HIS and deliver its functions in ways that reflect the changing health and social care environment.

The Committee's revised terms of reference and expanded membership will also provide greater transparency and assurance of the directorate's work, and the wider work of Healthcare Improvement Scotland, in supporting the engagement of people and communities.

What are the future actions?

Commentary:

The Committee will continue to oversee the development of the directorate's new ways of working and review the impact of the changes that have been made. A key priority for the Committee during 2020 will be overseeing the establishment the mechanisms required to enable the Committee to gain assurance on the performance of all HIS directorates in relation to engaging people in the delivery of our work, including meeting our Duty of User Focus and equalities duties.

Sign-off Details
Committee Chair, signature, date:
Lead Director, signature, date:
Lead Officer, signature, date: N/A

Appendices:

Appendix 1 – Attendance Schedule

Appendix 2 - Business Planning Schedule

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

Appendix 1
Scottish Health Council Committee – Annual Governance Report 2019/20
Meeting attendance record – April 2019 to February 2020

	23 Apr 19	27Jun 19	26Sept 19	27 Nov 19	27 Feb 19
Suzanne Dawson	Attended	Attended	Attended	Attended	Attended
John Glennie	Attended	Attended	Attended	Attended	Apologies
Christine Lester	Attended	Attended	Attended	Attended	Attended
Elizabeth Cuthbertson	Apologies	Attended	Apologies	Apologies	Attended
Alison Cox	Attended	Apologies	Attended	Apologies	Attended
Irene Oldfather	Apologies	Apologies	Apologies	End 4 year term 31/10/2019	-
Dave Bertin	-	-	-	-	Attended Joined 01/01/2020
Emma Cooper	-	-	-	-	Attended Joined 01/01/2020
Jamie Mallan	-	-	-	-	Attended Joined 01/01/2020
Simon Bradsheet	-	-	-	-	Attended Joined 01/01/2020

Appendix 2

		2019-2020				
		23/04/2019	27/06/2019	26/09/2019	27/11/2019	27/02/2020
Committee Business	Lead officer					
Strategic Business						
Scottish Health Council Change Implementation	Director/ Review and Implementation Lead					
Strengthening Patient & Public Involvement in Primary care	Community Engagement & improvement Support Manager					
Volunteering in NHS Scotland	Programme Manager Volunteering					
Community Voice	Review and Implementation Lead					
Diversity in Involving People	Director/Equality and Diversity Advisor					
The future of the Participation Standard	Review and Implementation Lead					
Our Voice Panel /Jury Evaluation Report	Senior Programme Manager/ Social Researcher					
Committee Governance						
Draft Annual Report 2018/19	Chair					
Draft Annual Report 2019/20	Chair					
Risk Register	Director					
Operational Plan Progress Report 2019/20	Director					
Operational Plan 2019/20	Director					
Service Change Update	Service Change Manager					
Community & Engagement Improvement Support	Community & Engagement Improvement Support Manager					
Corporate Parenting Action Plan	Public Involvement Advisor					
Additional Items of Governance						
Service Change sub Committee Action points	Service Change Manager					
Closing Business						
3 Key Points	Chair					
AOB						

Appendix 3

SUBJECT: Scottish Health Council Committee, Key Points 23 April 2019

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council (SHC) Committee Meeting on 23 April 2019.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

a) Scottish Health Council Change Implementation

The Committee were updated on progress with the SHC review and implementation process

Proposed revisions to the Committee Terms of Reference, as recommended in the final report of the Short Life Governance Group, are to be submitted to the HIS Board as part of the wider review of the Code of Corporate Governance. Remaining recommendations will be considered further by HIS and SHC Chairs together with HIS Chief Executive and the new Director of Community Engagement.

A draft Change Implementation Plan was approved by the Committee subject to minor revisions. The Plan has been designed to promote openness, innovation and agile working that ensures collaboration within the Directorate and across HIS.

b) The Future of the Participation Standard

The Committee considered the future of the Participation Standard, which is the mechanism currently used to enable assessment of NHS Boards' performance on meeting key aspects of their duties in respect of patient and public participation.

The Committee agreed that the Participation Standard should be replaced, in time, by a proposed new approach based on the Quality of Care approach. Further engagement with key stakeholders will be conducted in order to establish support for the proposed way forward, and agreement from Scottish Government for this change in approach will be required.

The Participation Standard will remain in place until such time as a proposed new approach is agreed and finalised.

c) Strengthening Patient and Public Involvement in Primary Care

The Committee was updated on how Scottish Health Council local offices continue to support public involvement in primary care. An enabling factor is the revised GP contract which encourages an open and innovative approach to engaging and involving communities.

To help build a picture on existing engagement activity a survey of Scotland's GP practices is currently underway. The Committee will be updated on the results of the survey and next steps at a future meeting.

Suzanne Dawson
Chair
Scottish Health Council

SUBJECT: Scottish Health Council Committee, Key Points 27 June 2019

1. Purpose of the report

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Scottish Health Council (SHC) Committee Meeting on 27 June 2019.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

a) Service Change Guidance

The Scottish Government and COSLA are currently developing statutory guidance on local community engagement and participation to apply across health and social care bodies. Within that context, the Committee agreed that the Scottish Health Council should review its interim operating position for supporting public involvement in service change in Health & Social Care Partnerships. This will ensure our role is clear until such time as the revised national guidance is produced. Once complete this position paper will be submitted to the HIS Board for consideration.

b) Corporate Parenting

The Committee was provided with an overview of the Children and Young People Working Group (CYPWG) and their role in ensuring HIS meets its legal duties in relation to children and young people. The Committee was updated on the group's progress with the Corporate Parenting Action Plan which now has a RAG rating for each action and is on track to deliver. The Committee was provided with specific examples of Corporate Parenting activity throughout the past year. Evidence would suggest that projects have been enthusiastically supported across HIS and have helped to promote cross-organisational working.

c) Strengthening Patient and Public Involvement in Primary Care

Following on from the April meeting the Committee was updated on results of a GP practice survey which was run to further develop Primary Care as a thematic programme within the directorate and support cross-organisational work in HIS. The Committee was provided with a summary of the initial analysis and will receive a final report at the next Committee meeting in September. The Committee found this insight useful and would like to explore how the learning from the survey could be used to inform the work of SHC and HIS. Consideration will be given on how best to promote the key messages and involve agencies such as the Royal College of General Practitioners (and in future the new public health body) in sharing the learnings.

Suzanne Dawson
Chair
Scottish Health Council

SUBJECT: Scottish Health Council Committee, Key Points 26 September 2019

1. Purpose of the report

This report provides the Healthcare Improvement Scotland (HIS) Board with an update on key issues arising from the Scottish Health Council (SHC) Committee Meeting on 26 September 2019.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

a) Diversity in involving people

The Committee were updated on the *Involving People Equality Monitoring Report 2018-19*. This is a snapshot of the makeup of those people HIS have engaged with during the year with the report produced to determine the level of engagement with a diverse range of people across the organisation. The Committee agreed that the report was robust and helpful, and it was suggested that to further enhance the data it would be beneficial to include year on year comparisons in future reports. The consistent use of equality monitoring forms continues to be encouraged as a means of ensuring HIS staff consider how they engage with groups of people whose views are often underrepresented

b) Volunteering NHS Scotland Programme

The Committee was provided with an overview of the support provided through the *Volunteering Programme* team to develop volunteering across NHS Scotland. There are currently an estimated 6,500 volunteers directly engaged by NHS Boards in Scotland with young people (under 25) making up 40% of the total. The Committee was updated on progress towards three national outcomes with a moving focus from building the volunteering support infrastructure towards a concentration on enhancing patient experience and volunteer health & wellbeing and recognising the positive contribution volunteering makes. The Committee recognised the positive impact that volunteering can have on the individual volunteer's mental health and suggested further exploration around research and evidence in this area would be helpful.

a) Community Engagement and Improvement support – Gathering Views

The Committee were advised of the capacity challenges which are faced across the local offices in relation to the number of requests for support through *Gathering Public Views*. It was agreed that a more strategic approach to responding to these requests would be developed within the context of the Operational Framework and the Directorate's new ways of working.

Suzanne Dawson
Chair
Scottish Health Council

SUBJECT: Scottish Health Council Committee: key points 27 November 2019

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from (**Scottish Health Council Committee meeting – 27 November 2019**).

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) The Committee supported the introduction of four work streams designed to develop **HIS' engagement with people** across its work. These workstreams include practical ways to build capacity for public engagement across the organisation; the role of volunteers and public partners in the work of HIS; governance arrangements for public engagement across HIS's activities and the role of the HIS Public Involvement Team. In considering how to build capacity and improve engagement it was agreed that a *staged process with pace* would best achieve a standard of engagement that adds value, so ensuring a coherent approach which will then enable the wider organisation to focus on addressing any gaps. Progress on the four work streams will be reported at future Committee meetings.

b) Gary McGrow presented an evaluation report of the implementation and impact of the recent **Citizens Jury** on shared decision making. The Committee heard that the evaluation report was positive, highlighting that all Jury members had participated in the process from start to finish and that the Scottish Government had committed to respond to the Jury's recommendations. The Committee agreed that the report included some useful learning which will inform any next steps around the delivery of any future Citizens Jury.

c) SHC team has made good progress on delivering the **Change Implementation Plan**. The branding for the new Community Engagement Directorate has been agreed and the senior management team has been recruited with Tony McGowan taking up the post of Head of Engagement and Equalities Policy and Jane Davies, Head of Engagement Programmes. All further senior appointments are expected to be in place by February 2020. Three working groups (covering the directorate's local support offer; a Quality of Care approach for community engagement; and the development of an engagement learning network) have been set up to further consider outputs from what was a successful All Staff Event held in October 2019.

Suzanne Dawson
Chair
Scottish Health Council

SUBJECT: Scottish Health Council Committee: key points 27 February 2020

1. Purpose of the report

This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from **Scottish Health Council Committee – 27 February 2020**.

2. Recommendation

The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined, and review any areas escalated by the Committee to the Board.

a) Engaging People in the Work of HIS

Following on from the November meeting, the Committee received an update on progress with the *Engaging People in the Work of HIS* programme. The Committee were pleased to hear that work is progressing to develop a governance framework tool to gain assurance from Directors on the performance of all HIS directorates in relation to engaging people in our work. The Committee also welcomed the ongoing work to review public partner roles within HIS which is focusing on the practical ways to improve the diversity of volunteering roles and reviewing how public partners are utilised across the organisation.

b) Community Engagement Guidance and Quality of Care approach for Community Engagement

An initial draft of the new community guidance for health and social care was shared with all NHS Boards, Integration Authorities and Local Authorities for comment before Christmas and feedback will be sought on a further iteration at the end of March. In tandem with the development of this guidance, the Scottish Health Council is working in partnership with the Care Inspectorate and representatives from NHS Boards, Integration Authorities, the third sector and other relevant stakeholders to develop an approach to support and assure meaningful community engagement across health and care aligned to the quality of care approach. A stakeholder advisory group formed to support the development of this work met for the first time at the end of February. The Committee will consider the progress of this work together with the next iteration of the community engagement guidance at its April meeting.

c) Gathering Views on ME and the Guthrie Card Index

The Scottish Health Council's 14 local engagement offices commenced a *Gathering Views* exercise on people's experience of health and care services for ME on 1st February 2020. Over 400 survey responses have been received in just over three weeks and a report will be produced for the Scottish Government in the spring. The Committee were also advised of a *Gathering Views* exercise in the pipeline relating to the Guthrie Card Index. This will gather views on the use of the small samples of blood taken from babies at birth for research purposes prior to a full public consultation. It is recognised that this is a complex and sensitive issue and the Committee will be kept advised on the progress of this work.

Suzanne Dawson
Chair
Scottish Health Council

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	23 April 2020
Title:	Risk Register
Agenda item:	Agenda item 3.2
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Lynsey Cleland

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

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

2.2 Background

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

No new risks have been added to the risk register since the last Committee meeting, however all risks have been reviewed in light of the CoVID-19 pandemic and a risk relating to the impact of the

COVID-19 pandemic for Healthcare Improvement Scotland has been added to the organisation's Strategic Risk Register.

2.3 Assessment

2.3.1 Quality/ Care

N/A

2.3.2 Workforce

Relevant workforce implications for each risk have been identified.

2.3.3 Financial

Relevant resource implications for each risk have been identified.

2.3.4 Risk Assessment/Management

Risk register attached in appendix 1.

