

**Scottish Health Council Committee  
Agenda V.1**

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

Date: 10 September 2020

Time: 10.00 – 12.30

Venue: MS Teams

Contact: Susan Ferguson  
07866 130791

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

Item	Time	Agenda item	Lead Officer	Report
<b>1. OPENING BUSINESS</b>				
1.1	10.00	Welcome, Introduction and apologies	Chair	
1.2	10.10	Draft minutes of Meeting (23/04/2020)	Chair	Paper
1.3	10.15	Review of Action Point Register	Chair	Paper
1.4	10.20	Business Planning Schedule	Chair	Paper
1.5	10.25	COVID-19 response	Director	Paper
<b>2. SETTING THE DIRECTION</b>				
2.1	10.35	National Guidance for Community Engagement and our approach	Director	Verbal
2.2	10.45	Volunteering in the NHS :Update	Volunteer Programme Manager	Paper
2.3	11.05	Governance for Engagement	Head of Engagement & Equality Policy	Paper
<b>3. COMMITTEE GOVERNANCE</b>				
3.1	11:25	Risk Register	Director	Paper
3.2	11.30	Remobilisation and Operational Plan progress report	Director	Paper
3.3	11.55	Service Change: Briefing	Service Change Manager	Paper
<b>4. RESERVED BUSINESS</b>				
4.1	12.05	Service Change Sub Committee meeting minutes (08/04/2020)	Service Change Manager	Paper

5.	ADDITIONAL ITEMS of GOVERNANCE		
5.1	12.10	Key points	Chair
6.	CLOSING BUSINESS		
6.1	12.15	AOCB	All
6.2	12.30	Meeting Close	
6.	DATE OF NEXT MEETING		
6.2	05/11/2020	10.00-12.30 Held via MS Teams	

MINUTES – Draft V0.2

**Meeting of the Scottish Health Council Committee**

Date: 23 April 2020

Time: 10:00-12:30

Venue: Skype

**Present**

Suzanne Dawson, Chair

John Glennie, Vice Chair

Christine Lester, Non-executive Director

Alison Cox, Member

Elizabeth Cuthbertson, Member

Dave Bertin, Member – left meeting 11.50am

Emma Cooper, Member

Jamie Mallan, Member

Simon Bradstreet, Member

**In Attendance**

Lynsey Cleland, Director of Community Engagement

Tony McGowan, Head of Engagement and Equalities Policy

Jane Davies, Head of Engagement Programmes

**Apologies**

**Committee Support**

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

**Declaration of interests**

No Declaration(s) of interests were recorded

<b>1.</b>	<b>OPENING BUSINESS</b>	<b><u>ACTION</u></b>
<b>1.1</b>	<b>Chair's Welcome, Introductions and Apologies</b>	
	The Chair welcomed everyone to the meeting via Skype and noted there were no apologies.	
<b>1.2</b>	<b>Draft Minutes of Meeting</b>	
	The draft minutes of the meeting held on 27 February were approved as an accurate record of the meeting.	
	<b>Matters arising</b>	
	The following matter was raised by the Committee:	

	<ul style="list-style-type: none"> <li>- Had there been any recognition on the launch of the renaming of the Scottish Health Council to <i>Healthcare Improvement Scotland – Community Engagement</i> on 1 April 2020.</li> </ul> <p>The Director of Community Engagement advised the Committee that due to the current COVID-19 pandemic it was decided it would be more appropriate to deliver a softer and low-key launch than was initially planned. This consisted of a media release and the Director of Community Engagement sending a letter to stakeholders advising of the launch. The Director of Community Engagement noted that when the COVID-19 pandemic is over, there would be an opportunity to celebrate the launch with staff and stakeholders.</p>	
<b>1.3</b>	<b>Review of Action Point Register</b>	
	<p>The following Actions were noted as complete 2.1, 2.2,3.4 and 3.5</p> <p>After reviewing the Action Point Register the following actions were agreed :</p> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>- Head of Engagement and Equalities policy to conduct Skype calls with new Committee members on induction feedback.</li> <li>- Head of Engagement and Equalities policy to follow up call with Elizabeth Cuthbertson, Committee member on Induction plan for existing members.</li> <li>- Head of Engagement and Equalities policy to rearrange induction meetings previously arranged with Head of Communications, Policy and Governance Manager and Head of Organisational Development &amp; Learning.</li> </ul>	TMG to action
<b>1.4</b>	<b>Business Planning Schedule</b>	
	<p>The Committee reviewed the Business Planning Schedule and raised the point of the development day scheduled for 9 June 2020.</p> <p>The Chair advised the committee that due to COVID-19 the planned Development day would now need to be adapted, and for Committee members to keep the date blocked out in the diary.</p> <p>The Committee noted the Business Planning Schedule.</p>	
<b>1.5</b>	<b>COVID-19 response</b>	
	<p>The Director of Community Engagement presented a paper to the committee for awareness, and highlighted that during the current COVID-19 (Coronavirus) pandemic, Healthcare Improvement Scotland had taken the decision to adapt its normal ways of working to provide support and prioritise capacity to Scotland's health and social care services. The Director of Community Engagement noted that due to the COVID-19 pandemic, a range of work stream activities throughout Healthcare Improvement Scotland (HIS) and</p>	

	<p>within <i>Healthcare Improvement Scotland – Community Engagement</i> have been paused to focus on patient support and care with a view to picking up any paused work stream activities once the COVID-19 pandemic circumstances changed.</p> <p>In response to the Committee discussions on the update, it was agreed that as we move forward there was a need to plan for the Directorate’s contribution to the recovery and renewal phase. It was also agreed that this will require the Directorate to be flexible in its approach and prioritisation; capturing and reflecting on the learning from the pandemic to advise on and support future engagement practice.</p> <p>The Committee thanked the Director of Community Engagement for the update and extended thanks to the Community Engagement Directorate for the work they have achieved during this COVID-19 pandemic.</p>	
<b>2.</b>	<b>SETTING THE DIRECTION</b>	
<b>2.1</b>	<b>Community Engagement Guidance and Quality of Care approach for Community Engagement: Update</b>	
	<p>The Director of Community Engagement provided the Committee with a verbal update, advising that due to the current COVID-19 pandemic the Scottish Government and COSLA co-led work to develop new community engagement guidance has been paused. The aligned work that <i>Healthcare Improvement Scotland - Community Engagement</i> and the Care Inspectorate are taking forward to develop a Quality of Care Approach for Community Engagement has also been paused due to the COVID-19 pandemic. Both work streams will be resumed when it is appropriate to re-commence engagement with health and care providers, third sector organisations and patients and the public.</p> <p>The Committee noted the verbal update</p>	
<b>2.2</b>	<b>Involving People in the work of HIS</b>	
	<p>The Head of Engagement and Equality Policy provided the Committee with a verbal update and noted that due to the current COVID-19 pandemic, activity on this work stream had been reprioritised. An action plan will be provided to the Committee at the development day scheduled for 9 June 2020.</p> <p>The Committee noted the update</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- Head of Engagement and Equalities Policy to provide an update on the Engaging People in the work of HIS work stream at the Committee development day in June 2020.</li> </ul>	TMG to action
<b>2.3</b>	<b>Operational Plan 2020/21</b>	
	The Director of Community Engagement provided the Committee with the new Operational Plan for 2020/21, and noted that during	

	<p>the first year as <i>Healthcare Improvement Scotland – Community Engagement</i> will develop and embed new ways of working to focus the efforts and resources on the areas where it can make most impact on strengthening the engagement of people and communities.</p> <p>The Director of Community Engagement highlighted that due to the COVID-19 pandemic some of the work streams would be put on hold, with the Operational Plan providing a baseline against which deviations due to COVID-19 would be measured and reported.</p> <p>The Committee welcomed the work that had gone into developing the plan and recognised the changing context in which the Directorate is now working. They discussed the way forward and how Community Engagement utilise the lessons and opportunities from response to the COVID-19 pandemic, to plan its contribution towards the recovery and renewal stages. Capturing and measuring the impact of <i>Healthcare Improvement Scotland - Community Engagement's</i> work was also discussed, and it was agreed this would be an agenda item for the Committee's Development day in June.</p> <p>The Committee agreed in principal the 2020/21 Operational Plan subject to the following revisions being made :</p> <ul style="list-style-type: none"> <li>- Reference to the COVID-19 pandemic and how this may impact the plan</li> <li>- More clearly articulating how the Directorate's priorities map to HIS priorities</li> <li>- Consider how Volunteering and the HIS Public Partner role can be brought out more within the Plan</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- Head of Engagement Programmes and Director to make agreed revisions to the operational plan.</li> <li>- Head of Engagement Programmes to deliver a session on measuring impact for performance monitoring and reporting at the development day in June 2020</li> </ul>	LC & JD to action
<b>3.</b>	<b>Committee Governance</b>	
<b>3.1</b>	<b>Committee Annual Report 2019/20</b>	
	<p>The Director of Community Engagement presented to the Committee the Scottish Health Council Committee's Draft Annual Report for 2019/20. This report 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>Following discussion on the Annual report the following amendments were agreed:</p> <ul style="list-style-type: none"> <li>- Clarify that the Service Change Sub-committee make recommendations, not decision on services changes and</li> </ul>	

	<p>that the remit of this group extends to all service change activity.</p> <ul style="list-style-type: none"> <li>- Further emphasis to be placed on the extensive work associated with the Change Implementation plan.</li> </ul> <p>The Committee approved the Committee Annual Report 2019/20</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- Director to make agreed revisions and Director and Chair to sign-off the Committee's Annual Report for 2019/20</li> </ul>	LC and SD to action
<b>3.2</b>	<b>Risk Register</b>	
	<p>The Director of Community Engagement presented the latest report on risks assigned to the Directorate and advised that no new risks had been added.</p> <p>The Committee noted the Risk Register and advised that the service change risk be expanded to incorporate regional planning considerations.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- The Head of Engagement and Equalities Policy to amend Service Change risk to incorporate Regional planning</li> </ul>	TMG to action
<b>3.3</b>	<b>Progress on 2019/20 Operational Plan</b>	
	<p>The Director of Community Engagement provided the Committee with the final update on the progress of the Directorate's 2019/20 Operational plan, reporting on activity from January-March 2020 and noting that the majority of work streams remained on track with green status. The Director of Community Engagement highlighted that as a result of the COVID-19 pandemic some of the activities scheduled for end of March had to be postponed. For the small number of work programmes with amber or red status an explanation was provided. The Director of Community Engagement noted that it is anticipated that these programmes will be progressed in 2020/21.</p> <p>The Committee noted the progress on the 2019/20 Operational plan</p>	
<b>3.4</b>	<b>Scottish Health Council Progress Report 2019/20</b>	
	<p>The Director of Community Engagement presented a paper that provided the Committee with a progress summary of how the Community Engagement directorate teams worked to strengthen community engagement in health and care services during the last 12 months.</p> <p>After some discussion on the report's content, the Committee noted the significant amount of work that had been achieved throughout the year within the directorate and found the report to be beneficial, especially to the new members.</p> <p>To further enhance this report, the Committee suggested the</p>	

	<p>following recommendations:</p> <ul style="list-style-type: none"> <li>- Include links to the website where appropriate</li> <li>- Shorten the length of report</li> <li>- Include more infographics</li> <li>- Annualise numbers</li> <li>- Consider the range of ways in which key information in the report can be communicated to stakeholders</li> </ul> <p>Individual Committee members had specific drafting points which it was agreed would be fed-back to the Head of Engagement and Equalities Policy.</p> <p>The Head of Engagement and Equalities policy thanked the Committee for their feedback and noted that this was the first iteration of the Progress Report and the next iteration would reflect the recommendations made by the Committee.</p> <p>The Committee noted the Scottish Health Council Progress Report 2019/20</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- Head of Engagement and Equalities policy to liaise with Committee Members regarding drafting changes.</li> </ul>	<p>TMG to action</p>
<p><b>3.5</b></p>	<p><b>Service Change update</b></p>	
	<p>The Director of Community Engagement provided the Committee with a Service Change update noting that due to the COVID-19 pandemic all scheduled meetings and service change activity has been paused with exception of the following:</p> <p><b>NHS Ayrshire and Arran Review of Chemotherapy services</b>  NHS Ayrshire and Arran’s eight-week engagement programme on the review of chemotherapy services concluded on 6 March. During this time NHS Ayrshire and Arran received around 670 completed responses to its survey alongside 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 had been considered by the service change sub-group who recommended that the proposed changes to the provision of chemotherapy services should be viewed as major service change, but that consideration should be taken of the extensive engagement work already undertaken when advising on next steps.</p> <p><b>NHS Lanarkshire – Monklands Replacement Project</b>  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 are proposing a postal scoring process that will be managed by the Consultation Institute. The Directorate are in on-going</p>	



