

**Scottish Health Council Committee Draft
Agenda V1.1**

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

Date: 27/05/2021
Time: 10.00 – 12.30
Venue: MS Teams

Susan Ferguson

Contact: 07866 130791

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

Item	Time	Agenda item	Lead Officer	Report
1.		OPENING BUSINESS		
1.1	10.00	Welcome, Introduction and apologies	Chair	
1.2	10.10	Draft minutes of Meeting (25/02/2021)	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	Verbal
2.		SETTING THE DIRECTION		
2.1	10.30	Quality Framework for Community Engagement	Head of Engagement & Equalities Policy	Paper
2.2	10.40	Engagement Programmes	Head of Engagement Programmes	Presentation
2.3	10:50	Engaging People in the work of HIS	Head of Engagement & Equalities Policy	Verbal
3.		COMMITTEE GOVERNANCE		
3.1	11.00	Risk Register	Director	Paper
3.2	11.10	Risk Management- Deep Dive Service Change	Service Change Manager	Paper
3.3	11.25	Service Change: Briefing Public engagement in service change in response to COVID 19 and regional planning	Service Change Manager	Paper

3.4	11.45	Remobilisation and Operational Plan Progress Report	Head of Engagement Programmes	Paper
3.5	11:55	Operational Plan 2021/22	Head of Engagement Programmes	Paper
3.6	12.05	Governance for Engagement Sub-Committee minutes (11/02/2021)	Head of Engagement and Equalities Policy	Paper
4. RESERVED BUSINESS				
4.1	12.15	Service Change Sub Committee meeting minutes (02/02/2021)	Service Change Manager	Paper
5. ADDITIONAL ITEMS of GOVERNANCE				
5.1	12.20	Key Points	Chair	
6. CLOSING BUSINESS				
6.1	12.25	AOB	All	
6.2	12.30	Meeting Close		
7. DATE OF NEXT MEETING				
7.1		10 September 2021 10.00am - 12.30pm Held via MS Teams		

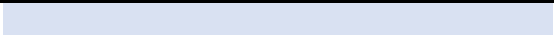
Register of Scottish Health Council Committee Attendance 2020- 2021

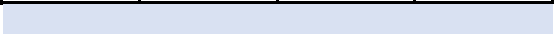
		27-May-21
Members		
Suzanne Dawson	Chair	√
John Glennie	Vice Chair	√
Christine Lester	Non-executive Director	√
Elizabeth Cuthbertson	Member	√
Alison Cox	Member	√
Emma Cooper	Member	√
Jamie Mallan	Member	x
Simon Bradstreet	Member	√
Dave Bertin	Member	√
In attendance		
Ruth Jays	Director of Community Engagement	√
Tony McGowan	Head of Engagement and Equalities Policy	√
Jane Davies	Head of Engagement Programmes	√
Daniel Connelly	Service Change Manager	√
Victoria Edmond	Senior Communications Officer	√
Lynsey Cleland	Director of QUAD	√
Susan Ferguson	Committee Secretary	√

Key: √ = attended; x = apologies; blank = not member/attende on this date; *=Development d



10-Jun-2021 *	10-Sep-21	17-Nov-21	25-Feb-22
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SHCC Draft MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 25 February 2021
Time: 10:00am-12:30pm
Venue: MS Teams

Present

Suzanne Dawson, Chair (SD)
Elizabeth Cuthbertson, Member (EC)
Dave Bertin, Member (DB)
Emma Cooper, Member (EmC)
Simon Bradstreet, Member (SB)
Alison Cox, Member (AC)
Jamie Mallan, Member (JM)
Christine Lester, Non-executive Director (CL) (10.00-11.00)

In Attendance

Lynsey Cleland, Director of Community Engagement (LC)
Daniel Connelly, Service Change Manager (DC) (Items 3.6 and 4.1)
Jane Davies, Head of Engagement Programmes (JD)
Victoria Edmond, Senior Communications Officer (VC)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)
Rosie Tyler-Greig, Equality and Diversity Advisor (RTG) (Item 3.5)

Apologies

John Glennie, Vice Chair

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	<p>The Chair ('SD') of the Scottish Health Council Committee ('the Committee') welcomed everyone to the meeting via MS Teams.</p> <p>Apologies were noted as above.</p> <p>At this point SD informed the Committee that :</p> <ul style="list-style-type: none"> • A screen break would take place around 11.20am, timings permitting. 	
1.2	Draft Minutes of Meeting	

	The draft minutes of the Committee meeting held on 05 November 2020 were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising	
1.3	Review of Action Point Register	
	<p>SD presented the Action point register to the Committee.</p> <p>After reviewing, the Committee noted that:</p> <ul style="list-style-type: none"> Item 2.6 (<i>Public Advisor to share Corporate Parenting learning module link with Committee</i>) would be provided for the next meeting, due to technical issues with the link. <p>The Committee noted the content of the Action point register and agreed there were no outstanding actions which would not be covered by the agenda.</p>	
1.4	Business Planning Schedule	
	<p>The Director of Community Engagement ('LC') advised that each of Healthcare Improvement Scotland's (<i>HIS</i>) governance committee's annual reports were being dealt with electronically this year and that a draft of the SHC report would be circulated to Committee members via email for comment.</p> <p>The Committee noted the Business Planning Schedule.</p>	
1.5	COVID-19 response	
	<p>LC provided a verbal update to the Committee and highlighted the following points:</p> <ol style="list-style-type: none"> The Executive Team ('ET') are undertaking formal reviews of the pandemic situation every six weeks to ensure that current work programmes are focussed on the areas that make the most impact. Within the Community Engagement Directorate's (<i>the Directorate</i>), the focus remains on prioritising the statutory functions, volunteering, Gathering Views, virtual visiting and Citizens' Panel work programmes to support the pandemic response. Although positive that the value of the Directorate's work during the pandemic is being recognised, there was a need to prioritise capacity planning to manage resources and meet increased requests from both internal and external stakeholders. With the continuation of lockdown during the 	