2.3.5 Equality and Diversity, including health inequalities

The Community Engagement Directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the Directorate's risks.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Risk Register

Active Risks - Committee Report

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Net Risk Score Rating	Last Updated	Current Controls	Current Mitigation	Current Update	Current Risk Level	Mar - 2020
Reputational / Credibility	Community Engagement and Improvement Support	956	Lynsey Cleland	On behalf of the Scottish Government, the Scottish Health Council is gathering views from people with lived experience of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Given the complex nature of the condition and high profile of this work, there is a risk that our process and conclusions are either challenged (for example by the media or patient representative groups), or there is perceived to be an unmet need in relation to patient expectation. This would result in a reputational risk to our role and purpose of the project.	Medium - 9	14/04/2020	Agreed template issued to all 14 local offices taking part in the work, together with background information and definitions relating to ME/CFS. Links to the work of NICE have been shared as well as background information about where this work has originated ie through the Petitions Committee. ME representative groups will get in touch to support the Scottish Health Council's work and support staff conducting the gathering views activities.	Working with Scottish Government policy leads to ensure there is a clear and jointly shared understanding of the purpose of the Gathering Views work and the respective roles and responsibilities as well as to increase understanding of issues out with the scope of the work. Gathering Views template has been completed and agreed alongside questions for use in the discussion groups - these have been shared with representative groups and they are supportive of the approach. Representative Groups to be kept informed so they are on board with the process. Involvement of Healthcare Improvement Scotland Communications Team will ensure any press attention to the work can be responded to. Developing lines of communication with Scottish Government.	Gathering views exercise is ongoing but will end on 24 March. Publication was planned for May but will be under review. No change in the level of risk. Gathering of lived experience is now complete and is with the 14 engagement offices for analysis - further work paused due to on-going COVID-19 pandemic situation. Revised timelines will be agreed with Scottish Government colleagues.	Medium - 9 Impact - 3 Likelihood - 3	Medium - 9
Operational	Community Engagement directorate wide risk	963	Lynsey Cleland	There is a risk to the Community Engagement directorate (the new operational name for the Scottish Health Council) and its operational performance because of potential disruption during early 2020/21 linked to the rebranding / renaming of the directorate including disruption to email systems; continued limitations relating to IT infrastructure within the local office network; insufficient communication with stakeholders regarding the rebranding; and replacement of old office signage across the local office network estate with new branding.	Medium - 8	06/04/2020	Agreed actions with HIS IT and Communications teams including deadlines for implementation. Directorate communications strategy to underpin renaming / rebranding Regular reporting via Director, Directorate Management Team, Scottish Health Council Committee Regular reporting via Director / Chief Officer, HIS Head of Communications, HIS Chief Executive and HIS Executive Team to HIS Board	The Scottish Health Council has implemented a number of significant changes which were informed by an extensive stakeholder and staff consultation. These changes have included: a new directorate structure with investment in additional senior posts; introduction of different ways of working including the development of new approaches to improvement and assurance of community engagement in the context of health and care integration; and a new name for the directorate (Healthcare Improvement Scotland - Community Engagement from April 2020) that better reflects our core purpose, underpinned by a dedicated communications strategy. The renaming and rebranding work has involved communication with staff, ICT colleagues, and stakeholders, and has comprised the creation of specific communications detailing the nature of the directorate's changes, and the rationale for the rebranding. Planned changes to branding, signage etc. are being communicated to host territorial NHS Boards in light of their provision of local office premises. Switching email accounts to rhs.net is being planned in advance (March 2020) of the renaming and rebranding implementation. Decommissioning of the scottishhealthcouncil.org email service will be completed by end June 2020.	The directorate change implementation plan was formally closed at the 27 February 2020 meeting of the Scottish Health Council Committee. The HIS IT team planned to enable the switchover from scottishhealthcouncil.org to rhs.net email accounts for directorate staff during March 2020. However, this coincided with the COVID-19 pandemic and the introduction of the UK Government's 'Stay at Home' policy, supported by the Scottish Government. This resulted in HIS IT resources being required to support home working across all directorates and teams, resulting in a delay in email switchover for a number of directorate staff, with resultant knock-on impacts in terms of access to laptop-based functionality including Skype for Business. Remedial actions have been devised including identifying resource from within the directorate to facilitate the switchover of emails for remaining staff during April 2020. The HIS Communications team finalised the design work for replacement signage across the local office network estate, and the new signage has been acquired. However, due to the COVID-19 pandemic, the signage has not been replaced. This will be undertaken once the UK Government and the Scottish Government ease their 'Stay at Home' policies.	Medium - 12 Impact - 4 Likelihood - 3	Medium - 8
Operational	Service Change	778	Lynsey Cleland	There is an operational and reputational risk to the Scottish Health Council's role in supporting public involvement in service change because of the different governance structures progressing change through NHS Boards and Integration Authorities. This results in public uncertainty on the engagement process to be followed and challenge in the role of the Scottish Health Council.	Very High - 20	13/04/2020	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core function and raising awareness through governance structures.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 08 April 2020. The Scottish Health Council continues to participate in the Scottish Government and COSLA co-chaired group to develop revised national guidance for engagement across Health and Social Care. However, this work is currently suspended due to the on-going COVID-19 pandemic situation.	A second draft of guidance was issued in March 2020, with feedback being sought until end of April. However, the Scottish Government and COSLA have agreed that work on the guidance has been suspended due to the on-going COVID-19 pandemic situation. As a result, our work on the Quality of Care approach for Community Engagement has similarly been paused. It is envisaged that work on both the guidance and the Quality of Care approach will be resumed once the COVID-19 pandemic situation has abated, allowing key partners to participate in discussions when it is safe to do so.	High - 15 Impact - 5 Likelihood - 3	High - 15
Reputational / Credibility	Volunteering in NHS Scotland - Internal	952	Lynsey Cleland	There is a risk of a violation of data protection and/or Information Governance policy/law because of software bugs, data breaches or misuse of the Volunteering Information System resulting in fines, reputational damage and a loss of credibility.	Medium - 8	02/04/2020	System Security Policy (SSP) including detailed risk assessment (see appendix 1), system security measures. - Data Protection Impact Assessment in place detailing protection of privacy and data, role of data processors, data controllers, justification for processing. - Information Asset Owner: Programme Manager (Volunteering) - Information Asset Administrator: Project Officer (Volunteering) - Services Agreements in place in each NHS Board using the system detailing responsibilities of each party. - Hosting Agreement in place with National Waiting Times Centre. - Contract in place with Support Partner. - Mandatory User Training required before user accounts are issued. - Quarterly review and shutdown of dormant accounts. - OS and server upgrades scheduled for Q4 2019/20.	1. Continual reinforcement of the message that out of hours/holidays the support service must be contacted immediately. (a) E-mail to all VIS users (b) Amend training slides to refer to out of hours 2. System Operating Procedures for the Volunteering Information System should be documented with annual review dates. 3. The Data Protection Impact Assessment and System Security Policy should be reviewed and updated by Information Governance Officer, Senior IT Support Analyst and the Programme Manager to ensure that it is up to date. 4. Test case scenarios for future developments to the system should include functionality testing across all user levels with the specific inclusion of, and cross-reference to, data stored in intra board divisions. 5. Each development should include a scenario making reference to the restriction of divisional and board data, whether the function specifically relates to such data objects or not. 6. Additional staff resources should be used to support the testing of system enhancements (patches). 7. The procurement of the Support Partner contract in 2020 should include specific reference to test case scenarios above and the requirement that these are documented. 8. Information governance risk pertaining to the system to be put on operational risk register and monitored through Directorate Management Team meetings and the Scottish Health Council Committee on a regular basis.	Mitigations 1-6 and 8 completed. Awaiting response from Procurement Manager on support contract for 2020/21. Review meeting (action 3) took place on 3 March. Follow-up actions include (a) Further amendments to webinar slides (b) SHC Management sign-off of testing and procedures to be put in place (c) Amendments to DPIA to references Standard Operating Procedures (d) Development of SSP and DPIA in relation to online form to be considered in April/May.	Medium - 8 Impact - 4 Likelihood - 2	Medium - 8

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	23 April 2020
Title:	Progress on 2019/20 Operational Plan
Agenda item:	Agenda item 3.3
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Lynsey Cleland

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

The Committee approves the Directorate's objectives, priorities and work plan each financial year and then scrutinises performance against the work plan.

2.2 Background

The Directorate's operational objectives for 2019/20 are detailed in appendix 1. The Directorate's objectives were aligned to relevant outcomes in 2019/20 HIS Operational Plan and the key progress results correlate with information provided for the Board performance report each quarter.

2.3 Assessment

Appendix 1 provides a progress update on the directorate's work for the reporting period January – March 2020. The COVID-19 pandemic resulted in a small number of activities (events/meetings/newsletters) due to happen in the last 2 weeks in March to be postponed, but overall the majority of 2019/20 work programmes are on track and have a green status.

The small number of work programmes which have been put on hold, or delayed during 2019/20 are highlighted with an amber or red status and an explanation given. It is anticipated that these will be progressed during 2020/21.

It should also be noted that a small number of staff and activities relating to the work of the Scottish Medicines Consortium, Scottish Health Technologies Group and Scottish Intercollegiate Guidelines Network transferred to Evidence Directorate in quarter 4. Progress for these activities for the quarter will be reported via their planning and performance mechanisms.

2.3.1 Quality/ Care

The Community Engagement Directorate's work is designed to support and improve the quality of care and services people receive

2.3.2 Workforce

Work is being delivered within the directorate's existing resources.

2.3.3 Financial

None out with existing core funding.

2.3.4 Risk Assessment/Management

Any risks associated with the delivery of this Operational Plan are reflected in the Risk Register.

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in our objectives.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The directorate's objectives have been informed by stakeholder feedback from the review of the Scottish Health Council's role and function.

Delivery of the objectives includes engagement with a range of stakeholders.

2.3.8 Route to the Meeting

has informed the development of the content presented in this report.

N/A

2.4 Recommendation

The Committee are asked to review progress with the Directorate's objectives for 2019/20.

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Directorate Operational Plan 2019/20

Scottish Health Council directorate

Operational Plan 2019 / 20

Reporting period (January 2020 to March 2020)



Scottish Health Council Operational Plan 2019 / 20

The Scottish Health Council directorate's work supports the delivery of Healthcare Improvement Scotland's Strategic Plan, '*Making Care Better - Better quality health and social care for everyone in Scotland*'.

The directorate's work is aligned to specific outcomes set out within Healthcare Improvement Scotland's Operational Plan 2019/20, as follows:

- Better quality and more appropriate services, alongside increased support for people, resulting in improved health and well-being outcomes for people and communities.
- Good practice and design, based on the principles of the Scottish Approach to Service Design, is shared and embedded / Health and social care organisations understand population-level need, and plan and deliver services for people in new ways which ensure better outcomes.
- Health and social care strategic plans are developed in line with national guidelines and best practice.
- People's views and experiences are routinely used to inform health and social care development and delivery.
- Health and care staff are more confident in the planning and delivery of people-led care and support.
- Volunteering contributes to Scotland's health by enhancing the patient experience and providing opportunities to improve the health and wellbeing of volunteers themselves.
- NHS Boards can demonstrate public and service user involvement in shaping services.
- People and communities can see how their feedback has been used to change and develop services.
- Resources are used effectively and efficiently in the provision of health and social care services.

Supporting national priorities

As part of Healthcare Improvement Scotland, the Scottish Health Council is delivering work to support key national priorities, as set out by the Cabinet Secretary for Health and Sport to help make care better. Many of the activities support more than one priority, and these are identified in the Operational Plan. The national priorities are:

1. Integration of health and social care services
2. Mental health
3. Access to care
4. Governance of the quality of care

Reporting & evaluation

We will continue to improve measuring our progress in terms of outcomes, in line with the reporting approach within Healthcare Improvement Scotland to demonstrate the impact of our work. We will evaluate the delivery of this plan throughout the year and report progress and risks to delivery (recorded in our Risk Register) through our Directorate Management Team to the Scottish Health Council Committee. The 'updates' column in the following table will include shading if challenges to delivery have been identified.

Progress on related elements of the Healthcare Improvement Scotland Operational Plan 2019/20 will also be reported to the Healthcare Improvement Scotland Board.

Our values

In line with Healthcare Improvement Scotland, all of the work within the Scottish Health Council is designed and delivered with the following core values in mind:

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

DRAFT

HIS Operational Plan 2019/20 outcomes
(LEAP | what difference do we want to make?)

> Better quality and more appropriate services, alongside increased support for people, resulting in improved health and well-being outcomes for people and communities.

1

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. **Key deliverable / objective 1:** People with lived experience of care and carers are consistently involved in our work, strongly and effectively influencing what we do and how we do it *(PIU)*
- B. **Key deliverable / objective 2:** Information about treatment and care is clearly communicated to people to enable fully informed decision making *(PIU)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
1A	For all non-medicine and all medicine Health Technology Assessments, proactively engage with suitable patient and carer groups, providing information and support and encouraging participation in the assessment process.	Patient and carer representative views and experiences are effectively captured and inform HTA outcomes.	Staff and activities transferred to Evidence Directorate in quarter 4 and will be reported via their planning and performance.	Percentage of patient group partners rating support and information provided by SMC Public Involvement team as good or excellent. Excellent/Good – 100% The SHTG advice statements were sent to the patient organisations and will be followed up at a later date to assess impact of advice.	Green
	For every orphan, ultra-orphan and end of life medicine appraisal, proactively engage with suitable patient and carer groups, encouraging and supporting participation in the SMC PACE process.	Patient and carer representative views and experiences are captured and inform HTAs for medicines for rare conditions and end of life.	Staff and activities transferred to Evidence Directorate in quarter 4 and will be reported via their planning and performance.	100% of PACE meetings have included appropriate patient/carers engagement	Green

1A	Establish and support service user, carer and public involvement in the development of SIGN guidelines.	Voluntary organisation, user, carer and public views and experiences are captured and inform our work.	Staff and activities transferred to Evidence Directorate in quarter 4 and will be reported via their planning and performance.	100% of guideline development group meetings have included patients/carers 100% of consultations had appropriate patient/carers involvement	Green
1B	Plain English information and guidance of evidence about treatment and care is provided where appropriate.	Increased public understanding of evidence about treatment and care. Usage of plain English information products.	Staff and activities transferred to Evidence Directorate in quarter 4 and will be reported via their planning and performance.	Formal evaluation of SMC “Decisions Explained” complete. Results show information is being used and has increased public understanding. Feedback from patients/carers resulted in changes to content and language. SHTG plain language summaries are distributed to patient organisations and available on website.	Green

DRAFT

- HIS Operational Plan 2019/20 outcomes**
(LEAP | what difference do we want to make?)
- > Good practice & design, based on the principles of the Scottish Approach to Service Design, is shared and embedded.
 - > Health & social care organisations understand population-level need, and plan and deliver services for people in new ways which ensure better outcomes.
 - > Health & social care strategic plans are developed in line with national guidelines and best practice.
 - > People's views & experiences are routinely used to inform health and social care development and delivery.