	<p>discussions with NHS Lanarkshire on the timing and format of next steps in the context of the current environment and the guidance that has been issued by the Scottish Government in relation to COVID-19.</p> <p>After discussion on the specific service changes, it was agreed that the Committee would welcome a briefing on regional planning at the Committee Development day in June 2020.</p> <p>The Committee noted the service change update</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>- Head of Engagement and Equalities Policy and Service Change Manager to deliver a session on regional planning at the Committee development day in June 2020</li> </ul>	<p>TMG and DC to action</p>
<b>3.6</b>	<b>Engagement Programme update</b>	
	<p>The Head of Community Engagement provided a verbal update to the Committee and highlighted the following points:</p> <ul style="list-style-type: none"> <li>- <b>Gathering Views on experience of ME Services</b> was completed on 16 March with a good response of both online and face-to-face participants. There was a total of 522 online responses and eight face-to-face interviews. 438 completed the Equality monitoring sheet provided. Engagement offices will analyse the information with the final publication of the report post COVID-19.</li> <li>- <b>No One Left Behind</b> this is being led by Scottish Government with an aim to provide digital devices (tablets, phones and laptops) to digitally excluded and vulnerable people to enable them to connect with others and the support they need during this Covid-19 pandemic. Engagement offices staff are supporting this initiative, looking at sourcing venues within communities to act as distribution hubs and potential training venues in local communities within their health board areas.</li> </ul> <p>The Committee thanked the Head of Engagement Programmes for the verbal update</p>	
<b>4.1</b>	<b>ADDITIONAL ITEMS of GOVERNANCE</b>	
	<b>Key Points</b>	
	<p>After discussion the Committee agreed the following three key points to be reported to the Board:</p> <ul style="list-style-type: none"> <li>- COVID-19 response now and going forward</li> <li>- 2020/21 Operational Plan</li> <li>- Service change</li> </ul>	
<b>5.</b>	<b>RESERVED BUSINESS</b>	
<b>5.1</b>	<b>Service Change Sub-Committee meeting minutes</b>	
	<p>The Director of Community Engagement presented the Service Change Sub-Committee meeting minutes from the meetings held</p>	

	<p>on 30 January 2020 and 20 March 2020.</p> <p>The Committee noted the minutes from both meetings</p>	
<b>6.0</b>	<b>AOB</b>	
	<p>The Chair informed the Committee that Dave Bertin, Committee Member, would be joining the Service Change Sub-Committee with immediate effect.</p> <p>Communication- it was agreed that the Chair would provide the Committee with a regular monthly update during the COVID-19 pandemic.</p>	
<b>6.</b>	<b>DATE of NEXT MEETING</b>	
	<p>The next meeting will be held on 10 September 2020, Delta House, West Nile Street, G1 2NP</p>	
	<p>Name of person presiding:</p> <p>Signature of person presiding:</p> <p>Date:</p>	

# ACTION POINT REGISTER

**Meeting:** Scottish Health Council Committee

**Date:** 23/04/2020

Minute ref	Heading	Action point	Timeline	Lead officer	Status
<b>Committee meeting 27/11/2019 2.3</b>	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
<b>Committee meeting 23/04/2020 1.3</b>	Review of Action Point Register	Head of Engagement and Equalities policy to conduct Skype calls with new Committee members on induction feedback.	10/09/2020	TMG	Completed
		Head of Engagement and Equalities policy to follow up call with Elizabeth Cuthbertson, Committee member on Induction plan for existing members.	10/09/2020	TMG	Meeting to be rescheduled-ongoing
		Head of Engagement and Equalities policy to rearrange induction meetings previously arranged with Head of Communications, Policy and Governance Manager and Head of Organisational Development & Learning.	10/09/2020	TMG	Completed
<b>Committee meeting 23/04/2020 2.2</b>	Involving people in the work of HIS	Head of Engagement and Equalities Policy to provide an update on the Engaging People in the work of HIS work stream at the Committee development day in June 2020.	09/06/2020	TMG	Completed

<b>Committee meeting</b> <b>23/04/2020</b> <b>2.3</b>	Operational Plan 2020/21	Head of Engagement Programmes and Director to make agreed revisions to the operational plan.	10/09/2020	JD/LC	Completed
		Head of Engagement Programmes to deliver a session on measuring impact for performance monitoring and reporting at the development day in June 2020	09/06/2020	JD	Completed
<b>Committee meeting</b> <b>23/04/2020</b> <b>3.1</b>	Committee Annual Report 2019/20	Director to make agreed revisions and Director and Chair to sign-off the Committee's Annual Report for 2019/20		LC/SD	Completed
<b>Committee meeting</b> <b>23/04/2020</b> <b>3.2</b>	Risk Register	The Head of Engagement and Equalities Policy to amend Service Change risk to incorporate Regional planning	24/04/2020	TMG	Completed
<b>Committee meeting</b> <b>23/04/2020</b> <b>3.4</b>	Scottish Health Council Progress report	Head of Engagement and Equalities policy to liaise with Committee Members regarding drafting changes.	10/09/2020	TMG	Completed
<b>Committee meeting</b> <b>23/04/2020</b> <b>3.5</b>	Service Change update	Head of Engagement and Equalities Policy and Service Change Manager to deliver a session on regional planning at the Committee development day in June 2020	09/06/2020	TMG/DC	Completed

**Scottish Health Council Committee  
Business Planning Schedule**

<b>Committee Business</b>	<b>Lead officer</b>
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**2020-2021**

23/04/2020	10/09/2020	05/11/2020	25/02/2021
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<b>Strategic Business</b>	
Strengthening Patient and Public Involvement in Primary Care	Head of Engagement Programmes
Quality of Care Approach in Community Engagement	Head of Engagement and Equality Policy
Volunteering in NHS Scotland	Programme Manager Volunteering
Our Voice/ Citizens Panel	Head of Engagement and Equality Policy
Involving People in the work of HIS	Head of Engagement and Equality Policy


<b>Committee Governance</b>	
Draft Annual Report 2019/2020	Chair
Draft Annual Report 2020/21 & Committee Terms of Reference	Chair
Proposed Business Planning Schedule 2021/22	Director
Risk Register	Director
Operational Plan Progress Report	Director
Operational Plan 2020/21	Director
Service Change Update	Service Change Manager
Engagement Programme Update	Head of Engagement programmes
Corporate Parenting Action Plan	Public Involvement Advisor
Equality Mainstreaming Report	Director/Equality and Diversity Advisor


<b>Community Engagement Directorate Updates</b>	
Directorate updates	Director

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<b>Additional Items of Governance</b>	
Service Change sub Committee Action points	Service Change Manager

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<b>Closing Business</b>	
3 Key Points	Chair
AOB	

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# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Scottish Health Committee meeting</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>COVID-19 Response</b>
<b>Agenda item:</b>	<b>1.5</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lynsey Cleland</b>
<b>Report Author:</b>	<b>Lynsey Cleland</b>

## 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 adapted normal ways of working to provide support and prioritise capacity to Scotland's health and social care services.

The Community Engagement Directorate's work has been refocused to respond to a range of requests for support and target resources and expertise to best effect.

In accordance with Scottish Government guidance our staff have been working at home since mid-March. This has been a significant change for many of them and our focus has been on supporting their health and wellbeing during this challenging time. We have been ensuring staff have the necessary equipment to work comfortably and safely at home, as well as ensuring they have appropriate personal support from line managers and other senior staff across the directorate.

## 2.3 Assessment

### ***Key activities and achievements***

We have refocused much of our work across the Directorate to support health and care services to respond to the global pandemic. Our staff have been involved in a number of local and national projects, collaborating with colleagues from across HIS, Scottish Government departments, third sector organisations, community groups, patients and service users and health and social care staff.

These opportunities have exposed our staff to different ways of working. New tools, methodologies and technologies have grown their skills, confidence and knowledge in responding and engaging in different ways. Staff have risen to the challenges presented to them and have delivered and achieved a significant amount of work during this time.

Detailed information about the range of ways in which the Community Engagement Directorate has responded to COVID-19 can be found in agenda item 3.2 (Remobilisation and operational plan progress update).

Notable achievements include our extensive work to support the volunteering response during the pandemic, the development of our *Engaging Differently* resource, and our work to support the Connecting Scotland initiative.

Our staff have also supported the training of NHS24 call handlers, providing over 100 hours of mock calling to help increase the capacity of the national 111 service. Other staff have undertaken volunteering roles within their local communities, working with befriending groups and other support groups, delivering groceries or cooking for people and manning local telephone helplines.

Staff have been sharing their experiences of our contribution to the COVID response through a series of blogs which can be accessed at

[http://www.healthcareimprovementscotland.org/our\\_work/coronavirus\\_covid-19/information\\_for\\_our\\_staff.aspx](http://www.healthcareimprovementscotland.org/our_work/coronavirus_covid-19/information_for_our_staff.aspx)

## **Staff health, safety, wellbeing and development**

Supporting the health, safety and wellbeing of our staff has been a key area of focus during the last 5 months. Managers have been checking-in with individual staff on a frequent basis. Regular team/regional meetings and monthly all staff huddles have been held to help inform and support staff.

In addition to supporting health and wellbeing, staff 1-1s have also been used to explore any development opportunities arising during the pandemic. Our staff have had to develop confidence and skills in using new technologies such as *MS Teams*, *Mural* and *Trello* to facilitate online discussion and focus groups. These technologies will support us to engage differently with people, communities and health and care services in the future.

Collaborating with other colleagues across HIS has also provided opportunities for our staff to work in different ways, including matrix working. We have seen a significant number of staff flourish in their roles, developing new skills and responding to the challenges that the various projects presented.

The organisation continues to review our work priorities and ways of working, including decisions about access to offices, homeworking, travel and other practical key activities in accordance with current Scottish Government guidance.

While our offices remain closed at this time, we have worked extensively with our colleagues in Health and Safety and Property and Facilities Management to enable staff to safely access offices to get their personal belongings and any equipment they need to work at home more comfortably. Work is also ongoing to plan for how our available office space across the country will be safely and appropriately accessed and utilised when we enter Phase 4 of the Scottish Government's COVID route map.

### **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 continue to follow the most up-to-date national policies and guidance to ensure the ongoing health, safety and wellbeing of our staff 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**

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

### **2.3.8 Route to the Meeting**

N/A

## **2.4 Recommendation**

The Committee is asked to 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

<b>Meeting:</b>	<b>Community Engagement Committee Meeting</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>Volunteering in NHSScotland update</b>
<b>Agenda item:</b>	<b>2.2</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lynsey Cleland, Director of Community Engagement</b>
<b>Report Author:</b>	<b>Alan Bigham, Programme Manager</b>

## 1 Purpose

### **This is presented to the Board for:**

- Awareness

### **This report relates to:**

- Annual Operational Plan delivery
- Emerging issue

### **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

The paper provides the Scottish Health Council Committee with a status report on the Volunteering in NHSScotland Programme.

Since the last report in September 2019 the Programme has been undertaking a number of improvement projects in addition to the core workstreams and since March 2020, been responding to emerging need in light of the coronavirus pandemic.

The programme supports NHS Boards to develop sustainable and impactful volunteering programmes and works with Scottish Government and other national bodies to progress volunteering in Scotland.

## 2.2 Background

The Programme works towards three national outcomes, coproduced with NHS Boards and the National Group for Volunteering in NHSScotland:

Outcome	
1	Volunteering contributes to Scotland's health by: (a) Enhancing the patient experience (b) Providing opportunities to improve the health and wellbeing of volunteers themselves
2	The infrastructure that supports volunteering is developed, sustainable and inclusive.
3	Volunteering and the positive contribution it makes is widely recognised with a culture which demonstrates its value across the partners involved.

An evaluation framework is in place that details the short, medium and long-term outcomes that contribute to the shared national direction.