	<p>winter months, there has been an increased focus on staff health and wellbeing, with line managers providing assurance and support through regular 1:1s.</p> <p>5. Staff resilience has been commendable throughout, as colleagues continue to adapt to the changes required at this time.</p> <p>In response to the Committee's questions regarding other options of support provided to staff by HIS, the following reassurance was given to the Committee:</p> <ul style="list-style-type: none"> • Everyone Matters Pulse Survey was conducted throughout NHS last year and key findings are being considered at an organisational and directorate level. • There are confidential contacts who offer support to anyone within HIS. • There is also an Employee Assistance programme. <p>The Committee thanked the Director for the verbal update provided.</p>	
2.	SETTING THE DIRECTION	
2.1	Quality Framework for Community Engagement	
	<p>LC provided a verbal update to the Committee and highlighted the following points:</p> <ul style="list-style-type: none"> • majority of the feedback HIS and the Care Inspectorate provided on the new national guidance for community engagement has been incorporated into the draft document. Some outstanding concerns around the clarity of the service change engagement process were fed back to Scottish Government in December 2020. The new guidance is expected to be published in March 2021 and will be reviewed after a year. The Guidance document has gone forward to the Cabinet Secretary for approval. It is expected to be published in March and will be reviewed 12 months after publishing. • Due to the continued pressures of Covid on frontline services, the Quality Framework testing that was intended to start in the first quarter of 2021 has been paused. However, work is still continuing in the background with NHS Board Engagement Leads to refine the proposals and supporting narrative and testing will process as soon as it is appropriate to do so. <p>The Committee thanked LC for the verbal update provided.</p>	
2.2	Engaging People in the work of HIS	

	<p>The Head of Engagement and Equalities Policy (TMG) provided a verbal update to the Committee and highlighted the following points:</p> <ul style="list-style-type: none"> • Governance for Engagement – the second meeting of the Governance for Engagement Sub-Committee took place on 11 February 2021, with the Directorate taking part in the first supportive scrutiny session. The sub-committee were encouraged with the session and identified areas to improve the future scrutiny sessions, including the importance of the use of metrics/data. Recognition was given to the valuable contribution HIS Board members, Zoe Dunhill and Jackie Brock, made at the sub-committee meeting. • Developing Public Partner opportunities - work is ongoing to take forward the recommendations agreed by the Committee in November and the Engagement Programmes team is looking at ways both Public Partners and Volunteering can enhance engagement within the communities. • Engagement and Equalities practice – proposals to support more dynamic Equality Impact Assessments across the organisation are being developed and iHub colleagues are taking forward some complementary work around ethical considerations in service user research. Regular progress updates will be provided to the Committee. <p>The Committee welcomed the good progress that has been made in the work of engaging people in the work of HIS.</p>	
3.	Committee Governance	
3.1	Proposed Business Planning Schedule	
	<p>LC presented the proposed Business Planning Schedule 2021/22 to the Committee for approval. TMG clarified that under the heading <i>Strategic Business</i>, Quality Framework for Community Engagement would be split into elements that would involve both TMG and JD.</p> <p>The Committee approved the content of the Business Planning Schedule 2021/22.</p>	
3.2	Risk Register	
	<p>LC presented the latest report on risks assigned to the Directorate and advised that risk 963 had been closed with a new risk 1077 opened to reflect the current context. Also added was risk 1078 to capture the risk associated with engagement in service change proposals during the pandemic.</p>	

	The Committee noted the revised content of the Risk Register and thanked the LC for the update.	
3.3	Operational Plan Progress Report	
	<p>The Head of Engagement Programmes (JD) presented the Committee with an update on the Directorate's progress on the work outlined in the Operational and Remobilisation Plans for 2020/21 and highlighted the following points:</p> <ul style="list-style-type: none"> • A remarkable amount of work had been achieved during this time considering the challenges of balancing work with caring responsibilities, home schooling and staff health and wellbeing. • There have been considerable opportunities for learning from working collaboratively with colleagues across HIS and health and social care. • Colleagues have gained significant learning in adapting to new ways of working and using traditional methods and new technologies to engage with people and communities. <p>The Committee discussed the content and formatting of the report with the majority agreeing the current format worked well.</p> <p>The Committee noted the content of the Operational Plan progress report.</p>	
3.4	Draft Directorate Operational Plan	
	<p>JD presented the draft Directorate Operational Plan (<i>'the Operational Plan'</i>) to the Committee and noted that the plan was for discussion at this stage as the organisation's remobilisation plan was still awaiting Board approval. The approved plan will be presented at the next Scottish Health Council Committee meeting on 27 May 2021.</p> <p>The draft Operational Plan sets out the range of work the Directorate plan to undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas. Incorporated into the plan is the consideration of any challenges that may still be present during 2021/22, and the Directorate will remain ready to pause and refocus any work programmes to ensure they respond to the needs of frontline health.</p> <p>After discussion on the content and the level of detail provided, the Committee provided the following feedback:</p> <ul style="list-style-type: none"> • Good draft Plan and evident that a lot of work 	

	<p>has been put into it. However, it would benefit from providing more specific detail around outcomes and impact of the work of the Directorate.</p> <ul style="list-style-type: none"> • Questions on how the thematic approach will work in the absence of a performance measure. • Desire to see a performance framework to help the Committee gain assurance. <p>JD assured the Committee that the use of the LEAP model work being undertaken would provide this detail and could be shared with Committee if required.</p> <p>LC thanked Committee for their feedback and advised that further work on the draft plan would incorporate the points raised, with inclusion of more specific information on metrics and targets.</p> <p>SD asked the Committee to forward any further points regarding the Operation Plan directly to JD.</p> <p>The Committee noted the content of the draft Directorate Operational plan</p>	
3.5	Equality Mainstreaming Report	
	<p>LC, and the Equality and Diversity Advisor (RTG) provided the Committee with a paper on the Equality Mainstreaming Report for discussion prior to consideration by the Board. The following points were highlighted to the Committee:</p> <ul style="list-style-type: none"> • The Equality Act 2010 requires Healthcare Improvement Scotland to publish, by 31 March 2021, equality outcomes we intend to achieve over the period April 2021 to April 2025, and to report on the progress we have made against the equality outcomes we set for April 2017 to April 2021. • The report is published every four years with mid-way reporting which took place in March 2019. • Scottish Government has highlighted that it is important that equality is at the heart of renewal and recovery work following the pandemic. • The equality outcomes are: <ul style="list-style-type: none"> - greater diversity of people within HIS - mentally healthy and resilient workforce - race (BAME communities actively involved in our work) - disabled people better informed and influence the development, design and delivery of our work. <p>SD thanked RTG for all the work that has gone into this report and recognised the dual role of the Scottish Health Council and Staff Governance Committees in considering in content.</p>	