2

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. **Key deliverable / objective 1:** General Practices are supported to develop and improve their public engagement activities *(CEIS)*
- B. **Key deliverable / objective 2:** Statutory bodies are supported to develop and improve their engagement activities *(CEIS)*
- C. **Key deliverable / objective 3:** Information & views gathered by local offices from individuals and communities is used to shape national health and care policy *(CEIS)*
- D. **Key deliverable / objective 4:** Develop effective approaches to sharing good practice on engagement in service change across statutory bodies *(SC)*
- E. **Key deliverable / objective 5:** Delivery of evidence to support Primary Care theme – support ongoing work on Participation Toolkit development and delivery *(PN)*
- F. **Key deliverable / objective 6:** Evaluation of Citizens Jury *(PN)*
- G. **Key deliverable / objective 7:** Deliver Citizens' Panel (3 surveys per year) *(PN)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
2A	General practices have access to support to engage with patients and local communities and are supported to improve their public engagement activities.	Patient and local community views are being used by general practices to inform service delivery and provision.	30 Patient Participation Groups were supported during January to March 2020 4 new Patient Participation Groups established during the same period	Positive feedback from practices following use of Scottish Health Council's Development Tool to increase PPG effectiveness. Increase in the knowledge of PPG members about participation.	Green

			Following engagement survey in Primary Care, ongoing discussions with SG about how this can support further activity in this area. Meetings postponed due to Covid-19.	Increased awareness of PPG as mechanism for engagement. Evidence of growing awareness of the Scottish Health Council across primary care and general practice.	
2B	All NHS Boards and Health & Social Care Partnerships have access to support to improve and develop their engagement activities.	Public and local community views are being used by NHS Boards and Health & Social Care Partnerships to inform service delivery and design and local communities feel engaged.	Engagement offices responded to 38 requests for support from NHS Boards and Health & Social Care Partnerships.	Evidence of “repeat requests” for support and “add on” support for some pieces of work. Evidence of positive feedback from NHS Boards and Health & Social Care Partnerships on support being provided. Positive feedback where local offices have conducted independent evaluations on behalf of boards.	Green
2C	Respond to national request for support to gather public and community views across Scotland. National stakeholders have Public views are used to inform national policy development and direction	Public views are used by stakeholders to inform national policy and direction.	Gathering Public Views on ME Services being supported during January to March 2020. 8 Engagement Sessions held involving 30-40 people and 552 responses to the online survey. Engagement completed by all 14 local offices during March 2020 – arrangements being made to analyse the feedback utilising the skills of Engagement Officers and Administrators.	Initial feedback from Scottish Government positive. Further evaluation on completion of project.	Green
2D	Spread good practice in service change by defining good / meaningful engagement and consultation based on current evidence and best practice	Examples of practice are identified and shared. Impact of advice provided on service change captured. (quarterly) Production of resources, downloads, views and feedback.	Webinar held on 23 August on Scottish Approach to Service Design. Webinar held on 05 December on Evaluation methods for engagement, with approximately 20 participants including staff from NHS Boards and Health and Social Care Partnerships.	Evaluation of feedback collated to inform improvement	Green

		Examples of impact and feedback from stakeholders	The third short animation to support " effective engagement when redesigning health and social care services " was published on 29 November 2019 and focused on key elements of 'good' engagement and based on the Gunning Principles.		
	Support the delivery of service change team advice to the leads for corporate governance within partner organisations	Develop database with updated names contacts Analysis of governance information and gaps Meetings with those who asked for further information	36 responses received from 16 NHS Boards and 20 Health and Social Care Partnerships 24 organisations requested a meeting for further discussion.	Evaluation of feedback collated to inform improvement Feedback from those who received further information and analysis as to corporate level input in engagement	Green
	Advice and support provided to NHS Boards and Health and Social Care Partnerships on engagement in service change	Numbers of organisations engaged on active changes Production of a toolkit to support stakeholders in meaningful engagement in service change	Advice and support provided on engagement in service change to 12 NHS Boards and 7 Health and Social Care Partnerships on 28 active changes.	Analysis of evaluation feedback and case studies	Green
2E	Primary Care: Developing and sharing evidence to support best practice public engagement in Primary Care	Generation of evidence to support theme. General Practice Public Engagement Survey. Delivered April-June 2019, Analysis July-Sept 2019, dissemination Oct-March 2020. Evidence used to target and deliver bespoke practical public engagement support for local GP practices. Evidence used to inform development of engagement tools (participation toolkit). Evidence used to inform targeting of engagement tools. Evidence shared more widely with Primary Care Research colleagues and Stakeholders.	Following engagement survey in Primary Care, ongoing discussions with SG about how this can support further activity in this area.	Evidence used to inform ongoing development of Primary Care engagement theme.	Green

2F	Evaluation of Citizens' Jury – Report Nov 2019	Citizens Jury Members give positive feedback on their experience Stakeholders have confidence in Jury recommendations Stakeholders have confidence in Scottish Government's response to Jury recommendations	Final citizens Jury report produced and on website Video of Jury members' experience published on website Report on Scottish Government response to Jury recommendations published on website Evaluation Report completed	Evidence of KPI's Evaluation report influences other Citizens' Juries in health and social care	Green
2G	Deliver survey 1(Autumn 2019) Deliver Survey 2(Winter 2019/20) Delivery Survey 3 (Spring 2020)	Change in health & social care policy based on Citizens' Panel findings Influencing other topic related research Feedback from topic sponsors on impact of findings	Citizens' Panel Topic Advisory Group identified Health and social care strategy and public perception of safety in care as topics for next panels. 6 th Citizen Panel survey on anti-microbial resistance to antibiotics has been completed and draft report written.	Feedback from Topic Sponsor, Policy Sponsor, Policy Documents, research documents, media statements (as per KPI's)	Green

DRAFT

HIS Operational Plan 2019/20 outcomes
(LEAP | what difference do we want to make?)

> **Health and care staff are more confident in the planning & delivery of people-led care and support.**

3

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. **Key deliverable / objective 1:** Communities of interest, NHS Boards, Health & Social Care Partnerships have access to public engagement training. *(CEIS)*
- B. **Key deliverable / objective 2:** Support and encourage sharing of evidence (best practice & innovation) in field of public engagement in health & social care. *(PN)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
3A	Local communities and stakeholders have access to training in public engagement and tools and techniques.	Stakeholders are skilled in using engagement techniques and local communities feel able to engage with service providers	7 Voices Scotland sessions delivered during January to March 2020 (68 participants in total)	All sessions have evaluated well with positive feedback. New evaluation approach developed for evaluating training sessions – currently being trialled.	Green
3B	Participation Research Network: Network Events Participation Research Network Autumn/Winter WebEx Series planned Sept 2019 – March 2020 4 x editions of e-Connect	Stakeholders (research and non-research professionals) are encouraged, supported and facilitated to disseminate knowledge from public engagement projects at different phases of progress (nascent, ongoing, completed). MailChimp open and click statistics for each edition. Subscriber feedback survey to be carried out in March 2020. Subscribers report that the newsletter is useful.	Participation Research Network Event and the Webex due to be held in March 2020 were postponed due to Covid-19. These will take place in 2020/21. The 4th edition of e-Connect was postponed due to COVID-19. An update was sent to the 1,051 subscribers for e-Connect on 31 March to advise them about the rebrand and new website.	Feedback from March 2019 meeting was positive - presentations and format of event/networking opportunity was well received by those who provided feedback. Network members support development of WebEx programme. External volunteer topics for WebEx presentation provided. Statistics: subscribers increased by 0.8%, email opens increased 4.7% and link clicks increased by 0.9% on previous quarter.	Green

HIS Operational Plan 2019/20 outcomes
(LEAP | what difference do we want to make?)

> Volunteering contributes to Scotland's health by enhancing the patient experience and providing opportunities to improve the health & wellbeing of volunteers themselves.

4

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. Key deliverable / objective 1: Developmental and strategic support to NHS Scotland *(VOL)*
- B. Key deliverable / objective 2: Volunteering Information System *(VOL)*
- C. Key deliverable / objective 3: Communications (volunteering) *(VOL)*
- D. Key deliverable / objective 4: HF1: Streamlining the volunteer recruitment process *(VOL)*
- E. Key deliverable / objective 5: HF2: Pilot of a volunteer supporter role *(VOL)*
- F. Key deliverable / objective 6: HF3: Embedding of evaluation throughout volunteer engagement programmes *(VOL)*
- G. Key deliverable / objective 7: HF4: Develop and spread new and innovative volunteer roles *(VOL)*
- H. Key deliverable / objective 8: HFEOLC: Support the delivery of pilot volunteering projects in end of life care *(VOL)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
4A	Developmental support to NHS Boards Interventions typically Responsive support on a day to day basis: advice, signposting, policy review and development, planning and development sessions.	No of instances of support per month Total no of boards supported Feedback from organisations supported (inc impact story) Number of organisations with development/steering group in place Number of organisations with dedicated volunteer management positions	19 NHS boards supported in reporting period. Instances of support Jan: 31 Feb: 24 Mar: 75 <i>NOTE: Volume of support more than three times average in March due to COVID-19.</i>	13 NHS Boards have a steering group in place. 12 NHS Boards have a dedicated volunteer manager in place.	Green
	Volunteer Managers Network Two national networking meetings (Sep and Feb)	No of attendees No of organisations engaged in network meetings No of organisations engaged in thematic discussion groups No of organisations sharing practice	National meeting took place on 25 Feb, Edinburgh. 22 delegates from 15 NHS and voluntary organisations attended. In evaluation feedback all respondents (n=12) reported	Qualitative feedback included: ▶ <i>“The Network meeting is another example of your well-informed, considerate, proactive and</i>	Green

<p>Thematic discussion groups (Volunteer Retention April, Inclusive volunteering tbc)</p> <p>Online Community of Practice maintained and updated with research, publications and webinars.</p>	<p>No of delegates and organisations noting a change in practice</p>	<p>that it was very good (91.7%) or good (8.3%).</p> <p>Speakers and workshops included:</p> <ul style="list-style-type: none"> ▶ Overcoming challenges in volunteer management workshop ▶ Volunteering in NHSScotland Programme update ▶ Inclusion and barriers to volunteering – Shelter Scotland ▶ Spotlight sessions on Volunteers Week, the impact of volunteering in Health Improvement in NHS Greater Glasgow & Clyde and Youth Volunteering in NHS Lothian ▶ Volunteering in NHS England <p>Publications and guidance posted on Community of Practice:</p> <p>Jan: 0 Feb: 3 Mar: 7</p>	<p><i>professional approach to the Volunteering Programme.”</i></p> <ul style="list-style-type: none"> ▶ <i>“The content was well balanced and kept us interested all day.”</i> ▶ <i>“Really appreciate the opportunity to network in a structured fashion, within the timescale on the agenda. That can be difficult to achieve within your own board, even with willing colleagues!”</i> <p>When asked what they would do differently, delegates said:</p> <ul style="list-style-type: none"> ▶ <i>“I will be looking at the HIS volunteering case study videos and reading the NCVO Time Well Spent report. I will also speak with NES colleagues regarding materials hosted on Turas Learn that might be relevant to volunteer induction.”</i> ▶ <i>“It's really valuable to network with other boards but I felt that we came out of the day feeling like more of team within our own board with a commitment to consult and work more closely together on the same things. That's the result of having a little bit of time for reflective practice.”</i> ▶ <i>“I was planning on engaging with SCN regarding volunteer champions prior to event this has provided me with the confidence that this would be valuable for both staff and volunteers.”</i> <p><i>“Took all points back to head of volunteering and we would like to look at References in the future”</i></p>	
<p>Standardisation of volunteer training and recruitment processes</p>	<p>Recommended national application form</p>	<p>Healthcare Improvement Scotland, NHS Dumfries & Galloway, NHS Forth Valley,</p>		<p>Green</p>

<p>Design and pilot of a national application form – Apr-Jun. Pilot Jul, final form Nov.</p> <p>Mapping of volunteer training and induction – Jun-Aug</p>	<p>No of organisations using application form in pilot No of organisations using application form Recommendations on induction training for NHSScotland No of organisations with training and induction programme in place</p>	<p>NHS Lothian agreed to take part in pilot. EQJA tbc, Pilot timeframe tbc.</p> <p>Worked with NHS Boards and national Volunteering group to develop a specific Volunteer Induction programme to support volunteering in the NHS during Covid-19. This will be hosted on NHS Education for Scotland’s Turas Learn site and will be accessible for all NHS volunteers who sign up during Covid-19.</p> <p>Mapping of volunteer training and induction will now be progressed in 2020/21</p>		Green
<p>Support inclusive volunteering practice through the development of equalities monitoring Survey Design: Jun Issue survey: Sep Reporting: Nov</p>	<p>Equalities reports are used by NHS Boards Examples of proactive recruitment by NHS Boards</p>	<p>No activity to date, unable to progress due to competing priorities.</p> <p>Scottish Government have announced a revision to census in Programme for Government introducing an external delay.</p> <p>Project will be progressed in 2020/21.</p>		Red
<p>Develop and publish guidance for the engagement of volunteers in health and social care</p> <p>Revision of ‘A Handbook for Volunteering in NHSScotland’ Investing in Volunteers update: Apr Case studies: tbc Volunteer recruitment: see HF1</p> <p>Governance and leadership of volunteering in NHSScotland (confirm letter with Scottish Government): Aug</p>	<p>Publication downloads Use of publications Examples of use of publication content No of organisations with confirmed Strategic and Executive Leads for Volunteering</p>	<p>Handbook Publication on hold until completion of improvement projects (HF1, HF2), evaluation training (HF3) and case studies (HF4) to allow inclusion of recommendations. Project to be taken forward in 2020/21.</p>		Green