The Programme is staffed by a 1.45WTE team of Programme Manager and Project Officer. From April 2019 to March 2021, external resource via Helpforce<sup>1</sup> and the National Lottery Community Fund was secured which has increased the substantive WTE to 1.75, providing additional resource to take forward projects complementary to the core workplan.

Prior to the COVID-19 pandemic there were 6,000 volunteers directly engaged by health boards in Scotland. Trained, screened and supported volunteers undertake a variety of defined roles in health boards. This includes ward-based, transport, community and peer support.

Due to the 'standing down' of volunteers for safety reasons in March 2020, followed by selective recruitment campaigns in some health boards, the number has averaged between 1,000 and 2,000 during the pandemic (see Appendix 2 for a status report).

The National Group for Volunteering in NHSScotland provides the strategic leadership for volunteering in NHSScotland. Its membership comprises of a representation of health boards, national and local intermediaries, union representation and Scottish Government. The Group is chaired by a nominee from the NHS Chairs Group, currently Tom Steele of the Scottish Ambulance Service.

Local leadership in health boards is through a network of Executive (director-level) and Strategic Leads for Volunteering.

The Programme's workplan can be summarised as follows:

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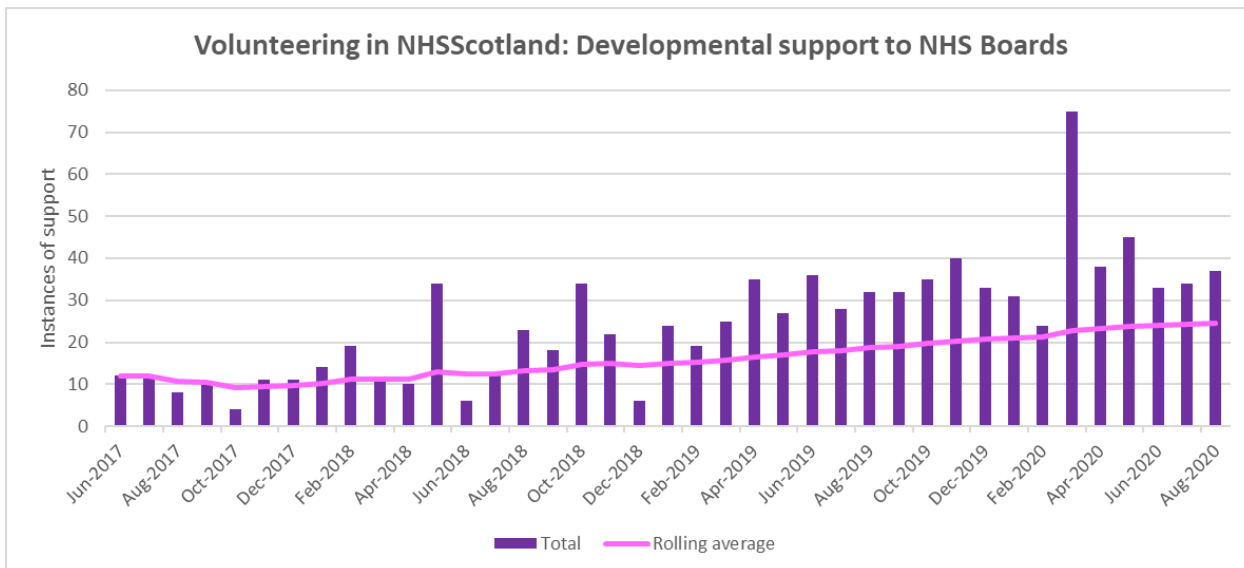
<sup>1</sup> <https://helpforce.community/about/>

- ▶ Provision of **developmental and strategic support and advice** to health boards including ad-hoc advice, networking and practice development meetings and thematic discussion groups.
- ▶ Provision and development of the **Volunteering Information System**, a nationally-hosted information management system for volunteer managers. Includes system administration and governance, deployment, user training, user engagement and system prioritisation of system development.
- ▶ A responsive programme of work as a consequence of the **COVID-19** pandemic. This includes publishing shared practice and guidance, the development of an online induction module for volunteers, online meetings to rapidly spread practice, COVID-19 webinars for users of the Volunteering Information System, support to Scottish Government and Westminster in the development of the Emergency Volunteering Leave (EVL, to be rebranded Emergency Placement) Scheme, monthly collation of volunteer engagement numbers for consideration by Scottish Government which will inform decisions on enactment of the EVL scheme. See Appendix 1 for more detail.
- ▶ **Communications** activities, including a coproduced communications strategy, regular e-newsletter, provision of an online Community of Practice, dedicated activity during Volunteers Week and supporting Scottish Government in national campaigns.
- ▶ A suite of additional projects funded by the National Lottery Community Fund (via Helpforce) designed to meet emergent need in NHSScotland. These include:
  - An **improvement project to streamline the volunteer recruitment process**
  - An **improvement project to increased volunteer support and retention**
  - **Evaluation training and support** for volunteer managers, aligned to the national outcomes framework
  - The sharing and spreading of new and innovative volunteer roles through [case studies of volunteering](#)
  - A **national overview of volunteering in NHSScotland**
- ▶ Supporting an additional Helpforce pilot in **volunteer engagement in end of life care** in NHS Borders
- ▶ External engagement and short-term project support:
  - Evaluation of the **Clear Pathway** guidance (developed to improve governance arrangements between NHS Boards and third sector volunteering engagement within boards)
  - Scottish Volunteering Forum and Scotland Volunteers Week Group
  - Scottish Government CAN DO Innovation Fund (specific focus on reducing delayed discharge through interfacing with volunteering)

A number of the above workstreams were paused from April to August 2020. However, remobilisation is underway with adjustments made to projected outputs and tempered expectations amongst stakeholders. Activity during Volunteers Week in June 2020 was adapted to respond to the changing environment (see appendix 3).

Since implementing a case management system in the Programme, we are able to document increases in inbound requests for support from June 2017 to present.

These interactions include responding to requests for information, signposting, provision of advice on volunteer management, associated risk management, role development, policy and strategy review, enquiries related to the Volunteering Information System and in more recent times, COVID-19. Support can also include delivery of development sessions, facilitation of engagement meetings and presentations to board steering groups.



At a strategic level the Programme has positioned volunteering and presented at the NHS Chairs, Scottish Executive Nursing Directors meetings, NHSScotland Equality and Diversity Leads, NHSScotland Information Governance Leads, presented at the Strategic Communicators (Heads of Communications of NHSScotland) meetings and attended the Scottish Government Health and Social Care Management Board meeting.

### 2.3 Assessment

In addition to the operational advice and support outlined above, the Programme has successfully implemented a number of strategic developments within NHSScotland. Most recently embedding an improved local leadership structure in NHSScotland, working with the office of the National Clinical Director to communicate these changes. These structures have supported a strengthened local leadership opportunity for national engagement – of particular relevance during the coronavirus pandemic.

Since the Programme’s inception in 2011, it has successfully influenced local management structures, encouraging and supporting NHS Boards to move to a decentralised model of volunteer management, supported by advice and the [Developing Volunteering Toolkit](#). The alternative management model allows for greater numbers of volunteers to be engaged and greater resilience within programmes locally.

The work undertaken in response to the Lampard Report identified shortcomings in the governance of indirectly-engaged volunteers, leading to the Programme’s prominent involvement in the development of the [Clear Pathway guidance](#).

At a national level, beyond health and social care, the Programme has contributed to the

development and publication of [Volunteering For All – Our National Outcomes Framework](#). We secured a presentation from the head of the Third Sector Unit to our volunteer managers network. The long-term coproduced national outcomes have been mapped to the Programme outcomes and are considered when developing case studies. The framework has also been embedded in the evaluation support to health boards.

The team continues to shape its projects to meet stakeholder need, cognisant of the necessity to consider operational and strategic viewpoints in health boards and our other stakeholder such as Scottish Government and the Scottish Volunteering Forum.

The range and complexity of activity is continually reviewed and reprioritised to achieve most impact from a limited team resource.

### **2.3.1 Quality/ Care**

The work undertaken in the case study development and support to NHS Boards to evaluate the impact of volunteering is in its early stages. Case study and anecdotal feedback concurs with the research and evidence shared on the Community of Practice website – that volunteering has a positive impact on patients, volunteers and communities.

The Programme continues to extend an offer to other directorates within Healthcare Improvement Scotland to identify opportunities for awareness-raising and collaboration – where volunteer engagement may support broader health and social care outcomes. Engagement to date has focused on parts of the Quality Assurance and ihub directorates.

### **2.3.2 Workforce**

The additional resource acquired through a partnership with Helpforce is due to come to an end in March 2021. Discussions are ongoing with Helpforce with regards to a four-month extension to address the stepping down of projects during the pandemic.

The WTE of the Programme Team is due to return to its substantive levels of 1.45 (0.85 WTE Programme Manager and 0.6 Project Officer) from 01 April 2021.

### **2.3.3 Financial**

The Programme activity is currently resourced via three streams annually:

- Core funded via Healthcare Improvement Scotland Scottish Government recurring allocation, c.£82k
- The Volunteering Information System in a separate recurring Scottish Government allocation, c.£21k
- Additional workforce and project resource via Helpforce (from the National Lottery Community Fund), c.£25k, due to end on 31 March 2021

### **2.3.4 Risk Assessment/Management**

Programme risks are managed by the Programme Manager. This includes specific risks relating to the Volunteering Information System. An overarching Volunteering Information

System information governance risk is lodged in the Healthcare Improvement Scotland risk management system.

### **2.3.5 Equality and Diversity, including health inequalities**

The Programme does not interface with volunteers or the public but its outputs are reviewed and adapted to support inclusive practice. Examples include:

- Mapping of case studies against national outcomes
- Consideration of gender representation in the development of case studies
- National equalities monitoring reports from the Volunteering Information System (currently on hold)
- Engagement with and delivery of a workshop from Stonewall Scotland to volunteer managers
- Engagement with NHSScotland Equality and Diversity Leads
- Engagement with Young Scot, Youthlink Scotland and the #iwill campaign

### **2.3.6 Other impacts**

An evaluation of the Programme is currently in progress. The feedback from stakeholders will contextualise each stakeholder group's opinion on movement towards our national outcomes, the impact of outputs such as the Volunteering Information System and online induction module and may provide additional evidence of impact.

### **2.3.7 Communication, involvement, engagement and consultation**

The Programme has involved and engaged external stakeholders where appropriate:

- The National Group for Volunteering in NHSScotland membership reflects the structures within NHSScotland and meets four to five times a year. The group has considered a proposal for direct volunteer and public involvement within their meetings, but found this to be tokenistic and unrepresentative. Group members have networks from which to seek volunteer engagement in its work where necessary.
- Meetings of Strategic Leads take place when required (e.g. during the COVID-19 pandemic)
- Volunteer Managers Network meetings take place twice per year (this will be adapted due to the COVID-19 restrictions on meetings)
- The Volunteering Information System User Group meets twice a year to put forward and review system development requests (users can submit requests at any time out with these meetings)

### **2.3.8 Route to the Meeting**

Programme updates are submitted to the National Group for Volunteering in NHSScotland in advance of each meeting.

Regular updates are provided to the Scottish Government sponsor.

A Programme update is reported in line with Community Engagement and Healthcare Improvement Scotland reporting frameworks.

## 2.4 Recommendation

- **Awareness** – For Members' information only. Please submit any questions to Alan Bigham, Programme Manager ([alan.bigham@nhs.net](mailto:alan.bigham@nhs.net)).