	<p>The Committee welcomed the evolution of the report and the increased measures it contained compared to previous reports. The following feedback and suggestions were proposed to further strengthen the report:</p> <ul style="list-style-type: none"> • A unified approach to the impact assessments that covers the range of legislative duties the organisation has would be a welcomed step forward. • It would be helpful to understand how the data provided on the organisation's current workforce profile in terms of protected characteristics compares with other NHS Boards. • There is a degree of inconsistency in how mainstreaming examples are presented within the report which would benefit for further consideration. • Tangible examples of EQIAs being undertaken are provided but the impact of EQIAs on work programmes also needs to be reported. • For the draft outcome on mental health and wellbeing, further consideration needs to be given to the intersection between the protected characteristics and mental health outcomes. • Reference needs to be made to the organisation's public sector accessibility duty and the provision of information in alternative formats. • The report needs a balance of measures, both qualitative/quantitative, to assess the organisation's progress with its equality outcomes. <p>In response to the feedback on the report, LC, TMG and RTG thanked the Committee for their valued comments and noted that TMG and RTG would ensure that these are incorporated into the next draft of the document.</p> <p>The Committee extended their thanks to RTG for the fantastic work that had gone into the preparation of the report.</p>	<p>TMG/RTG to incorporate valid comments into redraft of Report.</p>
<p>3.6</p>	<p>Service Change Briefing</p>	
	<p>DC provided the Committee with an update on the service change activity within the Directorate and highlighted the following key areas:</p> <ul style="list-style-type: none"> • A practitioner network event took place on 12 January 2021 with around 20 engagement leads from across NHS Boards and Health and Social Care Partnerships to discuss the new national guidance and the Quality Framework for Community Engagement. 	

	<ul style="list-style-type: none"> NHS Lanarkshire – at its Board meeting on 16 December, NHS Lanarkshire confirmed that its preferred location for the new University Hospital Monklands is Wester Moffat. This was approved by the Cabinet Secretary for Health and Sport on 29 January 2021, who referenced assurances received from Healthcare Improvement Scotland and the Monklands Oversight Board in informing the decision. Developing Practice Online workshops – following a series of internal workshops, the format was being assessed and reviewed with a view to rolling out to external colleagues. <p>The Committee noted the service change update.</p>	
3.7	Governance for Engagement Sub-Committee minutes	
	<p>TMG presented the Governance for Engagement Sub-Committee minutes from the meeting held on 11 January 2021.</p> <p>The Committee noted the meeting minutes.</p>	
4.	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>DC presented the Service Change Sub-Committee meeting minutes from the meeting held on 22 October 2020.</p> <p>The Committee noted the meeting minutes.</p>	
5.	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ul style="list-style-type: none"> Equality Mainstreaming Report Quality Framework for Community Engagement and Guidance Governance for Engagement Sub-Committee 	
6.	CLOSING BUSINESS	
6.1	AOB	
	No other items of business were discussed.	
7.	DATE of NEXT MEETING	
	The next Scottish Health Council meeting will be held on 27 May 2021 10am-12.30pm via MS Teams.	
	<p>Name of person presiding: Signature of person presiding: Date:</p>	

ACTION POINT REGISTER

Meeting: Scottish Health Council Committee

Date: 25 February 2021

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 25/11/2020 2.6	Corporate Parenting Action plan	Public Involvement Advisor to share link to Corporate Parenting learning module.	27/05/2021	SF/GM	Completed
Committee meeting 25/02/2021 3.5	Equality Mainstream Report	In response to the Committee feedback, TMG and RTG to incorporate the Committees comments into the redraft of the Report/	27/05/2021	TMG/RTG	Completed

**Scottish Health Council Committee
Business Planning Schedule**

Committee Business	Lead officer	2021-2022			
		27/05/2021	10/09/2021	11/11/2021	17/02/2022
Strategic Business					
Quality Framework for Community Engagement	Head of Engagement and Equality Policy				
Volunteering in NHS Scotland	Programme Manager Volunteering				
Citizens Panel	Head of Engagement and Equality Policy				
Engaging People in the work of HIS	Head of Engagement and Equality Policy				
Committee Governance					
Draft Annual Report 2020/21	Chair				*
Draft Annual Report 2021/22 & Committee Terms of Reference	Chair				
Proposed Business Planning Schedule 2022/23	Director				
Risk Register	Director				
Remobilisation & Operational Plan Progress Report	Director				
Service Change Briefing	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				
Community Engagement Directorate Updates					
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy				
Service Change sub- committee meeting notes	Service Change Manager				
Closing Business					
3 Key Points	Chair				
AOB					

*Due to Covid- Electronic copy of Annual Report was distributed to SHCC for review and comment

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Quality Framework for Community Engagement and Participation Update
Agenda item:	2.1
Responsible Executive/Non-Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Daniel Connelly, Service Change Manager

1. Purpose

This is presented to the Scottish Health Council Committee for:

- Information

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following HIS priorities(s):

- Access to care
- Safe, reliable and sustainable care

2. Report summary

- 2.1.1 National guidance, [Planning with People](#), was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care.
- 2.1.2 The Quality Framework for Community Engagement and Participation ('the Quality Framework') supports the principles contained within the guidance, and the practical application of this within NHS Boards and Integration Joint Boards.
- 2.1.3 It will support organisations to carry out effective community engagement and demonstrate how they are meeting their statutory responsibilities to engage and used as a tool to support improvement. In addition the Quality Framework will provide opportunities to develop practice and share learning.