	<p>National Group for Volunteering in NHSScotland Refresh membership: May Revise terms of reference for Group: May Meetings: May, Aug, Oct, Dec, Feb (tbc) Publication of papers and minutes after each meeting: ongoing</p>	<p>Group influences the strategic direction of volunteering in NHSScotland Group members collaborate and lead on projects The Group membership reflects the makeup of volunteering in NHSScotland</p>	<p>Group met via conference call on 17 Mar. Single agenda item of COVID-19.</p> <p>Agreed recommendations for NHS Boards re duty of care to volunteers.</p> <p>Recommendations sent to Executive and Strategic Leads on 17 March recommending risk assessments of roles, disengagement of 'at risk' volunteers and the same actions be requested of third sector agencies they engage with.</p>	<p>At time of writing we can confirm that NHS Boards have either:</p> <ul style="list-style-type: none"> ▶ Suspended all volunteering (6 NHS Boards), ▶ Suspended volunteering in high-risk areas and/or asked volunteers who fall into 'at risk' categories not to attend (13 boards) <p>No response from NHS Health Scotland or NHS Orkney. It is understood that both have very small volunteer programmes.</p>	Green
4B	<p>Volunteering Information System System management (procurement, hosting contract, support partner contract, Information Governance and Information Security policies, risk management) - Apr-Mar.</p> <p>Training for new and existing users - two webinars scheduled per month.</p> <p>Volunteering Information System User Group - two meetings per year).</p> <p>Interim and final annual report - May and Sep.</p>	<p>Number of organisations utilising the Volunteering Information System No of staff trained Policy and contractual documents in place Organisations complying with policy and law A reduction in the administrative burden on staff who manage and support volunteers An improvement in the accuracy and efficiency of reporting on volunteer engagement An accurate picture of volunteer engagement locally and nationally</p>	<p>18 NHS Boards utilising the system (NHS 24 the most recent).</p> <p>23 users trained Jan-Mar: Introductory: 14 Advanced: 1 COVID-19: 10</p> <p>User Group visioning day postponed.</p> <p>Met with Scottish Ambulance Service 22 Jan and issued deployment process. Awaiting action.</p>		Green
4C	<p>Communications (volunteering) Draft Communications Strategy to National Group for Volunteering in NHSScotland: May, Aug. Draft to Comms: Aug. Publish: Oct.</p> <p>Publish an e-newsletter to Programme stakeholders six times per year.</p>	<p>Reflection of key messages in media, internal organisation communications and public documentation Examples of positive media coverage</p>	<p>Final draft agreed by Comms.</p> <p>Postponed publication due to COVID-19.</p> <p>E-newsletter published 17 Feb.</p>		Green
	<p>Volunteers Week Participation in Volunteers Week planning group – Apr-Mar</p>	<p>No of organisations engaging in Volunteers Week activity Social media engagement</p>	<p>Volunteers Week Work complete for 2019.</p>		Green

	<p>Volunteers Week e-newsletter: May</p> <p>Dissemination of case studies: Jun</p> <p>Dissemination of Volunteers Week resources to NHS Boards: May</p> <p>Social media activity: May-Jun</p> <p>Parliamentary reception for Volunteering: Jun</p>	<p>Examples of organisations celebrating volunteering</p>			
	<p>External stakeholder engagement (volunteering)</p> <p>Helpforce regional and team meetings: 2 Apr, 3 Dec</p> <p>Volunteer Now (NI) workshop: 17 Apr</p> <p>Wales Council for Voluntary Action (WCVA) meeting: 30 Apr</p> <p>Valuing and Sustaining volunteering in Health Conference: 14 May</p> <p>NHSScotland event (workshop): 30 May</p> <p>Scottish Volunteering Forum Away Day: 11 Jun</p> <p>Clear Pathway External Reference Group: tbc</p>	<p>The Volunteering in NHSScotland Programme remit and contributions are valued and understood</p> <p>Policy and strategy reflects the needs of NHS Boards</p>	<p>Helpforce engagement 30 Jan, 20 Feb.</p> <p>Clear Pathway Reference Group met 12 Mar.</p>		Green
4D	<p>HF1: Streamlining the volunteer recruitment process</p> <p>Collation of baseline data: May</p> <p>Process mapping with volunteer managers: Jun</p> <p>Steering Group meetings: Aug, Sep/Oct, Nov, Jan.</p> <p>VIS online form specification, commissioning and development: Aug/Sep</p> <p>Improvement interventions: Sep-Jan</p> <p>Reporting: Mar</p>	<p>Length of volunteer recruitment process</p> <p>No of volunteers recruited</p> <p>Volunteer retention</p> <p>Reduction in the administrative burden for volunteer managers</p>	<p>NHS Fife, NHS Greater Glasgow & Clyde and NHS Lanarkshire are participating in this improvement project.</p> <p>Steering Group met on 14 Jan, 13 Mar.</p> <p>Online application form pilot took place 13 Jan-13 Mar. Analysis and reporting postponed due to Covid-19.</p>		Green
4E	<p>HF2: Pilot of a volunteer supporter role</p> <p>Secure pilot board involvement: Sep</p> <p>Identify and confirm outcomes and indicators: Oct</p> <p>Pilot: Dec-Feb</p>	<p>Volunteer retention</p> <p>No of volunteer managers and organisations reporting capacity meets demand</p>	<p>Guidance drafted with outcomes and evaluation framework included.</p> <p>Engagement/pilot launch event scheduled for 18 Mar postponed due to Covid-19.</p>		Green

	Reporting: Mar				
4F	HF3: Embedding of evaluation throughout volunteer engagement programmes Mapping of case studies to national outcomes: Apr Evaluation Workshops: Jul, Aug, further date tbc	No of volunteer managers and organisations engaging in workshops Workshop delegate feedback Examples of the application of the content to participants work Organisations with evaluation systems in place	Evaluation workshop delivered 14 Feb (6 delegates from 4 NHS Boards).	Average increased understanding (scale asked before and after 0-5) of: LEAP: 2.2 Volunteering for All: 1.1 So What? Guidance: 2.6 NHS Tayside audit tool: 2.4 Volunteering Impact Assessment Toolkit: 1.2 Increased readiness to apply learning: 1.6	Green
4G	HF4: Develop and spread new and innovative volunteer roles Scope out and capture film and written case studies on volunteering: Apr-Mar	Feedback on case studies Use of case studies to spread and develop volunteering in NHSScotland	Volunteering in an NHS Care Home (NHS Highland) was published Feb. Work for two case studies from NHS Western Isles (Spiritual Care Volunteers and Health Walk Leaders) was carried out in Mar. Unable to take forward Scottish Ambulance Service Community First Responder case study due to delayed communication from staff.	Examples of volunteer managers use of the case studies: ▶ <i>“Mealtime volunteer – shared with Senior Charge Nurse, dietician to explore role”</i> ▶ <i>“Use the existing films in volunteer induction training and staff induction”</i> ▶ <i>“Shared Borders BIBS with Infant Feeding Advisors”</i> ▶ <i>“Through NHS Fife review group”</i>	Green
4H	HFEOLC: Support the delivery of pilot volunteering projects in end of life care Support NHS Boards to apply for grant funding to pilot volunteer support models in end of life care Ongoing communications and liaison with stakeholders Application deadline: 6 Sep Scoring: 8/9 Oct Interviews: 3/4 Oct Support and development (inc evaluation frameworks): Nov-Jan Monitoring: ongoing throughout grant	Number of organisations offering opportunities Impact on patients, volunteers, families and service users	Feedback on evaluation systems collated and sent to Marie Curie and Helpforce 14 Jan. Weekly reporting to Helpforce in place, weekly conference calls with UK partners delivering pilots in place. NHS Borders Project Steering Group met 24 February.		Green

HIS Operational Plan 2019/20 outcomes > NHS Boards can demonstrate public & service user involvement in shaping services.
 (LEAP | what difference do we want to make?) > People & communities can see how their feedback has been used to change and develop services.

5

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. **Key deliverable / objective 1:** Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings. *(SC)*
- B. **Key deliverable / objective 2:** Effective structures are in place across HIS to ensure strategic approach to quality assurance in how we engage people. *(PIU)*
- C. **Key deliverable / objective 3:** An effective governance process for engaging public in projects using research methods is established. Knowledge of 'how to' best practice engagement is shared via updated Participation Toolkit. *(PN)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
5A	Ensure that the quality assurance that the service change team provides for "major service change" is of a high standard and can be bench marked across Scotland	Service user feedback Revised report format Explore use of qualitative analysis software (e.g. NVivo) Adopt appropriate methods for qualitative analysis	Quality assurance report of NHS Tayside engagement and consultation for proposed changes to orthopaedic services published on 19th December 2019.	Report highlights that NHS Tayside met national guidance for engagement, highlights areas of good practices and recommendations for next steps.	Green
5B	Facilitate the SMC public involvement network (PIN) Advisory Group, providing the strategic link from the group to the SMC Executive and vice versa.	SMC's approach to engagement continues to be strengthened. SMC processes are informed by PIN Advisory Group, as appropriate.	Staff and activities transferred to Evidence Directorate in quarter 4 and will be reported via their planning and performance.	Satisfaction of PIN Advisory Group Members and SMC Patient Group Partners at informing SMC processes	Green
5C	Community Voice: Developing and sharing best practice in engaging communities in health and social care decision making.	SHC staff routinely follow HIS/SHC governance procedures for engaging participants with work using research methods (evaluation, consultation or	Good Governance Short Life Working Group developed a range of recommendations for good practice (information governance, research	Research governance training for SHC staff: May 2019 Attended by around 15 staff.	Green

	Refresh of Participation Toolkit (by Mar 2020)	research). This includes GDPR, Research Governance/Ethics and general best practice engagement/research. Refresh of Participation toolkit.	governance, good practice) Progress postponed due to Covid-19, EQIA training being developed for 2020/21	Recorded and shared on SHC: The Source Increased local office awareness/reporting potential ethical/governance concerns	
--	--	---	--	--	--

DRAFT

HIS Operational Plan 2019/20 outcomes
(LEAP | what difference do we want to make?)

> Resources are used effectively & efficiently in the provision of health and social care services.

6

Key deliverables in 2019 / 20 (LEAP | what will we need to do and when?)

- A. Key deliverable / objective 1: Developing service change team practice *(SC)*
- B. Key deliverable / objective 2: Contributing to directorate development *(VOL)*
- C. Key deliverable / objective 3: People with lived experience of care and carers are consistently involved in our work, strongly and effectively influencing what we do and how we do it *(PIU)*
- D. Key deliverable / objective 4: Our staff, Board/Committee members and public partners/volunteers feel empowered and enthusiastic to champion and promote equality and diversity consistently across our work including the involvement of a more diverse range of people *(PIU)*
- E. Key deliverable / objective 5: Public partners/volunteers feel supported, have opportunities to be involved in our work and share an understanding of their purpose and roles with our staff and Board/Committee *(PIU)*
- F. Key deliverable / objective 6: HIS processes for involvement are strengthened and improved through implementation of the engaging people in HIS review *(PIU)*
- G. Key deliverable / objective 7: Develop CRM to manage and report on engagement with external stakeholders *(PN)*
- H. Key deliverable / objective 8: Redevelop website as an informative & useful resource, to support our rebranding and improve functionality *(PN)*

Ref	Planned activity (high-level actions and when?)	Indicators (KPIs) (LEAP how will we know we have made a difference?)	Updates – key progress results (LEAP how will we make sure it is happening?)	Evaluation / feedback (LEAP did we make a difference, and what have we learned?)	RAG status
6A	Develop service change team practice to support clear meaningful communication and interaction with partner organisations so that advice on service change is explicit Clarify the role of the service change team and wider organisation	Develop and support the education and skills of the service change team. Pubic partners contribute to and inform our work Adopt and use organisational supporting communication materials and key messages.	Last public partner meeting held on 13 th March 2020. Five meetings held during 2019-2020.	Evaluation of impact Use of feedback to inform improvement Use of feedback to assess the adoption of consistent approaches across the organisation	Green

6B	<p>Contribute to the development of the directorate</p> <p>Respond to emerging need</p> <p>Outcome-focussed planning session (LEAP) to DMT 30 Jul. Follow-up session tbc</p>	<p>Increased effectiveness of internal systems and processes</p>	<p>Following review of directorate, final restructuring and new posts filled in February 2020.</p> <p>DMT undertook development session in December and further discussion in February to consider ways of working, values and workplans for the directorate.</p> <p>Operational Plan for 20/21 drafted by DMT for consideration by Committee.</p> <p>Directorate responding to Covid-19 resilience via Executive Team, Team B Resilience and national projects around Shielding Programme and No-one left Behind in a Digital Scotland.</p>	<p>Average increase understanding of LEAP: 2.5 (scale asked before and after, 0-5)</p> <p>Average increased readiness to apply learning: 1.9 (scale asked before and after, 0-5)</p> <p>Participants suggested more time/support to work through work-based examples would be helpful.</p> <p>Additional requests for support from staff who did not attend/not on DMT.</p>	Green
6C	<p>Provide organisation wide advice and support to colleagues for planning, designing and implementing involvement in their work including voluntary organisations, service users, carers and/or public partners as appropriate</p> <p>Development and delivery of learning and development sessions and online learning for our staff and public partners on person centred practice and public involvement, equality, human rights and addressing health inequalities</p>	<p>Increased requests for advice and support coming to the PI team</p> <p>Increase in the extent of involvement across HIS work</p> <p>Increase in number of EQIAs undertaken</p> <p>Changes in practice and extent of involvement in HIS work</p> <p>Staff are supported to meet our duty of user focus and to continually strengthen and improve involvement of people in our work</p> <p>Increase in training offered to HIS staff and public partners and uptake</p>	<p>Involvement and/or equality and diversity advice and support provided to Quality Assurance (Joint Inspections Adult Services - 3 work streams), Medical (Off-label Cancer Medicines Programme) and ihub (Dementia in Hospitals Collaborative) Directorates.</p>		Green
6D	<p>Provide advice, support and training for EQIA and involvement equality monitoring to ensure continued capability to embed equality and increase diversity of involvement</p>	<p>Increase in requests for EQIA advice and support</p> <p>Increase in number of EQIAs undertaken</p>	<p>Available data for last quarter of 2019-20 will be gathered and will contribute to the analysis in preparation for the Involving People Equality Monitoring Report 2019-20.</p>		Green