## 3 List of appendices

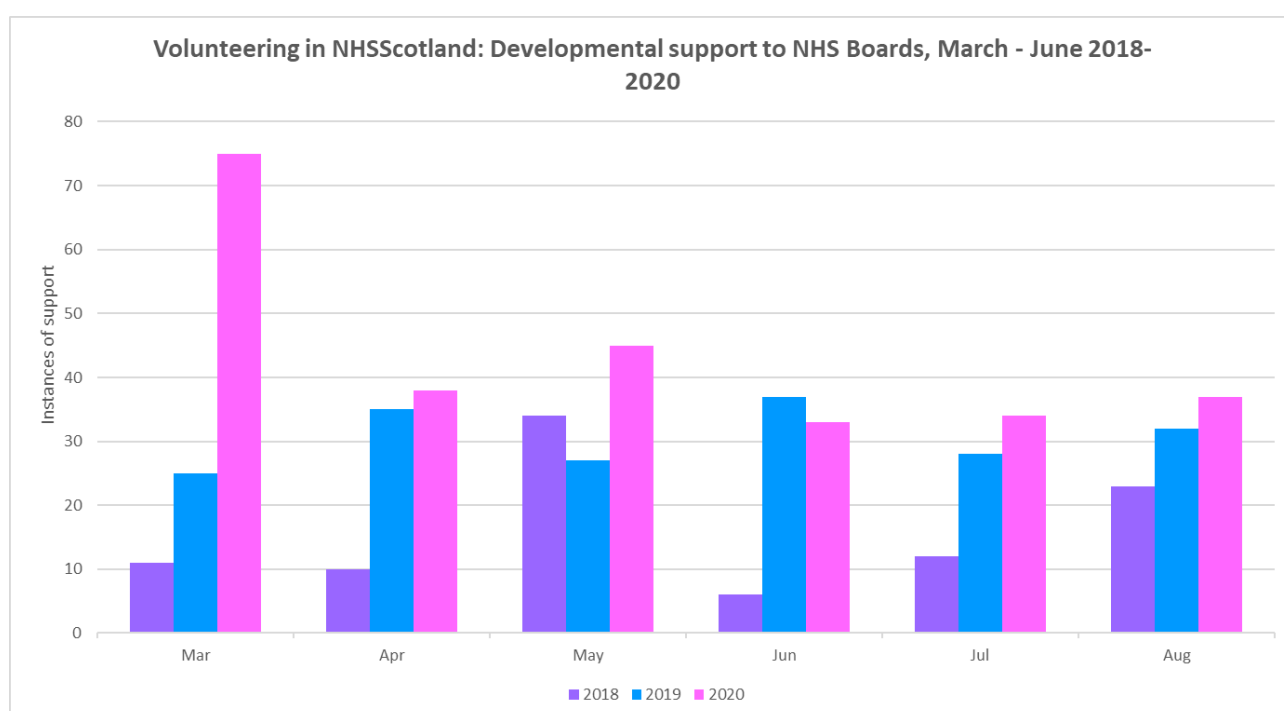
The following appendices are included with this report:

- Appendix 1, Programme response during COVID-19
- Appendix 2, Volunteering in NHSScotland status report (August 2020)
- Appendix 3, Volunteers Week 2020 review



## Appendix 1: Programme response during COVID-19

- ▶ Developmental advice and support via e-mail and telephone (see chart below for trend)
- ▶ Guidance to boards on volunteering (17 March) recommending that:
  - volunteers in at risk areas and volunteers in at risk categories are stood down
  - roles are risk assessed in light of the pandemic and government guidance
  - the above is passed on to third sector organisations for indirectly-engaged volunteers
- ▶ Guidance and shared practice on volunteer engagement during COVID-19 (16 April, updated 12 May, 12 June, 24 July, 28 August)
  - Status of volunteering and 'standing down of volunteering', the Scotland Cares campaign
  - Risk assessments and development of role descriptions
  - Safe return of volunteers to NHSScotland
  - Fast-tracking of volunteer recruitment (inc Protection of Vulnerable Groups update)
  - Online volunteer induction module
  - Volunteer retention and support
  - Emergency Volunteering Leave
- ▶ Online meetings and practice-sharing sessions
  - Strategic Leads updates (31 March, 14 April) and Volunteer Managers update (8 April)
  - 'Learning from COVID-19 Volunteering' NHS Boards and the British Red Cross (15 June)
- ▶ COVID19 Volunteering Information System webinars (19, 23, 25 March; 1, 2, 9 April)
- ▶ Advice and engagement on Emergency Volunteering Leave (Emergency Placement Scheme)
- ▶ Monthly collation of volunteer numbers for Scottish Government to provide context to the decision-making process for the triggering of the Emergency Volunteering Leave Scheme
- ▶ UK-wide webinar on 28 July on lessons learned from COVID-19 (with Helpforce, Volunteer Now and Wales Council for Voluntary Action)



## Appendix 2: Volunteering in NHSScotland status report (August 2020)

Number of placed volunteers prior to 'lockdown'	
Collated response	Additional narrative
5937 total	This is in keeping with 6,000-6,500 annual volunteering numbers

Active placed volunteers and roles	
Collated response	Additional narrative, e.g. role tasks
1314 total  <u>Previous responses</u> July: 1701 June: 2044 May: 747	Role examples: <ul style="list-style-type: none"> <li>▶ COVID-19 roles (see below for sample role descriptions)</li> <li>▶ Pastoral care/Spiritual Care/Listening services via telephone</li> <li>▶ Public involvement roles (remotely/virtually)</li> <li>▶ Breastfeeding Support and Community Mothers via telephone</li> <li>▶ Wayfinding, meet and greet and directing to hand gel stations in hospitals</li> <li>▶ General support roles, running various errands etc.</li> <li>▶ Supporting Hand Hygiene stations</li> <li>▶ Delivering donated toiletries/packages to patients, e.g. 'give and go service'</li> <li>▶ Lifestyle management, diabetes peer support (via telephone)</li> <li>▶ Ward helpers</li> <li>▶ Bed time story readers</li> <li>▶ Drivers</li> <li>▶ PPE team support</li> <li>▶ Supporting Estates Team</li> <li>▶ Maternity unit support (making up packs)</li> <li>▶ Community First Responders stood down from normal duties supporting service in other ways where appropriate</li> <li>▶ Via Shielding Hub (Western Isles): doing shopping, collecting medication and food bank allocating &amp; distribution; co-ordinating the WI Befriending telephone support line</li> <li>▶ Gardening roles</li> <li>▶ Virtual visiting</li> </ul>

Inactive volunteers	
Collated response	Additional narrative
4321  <u>Previous responses</u> July: 5512 Not asked prior to July	Majority of volunteers stood down in March 2020 prior to lockdown guidelines. Some have withdrawn from volunteering. Some NHS Boards are exploring format for safe and phased return of regular volunteering.

## Appendix 3: Volunteers Week 2020 Review

### 1. Introduction

Volunteers Week takes place annually from 1-7 June. It provides a platform to give thanks to volunteers in health and other sectors, and promotes awareness of the positive effects volunteering has in society.

There are approximately 6,000 volunteers directly engaged by NHS Scotland at any given time, across 22 health boards.

Volunteers Week 2020 was distinctly different due to the COVID-19 global pandemic. This affected the ability of health Boards to hold face-to-face events due to social distancing, meaning Volunteer Managers had to re-structure how their celebrations would be rolled out.

There was a shared concern from staff managing volunteers in health settings, that due to large volumes of volunteers being stood down as a result of COVID-19, many could be feeling isolated from the companionship and sense of community these volunteer roles bring.

It was therefore a priority to have a consistent message of sincere thanks to the volunteers who were stood down, as well as recognising the contribution of new and existing volunteers still in roles. Many volunteers supported the efforts of staff in health Boards and beyond specifically in relation to the pandemic, across Scotland.

It is of note that Volunteers Week overlaps Dementia Week (2-8 June), which can have an impact on visibility and focus, due to competing demands on social and wider media from both areas.

### 2. Scottish Volunteering Forum

The Volunteering in NHSScotland Programme Project Officer sits on the Volunteers Week Working Group, a sub-group of the Scottish Volunteering Forum, as the representative for health.

The purpose of the group is to shape the theme and communications plan, and support the streamlining of the celebrations, to ensure a more visible and impactful Volunteers Week in Scotland.

The theme in 2020 remained 'time to celebrate' from 2019, and it was agreed that going forward this should stay the same annually. Information was gathered and shared between health and third sector around innovative ways to engage volunteers remotely, given social distancing.

The relationship built with colleagues within third sector organisations as part of this group is valuable in the context of Volunteers Week, and evident in the support of promotion of content on social media by partner agencies.

Through this work, third sector colleagues involved in raising the visibility of Volunteers Week in Scotland have a greater awareness of the Volunteering in NHSScotland Programme, providing a useful gateway through which to share information with health boards. We have been able to



share new and innovative ways to promote Volunteers Week with staff in NHS Scotland, and forward packs to support Boards to engage more with social and digital media.

### 3. Healthcare Improvement Scotland and Community Engagement activity

Community Engagement is a directorate of Healthcare Improvement Scotland. Work was undertaken by the Volunteering in NHSScotland team in collaboration with Community Engagement staff, NHS health Boards and third sector organisations.

This included:

- Social media (Healthcare Improvement Scotland, Community Engagement) Twitter. Re-tweets from twelve health Boards.
- YouTube
- Healthcare Improvement Scotland Intranet
- Community Engagement Website
- Blog for SCVO Third Force News site

Content included:

- A [thank-you film](#) organised remotely, featuring clips from 12 health Boards of volunteering in action and NHS staff saying thank you.
- A [written case study](#), featuring a spiritual care volunteer from Stornoway, NHS Western Isles.
- A [blog piece](#) written for the Healthcare Improvement Scotland intranet and website by Valerie Breck, Engagement and Equalities Policy Manager for Community Engagement.
- A [blog piece](#) written for SCVO Third Force News by Alan Bigham, Volunteering in NHSScotland Programme Manager
- Children of NHS staff contributed [thank you drawings](#) and paintings, in the spirit of having to work remotely from home.
- Healthcare Improvement Scotland staff [volunteering stories](#) featured on the intranet.



Social Media Activity - Healthcare Improvement Scotland / Community Engagement:

Number of Tweets – 13  
Number of accounts reached – 28,108  
Engagement with tweets – 1,005  
Re-tweets – 90  
Likes – 113

Digital Media:

Thank you film: 578 views on YouTube.  
SCVO Blog: 211 page views  
Blog – HIS Intranet: 68 views

#### 4. Feedback on Volunteers Week content

The thank-you film in particular was incredibly well received by NHS staff managing volunteers and volunteers themselves, at what was a challenging time for NHSScotland.

Comments included:

- *“This is a lovely piece, thank you so much for supporting us to publicise our volunteer programme”*
- *“The team have got the balance right with this film - good measure of dialogue and pictures etc. - it was short - to the point and the content of the film, I think, was perfect”*
- *“What an uplifting film, thank you”*
- *“A wonderful video, highlighting all the great things volunteers do in the NHS”*
- *“Great to see a joined up approach for NHS volunteering across different health Boards”*

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Scottish Health Council Committee</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>Governance for engagement</b>
<b>Agenda item:</b>	<b>2.3</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lynsey Cleland</b>
<b>Report Author:</b>	<b>Tony McGowan</b>

## 1 Purpose

To provide the Scottish Health Council Committee ('the Committee') with details of the proposed governance for engagement approach, enabling it to assure the Board that Healthcare Improvement Scotland (HIS) is meeting its duties in respect of:

- Patient focus and public involvement (community engagement);
- Equalities (excluding Staff Governance);
- User focus; and
- Corporate parenting.

**This is presented to the Scottish Health Council Committee for:**

- Discussion and endorsement

**This report relates to:**

- HIS internal governance processes.

**This work supports:**

- the range of HIS strategic and operational priorities.

## 2 Summary

### 2.1 Situation

The Committee requires a governance for engagement approach that enables it to hold to account and gain assurance on the performance of all HIS directorates / delivery areas in relation to engaging people to directly inform and influence our work programmes and functions, including meeting our legal duties to assess, improve and report the impact of our work.

The approach also needs to include practical ways for Committee Members to provide guidance to HIS Directors and other staff relating to best practice in community engagement, in order to foster an environment that encourages and supports improvement.

Timelines for the delivery of this work have been impacted by the COVID-19 pandemic. However, in June 2020 a development session afforded an opportunity for the Committee to discuss what it considers to be the main areas of focus for the design of the governance approach. The HIS Executive Team endorsed the proposed approach at its meeting on 21 July 2020, and since then further work has been undertaken to develop the governance approach for consideration by the Committee.

## **2.2 Background**

Health and care services in Scotland must be responsive to the needs and wishes of people and communities, all of whom will use services at some point in their lives. In order to continue to encourage and support improvement within the system, HIS needs to ensure that the voices of people and communities are directly informing and shaping our work programmes and functions, from planning to delivery. Everything we do as an organisation has the potential to be informed and improved by listening to those who use health and care services.