2.1.4 Healthcare Improvement Scotland – Community Engagement has made positive progress in the development of the Quality Framework for Community Engagement and Participation over the last two months. Progress will be presented and discussed at the next Quality Framework Advisory Group meeting on 26 May 2021.

2.2 Progress

2.2.1 The focus of activity over the last two months has been to develop framework in line with its key objectives to:

- Help to consider what ‘good engagement’ looks like and how this can be evaluated and demonstrated.
- Support internal governance by carrying out routine self-evaluation and reflection on quality across an organisation.
- Identify areas for improvement and actions within the organisation to improve practice.
- Support and assure engagement activity within organisations as well as identify and share good practice that others can learn from.

2.2.2 A series of self-evaluation statements have been developed from current policy and guidance to form a self-evaluation tool for organisations to understand how they deliver their engagement activity based on three domains of:

1. Undertaking Ongoing Community Engagement
2. Community Engagement on Service Planning and Design
3. Governance, Organisational Culture and Leadership.

2.3 Developing the approach

2.3.1 The approach to self-evaluation is becoming more readily used by organisations and sectors to inform quality assurance and quality improvement approaches. It is based on the respondents providing an honest reflection within their responses and provides opportunities to:

- Review what progress has been made and what development and learning has happened
- Provide assurance to the service providers, the Board and the public about the quality of engagement provided across the organisation
- Identify areas of good practice for sharing both internally and externally
- Highlight areas for improvement and levels of priority

2.3.2 The completion of the self-evaluation is the first stage in the journey to deliver and sustain high quality public involvement and community engagement activity. The stages set out in the approach are highlighted in the diagram below, and form a 12 month cycle.



- **Self-evaluation:** Once the report is compiled by the organisation (having been anonymised), Healthcare Improvement Scotland – Community Engagement analyse the collated feedback looking for the strengths and areas for improvement (AFIs). This informs the next steps, the Consensus and Improvement Planning Session(s).
- **Consensus session:** Healthcare Improvement Scotland – Community Engagement shares the collated feedback from the self-evaluation survey and results gathered. Strengths in performance are identified and areas for improvement are discussed and prioritised. Participants work in groups to filter down the areas for improvement, reaching consensus on a small number of key improvement actions.
- **Improvement Planning:** The second session focuses on Improvement planning. This session will aim to work with the findings from the earlier session to inform key areas of action and improvement. The participants should seek to identify around 5/6 areas for improvement focusing on.
- **Draft Improvement Plan:** The output of the review from staff through the consensus session and improvement planning is a draft improvement plan to identify the key areas for improvement identified.
- **Engagement Improvement Activity:** Work will be taken forward to develop the key areas within the improvement plan to develop practice and activity to support meaningful engagement within the organisation and to share practice and learning across organisations.

2.4 Informing development

- 2.4.1 Over the last few months work has progressed through the Directorate, and the Directorate Management Team, and externally with colleagues from NHS Boards and Integration Joint Boards.
- 2.4.2 **Internal activity:** The internal work is defining what Healthcare Improvement Scotland – Community Engagement’s role is in supporting the Quality Framework, and any associated areas of activity for NHS Boards and Integration Joint Boards to support improvement.
- 2.4.3 This may relate to awareness raising, sharing practice, developing methods and techniques or the development of capacity or capability within organisations to support the delivery of meaningful engagement.

- 2.4.4 Work has also been undertaken to align the development of the self-evaluation statements with Healthcare Improvement Scotland Governance for Engagement Sub-Committee, which provides assurance to the HIS Board on all directorates' 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.
- 2.4.5 **External activity:** The development of the Quality Framework for Community Engagement has been discussed with key stakeholders such as the NHS Boards' Chairs and Chief Executives' Group, COSLA's Health and Social Care Board and the IJB Chairs Group with positive support received for its development.
- 2.4.6 Engagement Practitioners across NHS Boards and Integration Joint Boards have also supported the development of this work, with a network session held in January to discuss the approaches and a small group to provide more active support and feedback to inform its development.
- 2.4.7 Over the last month, this group (10 individuals from across seven NHS Boards and Integration Joint Boards) have provided helpful feedback on the development of materials, with feedback being incorporated into the revised versions.

2.5 Next steps

- 2.5.1 Over the next month, the Engagement Practitioners will look to discuss how the process for delivering this framework approach may work to best meet the needs of the wide range of organisations that will use this.
- 2.5.2 The Quality Framework Advisory Group on 26 May 2021, will discuss the progress and seek views from members on what further development or testing is felt needed prior to considering roll out.

2.6.1 Quality/ Care

Drawing on expertise from across the organisation offers the opportunity to enhance the planning and delivery of proposals for change by focusing collectively on the quality dimensions of safe, effective and person-centred care.

2.6.2 Workforce

This offers the opportunity for cross organisational working, maximising the expertise held within Healthcare Improvement Scotland to support health and care services.

2.6.3 Financial

The considerations within this paper are set within the current resource provision.

2.6.4 Risk Assessment/Management

There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Joint Boards and NHS Boards. Publication of guidance by Scottish Government and COSLA in March mitigates this risk, and the development and publication of the Quality Framework will help further by stating Healthcare Improvement Scotland – Community Engagement's operating position.

2.6.5 Equality and Diversity, including health inequalities

The delivery of this work supports organisations meet their duties in relation to the Public Sector Equality Duty and the Fairer Scotland Duty. The delivery of the work and practice is supported through the Healthcare Improvement Scotland Equality and Diversity Officer to ensure Equality and Diversity considerations are fully considered.

The development of this work continues to be informed by the Equality and Diversity Officer, and was also presented at the national Equalities Leads Network in April 2021 to inform further development.