		Increased diversity of people involved in our work			
	Continue to provide advice and support to colleagues to equality impact assess their work to help health and social care organisations to improve	Staff are supported to meet our legal duty to consider the impact of our work in relation to the PSED	Equality and Diversity advice and support has been provided to Quality Assurance (Joint Inspections Adult Services - 3 work streams), Medical (Off-label Cancer Medicines Programme) and iHub (Dementia in Hospitals Collaborative) Directorates.		Green
	Lead and support delivery of our Equality and Diversity mainstreaming action plan including achieving our equality outcomes and meeting our reporting requirements	All statutory reporting requirements are met	Progress is reported on a quarterly basis to the Equality and Diversity Working Group. Actions are on track for completion in April 2021.		Green
	Lead and support delivery of our corporate parenting plan including strengthening and improving the involvement of children and young people in our work	Increased focus on children and young people in our work	Progress is reported on a quarterly basis to the Children and Young People Working Group. Our first Children's Rights Report was presented to and approved by the Board in March as well as our second Corporate Parenting Action Plan 2020-23 and progress report for 2018-20.		Green
6E	Provide ongoing tailored support, development, recruitment and induction of public partners to ensure our volunteers have the capacity and capability to be involved across all aspects of our work	Reviewed, updated and/or new role descriptions for public partners/volunteers Increased training for public partners/volunteers Public partners/volunteers successfully and appropriately engaged in our work	Our Public Partners annual conference planned for 5 March was postponed due to limited uptake of places. A smaller meeting was held to progress discussions and actions to strengthen and improve support and engagement of public partners in our work. We have paused public partners involvement in our work due to the COVID-19. Public partners may still be involved remotely in internal meetings that are going ahead during this time within other directorates.		Green

	Design and delivery of learning and development sessions and online learning for our staff on supporting public partners/volunteers	Increased and/or new training for staff supporting public partners/volunteers	Following the Engaging People in the work of HIS review, this work will be taken forward in 20/21.		Amber
6F	Support and contribute to the creation of an action plan to build capacity for engagement in our work	Staff are clear about the actions to take to support engagement in their work	Following the Engaging People in the work of HIS review, this work will be taken forward in 20/21.		Amber
	Review of our public partners' purpose, design and development of their roles (including new volunteer roles across HIS) and strengthened support for volunteers engaged in our work	Creation of new public partner/volunteer roles	Following the Engaging People in the work of HIS review, this work will be taken forward in 20/21.		Amber
	Support and contribute to the development of tools and processes for improving governance reporting	Creation of SHC Committee governance reporting by Directorate Development of tools to support Directorate reporting eg self-assessment	Following the Engaging People in the work of HIS review, this work will be taken forward in 20/21.		Amber
	Review of PI team roles to improve consistency in advice, support and capacity across the organisation	Increase in requests to PI Team for advice and support for engagement	In line with restructuring of the directorate, 4 members of the PI team were moved across to the Evidence Directorate.		Green
6G	Develop CRM reporting capability by end of Dec 2019 Support provided by Information Officer to staff on an ongoing basis (phone/email support, webinars, user guide)	Managers are able to generate custom activity reports on demand Increase in number of activities recorded on the CRM Managers find the reporting function useful and efficient Staff have increased confidence using the system	Additional fields added to "Event" record to enable staff to record more data about how they engage with external stakeholders Further developments of CRM postponed due to Covid-19.	Positive feedback received from staff following the WebEx sessions and updated User Guide.	Green
6H	Maintain current website until end of March 2020	Staff find the website easier and quicker to update	SHC website archived at the end of March 2020	The new content management system is much more intuitive and robust. Documents and images can be added in	Green

	Conduct user testing with external stakeholders on content and accessibility (Jan-Mar 2020) Launch new website in April 2020	External users report increased usefulness and ease of use	User testing carried out on the new Healthcare Improvement Scotland - Community Engagement directorate website during Jan - Mar and website ready to be launched on 1 April 2020.	bulk and it is easy to move and rename content as required. Feedback from external service users will be collected as part of user testing (Jan-Mar 2020) and post-launch in 2010-21	
--	---	--	---	---	--

DRAFT

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	23 April 2020
Title:	Scottish Health Council Progress Report 2019/20
Agenda item:	Agenda item 3.4
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Tony McGowan

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

The Committee approves the Directorate's objectives, priorities and work plan each financial year and then scrutinises performance against the work plan.

2.2 Background

As part of our governance and assurance mechanisms, the directorate provides the Committee with quarterly updates on progress with our operational objectives and priorities. We also report on our progress via the quarterly Board performance reports.

To provide the Committee and our stakeholders with an overview of the range of work when have carried out in 2019/20 we have prepared an end of year progress report. This provides a summary of how we worked to strengthen community engagement in health and care services during the last 12 months.

2.3 Assessment

The progress report outlines the significant amount of work that the directorate has undertaken during 2019/20.

In particular this report:

- highlights some of our key achievements from 2019/20;
- includes examples that demonstrate where we have made a positive contribution to supporting and improving engagement in services; and
- offers conclusions on progress made in 2019/20 and how this will inform our future direction.

The report is not designed to provide a comprehensive account of the directorate's activities in 2019/20, but provides a wide audience with a flavour of the work we do and how we are supporting Healthcare Improvement Scotland to drive improvement in health and social care.

2.3.1 Quality/ Care

The directorate's work is designed to support and improve the quality of care and services people receive

2.3.2 Workforce

N/A

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

N/A

2.3.5 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 our objectives.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The directorate's work during 2019/20 was informed by stakeholder feedback from the review of the Scottish Health Council's role and function.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to review the Directorate's progress report for 2019/20.

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Progress Report 2019/20

Scottish Health Council Progress Report 2019/20

April 2020

Contents

1	Introduction	3
2	Enable people to make informed decisions about their own care and treatment	4
3	Help health and social care organisations to redesign and continuously improve services	8
4	Provide evidence and share knowledge that enables people to get the best out of the services that they use and help services to improve	15
5	Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve	18
6	Make best use of all resources	21
7	Conclusion	24

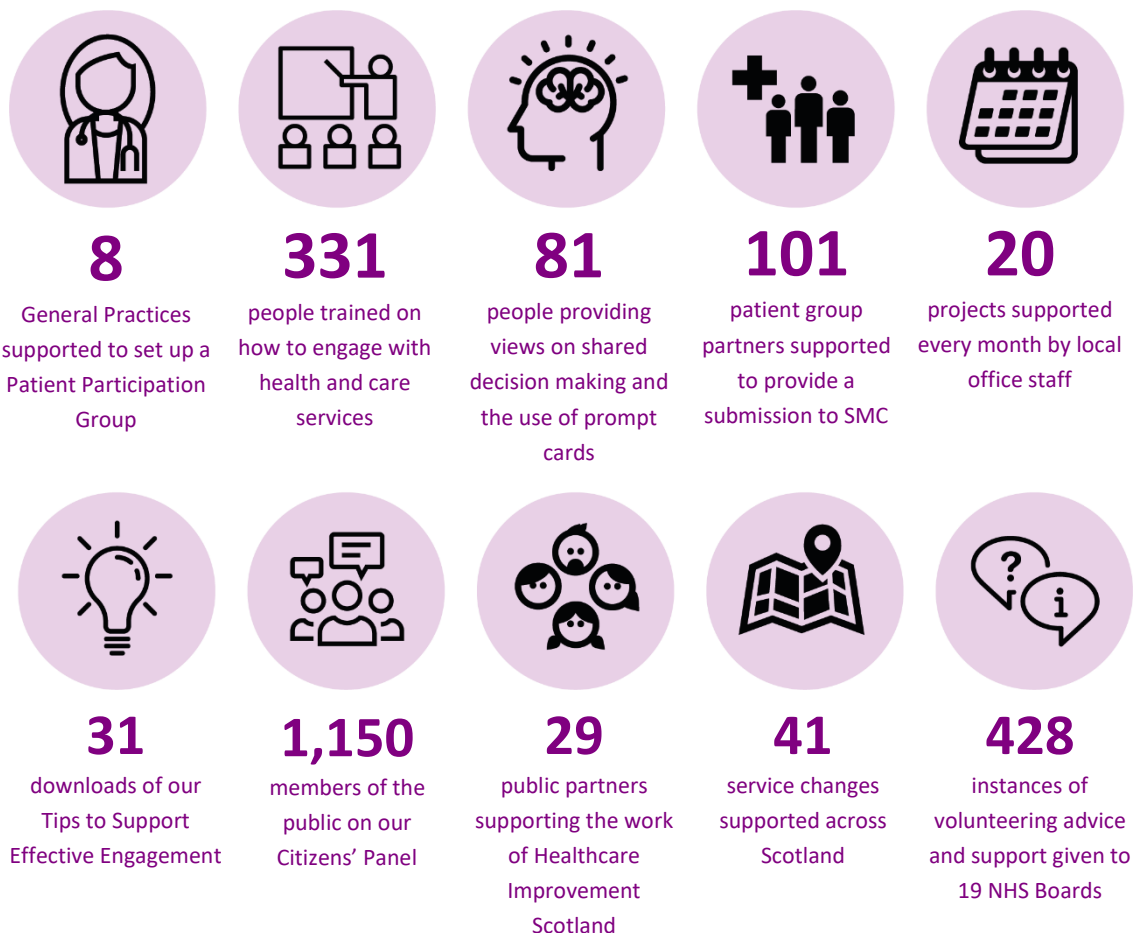
1 Introduction

1.1 On 1 April 2020 the Scottish Health Council changed its operating name to Healthcare Improvement Scotland – Community Engagement. This progress report provides a summary of how the Scottish Health Council worked to strengthen community engagement in health and care services to improve the quality of care for everyone in Scotland during 2019/20.

In particular, this report:

- highlights some of our key achievements from 2019/20;
- includes examples that demonstrate where we have made a positive contribution to supporting and improving engagement in services; and
- offers conclusions on progress made in 2019/20 and how this will inform our future direction.

1.2 This report is not designed to provide a comprehensive account of the Scottish Health Council’s activities in 2019/20 but gives a snapshot of our work and how we are supporting Healthcare Improvement Scotland to drive improvement in health and social care.



2 Enable people to make informed decisions about their own care and treatment

2.1 *Supporting Patient Participation Groups*

Local offices have continued to support Patient Participation Groups (PPGs) in General Practices across Scotland to develop and improve their effectiveness. A PPG is a patient-led group linked to a local General Practice. Ideally, the PPG will be made up of a group of patients that reflect the diversity of the catchment population. They will work along with GPs and practice staff to provide a patient perspective on the healthcare services that are offered to the community. Our support has included helping PPGs to improve how they engage, recruit members and operate effectively.

During the year, local offices supported an average of 8 PPGs per month and 8 new PPGs were established. We have continued to update our web-based resources for PPGs (including a map showing the location of 127 PPGs across the country).

We continue to use our Patient Participation Group Start-Up Guide for General Practice and Development tool. A more general version of the Start-up guide which can be used by any service provider or local community wishing to establish a participation group has proved to be a popular resource.

Local offices continued to support PPGs to share practice and network with each other.

2.2 *Voices Scotland*

The Voices Scotland Programme is series of training sessions for local communities and members of the public to help them engage with health and social care services. All our local officers (and some administrators) have been trained in how to deliver Voices Scotland training by Chest Heart & Stroke Scotland (CHSS) who developed the programme. During the year we have worked to develop an in-house 'train the trainers' style approach so that any new staff can be trained. In 2019/20 we ran 63 sessions which involved over 330 participants. A system is in place which allows us understand the impact of our training through follow up with participants.

2.3 *Gathering Public Views*

Our local offices continued to respond to requests from stakeholders to provide support to gather public views on specific topics of national interest to collate a Scotland-wide view. These views are gained by a variety of means depending on the nature of the topic including online surveys, face-to-face interviews, and focus groups.

During the year, we were asked to gather views on the following three topics of national interest.

Gathering Views on Shared decision-making and the use of 'Question Prompts'

Shared decision-making and enabling people to make informed decisions about their care based on what matters most to them is a priority across NHSScotland. The Chief Medical Officer's 2016/17 annual report, *Practising Realistic Medicine*, described 'question prompts' as an effective and inexpensive way to support patients

to become more involved in medical consultations. The 'prompts' are written questions that are given to patients in advance of their appointment which they can ask healthcare professionals.

Building on this work during 2019/20, the Scottish Government asked us to hold discussion groups and individual interviews with members of the public to ask how they felt about the use of 'question prompts'. We shared with participants some examples of 'question prompts' and asked them for their views. We also asked them what would encourage people to use the questions during medical consultations.

During October 2019, we heard from a total of 81 people in eleven focus groups and 3 one-to-one interviews. Discussions took place in Ayrshire and Arran, Fife, Forth Valley, Grampian, Highland, Lothian, and the Western Isles and involved a diverse group of individuals in terms of age, gender and socio-economic backgrounds, and from urban and rural locations.

The report, *Gathering Views on Shared Decision-Making and the use of 'Question Prompts'*, summarises what people told us.