As part of the directorate review process resulting in the establishment of the Community Engagement Directorate, the Committee's governance arrangements have been revised to provide greater transparency and assurance of the directorate's work in supporting the engagement of people and communities. Other changes have included:

- Strengthening and diversifying the composition of the Committee, including the appointment of four new Committee members;
- Making Committee minutes and associated papers publicly available on the Community Engagement Directorate's website; and
- New terms of reference that strengthen the Committee's role in holding all parts of HIS to account for performance in areas of patient & public involvement, the Duty of User Focus, and equalities and human rights.

The last bullet point above requires the development and establishment of a governance for engagement approach within HIS and is a current work-stream within the directorate's *Engaging People* programme. The overall programme seeks to take forward a range of actions that support the wider organisation to deliver a consistent level and quality of engagement practice across all its activities.

## **2.3 Assessment**

At present, the Committee has a sub-committee comprised of some Committee Members and Community Engagement Directorate senior management that considers information and analysis with respect to service change. The sub-committee provides an advisory function to the Chair of the Scottish Health Council and Director of Community Engagement on service change and its introduction has proven to be successful in supporting detailed discussion and improved governance of service change advice and decisions.

A similar sub-committee approach is being proposed to support governance for engagement and draft Terms of Reference can be found in appendix 1.

HIS Directors will be invited to join meetings in order for the sub-committee to consider and discuss with them their activities and progress in the context of engagement. A proforma approach will be adopted to the collection and presentation of information to be provided by the Directors in advance of the meeting, helping to establish an effective starting point for the sub-committee's discussions (see appendix 2). Particular regard will be made to the following legislation and duties:

- The Equality Act 2010 and the Public Sector Equality Duty;
- The Fairer Scotland Duty;
- The Children and Young People (Scotland) Act 2014;
- The Islands (Scotland) Act 2018;
- Public Services Reform (Scotland) Act 2010: Section 112; and
- The Human Rights Act 1998 and associated provisions within the Scotland Act 1998.

The sub-committee will seek practical examples from HIS Directors in meeting these legislation and duties such as:

- The use of Equality Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
- Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities; and
- Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken.

HIS Directors will be invited to talk about examples of good engagement practice within their directorates and / or across designated key priority areas, and encouraged to be open about any challenges or areas of work where engagement could be improved. This will then allow Committee members the opportunity to share their expertise and insights to support the Directors in achieving change and improvement. At every step, the focus will be on supportive scrutiny that acknowledges good practice and considers how it can be spread, whilst also encouraging openness and an environment that allows areas for improvement to be readily identified and discussed.

The sub-committee will provide the Chair of the Scottish Health Council Committee and the Director of Community Engagement, as well as the wider Scottish Health Council Committee with findings from their deliberations, which will in turn provide assurance to the HIS Board on performance relating to the engagement of people and communities, and the ways in which the organisation is meeting its legal duties and equality-related outcomes. This will also feed into our equalities monitoring reports.



Consistency with the emergent *Quality Framework for Community Engagement* will be necessary, as this will ensure HIS is able to fully participate and provide an account of its engagement activities on an organisation-wide basis alongside other health and care statutory bodies. Progress with the *Quality Framework for Community Engagement* has also been impacted by the COVID-19 pandemic, and it is envisaged that stakeholder engagement activities to progress its development will be recommenced over the coming months.

### **2.3.1 Quality / Care**

Describe any positive and negative impact on quality of care (and services).

Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we offer. Therefore, effective governance of how the organisation engages with people and communities will have a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.

### **2.3.2 Workforce**

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

None out with existing core resources. One of the benefits of this governance for engagement approach will be an indirect support of staff wellbeing. This should manifest itself through facilitating the organisation to gain more consistently its understanding of the lived experience and insights of people and communities, and how these can positively impact our work and outcomes.

### **2.3.3 Financial**

Describe the financial impact (capital, revenue and efficiencies) and how this will be managed.

None out with existing core funding.

### **2.3.4 Risk Assessment/Management**

Describe relevant risk assessment / mitigations.

Continuing without effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and sub-optimal approach to engagement with people and communities and monitoring our equalities activities.

### **2.3.5 Equality and Diversity, including health inequalities**

State how this supports the Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.

Please refer to section 2.3 (assessment). The Community Engagement Directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives.

### **2.3.6 Other impacts**

Describe other relevant impacts.

The proposed governance for engagement approach represents an opportunity for HIS to become an exemplar for other health and care organisations in how to undertake assurance in this area.

### **2.3.7 Route to the Meeting**

The arrangements to support governance for engagement have been considered during the Scottish Health Council review process, and more recently by the Scottish Health Council Committee at its development session in June 2020, and by the HIS Executive Team in July 2020. Their feedback has informed the development of the content presented in this paper.

It is proposed that, subject to any further amendments to the sub-committee approach by the Committee, including the draft Terms of Reference, and the governance for engagement proforma, the sub-committee will convene prior to the 2020 festive period in order to review proforma returns from HIS Directors. It is proposed that the Community Engagement Directorate will be the first directorate within HIS to be considered by the sub-committee at its second meeting in early 2021.

## **2.4 Recommendation**

### **Discussion & approval**

The Committee is asked to:

Consider the details provided about the governance for engagement proposal, seek clarification on any points, consider any amendments necessary; and

Approve the proposed approach.

## **APPENDIX**

Governance for engagement sub-committee Terms of Reference (DRAFT)

Governance for engagement directorate proforma (DRAFT)



# Scottish Health Council Committee Governance for engagement sub-committee

## Terms of Reference

### Background

Health and care services in Scotland must be responsive to the needs and wishes of people and communities, all of whom will use services at some point in their lives. In order to continue to encourage and support improvement within the system, Healthcare Improvement Scotland (HIS) needs to ensure that the voices of people and communities are directly informing and shaping our work programmes and functions, from planning to delivery.

Everything we do as an organisation has the potential to be informed and improved by listening to those who use health and care services.

HIS Community Engagement has a statutory role across NHS Boards and Integration Authorities to support, ensure and monitor patient focus and public involvement activities relating to health services, and this includes the work of HIS itself.

In order to ensure appropriate governance for engagement, an approach has been developed centred around the establishment of a sub-committee of the Scottish Health Council Committee which aims to support and promote the delivery of a consistent level and quality of engagement practice across all of the organisation's activities through effective governance.

### Purpose

The sub-committee provides an advisory function to the Chair of the Scottish Health Council, the Director of Community Engagement, and the wider Scottish Health Council Committee, which in turn provides assurance to the HIS Board on performance relating to the engagement of people and communities, and the ways in which the organisation is meeting its legal duties and equality-related outcomes.

The sub-committee's deliberations are informed by the following legislation and duties:

- The Equality Act 2010 and the Public Sector Equality Duty;
- The Fairer Scotland Duty;
- The Children and Young People (Scotland) Act 2014;
- The Islands (Scotland) Act 2018;
- Public Services Reform (Scotland) Act 2010: Section 112; and
- The Human Rights Act 1998 and associated provisions within the Scotland Act 1998.

## Remit

- The sub-committee seeks practical examples from HIS Directors (from information prepared in advance by them) in meeting their legislative and other duties requirements across their areas of responsibility, including:
  - The use of Equality Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
  - Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities; and
  - Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken.
- The sub-committee explores with HIS Directors about any challenges or areas of work where engagement could be improved.
- The sub-committee ensures appropriate processes are developed to consider changes to community engagement policy within HIS.
- The sub-committee considers the impact of any changes to organisational support provided by the Community Engagement Directorate for HIS engagement activities and equalities-related outcomes may have on stakeholders, notably the public.

## Membership

Membership of the sub-committee is as follows:

<b>Members</b>
Chair of Scottish Health Council and Healthcare Improvement Scotland Non-Executive Board member
Scottish Health Council Committee Member
Scottish Health Council Committee Member
Scottish Health Council Committee Member
Scottish Health Council Committee Member
<b>In attendance:</b>
Director of Community Engagement
Head of Engagement & Equalities Policy
<b>In attendance as required:</b>
Other HIS Directors
Engagement & Equalities Policy Manager

## Meetings

- Sub-committee meetings are aligned to Scottish Health Council Committee meetings dates and frequency.
- Secretariat resource is provided by the Community Engagement Directorate's specialist teams.
- Agendas will be circulated 7 days prior to the meeting; minutes will be distributed 2 weeks after the meeting.

## Reporting & governance arrangements

- The sub-committee reports to the Scottish Health Council Committee.
- The Scottish Health Council Committee oversees the work of the sub-committee and provides governance on decision-making.
- Elements relating to risk management are recorded through the corporate risk management system and are reported to the Scottish Health Council Committee and the Community Engagement Directorate Management Team.

## Quorum

- 50% of membership, with at least one HIS Board member present.
- For the purposes of determining whether a meeting is quorate, members attending by either video or teleconference link will be determined to be present.

## **Governance for engagement in Healthcare Improvement Scotland**

### **Directorate engagement governance proforma**

#### **Introduction**

Health and care services in Scotland must be responsive to the needs and wishes of people and communities, all of whom will use services at some point in their lives. In order to continue to encourage and support improvement within the system, Healthcare Improvement Scotland (HIS) needs to ensure that the voices of people and communities are directly informing and shaping our work programmes and functions, from planning to delivery.

Everything we do as an organisation has the potential to be informed and improved by listening to those who use health and care services.

The Community Engagement Directorate has a statutory role across NHS Boards and Integration Authorities to support, ensure and monitor patient focus and public involvement activities relating to health services, and this includes the work of HIS itself.

In order to ensure appropriate governance for engagement, an approach has been developed centred around the establishment of a sub-committee of the Scottish Health Council Committee which aims to support and promote the delivery of a consistent level and quality of engagement and equalities practice across all of the organisation's activities through effective governance.

The sub-committee provides an advisory function to the Chair of the Scottish Health Council, the Director of Community Engagement, and the wider Scottish Health Council Committee, which in turn provides assurance to the HIS Board on performance relating to the engagement of people and communities, and the ways in which the organisation is meeting its legal duties and equality-related outcomes.

The sub-committee's deliberations are informed by the following legislation and duties:

- The Equality Act 2010 and the Public Sector Equality Duty;
- The Fairer Scotland Duty;
- The Children and Young People (Scotland) Act 2014;
- The Islands (Scotland) Act 2018;
- Public Services Reform (Scotland) Act 2010: Section 112; and

- The Human Rights Act 1998 and associated provisions within the Scotland Act 1998.

### **Purpose**

The purpose of this proforma is to provide the organisation's governance for engagement sub-committee with an understanding of the engagement and equalities outcome approaches currently undertaken within your Directorate.

You are invited to complete the proforma providing evidence and examples of current practice within each section. The information provided will form the basis for a supportive scrutiny discussion with you at a forthcoming sub-committee meeting. This will provide an opportunity to explore further any particular examples of meaningful engagement and equalities practice, and how these might be spread elsewhere within your directorate, and more widely across the organisation.

It will also provide the opportunity for an open discussion about any areas where engagement and equalities approaches could be improved, with an emphasis on the identification of practical support.

It is the intention to collect this information across HIS in a consistent way, and the sub-committee will regularly review the proforma to ensure that we are collecting the most appropriate information in order to support robust governance for engagement, without making reporting too onerous for each directorate.

<b>Directorate:</b>	
<b>For governance for engagement sub-committee to be held on:</b>	

## PLANNING FOR FAIRNESS

### *Aim*

*The use of Equality Impact Assessments at project-initiation and reviews at other key milestone stages across directorate / designated delivery area work programmes.*

### Outcome

- 1 Equality groups impacted by our work are clearly identified at the beginning.**

*Evidence & examples:*

### Outcome

- 2 We have taken practical and proportionate steps to understand how our work can have a positive impact and avoid a negative impact for those affected, including equality groups.**

*Evidence & examples:*



## ENGAGING EFFECTIVELY

### *Aim*

*Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities.*

### Outcome

- 3 We are learning from groups and communities and are able to assess, change or improve our work as needed.**

*Evidence & examples:*

### Outcome

- 4 A range of groups and communities are involved in our learning so that our work reflects a diversity of relevant views and experiences.**

*Evidence & examples:*

### Outcome

- 5 We are proactively making our work visible and accessible to the widest range of relevant stakeholders.**

*Evidence & examples:*

**REPORTING TRANSPARENTLY**

*Aim*

*Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken.*

Outcome

**6 We make our engagement results available and accessible to all who contributed or have an interest.**

*Evidence & examples:*

Outcome

**7 The ways we are using the evidence we gather are clear and accessible to all who contributed or have an interest.**

*Evidence & examples:*

Notable successes

Notable challenges

Any other key issues

Name:	
Title:	Date:

DRAFT

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Scottish Health Council Committee</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>Risk Register</b>
<b>Agenda item:</b>	<b>3.1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lynsey Cleland</b>
<b>Report Author:</b>	<b>Lynsey Cleland</b>

## 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.

Following discussions at the last Committee meeting a new risk has been added on regional planning and service change (risk 1033).