2.6.6 Other impacts

N/A

2.6.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

External Stakeholder Advisory Group – ‘The Quality Framework for Community Engagement Advisory Group’ supports the development of this work and has met on three occasions:

- 25 February 2020
- 26 October 2020
- 27 January 2021

2.6.8 Route to the Meeting

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

- Scottish Health Council Committee, August 2019
- Healthcare Improvement Scotland Board, September 2019
- Scottish Health Council Committee, November 2019
- Scottish Health Council Committee, November 2020
- Scottish Health Council Committee, February 2021

3 Recommendation

3.6.1 The Committee is asked to note the contents of the paper and proposed next steps for development.

Daniel Connelly
Service Change Manager
May 2021

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Risk Register
Agenda item:	3.1
Responsible Executive/Non-Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Ruth Jays, Director of Community Engagement

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.

Since the last Committee meeting, Risk 952 (in relation to volunteering information) has been closed.

Risk 1078, which was added following discussion at the Service Change Sub-Committee meeting on 2 February 2021 to capture the risk associated with engagement in service change proposals during the pandemic, will be the subject of a Deep Dive.

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	Risk Appetite	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 reputation risk to our role and purpose of the project.	Open	13/05/2021	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.	A draft final report has been agreed with Head of Service and CE Director and has been submitted to Scottish Government on 2 November. Meeting held with SG to review the draft and their comments have now been received and are under consideration with a view to developing an agreeable final report. Further discussions with SG have agreed a planned publication date of 20 May. SG will publish a response to the recommendations in the report shortly after our publication.	Medium - 9 Impact - 3 Likelihood - 3
Reputational / Credibility	Community Engagement directorate wide risk	1061	Lynsey Cleland	There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning. This results in a lack of clarity on the engagement process to be followed and subsequently Healthcare Improvement Scotland's role.	Open	14/05/2021	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 29 April 2021. HIS Community Engagement continues discuss this work with Scottish Government and is participating in the development of revised national guidance for engagement across health and social care. Work is also underway with the Care Inspectorate to develop a quality framework to support and assure meaningful community engagement across health and social care services.	Discussions have taken place with Scottish Government on next steps and what further developments are required over the 12 month testing phase, and how we support organisations with the implementation of guidance. The development of the Quality Framework will support in articulating the organisations operating position. The next meeting of the Advisory Group is scheduled for 26 May 2021.	High - 15 Impact - 5 Likelihood - 3
Operational	Community Engagement directorate wide risk	1077	Lynsey Cleland	There is an operational risk to HIS – Community Engagement as a result of the "soft launch" of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Open	01/04/2021	<ul style="list-style-type: none"> Directorate communications strategy to refocus on stakeholder recognition and understanding. Design, delivery, on-going management and evaluation via Directorate communications operational and steering groups. 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. 	<p>The directorate has operated as HIS – Community Engagement since April 2020, and has a core narrative and well-developed website to support its branding and communication efforts.</p> <p>These are supported by communications operational and steering groups comprised of colleagues from all levels within the directorate.</p> <p>The original launch ideas pre-dating the onset of the pandemic will be revisited by the groups to determine their appropriateness as part of the communications refocus work.</p>	<p>A further refocus on the branding piece with stakeholders is necessary given the limitations of the "soft launch" in April 2020.</p> <p>Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic.</p> <p>The communications operational and steering groups will progress the refocus work during 2021 with regular reporting as set out within the Controls section.</p>	Medium - 8 Impact - 4 Likelihood - 2
Operational	Service Change	1078	Lynsey Cleland	There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement.	Open	14/05/2021	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 Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and next meets on 29 April 2021.	A briefing note, and guidance was produced and circulated in summer 2020 by Healthcare Improvement Scotland – Community Engagement outlining expectations for engagement on service changes arising from the pandemic. The emergence of the second wave has further impacted remobilisation plans and associated engagement activity. A revised position on supporting changes was discussed at the Scottish Health Council Service Change Sub-Committee on 29 April 2021. The Sub-Committee requested that this was an agenda item for the forthcoming committee meeting on 27 May, where it will be considered further.	Very High - 20 Impact - 5 Likelihood - 4

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Risk Management Deep Dive- Service Change
Agenda item:	3.2
Responsible Executive/Non-Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Ruth Jays, Director of Community Engagement

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

- Access to care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

It was agreed by the HIS Audit and Risk Committee that each governance committee would carry out a deep dive of one particular risk on their register. The chair and director of Healthcare Improvement Scotland – Community Engagement agreed that the deep dive should focus on our highest risk, which is around service change. Detail around the risk is outlined in the paper on public engagement in service change in response to COVID 19 and regional planning.

2.2 Background

There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement. A briefing note and guidance was produced and circulated in Summer 2020 by HIS-Community Engagement outlining expectations for engagement on service changes arising from the pandemic. Discussion on this has also taken place with Board Chairs and Chief Executives.

2.3 Assessment

As outlined in the paper on public engagement in service change in response to COVID 19 and regional planning (see agenda item 3.3), many proposals and changes emerging in response to COVID-19 and through regional planning (for example chemotherapy services, orthopaedics and vascular services) may be limited in potential service delivery options due to clinical, workforce or financial considerations. As Healthcare Improvement Scotland – Community Engagement does not comment on clinical or financial factors, the directorate's input to advising on meaningful engagement can be restricted in such cases.

These situations are expected to rise in the coming year through the remobilisation efforts of organisations. It is therefore of importance to consider how Healthcare Improvement Scotland – Community Engagement delivers its statutory functions in such cases to support both the organisations in moving forward, and in supporting meaningful engagement to inform developments and decision making.

2.3.1 Quality/ Care

There is potential for negative impact on quality of care if the appropriate level of community engagement has not been carried out.

2.3.2 Workforce

There is potential for this situation to impact negatively on staff in the service change team, if they are faced with a backlog of requests from territorial boards.

2.3.3 Financial

There is no specific financial impact.

2.3.4 Risk Assessment/Management

Risks are detailed on the organisational risk register, and include detail on mitigations and planned actions.

2.3.5 Equality and Diversity, including health inequalities

The delivery of this work supports organisations meet duties in relation to the Public Sector Equality Duty and the Fairer Scotland Duty. The delivery of the work and practice is supported through the Healthcare Improvement Scotland Equality and Diversity Officer to ensure Equality and Diversity considerations are fully considered.