Gathering Views of User Engagement in Maternity Services

During the year, the Scottish Health Council was asked by the Scottish Government to gather information about the existence of Maternity Services Liaison Committees (MSLCs) across NHS Scotland to help inform considerations about how to ensure that maternity service users have a voice at both a local and national level.

Our priorities in gathering information about Maternity Services Liaison Committees (MSLCs) were:

- to establish where they exist;
- to understand their role;
- establish how they are supported and have knowledge of where to access support to carry out the role; and
- whether they have the necessary information to engage locally in service improvement.

Additionally, there was consideration of how to bring the MSLCs' together to learn from and share good practice with each other and provide a mechanism to enable input into national policy development and improvement.

All our Engagement Offices carried out interviews with the relevant NHS Board staff member(s) to understand the local picture and, where possible, to gain the opinions of the members of the public involved in any structure. Of the six NHS Boards with a current group or committee, our staff were able to speak with lay members and lay chairs from three areas (NHS Grampian (including Moray), NHS Highland (including Argyll & Bute) and NHS Lothian).

Additionally, we spoke with a lay member from the recently disbanded group in NHS Tayside and the final lay chair of the NHS Western Isles' Committee which now has an alternative method of engagement.

A report of the findings will be published in April 2020.

Gathering Views of Myalgic Encephalomyelitis (M.E.) services

In response to a request from the Scottish Government, the Scottish Health Council commenced gathering views on M.E. services in February 2020. We gathered lived experience from patients with M.E. and have been able to identify different experiences dependent on the severity of the condition.

We undertook 8 face-to-face discussions with local M.E. groups and conducted telephone interviews with a number of patients where this was requested. In addition we had 522 online responses to a smart survey asking the same questions used within the discussions and telephone interviews. This engagement concluded in March 2020.

The information gathered has now been distributed to Engagement Offices for analysis and peer review and a report is planned for June 2020.

2.4 *Promoting public involvement in primary care*

During the year, we introduced a thematic approach to our work in promoting public involvement in primary care.

While the activities of local offices in supporting Patient Participation Groups linked to GP practices has been well received and will continue, we are looking beyond that approach to explore how primary care practitioners can use new and innovative ways to engage with patients, communities and the public.

We conducted a survey which was distributed to all 944 General Practices across Scotland. The aim was to gather information on how General Practices engaged with the public, identify what currently works well in terms of engagement and what barriers they faced when involving people. The survey also asked what support the Scottish Health Council could provide to help General Practices improve their engagement activities. The results indicate that:

- 4% of respondents said they purposefully engage with the public and invite patients to give feedback on a range of issues;
- the most popular methods used to engage with the public were General Practice websites (used by 83% of Practices that engage with the public), patient feedback boxes (76%) and paper-based communications (73%); and
- 73% of General Practices that engage with the public felt it had a positive impact on patient experience and 76% said it had improved communications between the Practice and patients. 66% said it had benefitted service delivery.

The results of the survey will be used to test and develop new and innovative ways for primary care practitioners to engage with local communities and patients. Our Engagement offices will provide further support to general practices who requested it on how to improve their engagement approaches and activities.

2.5 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement Team provided advice and support to maintain and develop service user, carer and public engagement in the Scottish Health Technologies Group (SHTG), SMC (Scottish Medical Council) and SIGN (Scottish Intercollegiate Guidelines Network). In addition, the team continued to provide advice and support and delivered training to ensure all Healthcare Improvement Scotland staff can embed equality and increase diversity of involvement.

Key achievements included:

- Leading the development of patient versions of SIGN guidelines on topics including the management of foetal alcohol spectrum disorder and delirium.
- SHTG produced plain language summaries for every advice statement which are published on their website to ensure that information is as accessible as possible for the public.
- SHTG undertook a review of stem cell treatment for people who have highly active relapsing remitting multiple sclerosis. The SHTG Public Involvement Advisor supported three patient organisations to ensure they were involved throughout the assessment process. This topic involved for the first time the use of video in a patient organisation presentation at a SHTG committee meeting, to highlight key issues for people who have MS. How patient organisations are involved has been positively received by the SHTG committee and patient organisations have rated highly the support given to them to take part in the SHTG assessment process.
- SHTG for the first time carried out a public engagement exercise to gather views on a topic it was assessing. The topic was on surgical mesh repair for primary inguinal hernia in men. The engagement exercise had a high response rate and the full report was published on the SHTG website, along with the final advice.
- SHTG has given advice to several other Health Technologies Agencies on best practice in public involvement.

3 Help health and social care organisations to redesign and continuously improve services

3.1 *Supporting service providers to improve engagement*

An important part of our role is to help health and care providers improve how they involve people in the planning and delivery of services. We continued to work with NHS Boards, Health and Social Care Partnerships and National Boards (including NHS National Services Scotland and the National Waiting Times Centre) to review and improve how they engage with service users and communities.

On average, our local offices support around 60-80 projects quarterly. This has involved a range of activities including:

- helping NHS Boards and Integration Authorities to identify individuals and communities to take part in engagement and public consultation exercises;
- sharing a range of engagement methods and approaches, including our Participation Toolkit and providing assistance on how best to use the engagement techniques in practice;
- promoting awareness of how to apply equality and diversity principles when involving service users and communities, and
- sharing information about engagement approaches used by other health and social care services.

3.2 *Service Change – supporting practice*

Our Service Change team introduced new ways to share best practice and support staff who are involved in planning change and engagement in NHS Boards and Health and Social Care Partnerships.

Webinar sessions

We hosted two webinar sessions: 'Scottish Approach to Service Design' (August 2019) and 'Evaluating engagement' (December 2019), which were attended by approximately 75 participants, most of which were health and care staff. Feedback received via evaluation was positive, with most respondents indicating that they felt the sessions supported them in delivering their role. We plan to deliver further sessions on a quarterly basis during 2020/21.

Network session

In December 2019, the Scottish Health Council hosted a session on the development of national guidance for community engagement in partnership with Scottish Government and COSLA. The session was attended by 19 engagement leads from 10 NHS Boards and 9 Integration Authorities and formed the basis of a network to assist both this work and the development of a Quality of Care approach for engagement.

Resources developed

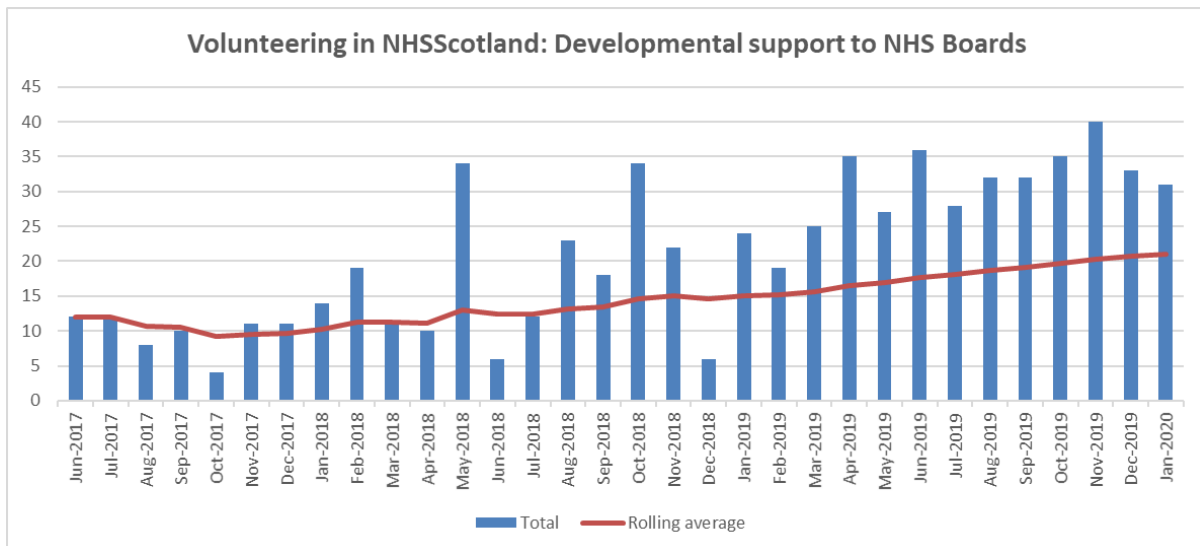
The Service Change team produced two animations to support practice:

- A Short animation on impact assessment was published in August 2019 titled “Understanding the impact of changes to services”. The animation has received positive feedback with NHS and Health and Social Care Partnership colleagues using it within their own structures to promote best practice.
- The second animation to support engagement practice titled “effective engagement when redesigning health and social care services” was published in November 2019 and focused on key elements of ‘good’ engagement practices.

3.3 *Volunteering in NHSScotland*

The Volunteering in NHSScotland Programme provided developmental support to 19 NHS Boards a total of 428 times. Activities included:

- Advice on volunteering programme design and methodology;
- Signposting to guidance and policy;
- Contribution to board strategy/steering groups;
- Review of documentation and development proposals; and
- Delivery of bespoke workshops (e.g. reporting, development of services)



We also began a collaborative improvement project with NHS Greater Glasgow & Clyde, NHS Fife and NHS Lanarkshire, entitled ‘Streamlining the Volunteer Recruitment Process’. The project has identified several smaller improvement projects which have indicated improvements in the turnaround time for volunteer application forms and volunteer references.

In late 2019 we engaged with NHS volunteer managers to address capacity constraints and developed guidance for ‘Peer Support Volunteering’.

3.3 *Impact of the Our Voice Citizens' Jury on shared decision making*

Last year we reported on how we collaborated to deliver a Citizens' Jury on the topic of shared decision making. Over the course of the last year we evaluated the short-term impacts of the Jury process.

The Scottish Government produced its official response to the Citizens' Jury recommendations at the end of May 2019 and we published our evaluation of the approach in January 2020. The evaluation concludes that the Jury successfully provided insights on how shared decision making in health and care may be strengthened. It also demonstrates that Citizen's Juries can be an innovative and useful way to involve citizens in the policy making process.

Policy makers considered the Jury useful for validating planned work and informing new work programmes. The Jury's recommendations have directly influenced the development of a set of question prompts that can be used to promote shared decision making. They have also helped in the creation of an educational module on shared decision making.

We found that the willingness of policy makers to commit from the outset to responding to the Jury's recommendations also contributed to the success of the Citizen's Jury approach.

The infographic features the Scottish Health Council logo in the top right corner with the tagline 'making sure your voice counts'. The title 'Evaluation of Citizens' Jury on Shared Decision-Making' is centered at the top. Below the title, there are two columns of findings, each preceded by a checkmark icon. The left column is accompanied by an icon of three people, and the right column is accompanied by an icon of a document with a pencil. The website address 'www.scottishhealthcouncil.org' is located at the bottom right of the infographic.

- ✓ Diverse membership
- ✓ Good way to be involved
- ✓ Would take part again
- ✓ Would recommend to others
- ✓ Validated existing policy
- ✓ Informed new work on question prompts
- ✓ Directly influenced new educational module on shared decision-making

www.scottishhealthcouncil.org

3.4 *Our Voice Citizens' Panel*

Since November 2016, the *Our Voice* Citizens' Panel for Health and Social Care (managed by Scottish Health Council) has provided statistically robust demographically representative 'public views' on a range of health and social care issues. It has demonstrated several key benefits in terms of good-value, robustness, flexibility and responsiveness and has begun to demonstrate impact on ongoing health and social care policy and practice, in addition to generating topic specific and media interest.

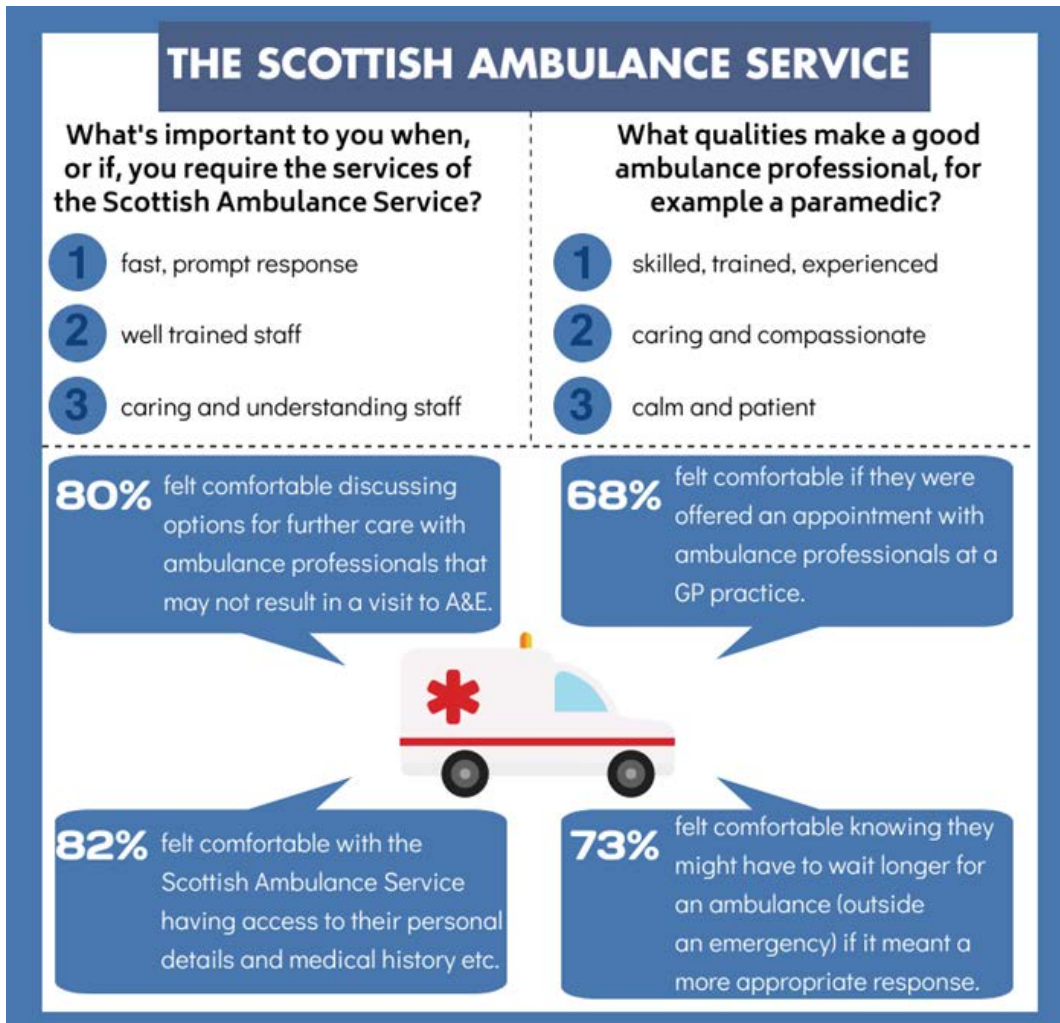
The Citizens' Panel for Health and Social Care aims to be a demographically representative, consultative body of citizens. It has been developed at a size that will allow statistically robust analysis of the views of the Panel members who were recruited from a random sample of the Scottish population.