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

## **2.3 Assessment**

### **2.3.1 Quality/ Care**

N/A

### **2.3.2 Workforce**

Relevant workforce implications for each risk have been identified.

### **2.3.3 Financial**

Relevant resource implications for each risk have been identified.

### **2.3.4 Risk Assessment/Management**

Risk register attached in appendix 1.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impacts**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

N/A

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No1 Risk Register

## 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
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	03/08/2020	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.	Drafting of the gathering views report is now underway after the analysis work was completed in late June 2020. Draft report to be finalised by mid August 2020 - end of Q3 publication still planned.	Medium - 9 Impact - 3 Likelihood - 3
Operational	Community Engagement directorate wide risk	1033	Lynsey Cleland	There is an operational and reputational risk to HIS Community Engagement's role in supporting public involvement at the regional planning level as it remains unclear to what extent the public can influence plans, thereby resulting in statutory bodies potentially taking forward related service changes with limited opportunity for meaningful engagement. Current mitigation is provided through Scottish Health Council Committee governance.	Very High - 20	13/08/2020	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core functions; and Raising awareness through governance structures.	The SHC Committee Service Change Sub-Committee continues to provide governance over the role and next meets on 20 August 2020. Engagement activity was discussed at the June 2020 SHC Committee Development Day with agreed actions to include discussion within the wider HIS.	Regionally planned activity is emerging through territorial NHS Boards strategic and transformational change strategies. Proposed changes emerging (e.g. chemotherapy services, orthopaedics and vascular services) are being driven through regional planning, and it is unclear what scope there is for meaningful engagement due to significant clinical, workforce or financial considerations. Considerations of involvement from other areas of HIS will be discussed with the Executive Team in August 2020 to identify any further steps.	Very High - 20 Impact - 4 Likelihood - 5
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	13/08/2020	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 nhs.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 nhs.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 undertaken to facilitate the switchover of emails for remaining staff and this was completed during June 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 Scottish Government eases its 'Stay at Home' policies and it is safe for staff to return to office premises.	Medium - 8 Impact - 4 Likelihood - 2
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	12/08/2020	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 next meets on 20 August 2020. HIS Community Engagement 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 planned to be issued in March 2020. Scottish Government and COSLA paused the work on guidance due to COVID-19, which may resume in the coming months. In the interim HIS Community Engagement produced interim guidance for NHS Boards and Health and Social Care Partnerships for changes made during the pandemic and taking forward forthcoming changes. Feedback on this is expected in August 2020.	High - 15 Impact - 5 Likelihood - 3
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	03/08/2020	- 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. Procurement has extended current contract for 6 months, point 7 to be addressed prior to tendering process. From Incident Review meeting on 3 March the following actions were agreed: (a) Further amendments to webinar slides [COMPLETE] (b) SHC Management sign-off of testing and procedures to be put in place (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

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Scottish Health Council Committee</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>Remobilisation and Operational Plan 20-21: Progress Update</b>
<b>Agenda item:</b>	<b>3.2</b>
<b>Responsible Executive:</b>	<b>Lynsey Cleland</b>
<b>Report Author:</b>	<b>Jane Davies</b>

## 1 Purpose

**This is presented to the Committee for:**

- Discussion

**This report relates to:**

- Annual Operational Plan delivery

**This aligns to the following HIS priorities(s):**

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

## 2 Report summary

### 2.1 Situation

This paper provides the Committee with an opportunity to discuss the Directorate's progress with our work outlined in the Operational and Remobilisation Plans for 20/21. The Committee is asked to discuss the contents of the paper.

### 2.2 Background

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

From mid-March we have been in the grip of a global pandemic and have had to adapt our ways of working and work priorities in response to this.

Our staff have moved to working at home as the default position. This has been a significant change for many of them and our main focus has been on supporting their health and wellbeing during this challenging time.

Many requests have come into the Directorate and the wider organisation from Scottish Government, NHS Boards, Integration Authorities and others to assist the health and care system response to COVID-19. Due to the volume and nature of these requests many of our work programmes were paused or refocused to enable us to target our resources and experience where it's most needed.

As a result, the directorate's operational plan for 2020-21 has been superseded, with us adapting our activities in line with the organisation's mobilisation plans for COVID-19. For that reason, this progress update describes progress against the key aspects of our response to the pandemic to date.

## **2.3 Assessment**

Whilst working from home has been the default position for our staff, this has presented both challenges and opportunities for everyone. The challenges mainly came from balancing caring responsibilities with work or the issue of isolation for some staff as well as having the right equipment to undertake their role. However, there have been many opportunities that have presented themselves such as ability to consider new ways of working, engaging differently with each other and colleagues and the ability to collaborate more closely with colleagues across HIS and other organisations.

Whilst some of our work programmes have been paused our staff have risen to challenges that have been presented in taking on new pieces of work, developing guidance, training and information at pace whilst still maintaining quality, getting to grips with digital technology and various ways of connecting with each other and colleagues across the organisation and in the wider health and social care system.

We have achieved a great deal during this challenging time, as outlined in appendix 1. The variety of work we have undertaken and delivered has been outstanding and all credit is due to the willingness and enthusiasm of our staff to undertake what was asked of them.

In terms of our work plans for the remainder of 2020-21, Healthcare Improvement Scotland submitted the next iteration of its Remobilisation Plan to Scottish Government in August 2020. This describes the organisation's delivery intentions between August 2020 and March 2021, which will safely remobilise, recover and redesign aspects of our three year Operational Plan 2020-23 to meet pre-existing and new challenges. Healthcare Improvement Scotland's Board have approved the remobilisation plan and agreed that the direction it sets should form the basis of the organisation's 2021-22 operational plan, rather than launch into a completely new planning process. The Community Engagement



Directorate is continuing to develop and refocus its work plans in response to this and will report to the Committee against these refocused work plans at future meetings.

### **2.3.1 Quality/ Care**

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

An additional risk has been added to Healthcare Improvement Scotland's risk register in relation to the impact of the Covid-19 pandemic. We have also added an additional risk to the Community Engagement risk register in relation to regional planning and service change.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impacts**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

N/A

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendix is included with this report:

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

**Scottish Health Council Committee****Remobilisation and Operational Plan 20-21 – Progress Update*****Background***

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

However, since July we have been able to get back to more 'business as usual' working and provide strategic and operational advice and support to colleagues across health and social care in Scotland in relation to their engagement and involvement activities as well as equalities and human rights approaches.

***Achievements***

Outlined in the tables below are an update of the work the directorate has undertaken so far in 20-21. The pandemic has provided opportunities for our staff to work in different ways as well as enabling greater collaboration with colleagues in other directorates across the organisation and with other partners. We will continue to build on this as we progress our work programmes.

## Directorate Team Work Programmes

<b>Volunteering in NHSScotland Team</b> During the global pandemic our Volunteering in NHS programme has had to rapidly respond to requests for support from NHS Boards in relation to volunteering. Our existing Volunteering programme was refocused whilst we responded to these significant requests.		
What we will do	Outcomes and Impact	Progress Update
Support SG with: <ul style="list-style-type: none"> <li>• Advice &amp; support for NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic.</li> <li>• Guidance to NHS Boards on the stepping down of volunteering.</li> <li>• Guidance to NHS Boards on risk management, role design, fast-tracked volunteer recruitment, conviction and health screening, volunteer retention, Emergency Volunteering Leave, volunteer wellbeing and maintaining the integrity of volunteering.</li> <li>• In association with NHS Education for Scotland, provide training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS Boards.</li> <li>• Engage and advice Scottish Government on the application of the Scotland Cares Campaign.</li> <li>• Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Boards offer person-centred opportunities to volunteer in health and social care</li> <li>• NHS Boards are better able to manage their volunteering programmes</li> <li>• NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation</li> <li>• Volunteer management staff gain access to practice and development opportunities</li> <li>• Board and staff gain better awareness of the impact of volunteering</li> <li>• Scottish Government gain confidence that the National outcome framework is being used and NHS boards follow policy</li> <li>• Demonstrate that volunteering is embedded in our thematic work programmes</li> </ul>	<p>In our immediate response to the pandemic we produced guidance to NHS boards on volunteering recommending that volunteers in at risk areas and volunteers in at risk categories are stood down, roles are risk assessed in light of the pandemic and government guidance and that they pass on this guidance to third sector organisations for indirectly-engaged volunteers.</p> <p>Guidance and shared practice on volunteer engagement during COVID-19 was published in April and updated in May and June in light of the ongoing pandemic. This guidance covered issues such as:</p> <ul style="list-style-type: none"> <li>• Status of volunteering, the Scotland Cares campaign and Ready Scotland website</li> <li>• Risk assessments and development of role descriptions</li> <li>• Fast-tracking of volunteer recruitment (inc Protection of Vulnerable Groups Scheme changes)</li> <li>• Online volunteer induction module</li> <li>• Volunteer retention</li> <li>• Emergency Volunteering Leave</li> <li>• Other considerations – volunteer wellbeing and maintaining the integrity of volunteering</li> </ul> <p>Three different online meetings and practice-sharing sessions were held for Strategic leads for volunteering, Volunteering Managers and one for all stakeholders.</p> <p>We provided strategic advice and support to Scottish Government in relation to the UK Government’s policy on Emergency Volunteering Leave (re-labelled Emergency Placement Scheme). This scheme has now been paused until required. We are providing monthly volunteer numbers to Scottish Government to inform Scotland and UK-wide decision-making.</p> <p>Three COVID-19 webinars were delivered in April and a recording made available on the Community of Practice for other users.</p> <p>Four-level contingency measures were put in place within the Volunteering Information System to support user account management and user training during the pandemic.</p> <p>The team have also worked with NHS Education for Scotland to produce an online induction scheme for volunteers via Turas Learn: <a href="https://learn.nes.nhs.scot/28190/coronavirus-covid-19/volunteers-and-carers">https://learn.nes.nhs.scot/28190/coronavirus-covid-19/volunteers-and-carers</a></p>

Service Change Team		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> <li>• Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services.</li> <li>• Develop effective approaches to sharing good practice on engagement in service change across statutory bodies</li> <li>• Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role</li> <li>• Scottish Government gain assurance that engagement practice is in line with guidance</li> <li>• People and communities receive opportunities for involvement to support meaningful engagement</li> <li>• Demonstrable improvements in service change activity across our four thematic work programmes</li> </ul>	<p>Service change team have continued to provide support to NHS Boards in relation to service change during the pandemic, where necessary. All service change work was paused as per Scottish Government guidance however, work was still ongoing in the background particularly around major service changes already underway.</p> <p>Following the Cabinet Secretary's letter to NHS Chairs advising on statutory duties of public involvement and the application of CEL4 guidance during COVID-19, we have written to NHS Boards and Health &amp; Social Care Partnerships to provide a <a href="#">briefing</a> on how we will advise, support and assure statutory duties for public involvement during this time, and outlined suggested steps to help establish a new starting point for engagement activities.</p> <p>Following on from the briefing circulated at the end of June, a more detailed <a href="#">guidance note</a> was issued to inform the considerations and next steps for engagement in change alongside plans for re-mobilisation and recovery.</p> <p>As part of the scoping work we provided a survey link to identify the range of changes occurring across health and social care. The feedback to this survey will help to scope out themes, areas of focus and provide the opportunity for discussions on proportionate engagement moving forward.</p> <p>Two Service Change sub-committees have been held to consider ongoing service changes across NHSScotland.</p>