Impact Assessments are required for all work areas undertaken.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- Service Change Sub-Committee 29 April 2021

2.4 Recommendation

- Discussion

3. List of appendices

The following appendices are included with this report:

- Appendix 1, Suggested Questions for Governance Committee

Appendix One

Subsequent Questions for the Governance Committee:

- Is the risk and its potential impact on business clearly understood?
- Are the mitigation, controls and planned actions adequate to manage the risk? Do you need to commission further actions?
- Is the level of risk acceptable both now and in the future after all mitigations and controls are in place? If not, what action will you take?
- Does the risk have corporate impact so for the Strategic Risk Register or is its potential impact more limited and hence for the Operational Risk Register?
- Are there any opportunities that could be exploited?
- Overall, do you feel assured that the risk is being managed?

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Public engagement in service change in response to COVID 19 and regional planning
Agenda item:	3.3
Responsible Executive/Non-Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Daniel Connelly, Service Change Manager

1 Purpose

This is presented to the Scottish Health Council Committee for:

- Decision

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following HIS priorities(s):

- Access to care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

- 2.1.1 *Healthcare Improvement Scotland – Community Engagement* has a statutory role across NHS Boards and Health and Social Care Partnerships to support, ensure and monitor patient focus and public involvement activities relating to health services. It has a role to support engagement in changes to the way services are accessed or delivered, and a quality assurance role for changes deemed to be major service change.
- 2.1.2 Many proposals and changes emerging in response to COVID-19 and through regional planning (for example chemotherapy services, orthopaedics and vascular services) may be limited in potential service delivery options due to clinical, workforce or financial considerations. As *Healthcare Improvement Scotland – Community Engagement* does not comment on clinical or financial factors, the directorate's input to advising on meaningful engagement can be restricted in such cases.

2.1.3 These situations are expected to rise in the coming year through the remobilisation efforts of organisations. It is therefore of importance to consider how *Healthcare Improvement Scotland – Community Engagement* delivers its statutory functions in such cases to support both the organisations in moving forward, and in supporting meaningful engagement to inform developments and decision making.

2.2 Background

2.2.1 In June 2020, *Healthcare Improvement Scotland – Community Engagement* provided a briefing note to NHS Board Chief Executives and Health and Social Care Partnership Chief Officers on Engagement and Participation in service change and redesign in response to COVID-19. This set out an understanding of the situation where changes were required at short notice, but also detailing the importance of engagement and the statutory duty to do so. 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.

2.2.2 Experience and evidence suggests that service change proposals stand the best chance of success if engagement with the public begins at an early stage and is – and can be demonstrated to be – thorough and meaningful.

2.2.4 NHS Boards have a duty to involve people throughout the entire redesign or transformational change process, including involvement in the planning stages and development and appraisal of options. This can be looked at in three phases:

- Early engagement on the need for change
- Engagement on the development of models
- Engagement and consultation on service specific change proposals.

2.2.5 Early engagement provides an opportunity to engage meaningfully with a wide range of people on service experiences such as a pathway of care, and to move beyond consideration of the sustainability or otherwise, of particular services to a discussion of the whole system.

2.2.6 In August 2020, the challenges emerging with regional changes was presented to the Healthcare Improvement Scotland Executive Team to explore a potential cross-organisational approach. This sought to make best use of the skills and expertise across HIS when potential service delivery options are perceived to be limited due to clinical, workforce or financial considerations. Cross-organisational input was subsequently sought on a specific regional change proposal, but further development in this area would be beneficial moving forward.

2.3 Assessment

2.3.1 Many of the interim arrangements that NHS Boards and Health and Social Care Partnerships were compelled to put in place in response to the COVID-19 pandemic have now been in place for approximately 12 months.

2.3.2 The context and scope for people to influence proposals through their involvement may be reduced the longer the interim changes are in place. However, delivering services on an interim basis presents an opportunity for service user feedback and a greater understanding of the potential benefits and any potential adverse impacts for those that rely on the services.

2.3.3 Over the past five years, regional and national planning groups have identified and progressed plans for areas of collaboration for the delivery on a more regional basis, and often across traditional territorial board boundaries. This builds on [The National Clinical Strategy for Scotland](#) which sets out “proposals for how clinical services need to change in order to provide sustainable health and social care services fit for the future”.

- 2.3.4 The new national guidance '[Planning with People](#)' applies to 'local, regional and national planners.'
- 2.3.5 Where an NHS Board or Health and Social Care Partnership is of the view there is a limited number of viable options to progress, there may be a perception that an information and communication exercise will suffice rather than active meaningful engagement to inform planning and delivery of proposals.
- 2.3.6 This approach would be challenged to demonstrate that engagement informs decision-making and would fail to meet statutory requirements, with this emphasised in the guidance through the description that "In all cases, the decision-making process must be transparent and clearly demonstrate that the views of communities have been taken into account".
- 2.3.7 There is therefore a need to review the advice *Healthcare Improvement Scotland - Community Engagement* issued in summer 2020 to take account of the new national guidance and effectively support meaningful engagement in local, regional and national service change considerations arising from remobilisation and renewal plans.

2.4 Quality/ Care

Drawing on expertise from across the organisation offers provides the opportunity to enhance the planning and delivery of proposals for change by focusing collectively on the quality dimensions of safe, effective and person-centred care.

2.4.1 Workforce

This offers the opportunity for cross organisational working, maximising the expertise held within Healthcare Improvement Scotland to support health and care services.

2.4.2 Financial

The considerations within this paper are set within the current resource provision.

2.4.3 Risk Assessment/Management

There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement. Governance is provided by The Scottish Health Council Service Change Sub-Committee.

2.4.4 Equality and Diversity, including health inequalities

The delivery of this work supports organisations meet duties in relation to the Public Sector Equality Duty and the Fairer Scotland Duty. The delivery of the work and practice is supported through the Healthcare Improvement Scotland Equality and Diversity Officer to ensure Equality and Diversity considerations are fully considered.

Impact Assessments are required for all work areas.