In 2019 the Citizens' Panel was refreshed with new members, and now stands at approximately 1,170 members broadly representative of the Scottish public. Since March 2019 a Topic Advisory Group has been established from health and social care stakeholders to help ensure a robust and transparent process for developing topics for future survey programmes. The group has responsibility for identifying themes and priorities for ongoing development and for creating a criteria to critically assess eligibility for topic submission.

Three topics reported from the panel's fifth survey include Scottish Ambulance Service, Organ and Tissue donation and Nursing and Midwifery Care. Impact from the results of the Citizens' Panel feedback include:

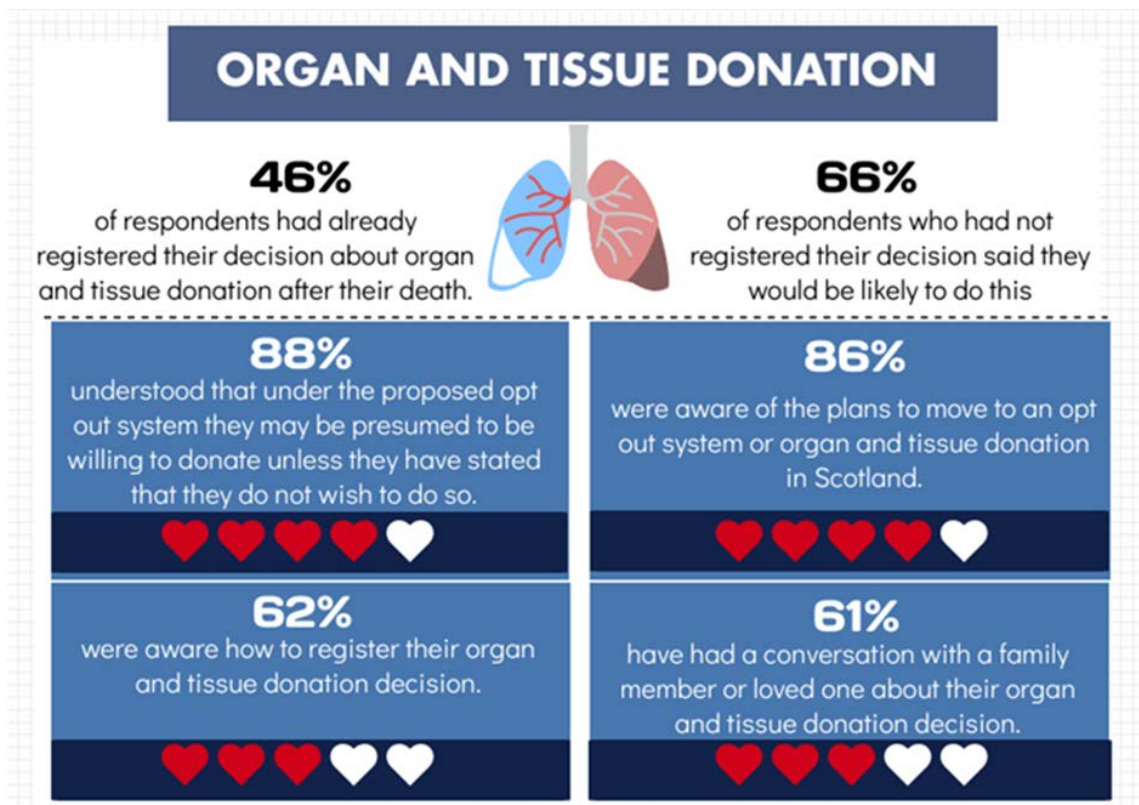
Scottish Ambulance Service

The Scottish Ambulance Service have used the findings from the Citizen's Panel as part of a wider process of engagement around setting its future strategy. In particular, it has helped them affirming that the SAS response model should be one that focuses on improving clinical outcomes within the context of urgent and emergency response rather than a model of getting to everyone as quickly as possible. The survey results have validated this model and have been central to Scottish Government acceptance of SAS future direction. The findings from the panel around support for paramedics being able to access patient-specific information to help make decisions with people about their care will also be reflected in SAS future planning discussions with partner services.



Organ and Tissue donation

The survey results will be a key component of the Baseline Report for the Human Tissue (Authorisation) (Scotland) Act 2019, which is currently being drafted. These baseline measures will serve as the point of comparison in the 5-year monitoring and evaluation of the new legislation and will be published on the Scottish Government website.



Nursing and Midwifery Care

The findings from the Citizens’ Panel feedback have been discussed with Excellence in Care stakeholders and shared with Nurse Directors. The findings have also informed the work of the Person Centred working group and the professionalism working group. This work will feed into the development of a quality measure directly informed by patient and public for nursing and midwifery. A workshop has been arranged to explore public and patient involvement in Excellence in Care more widely, using the findings to inform the discussion.

NURSING & MIDWIFERY CARE

What do you feel are the qualities of a 'caring nurse or midwife'?

- 1 caring and understanding
- 2 well trained
- 3 good listener/ having sufficient time for patients

What matters to you most when thinking about the professional practice of nurses and midwives?

- 1 competence, knowledge and skill
- 2 being treated with dignity & respect
- 3 being cared for compassionately

55% of respondents who have had a recent care experience said they always or frequently are given the opportunity to share their preferences about their care.

70% felt comfortable asking their nurse or midwife for more information, explanation and options around their care and how they can contribute to their plan of care.

69% felt comfortable asking their nurse or midwife when they would like to be cared for.

62% felt comfortable asking their nurse or midwife how they can provide feedback about their experience.



Current Citizen Panel topics that are due to be reported on in 2020/21 include public perception of anti-microbial resistance reporting.

4 Provide evidence and share knowledge that enables people to get the best out of the services that they use and help services to improve

4.1 *Volunteering in NHSScotland*

The programme published nine case studies including Mealtime volunteers, Breastfeeding support volunteers, Community Chaplaincy Listening and volunteering in an NHS care home.



We identified and shared 34 publications on our Community of Practice, including research papers to support and develop services such as:

- 'Motivations and experiences of volunteers and patients in mental health befriending: a thematic analysis'; and
- 'Trained volunteers to support chronically ill, multimorbid elderly between hospital and domesticity – a systematic review of one-on-one-intervention types, effects, and underlying training concepts'.

We facilitated national network meetings for volunteer managers in NHSScotland which included:

- Volunteering for All, Scottish Government;
- #iwill, Youthlink Scotland;
- Inclusive Volunteering, Scottish Volunteering Forum;
- Spotlight sessions from NHS Greater Glasgow & Clyde, NHS Lothian (2), NHS Tayside;
- Workshops on volunteer peer support, and volunteer case studies; and
- A workshop on the changes to Protection of Vulnerable Groups and Disclosure legislation

Feedback from delegates included:

- "I'm going to look at the #iwill and speak to our communication team - an opportunity to highlight younger volunteers. Look at sharing the National Framework, particularly the outcomes, wider within my remit."
- "I am very new into post and have taken a lot from this event."
- "Broaden thinking beyond my setting, communicate more with external partners to highlight opportunities for collaboration"
- "I will take learning from the models proposed and what other Boards are doing."

We presented at the Voluntary Health Scotland Valuing and Sustaining Volunteering conference and delivered a workshop at the 2019 NHSScotland event, providing a 'myth busting' session to delegates, and supported NHS boards and volunteers to take part in a Parliamentary Reception for Volunteering.



4.2 Capturing patient and carer experiences and views on the impact of new medicines

When the Scottish Medicines Consortium (SMC) assesses a new medicine, the SMC Public Involvement Team proactively engages with patient and carer groups by:

- providing them with comprehensive information and support; and
- encouraging them to participate in the assessment process through written patient group submissions, and by participating in Patient and Clinician Engagement Meetings and SMC Committee Meetings.

This allows SMC to fully understand the potential impact of a new medicine to patients and carers when it makes decisions.

This year the SMC Public Involvement Team supported 103 patient group partners to provide a submission to SMC, 52 patient group partners to participate at SMC

decision-making committees and 61 patient and carer representatives to participate in Patient and Clinician Engagement Meetings.

58 of all 62 medicine assessments in the past year have benefited from patient/carer participation. This reflects a sustained increase in patient/carer participation in recent years.

SMC's partnership approach to engagement is internationally recognised as a benchmark for good practice. A representative from the Public Involvement Team delivered two presentations at the 2019 Health Technology Assessment International (HTAi) Annual Congress and participating in a panel session as an international leader in patient, carer and public engagement in health technology assessment. One of the team also participated, as a speaker, on what makes good patient and public involvement, at the 2020 Patients as Partners Europe Conference, in January.

SMC's innovative "Summary Information for Patient Groups" information resource, which is provided for every new medicine assessment, has been adopted by HTAi and is currently being implemented internationally.

5 Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve

5.1 Service Change

Our Service Change team offered advice and support on engagement to 41 service changes across 12 NHS Boards and 10 Integration Authorities including the following two major service changes.

NHS Lanarkshire – Monklands Replacement Project

The Scottish Health Council has been working with NHS Lanarkshire during 2019/20, following the publication of the Independent report on the Monklands review.

This work has involved activity relating to the Independent Review Panel's report to revisit site options and included a public exercise to identify viable options. This process resulted in a short-list of pre-existing site options, alongside an additional option at Wester Moffat, near Airdrie.

Next steps for this work will be an option appraisal exercise to identify any preferred option to be carried out in 2020-2021.

NHS Tayside – Shaping Orthopaedic services

NHS Tayside commenced a public consultation on proposed changes to orthopaedic services "shaping orthopaedic services" in July 2019. The proposal is to transfer all orthopaedic trauma surgery to Ninewells Hospital, Dundee and for Perth Royal Infirmary to become a "centre of excellence" for planned orthopaedic surgery and non-surgical orthopaedics.

In December 2019 the Scottish Health Council published its quality assurance report on the engagement and consultation process highlighting that NHS Tayside's activity had been in line with guidance. Several areas of good practice were highlighted and feedback indicated that those involved felt that they had the opportunity to influence proposals.

Quality of Care Approach for Community Engagement

In tandem with work being led by Scottish Government and COSLA to develop new national guidance on community engagement for health and social care bodies, the Scottish Health Council has been considering how we deliver our statutory duties across health and social care services in line with current practices within Healthcare Improvement Scotland, and in partnership with other organisations such as the Care Inspectorate.

We are proposing the development of an approach aligned to the "quality of care approach" to assure meaningful engagement across health and care. The approach moves the focus from quality assurance of services being "done to" organisations to one which is "done with" them. The emphasis is on regular open and honest organisational self-evaluation.

The final quarter of 2019/20 saw the establishment of internal and external engagement mechanisms, with an internal short-life working group, cross organisational reference group and an External Advisory Panel. This work is shaping the development of a self- evaluation process that will be refined and tested during 2020/21.

5.2 *Volunteering in NHSScotland*

We provide the Volunteering Information System, a bespoke management system for volunteering programmes to NHS Boards. It is in use in 18 boards and provides:

- a system compliant with all data protection, information governance and data security policy and legislation;
- a reduction in the administrative burden on staff who manage and support volunteers;
- an improvement in the accuracy and efficiency of reporting on volunteer engagement; and
- an accurate picture of volunteer engagement locally and nationally.

An annual report is produced each year which provides NHS Boards, the National Group for Volunteering in NHSScotland and Scottish Government with information and trends on volunteer engagement.

We delivered three workshops on Demonstrating the Impact of Volunteering to 22 delegates from 12 NHS Boards building on local, national and international practice and tools:

- The Learning, Evaluating and Planning (LEAP) Framework from the Scottish Community Development Centre (SCDC);
- Volunteering for All - the volunteering outcomes framework for Scotland;
- Three key questions – good practice from NHS Tayside;
- So What? - A practical guide to evaluating impact from the Scottish Volunteering Forum (SVF); and
- Helping in Hospitals - A guide to high impact volunteering in hospitals (Nesta)

Delegates reported an increase in knowledge of all tools and increased readiness to implement outcome-focussed evaluation and planning.

The Programme has also supported the development and establishment of palliative care volunteering in and NHS Board as part of a UK-wide programme of end of life care volunteering.

5.3 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement Team continued to support the involvement of people in the work of Healthcare Improvement Scotland. Key achievements included:

- Public partners continued to be involved in the Quality of Care reviews and hospital inspections;
- Piloted a new training course for public partners working in the Evidence Directorate; and
- SHTG provided advice to several other Health Technologies Agencies on best practice in patient and public involvement.