Community Engagement Programmes		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> <li>• Ensure that people are fully involved in decisions about health and care services by: <ul style="list-style-type: none"> <li>➤ 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</li> <li>➤ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities</li> <li>➤ enhancing care experience through provision of support and training to staff to engage with patients and families</li> <li>➤ 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</li> <li>➤ informing national policy through gathering views on relevant services from patients, service users, carers and communities</li> <li>➤ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland</li> <li>• People and communities are enabled and supported to engage with their general practices and other primary care providers</li> <li>• General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients.</li> <li>• Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement.</li> </ul>	<p>We have refocused our work to provide support to NHS Boards and Health and Social Care Partnerships in the light of the global pandemic. Staff across the 14 Engagement Offices have been involved in a number of local and national projects which has enabled us to engage with third sector organisations, community groups, patients and service users as well as staff. These have included:</p> <p><b>Connecting Scotland:</b> Engagement offices have linked with community and Third Sector organisations to identify local community hubs that could be used for distribution and training venues for the Initiative. This has meant us engaging with different community groups and enabled new connections to be made. We have also been involved in developing the distribution and training models for the programme ensuring it takes cognisance of the health needs of people such as being able to use digital devices for Near Me consultations. We have also connected local organisations with the national initiative to enable their service users to benefit from the provision of a device and training and their staff to participate in the Digital Champions training programme.</p> <p><b>Gathering Views on ME services:</b> Engagement office staff in all 14 offices have completed the analysis of responses from over 550 individuals for the gathering views project around Myalgic encephalomyelitis (ME). A draft report has now produced and will be discussed with Scottish Government shortly. The plan is to publish the report towards late autumn.</p> <p><b>Virtual Visiting:</b> We are undertaking a scoping exercise to understand the demand for virtual visiting across all in-patient settings in NHSScotland. This will consider issues in relation to connectivity and the need for devices as well as capturing good practice from those areas where virtual visiting has already been implemented. We held a successful Teams meeting with 65 operational and e-health leads for virtual visiting across health boards which enabled people to share and learn from each other as well as ask any questions they may have about the scoping exercise. This session also included our staff who are providing support to Boards in completing the exercise but also identifying gaps in information and data that has been provided. The report from the Scoping Exercise will be available in autumn. We have also developed a <a href="#">webpage</a> which contains further information for staff in NHS Boards and Health and Social Care Partnerships.</p> <p><b>Engaging with NHS Board and Health and Social Care Partnerships:</b> As we move towards renewal and NHS Boards and Health and Social Care Partnerships begin to implement their Remobilisation Plans, we are providing both strategic and operational advice to them in relation to engagement and involvement. This includes consideration of capturing patient experience and engaging differently given the constraints of physical distancing. This has included advice on issues such as: supporting NHS Tayside Mental Health Team to develop their engagement plan; support to NHS Western Isles to develop a questionnaire to capture patient experience of using services during COVID-19; supporting Orkney Integration Authority in relation to 'technical enabled care'; advising on opportunities for user engagement and development of a new model for Public Partners in NHS Ayrshire and Arran;</p>

		<p>round table discussion with key staff from health board, health and social care partnerships and third sector organisations in Forth Valley around their approach to engagement and involvement given the challenges that exist in relation to covid-19; and planning of a joint development session between NHS Greater Glasgow and Clyde Patient Experience and Public Involvement team and our Engagement Office to consider their Engagement Strategy moving forward</p>
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<b>The Public Involvement Unit</b>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Co-ordinate, manage and develop public partner volunteers and their roles across our work.</li> <li>• Support cross organisational groups including the Equality &amp; Diversity Working Group and Children &amp; Young People Working Group.</li> <li>• Share and acquire public involvement knowledge and learning through collaboration at national level</li> <li>• Ensure that our thematic work programme informs the development and implementation of involvement and</li> </ul>	<ul style="list-style-type: none"> <li>• People and communities gain knowledge and understanding of HIS and have the ability to influence our work.</li> <li>• Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles.</li> <li>• Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people.</li> <li>• Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work.</li> <li>• Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties.</li> <li>• Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people</li> </ul>	<p><b>Equality impact:</b> During the pandemic changes across health and social care have been rapid and required to consider the impact on people from the different protected characteristics as well as those who would be affected due to socio-economic impacts. We have developed a range of equality impact assessments for national projects including shielding, homeworking, person centred care learning system, virtual visiting and <a href="#">engaging differently</a>. As well as these completed equality impact assessments we have provided advice to Scottish Government, national Health Boards and other third sector organisations in relation to their equality impact assessments. These include evaluation of Near Me and Connecting Scotland initiative.</p> <p><b>Equality and Human Rights:</b> We have been gathering evidence to compile a HIS response to the inquiry into the equalities and human rights impact of COVID-19</p> <p>We continue to provide support for the Equality and Diversity and Children and Young People Working Groups ensuring that HIS meets its statutory obligations in these areas. These internal groups have continued to meet during the pandemic.</p> <p>We have provided ongoing support for HIS public partners through regular communications and MS Teams meetings</p>

engagement activity across all HIS directorates		
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<b>The Participation Network</b>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• Inform policy through research evaluation and impact assessment by: <ul style="list-style-type: none"> <li>➢ 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</li> <li>➢ 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.</li> <li>➢ Internal research carried out to evidence, support and evaluate internal priorities and practice</li> <li>➢ Ensuring that our thematic work programme is informed by the latest research, good practice, learning and evidence available</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• An increased number of people and communities feel supported to engage to inform health and social care service improvements</li> <li>• HIS staff feel increasingly confident to deliver effective evidence based engagement methods</li> <li>• HIS Board and SHC committee have confidence in the use of research evidence to shape internal priorities and policy</li> <li>• Approaches followed by Scottish Government always have a source of up to date evidence based practice</li> <li>• Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people</li> <li>• NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities</li> </ul>	<p><b>Engaging Differently:</b> A significant development for the directorate has been the new Engaging Differently <a href="#">webpages</a>. Initial guidance was published on the website mid-June with the focus being from the perspective of the individual including those from seldom heard groups.</p> <p>The Participation Toolkit on the website has a number of tools to support digital engagement and these are being updated with hints and tips to support people taking part. There are also recommendations for using non-digital means of engagement to support those who do not have the ability to access digital engagement.</p> <p>At the time of writing we have four case studies on the website, with 15 others in the pipeline. External organisations are being asked to share their experiences on the site. Nine of the case study suggestions have come directly through the webpages. Around 34% of the traffic on our website during July was to the Engaging Differently webpage.</p> <p><b>Strategic engagement on remobilisation:</b> We are continuing talks with Scottish Government and other partners about the role of our Citizen’s Panel in providing views around the remobilisation and recovery of health and social care services.</p>



<b>The What Matters to You? Programme</b>																																		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>																																
<ul style="list-style-type: none"> <li>• Co-ordinate, manage, develop content and promote website and social media channels</li> <li>• Co-ordinate, manage, develop content of and promote resources</li> <li>• Collaborate nationally and internationally, sharing knowledge and experience</li> <li>• Produce and promote annual report</li> <li>• Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities</li> </ul>	<ul style="list-style-type: none"> <li>• Health and social care staff (primarily) have access to accurate and up to date information and case studies</li> <li>• H&amp;SC staff have access to materials to support them to begin/improve caring conversations</li> <li>• We have access to the most up to date knowledge and experience to inform our approaches</li> <li>• Scottish Government and stakeholders are informed of the impact of our work</li> </ul>	<p>As a result of the restrictions placed on movement and working during the pandemic, a <a href="#">decision</a> to scale back any additional asks of health and social care staff was taken by the WMTY Working Group. In reality we supported where we were able and responded to specific queries and requests but had no access to physical resources. This impacted greatly on what the team were able to accomplish during 2020.</p> <p>There was significant traffic on the WMTY twitter account as well as the Community Engagement directorate account regarding what was happening across the country and indeed internationally on WMTY day.</p> <p>Twitter statistics for the 24 hours on 9<sup>th</sup> June were: 13.5 million impressions, 4,112 tweets and 1345 participants.</p> <p>31 countries where there was tweet activity using #WMTY20</p> <table border="0"> <tr> <td>Australia</td> <td>France</td> <td>Malaysia</td> <td>St Lucia</td> </tr> <tr> <td>Belgium</td> <td>Germany</td> <td>Malta</td> <td>Saudi Arabia</td> </tr> <tr> <td>Botswana</td> <td>Guinea</td> <td>Mexico</td> <td>Scotland</td> </tr> <tr> <td>Brazil</td> <td>Haiti</td> <td>Netherlands</td> <td>Sweden</td> </tr> <tr> <td>Canada</td> <td>India</td> <td>New Zealand</td> <td>Switzerland</td> </tr> <tr> <td>Denmark</td> <td>Ireland</td> <td>Nigeria</td> <td>Trinidad &amp; Tobago</td> </tr> <tr> <td>Egypt</td> <td>Italy</td> <td>N. Ireland</td> <td>United States</td> </tr> <tr> <td>England</td> <td>Kuwait</td> <td>Norway</td> <td>Wales</td> </tr> </table>	Australia	France	Malaysia	St Lucia	Belgium	Germany	Malta	Saudi Arabia	Botswana	Guinea	Mexico	Scotland	Brazil	Haiti	Netherlands	Sweden	Canada	India	New Zealand	Switzerland	Denmark	Ireland	Nigeria	Trinidad & Tobago	Egypt	Italy	N. Ireland	United States	England	Kuwait	Norway	Wales
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Taking a <i>thematic approach to our work</i>		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> <li>• Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities</li> <li>• Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping</li> <li>• Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement</li> <li>• Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities</li> <li>• Ensure that this thematic approach is embedded in all our activities and not developed as a stand-alone programme</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities</li> <li>• We are able to demonstrate a more collaborative approach to our work and the priority areas identified</li> </ul>	<p>Due to the pandemic our work on scoping out our approach to thematic working has been paused. However, we have been working with colleagues across the organisation on HIS priorities such as support to care homes, our work in support of older people and participation in national Board huddles to support integration which also involves Care Inspectorate.</p> <p>As part of our remobilisation plan we will now be considering how we support the organisation's key delivery areas which are:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Older People</li> <li>• Mental Health</li> <li>• Unscheduled/urgent care</li> <li>• Access – including cancer services</li> <li>• Children and young people</li> </ul> <p>Our Director will be the executive sponsor for the Children and Young people key delivery area for the organisation.</p>

<b>Quality of Care approach for community engagement</b>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool</li> <li>• 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</li> <li>• Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites</li> <li>• Provide report on test sites and amend approach and tool based on findings</li> <li>• Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement</li> <li>• NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards</li> <li>• The directorate can demonstrate that our engagement and involvement meets best practice and standards</li> </ul>	<p>This work has been paused due to the Covid-19 pandemic and will be reactivated as we move forward with our remobilisation plan.</p>

<b>Engaging people in the work of Healthcare Improvement Scotland</b>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• Governance arrangements for public engagement within Healthcare Improvement Scotland <ul style="list-style-type: none"> <li>➤ Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard</li> <li>➤ Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee</li> </ul> </li> <li>• 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"> <li>➤ Roll-out of engagement development programmes for key job roles</li> <li>➤ Roll-out of mandatory induction, training and other learning support for engagement</li> </ul> </li> <li>• Volunteering and Public Partner roles within Healthcare Improvement Scotland <ul style="list-style-type: none"> <li>➤ Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement</li> <li>➤ Development of an organisational volunteering strategy aligned to organisational priorities</li> </ul> </li> <li>• Healthcare Improvement Scotland Public Involvement Unit <ul style="list-style-type: none"> <li>➤ Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit</li> <li>➤ Establish organisational objectives within Turas process relating to engagement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people</li> <li>• Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts</li> <li>• Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact</li> <li>• 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</li> <li>• Improved knowledge and consistency of approach to public engagement across the organisation</li> <li>• Improved diversity of volunteering roles and volunteers and their management within the organisation</li> </ul>	<p>The engaging people in the work of HIS programme ('Engaging People') has progressed two individual workstreams during the COVID-19 pandemic – one focusing on improving the diversity of Public Partner and other volunteering roles within HIS, and the other developing governance for engagement arrangements in support of the Scottish Health Council Committee's remit within HIS.</p> <p>Some internal research was undertaken in the first quarter of 2020 to gain an understanding of the deployment of Public Partner volunteers across HIS, what staff and the volunteers themselves thought about their contribution, and how the diversity of volunteering opportunities could be improved. The emergent report highlights a number of recommendations including the development of specific organisational volunteer policies &amp; procedures, good practice guidance &amp; training for staff responsible for supporting volunteers, and the establishment of more tailored volunteer / Public Partner role outlines focusing on specific aspects of directorate work programmes, or wider organisational delivery areas. The report will be considered by the HIS Executive Team during September 2020, and it is envisaged that the Scottish Health Council Committee will receive the final report at its November 2020 meeting.</p> <p>As part of the directorate review process resulting in the establishment of the Community Engagement Directorate, the Scottish Health Council Committee's governance arrangements have been revised to provide greater transparency and assurance of the directorate's work in supporting the engagement of people and communities. In addition, new terms of reference that strengthen the Committee's role in holding all parts of HIS to account for performance in areas of patient &amp; public involvement, the Duty of User Focus, and equalities and human rights have also been introduced. To give effect to this internal remit, a governance for engagement approach has been developed during summer 2020 which will be considered by the Committee at its September 2020 meeting. A sub-committee approach is proposed, allowing sufficient time &amp; scope for detailed discussions with HIS Directors to explore examples of good engagement practice within their directorates and / or across designated key delivery areas. In an environment of supportive scrutiny, HIS Directors will also be encouraged to be open about any challenges or areas of work where engagement and equalities practice could be improved. Draft terms of reference and a model evidence gathering method have been developed to support the establishment of the sub-committee, which subject to Committee approval, is scheduled to have its first meeting prior to the 2020 festive break. It is proposed that the Community Engagement Directorate will be the first part of HIS to be considered by the sub-committee.</p>