2.4.5 Other impacts

N/A

2.4.6 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

- Service Change Public Partners, 11 December 2020
- Service Change Public Partners, 12 March 2021

2.4.7 Route to the Meeting

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

- Healthcare Improvement Scotland - Executive Team, August 2020
- Scottish Health Council Service Change Sub-Committee, April 2021

3. Recommendation

The Committee is asked to:

- Support the review and revision of the briefing note and guidance information issued in June 2020 to coincide with remobilisation and renewal planning and emphasise duties and expectations for engagement in this context.
- Support through discussions with the Scottish Government, Regional and National Planning Groups and NHS Boards a process for changes developed through regional or national planning, or in response to COVID-19, where there may be a perceived limited scope of influence and options for delivery.
- Consider how Healthcare Improvement Scotland may collectively support NHS Boards and Health and Social Care Partnerships in reviewing the evidence submitted on the drivers for change (for example sustainability, clinical factors).
- Support this item moving forward for consideration by Healthcare Improvement Scotland's Board to develop an organisational response in relation to how the directorate operates in these circumstances to support the delivery of meaningful engagement.

Daniel Connelly
Service Change Manager
May 2021

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Remobilisation and Operational Plan 20-21: Progress Update
Agenda item:	3.4
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Jane Davies, Head of Engagement Programmes

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 update on the Directorate's progress with our work outlined in the Operational and Remobilisation Plans for 2020/21 and carried out during quarter 4 of 2020/21. The Committee is asked to discuss the contents of the paper.

2.2 Background

Since mid-March 2020 we have been facing the challenges of the global pandemic and all the restrictions that come with it. Our staff have been working at home since then and, for the most part, have adapted well to this position. Our main priority remains the health and wellbeing of our staff

Whilst some of our work had been paused or refocused in the early lockdown most of our programmes of work are back up and running again and a considerable effort has been made by all staff to continue to respond to requests locally, regionally and nationally.

There have been a significant number of requests to the Directorate and the wider organisation from Scottish Government, NHS Boards, Integration Authorities and third sector organisations to deliver programmes of work or to work in collaboration with them to undertake large-scale national engagement projects.

2.3 Assessment

The global pandemic has presented both challenges and opportunities for staff and the directorate as a whole. The challenges remain to be in relation to balancing caring responsibilities, home-schooling and work priorities whilst still focusing on health and wellbeing of staff. There has been considerable opportunities for learning from and collaborating with others colleagues across the organisation and health and social care more generally.

We have gained significant learning in adapting to new ways of working and using traditional methods and new technologies to engage with people and communities as well as staff working across health and care.

We continue to deliver a broad range of high quality programmes of work and our staff are to be commended on their commitment and dedication to their work as well as their enthusiasm and willingness to respond to whatever is asked of them.

Given all of the challenges we have faced, we have delivered all of the work outlined in our Remobilisation Plan for 2020/21 which was developed in line with requests from Scottish Government and takes account of restrictions on activities and current position of working from home.

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 that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services.

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.

Additional funding was received from Scottish Government to support the Person-centred Virtual Visiting programme. This was announced by the Cabinet Secretary for Health and Sport on 19 March 2021.

2.3.4 Risk Assessment/Management

Strategic and operational risks associated with or work programmes and workforce are recorded and reviewed on a regular basis.

An additional risk has been added to Healthcare Improvement Scotland's risk register in relation to the impact of the covid-19 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. We have undertaken a number of equality impact assessments in relation to projects being delivered during the global pandemic and are able to demonstrate the impact of these through our work.

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 are 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

Item 3.4

Scottish Health Council Committee

Remobilisation and Operational Plan 20-21 – Progress Update May 2021

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 20- 21 Operational Plan have been scaled back, refocused or paused in order to ensure we had the capacity to meet other demands.

However, we have been able to get back to more ‘business as usual’ working to 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. We have also been working closely with partners in the third sector to engage with people and communities in relation to their experiences during the pandemic.

Achievements

Outlined in the tables below are an update of the work the directorate has undertaken from January – March 2021. 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.

During this period we have undertaken a significant amount of work and began to engage more with key stakeholders, NHS boards and Health and Social Care Partnerships as pressures on the system ease and attention is turning to remobilisation.

Directorate Team Work Programmes

Volunteering in NHSScotland Team

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
<p>Support SG with:</p> <ul style="list-style-type: none"> • Advice & support for NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. • Guidance to NHS Boards on the stepping down of volunteering. • 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. • 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. • Engage and advise Scottish Government on the application of the Scotland Cares Campaign. • Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation. 	<ul style="list-style-type: none"> • NHS Boards offer person-centred opportunities to volunteer in health and social care • NHS Boards are better able to manage their volunteering programmes • NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation • Volunteer management staff gain access to practice and development opportunities • Board and staff gain better awareness of the impact of volunteering • Scottish Government gain confidence that the National volunteering outcome framework is being used and NHS boards follow policy • Demonstrate that volunteering is embedded in our thematic work programmes 	<p>Volunteer Information System (CRM for volunteer managers): An options paper for upgrading the Volunteering Information System will be sent to SG next week for consideration.</p> <p>COVID-19 clinics: We have worked closely with Scottish Government and British Red Cross to develop a National Volunteering Hub. The Hub, led by British Red Cross, has access to over 27,000 volunteers from their own and other third sector organisations, who are available to support the COVID-19 vaccination clinics. Discussions started in January and the Hub was established in early February. In the period from 6 – 14 February they deployed 181 volunteers across Ayrshire to help with the vaccination programme. This helped delivered over 46,000 vaccination appointments across 7 different locations within this 9 day period. We developed guidance for non-volunteering management staff in vaccination centres as well as a FAQ for NHS boards to support this partnership working. Discussions are currently underway with regards evaluation of this input from volunteers. NHS Lanarkshire are about to launch a recruitment drive for volunteers to support their vaccination clinics and will trial the new on-line application form as part of this process if it is ready in time.</p> <p>Flu Clinic evaluation: The evaluation of the Flu Clinic project was published in February 2021. It can be accessed here: https://www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/guidance-and-publications/impact-of-volunteer-involvement-in-flu-vaccination-clinics/</p> <p>Online application form: We have developed an online application form for those interested in volunteering to use and this information would be fed into the national Volunteer Management System.</p> <p>This application form was piloted by NHS Lanarkshire who were recruiting volunteers for their COVID vaccination clinics. Evaluation of this online form was extremely positive and had a significant impact on the administrative time required for input and also improving the accuracy of information held within the records. NHS Lanarkshire received 149 applications for their COVID vaccination clinics. One improvement that has been identified from the evaluation is the addition of a drop down menu for people wishing to apply for more than one role, this will save duplication of application forms and further reduce administrative burden for NHS boards. We are currently working with Information Governance colleagues to ensure paperwork is up-to-date and further plans to pilot in another NHS board are underway with further roll out across NHSScotland in due course.</p>