6 Make best use of all resources

6.1 *Scottish Health Council review process*

During 2019/20 we have taken forward the proposals for change by the Healthcare Improvement Scotland Board during 2018/19 to refocus the Scottish Health Council's work in a way that takes account of the integration of health and care, and ensures our efforts are focused on the areas where we can make most impact on strengthening the engagement of people and communities

Our core purpose was further refined as follows:

Support the engagement of people and communities in shaping health and care services in Scotland.

All our future work will fulfil three key tests which are regarded as essential by stakeholders who participated in the directorate's review process, namely:

- Adding distinct value and avoiding duplication;
- Collaborating with others where this is benefit in doing so; and
- Demonstrating positive impact.

A change implementation plan to ensure co-ordinated delivery of the review recommendations was created, with quarterly governance reporting to the Scottish Health Council Committee throughout 2019/20.

In late summer 2019 the decision was made to operationally rename and rebrand the Scottish Health Council as *Healthcare Improvement Scotland – Community Engagement* from April 2020. This decision was directly informed by the wealth of views gained over the previous two years from both the external stakeholder engagement work, and the internal staff consultation. The legal entity will remain the Scottish Health Council as provided in statute.

Following the successful recruitment of the new Scottish Health Council Chair and Director, recruitment processes were undertaken to fill the directorate's new senior management positions culminating in the full implementation of the directorate's new structure from 01 February 2020.

During this time the directorate also took forward the recruitment of four new Scottish Health Council Committee Members as part of recommendations to strengthen our governance arrangements. We received applications from a diverse range of high-calibre individuals with experience in a variety of sectors, each with compelling insights to community engagement and the importance of public involvement in the design and delivery of services. The four new Committee Members who emerged from the selection process took up their appointments from 01 January 2020.

New terms of reference for the Scottish Health Council Committee were agreed in 2019/20. These strengthen the Committee's role in holding all parts of Healthcare Improvement Scotland to account for performance in areas of patient and public involvement, the duty of user focus and equalities and human rights.

The change implementation plan was formerly closed in February 2020 having completed all key actions in the preparation for the launch of the new directorate – *Healthcare Improvement Scotland – Community Engagement* – from 01 April 2020.

6.2 *Outcome-focussed planning*

In July 2019, Scottish Health Council Directorate Management Team members took part in a workshop on how to apply outcome-focused planning to work programmes. The workshop helped to shape our planning processes and embed evaluation across each of the workstreams. This is something we will be further developing in 2020/21 as we take forward plans to embed a thematic approach to our work.

6.3 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement Team leads and supports delivery of Healthcare Improvement Scotland's Equality and Diversity Mainstreaming Action Plan and Corporate Parenting Plan. To achieve implementation of these agendas and associated actions, and to engage staff across Healthcare Improvement Scotland, the team facilitates two key cross-organisational groups: the Equality and Diversity Working Group and the Children and Young People Working Group.

In addition, the team provides organisation-wide support to staff seeking public partner, service user, carer or public involvement in their work and provides ongoing support and development of public partners to ensure capability for involvement.

Key achievements include the following:

- 29 public partners are supported and involved in five of the six directorates across Healthcare Improvement Scotland;
- Facilitated a workshop with service users to identify their views and preferences to help inform the SIGN guideline on eating disorders;
- Supported two young people with epilepsy to present their experiences and views at a SIGN national open meeting;
- The Equality and Diversity Working Group were responsive to issues highlighted by staff which led to a menopause policy and awareness raising of these issues as well as a number of others for example LGBT history month;
- Developed a mental health short life working group to raise awareness and develop support for colleagues;
- Evidence of meeting all legal requirements through the delivery of equality mainstreaming action plan, a children's rights report, and a corporate parenting action plan;
- Delivered of equality and diversity awareness training and raising awareness through corporate induction;
- Through the Children and Young People's Working Group raised awareness and development of e-learning;

- Involved staff in raising funds and collecting toys for Barnardo's Christmas Appeal and raise awareness of corporate parenting responsibilities; and
- Completed a review of the role of involving people in the work of Healthcare Improvement Scotland with recommendations being worked on to improve and strengthen this area during 2020/21.

7 Conclusions

- 7.1 2019/20 has been a period of transition for the Scottish Health Council, with a number of changes implemented to support our future direction and ways of working, such as recruiting a new senior team; implementing new and revised job descriptions across all job roles; deciding upon a new directorate name; and focusing on strengthening our governance arrangements. These activities have been undertaken with a clear recognition of the importance of continued delivery of our core functions.
- 7.2 This report offers an insight to the wide range of work that has been carried out by Scottish Health Council staff, working with stakeholders in a variety of ways to support meaningful community engagement in health and care services, and in the work of Healthcare Improvement Scotland. Whilst not an exhaustive summary of the work that has been carried out, it seeks to demonstrate the unique contribution that the Scottish Health Council has made, and the added value that has been brought to the health and social care system within Scotland.
- 7.3 We look forward with confidence to supporting the engagement of people and communities in shaping health and care services in Scotland as *Healthcare Improvement Scotland – Community Engagement* from 01 April 2020.



Healthcare Improvement Scotland

Meeting:	Scottish Health Committee meeting
Meeting date:	23 April 2020
Title:	Service Change Update
Agenda item:	Agenda item 3.5
Responsible Executive/Non-Executive:	Lynsey Cleland
Report Author:	Daniel Connelly

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

This paper provides the Scottish Health Council Committee with an update on service change activity

2.2 Background

NHS Boards and Integration Authorities have a statutory duty to involve people in designing, developing and delivering healthcare services. The service change team provides advice and support on involving people and communities in service change processes and we quality assure consultation and engagement activity where a change is considered major.

This report provided an overview of the service change activities we are currently involved with.

2.3 Assessment

National Guidance of Community Engagement for Health and Care Services

The seventh meeting of the Scottish Government and COSLA co-chaired group focusing on the development of new national guidance for community engagement took place on 17 March 2020.

The focus of the meeting was on the next iteration of the draft guidance which we and the other advisory group members provided detailed comments on.

The plan had been to undertake a further round of engagement on the draft guidance in April with a view to publishing the new document at the end of May. However, following the meeting the Cabinet Secretary agreed to postpone further work on the guidance until the impact of Covid-19 is known and an appropriate point to recommence the work is identified.

Current activity

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

General updates

NHS Lanarkshire – Monklands Replacement Project:

NHS Lanarkshire has undertaken a programme of communication and engagement activities on the three short-listed sites for the Monkland Replacement Project (Gartcosh and Glenmavis and Wester Moffat). This concluded in an option scoring event on 10th March 2020. The event did not proceed as planned so NHS Lanarkshire has decided to re-run the scoring exercise and have shared with us proposals for a postal scoring process that will be managed by the Consultation Institute.

We are having ongoing discussions with NHS Lanarkshire on the appropriate timing and format of the next steps during given to the current circumstances and the guidance that has been issued by the Scottish Government in relation to COVID-19 on social distancing, shielding and isolation.

NHS Ayrshire and Arran – Review of Chemotherapy services:

NHS Ayrshire and Arran's 8 week patient and public engagement programme on the review of chemotherapy services concluded on 6th March. The feedback received included around 670 completed responses to its survey alongside with two active petitions, one with around 14,000 signatories and the other with 79 signatories.

The responses to the survey highlighted an understanding of the reasons for change, with people citing transport and access as the main factor requiring further consideration. NHS Ayrshire and Arran submitted a major service change template which is being considered and progressed through our service change governance processes.

Developing Practice

The planned webinar for early April on service design with Dr Kate Arrow (NHS Tayside) has been postponed to later in the year.

The team is developing the next animation video on 'Communications and planning for engagement' and aim to have this ready for publication after the COVID-19 pandemic concludes. Plans for future workshops/ development sessions are also being developed based on feedback from the team's ongoing evaluation and After Action Reviews.

The next stage of the team's Quality Management System project is being considered in the context of the directorate's new structure to ensure that further discussions on how we work with NHS Boards and Health and Social Care Partnerships takes account of new ways of working.

2.3.1 Quality/ Care

Our Service Change work is designed to support and improve the quality of care and services people receive.

2.3.2 Workforce

N/A

2.3.3 Financial

The resource implications for our service change work are reflected the directorate's core budget.

2.3.4 Risk Assessment/Management

The operational and reputational risk to our role in supporting public involvement in service change because of the different governance structures in NHS Boards and Integration Authorities is reflected in our Risk Register.

2.3.5 Equality and Diversity, including health inequalities

We work with NHS Boards and Integration Authorities to ensure the impact of proposed service changes for different communities and equalities groups are fully considered.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All service change work is informed by engagement activity. A standing group of Healthcare Improvement Scotland Public Partners support the practice of the team and governance is provided through the Service Change Sub-Group of the Scottish Health Council Committee.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Scottish Health Council Committee is asked to note the content of the paper.

3 List of appendices

The following appendices are included with this report:

- Appendix 1- Service Change Update April 2020

Appendix 1 – Service Change Update, April 2020

- **NHS Ayrshire and Arran – Caring for Ayrshire**

The Scottish Health Council met with NHS Ayrshire and Arran's Head of Transformation and Sustainability on 5th February to discuss engagement on 'Caring for Ayrshire', a strategic vision for transformational change over the next 10 years. It involves NHS Ayrshire and Arran and the three Integration Authorities. This was formally launched on 28th February and aims to raise awareness and seek feedback on key areas. The next scheduled meeting to discuss this is 6th May 2020, however this will be rescheduled to a later date.

- **NHS Ayrshire and Arran – Chemotherapy services**

NHS Ayrshire and Arran's patient and public engagement on the review of chemotherapy services concluded on 6th March. The Scottish Health Council met with the Nurse Director on 13th March to discuss feedback received from patients and the public following the conclusion of an 8 week engagement programme. During this NHS Ayrshire and Arran received around 670 completed responses to its survey alongside with two active petitions, one with around 14,000 signatories and the other with 79 signatories. The responses to the survey highlighted an understanding of the reasons for change, with people citing transport and access as the main factor requiring further consideration. NHS Ayrshire and Arran submitted a major service change template, and we are currently reviewing this through our governance processes.

- **NHS Grampian - Review of the model for paediatric services at Dr Grays, Elgin**

The consultation on Paediatric services ended on 27th September 2019 and the 24/7 proposed model has been approved by the board and recruitment to the new model has commenced.

There has been ongoing political and community concern about the timescales for the reinstatement of maternity services. We advised the NHS Grampian Public Involvement team on the need for early engagement with stakeholders should the model be reviewed. Engagement activities are being scheduled over the coming months but further discussions are required to understand the scope of this activity.

- **NHS Lanarkshire – Monklands Replacement Project**

NHS Lanarkshire has undertaken a programme of communication and engagement activities since January concluding in an option appraisal event on 10th March 2020. This event did not go to plan for NHS Lanarkshire with a number of issues arising. Following this NHS Lanarkshire took the decision to re run the scoring exercise, and we are now in discussions with regards to practical ways in which this can move forward during current circumstances.

Several discussions have taken place with NHS Lanarkshire over the last few weeks to share an agreed position on this. NHS Lanarkshire are working with the Consultation Institute who are developed proposals for how this could be taken forward. We will continue to discuss this with NHS Lanarkshire to agree on the appropriate timing and format of the next steps.

- **NHS Tayside – Integrated Clinical Strategy 'Transforming Tayside'**

Consists of a number of proposed service changes: Shaping Orthopaedic services, Shaping Emergency and Urgent Care, Shaping Hyper Acute Care, Shaping Urology services and a revised Stakeholder Engagement group.

The final proposals for "shaping orthopaedic services" were planned to go to the February board meeting, was scheduled for the board meeting on 30 April 2020, but this may now be paused given current circumstances.

- **National and Regional activity**

North of Scotland Planning Group - Children and Young People's Transformational Redesign-discussions took place in January 2020 with the Programme Manager with regards to planning for patient and family engagement to support a review of services and inform a regional workshop that took place at the end of January. A follow up discussion will take place with the programme lead to

discuss the development of a regional engagement plan, stakeholder mapping and links with existing networks to inform a second workshop in June.

NHS Board	
National Waiting Times Centre	<i>Ophthalmology Review, Orthopaedics Review</i>
NHS Borders	<i>Clinical Service Review, Eildon Practice Review</i>
NHS Grampian	<i>Transforming Elective Care</i>
NHS Highland	<i>Belford Hospital Replacement; Coll and Colonsay dentistry review</i>
NHS National Support Services	<i>Care of Burns in Scotland Review</i>
NHS Shetland	<i>Gilbert Bain Hospital replacement</i>
NHS Western Isles	<i>Mental Health modernisation</i>
Scottish Ambulance Service	<i>Strategy Development Framework 2021-2030</i>
The State Hospital	<i>Clinical Modelling</i>
Integration Authority	
Argyll & Bute Health and Social Care Partnership	<i>Cowal hub services, Lorn & Inland Medical Unit Redesign, Mull and Iona Services Review</i>
North Ayrshire Health and Social Care Partnership	<i>Arran Integrated Island Services Woodland View Phase 2 (inc Ailsa wards)</i>
East Ayrshire Health and Social Care Partnership	<i>Cumnock Health and Wellbeing Hub</i>
Dumfries & Galloway Health and Social Care Partnership	<i>Transforming Wigtownshire Programme, Transforming Health and Social Care services in Annandale and Eskdale</i>
East Lothian Health and Social Care Partnership	<i>Transformational Programme</i>
Fife Health and Social Care Partnership	<i>Joining Up Care Review, Mental Health redesign</i>
Moray health and Social Care Partnership	<i>Business case process for replacement of Keith Health Centre and Turner Hospital- may widen to wider review of community hospital beds in Moray.</i>
Perth & Kinross	<i>Inpatient Rehabilitation beds</i>

Daniel Connelly
Service Change Manager
April 2020