<i>Developing a learning system</i>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• Undertake research into the components of effective learning systems that will inform the development of our system</li> <li>• Develop a system that is tested within our own directorate in the first instance</li> <li>• Support a model of peer learning and development that enables staff to seek out opportunities for personal development</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<p>Our work on developing our learning system for engagement was paused as staff responded to calls for support in other areas of learning. We have been particularly involved in the development and delivery of two learning systems which will provide a wealth of information and data to help us establish our learning system. These two learning systems are:</p> <p><b><i>HIS internal learning system:</i></b> Led by the Evidence directorate and working with colleagues from all directorate across the organisation we have been trying to understand the learning for our own organisation from our response to the global pandemic. This has included the following areas:</p> <ul style="list-style-type: none"> <li>• staff experience and resilience</li> <li>• innovation</li> <li>• productivity</li> <li>• leadership</li> </ul> <p><b><i>Person-centred care learning system:</i></b> working in collaboration with colleagues from iHub, Care Inspectorate and Scottish Social Services Council we have been linking in with staff across health and social care to capture innovative person-centred practise and innovation during the pandemic. This has included the delivery of 2 virtual focus groups with staff from across the health and care system. These sessions focused on what people had learned about person-centred care during the pandemic as well as innovative practise and what they would like to continue into the renewal phase. We are now considering phase 2 of this work with our colleagues in ihub.</p>

<b>Developing our people</b>		
<b>What we will do</b>	<b>Outcomes and Impact</b>	<b>Progress Update</b>
<ul style="list-style-type: none"> <li>• Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on</li> <li>• 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</li> <li>• Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach</li> <li>• 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.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• We have an understanding of the skills available across the directorate and the ability to map these to specific roles</li> <li>• A skilled, confident workforce that is able to deliver improvements in their work</li> <li>• We are able to demonstrate improvements in our engagement with staff across the directorate</li> <li>• An improvement in our iMatters and Culture Survey responses and scores</li> <li>• Staff trained in improvement methodologies and able to implement these in their work</li> <li>• Staff have the opportunity for career advancement and development within their role</li> <li>• Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff</li> </ul>	<p>During the pandemic our focus for staff has been on their health and wellbeing and ensuring that they take appropriate breaks, make use of their annual leave and manage to achieve a work – life balance. This has been challenging for our staff, particularly those who have caring responsibilities either for children or older relatives.</p> <p>During these challenging times our staff have adapted well to their working at home situation. Staff have had to very quickly learn and develop their skills in relation to online and remote working. This has meant having everyone trained in the use of MS Teams, Skype and other digital platforms.</p> <p>We have been encouraging our staff to meet regularly in their teams and provide support to each other. This has been done through formal meetings as well as informal coffee chats. Anecdotally and via the Staff Survey, staff have reported how supported they have felt by line managers, senior managers and the organisation during the pandemic and also that communications with them have been good.</p> <p>We have also been learning how to do various things virtually. This included working with our colleagues in ihub, to pilot the use and management of break out rooms on MSTeams which then enabled our staff to facilitate two sessions for the person-centred learning system. These presented great development opportunities for our staff and they are now supporting other parts of the organisation and directorate to engage in this way. Staff have also been working with different online tools such as Mural and Trello boards which enable interaction with participants during online sessions. These skills will be invaluable to our staff in working and engaging differently with people, communities and health and social care staff in the future.</p> <p>A number of our staff have written blogs over the past few months covering issues such as engaging with Gypsy/Traveller communities, virtual visiting, working remotely, equalities, lessons from lockdown and volunteering. You can find the blogs here:  <a href="https://blog.healthcareimprovementscotland.org/">https://blog.healthcareimprovementscotland.org/</a></p> <p>Plans are underway to establish a Directorate Development working group to pick up the specific actions in our Operational Plan beginning with the rollout of the Scottish Improvement Foundations Skills training for all of our staff.</p>

# Healthcare Improvement Scotland

<b>Meeting:</b>	<b>Scottish Health Council Committee</b>
<b>Meeting date:</b>	<b>10 September 2020</b>
<b>Title:</b>	<b>Service Change Briefing</b>
<b>Agenda item:</b>	<b>3.3</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lynsey Cleland</b>
<b>Report Author:</b>	<b>Daniel Connelly, Service Change Manager</b>

## 1 Purpose

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

### **This is presented to the Board for:**

- Awareness

### **This report relates to:**

- Annual Operational Plan delivery

### **This aligns to the following HIS priorities(s):**

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

## 2 Report summary

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

### 3. Engagement and Participation in service change in response to COVID-19

- 3.1 Following on from the [briefing](#) circulated at the end of June, a more detailed [guidance note](#) was issued to inform the considerations and next steps for engagement in change alongside plans for re-mobilisation and recovery.
- 3.2 This was circulated on 30 July to NHS Boards Chief Executives and Health and Social Care Partnership Chief Officers and described considerations for engagement in three categories:
1. Changes made as a result of COVID-19
  2. Changes that were put on hold due to COVID-19
  3. Forthcoming changes that now need to be considered

3.3 As part of the scoping work we provided a survey link to identify the range of changes occurring across health and social care. The feedback to this survey will help to scope out themes, areas of focus and provide the opportunity for discussions on proportionate engagement moving forward.

#### 4. **Regional activity**

4.1 Following on from discussion at the development day in June, further discussions have taken place with Healthcare Improvement Scotland's Executive Team to seek more cross organisational input to the work.

4.2 Support has been provided to further explore potential links and ways of working across the organisation with the Evidence, Medical and Nursing, Midwifery and Allied Health Professional (NMAHP) directorates being identified as potential areas of support.

#### 5. **Current activity**

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

#### 6. **General updates**

##### 6.1 **NHS Lanarkshire - Monklands:**

NHS Lanarkshire has recently concluded a postal and telephone option scoring exercise, which commenced on 06 July 2020. The number of participants has been increased to ensure proportionality from geographic areas with approximately 178 people taking part in the scoring exercise with the indicative figures showing approximately 63% of participants being members of the public.

6.1.1 The feedback from this exercise is currently being analysed, with the highest scoring option yet to be communicated. A two week public engagement exercise, including a telephone survey, four focus groups and patient engagement is planned to be undertaken in September 2020.

##### 6.2 **NHS Ayrshire and Arran – Review of Chemotherapy services:**

*Healthcare Improvement Scotland – Community Engagement* confirmed its view in May 2020 that this proposal met the threshold for major service change. We have since met with the Director of Nursing to discuss how this work may be taken forward with consideration to be given by the Board to the scope of the consultation, building on feedback from engagement (Jan-Mar; over 670 responses) and timeframes.

#### 7. **Developing Practice**

7.1 **Online workshops** – The team are currently developing three online workshop sessions:

1. Involving People in Option Appraisal
2. Planning engagement in service change
3. Duties and Principles for Public Involvement in service change

7.1.1 The sessions will initially be trialled internally within the directorate during September and reviewed before offering to external colleagues.

7.2 **Animations to support practice** – The fourth animation to support engagement practice titled "[Effective Engagement: the key to restarting engagement when considering changes to services](#)" was published on 22 July 2020.



## 8 Recommendation

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

## 9 List of appendices

The following appendices are included with this report:

- Appendix one, Directorate Management Team Service Change Update, August 2020

Daniel Connelly  
Service Change Manager  
August 2020

## Appendix one: Service Change Update, August 2020

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

*Healthcare Improvement Scotland – Community Engagement* confirmed its view in May 2020 that this proposal met the threshold for major service change. We have since met with the Director of Nursing to discuss how this work may be taken forward with consideration to be given by the Board to the scope of the consultation, building on feedback (Jan-Mar; over 670 responses) from engagement and timeframes.

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

The unit is currently providing Midwife led care with women traveling to Aberdeen Maternity Hospital for obstetric and caesarean deliveries. The interim model has been under ongoing review with an initial plan suggesting that the Consultant led unit was to be reinstated in Spring 2020. It was announced earlier this year that this was not happening due to safety review (undertaken) by NHS Grampian suggesting safety issues related to staffing. A refreshed action plan looking at the short, medium and long-term challenges was due to be presented to the Cabinet Secretary at the end of March.

Media and social media comments suggest that the local action group feel that the service will be downgraded to a Community Midwife Unit which needs to be clarified before any further engagement.

We asked NHS Grampian to consider any gaps in representation (as it appeared to be restricted to the current representatives on their Women and Children's service review group) and to discuss their approach with us as we may need to quality assure the process.

- **NHS Lanarkshire – Monklands Replacement Project**

NHS Lanarkshire has recently concluded a postal and telephone option scoring exercise, which commenced on 6<sup>th</sup> July. The number of participants has been increased to ensure proportionality from geographic areas with a total of 178 people taking part in the scoring exercise (113 members of the public and 65 staff).

The feedback from this exercise is currently being analysed, with the highest scoring option yet to be communicated. A two week public engagement exercise, including a telephone survey, four focus groups and patient engagement is planned to be undertaken in September 2020.

### **NHS Lothian – Cancer Treatment Centre**

Proposals involve the development of a purpose built centre that will provide a one stop shop for current cancer services delivered from the Western General Hospital Site, to the patients of the South East Scotland Cancer Network including Lothian, Fife and Borders.

The proposal relate solely to the services delivered on the Western General Site and does not involve a reduction or withdrawal of existing services, including emergency and unscheduled care services. Models relating to outreach services and how these may be provided in the future (for example care closer to home or one-stop clinics), are out with the scope of this proposal and will be considered separately as the business case process progresses.

NHS Lothian requested our view on major service change status which was discussed at the last committee sub-group meeting. On reviewing the information, it was our view that the current proposals would not meet the threshold for major change.

A letter containing our view and recommendations to inform the next phase in the development is currently being drafted for NHS Lothian.

- **NHS Tayside – Integrated Clinical Strategy ‘Transforming Tayside’**

The final proposals for Orthopaedic Surgical services was due to be submitted to the Scottish Government in February. The Shaping Urgent and Emergency Care Services review has been paused to take account of the recommendations of the national work being undertaken on developing a national model for emergency care and learning from COVID-19.

- **NHS Tayside- Mental Health and Learning Disability Services**

*Listen. Learn. Change*, NHS Tayside’s action plan for mental health services in was submitted to the Scottish Government on 31 July 2020. Engagement workshops are underway with key stakeholders to develop the board strategy which should be published in draft by the end of the year. HIS-CE have been asked to participate in the Communication and Engagement group with the first meeting taking place on 26 August. We will seek clarity on how the review of services fits with the timelines for the strategy.

<b>NHS Board</b>	
National Waiting Times Centre	<i>Ophthalmology Review, Orthopaedics Review</i>
NHS Borders	<i>Clinical Service 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>
Scottish Ambulance Service	<i>Strategy Development Framework 2021-2030</i>
<b>Integration Authority</b>	
Argyll & Bute Health and Social Care Partnership	<i>Cowal hub services, Lorn &amp; Iona Medical Unit Redesign, Mull and Iona Services Review</i>
North Ayrshire Health and Social Care Partnership	<i>Arran Integrated Island Services</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  
**August 2020**