		<p>Volunteer Managers Network: We hosted the first virtual bi-monthly meeting of the Network in February. This enabled us to share information around our work within the programme and also here about some of the challenges that NHS boards may face when opening up volunteering again. We will continue to support NHS boards as remobilisation of volunteering continues. The National Group for Volunteering supported by our programme will be looking at new guidance for NHS boards to be published in line with easing of nationwide restrictions.</p>
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Service Change Team		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services. • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice. 	<ul style="list-style-type: none"> • NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role • Scottish Government gain assurance that engagement practice is in line with guidance • People and communities receive opportunities for involvement to support meaningful engagement • Demonstrable improvements in service change activity across our four thematic work programmes 	<p>Workshops and Events: 9 online workshops delivered both for internal Community Engagement staff and for practitioners from NHS Boards. Topics covered were:</p> <ol style="list-style-type: none"> 1. Involving People in Option Appraisal 2. Planning engagement in service change 3. Duties and Principles for Public Involvement in service change <p>These have evaluated well and we continue to refine the content to ensure it is fit for purpose. We are currently exploring how we can jointly deliver these sessions with Engagement Officers for practitioners across NHSScotland.</p> <p>A Practitioner Network event was held in January 2021 with around 20 Engagement leads from across NHS boards and Health and Social Care Partnerships. Scottish Government and COSLA also provided input to this event. Key themes and workshop discussions were on the emerging national guidance and the Quality Framework for Engagement.</p> <p>National Guidance: Scottish Government and COSLA published the revised guidance Community Engagement and Participation Guidance for Health and Social Care; Planning with People in March 2021. The document provides reference to both <i>Healthcare Improvement Scotland – Community Engagement’s role</i> and the Quality Framework for Community Engagement.</p> <p>Working with NHS Boards and Partnerships: Involvement with 17 NHS Boards and Health and Social Care Partnerships on 22 changes.</p> <p>Major Service Change: On 29 January 2021, the Cabinet Secretary for Health and Sport approved NHS Lanarkshire’s recommendation to build the new University Hospital Monklands on the Wester Moffat site. The next stage of the Monklands Replacement Project (MRP) will be the outline business case before construction of the hospital can begin. NHS Lanarkshire has confirmed that there will be further consultation with local people and communities through the planning process.</p> <p>Information relating to NHS Lanarkshire’s board discussion is provided on their webpage and includes <i>Healthcare Improvement Scotland – Community Engagement’s</i> assessment report.</p> <p>Service redesign & change: The final version of the HIS offer around service redesign and change was shared with Scottish Government colleagues for comment. This remains a work in progress and will be shared with the Committee members in due course. This includes a set of shared core principles that underpins our approach, key examples of previous work and also the expertise, skills and knowledge available across HIS to support service redesign and service change.</p> <p>Animation - The 5th in the series of animations to support effective engagement in service change, ‘Overcoming barriers to engagement’ was published in March.</p>

Community Engagement Programmes		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Ensure that people are fully involved in decisions about health and care services by: <ul style="list-style-type: none"> ➤ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered ➤ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities ➤ enhancing care experience through provision of support and training to staff to engage with patients and families ➤ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities ➤ informing national policy through gathering views on relevant services from patients, service users, carers and communities ➤ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified 	<ul style="list-style-type: none"> • Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland • People and communities are enabled and supported to engage with their general practices and other primary care providers • General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients. • Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement. 	<p>Engaging with NHS Boards and Health and Social Care Partnerships: As remobilisation began across NHS boards and HSCPs, the Engagement Offices have been supporting them to consider new Strategies and Plans for engagement in relation to service redesign, service change and also engagement and involvement plans for remobilisation and recovery. A presentation on the work of the Engagement Offices is being provided to the Committee to supplement this report.</p> <p>Gathering Views: Draft report of Gathering Views exercise to capture lived experience of those who have ME has now been agreed by SG including recommendations. They are planning to publish a response to the report shortly after publication. The report will be published in Q1 Of 21-22 following elections.</p> <p>A successful poster submission about the Gathering Views exercise on ME has been made to the Institute of Healthcare Improvement's European Patient Safety Congress. This has been submitted under the theme of 'Patient and Family Centred Care'.</p> <p>Virtual Visiting: Phase 1 of the project is now completed with SG providing funding of approx. £500K to purchase iPads and other devices and accessories for NHS boards to increase provision of Virtual Visiting. The report of the Scoping Exercise has been published and is available here: https://www.hisengage.scot/equipping-professionals/virtual-visiting/scoping-exercise/. Distribution of devices is currently being agreed with NHS boards.</p> <p>Phase 2 of the project is now underway and will prioritise 4 specific recommendations from the Scoping Exercise:</p> <ul style="list-style-type: none"> • Improve equality of access • Support staff - good practice, developing best practice guidance • Improve the family & carer experience • Build capacity and capability of digital champions within the system <p>In order to help with this, a Gathering Views exercise is being planned for Summer 2021 following the Redesign of Urgent Care Gathering Views exercise. The phase 3 evaluation is now planned for Winter 2021.</p> <p>Digital Voices Scotland: The Short Life Working Group (SLWG) has now completed their review of the training materials and considered how to replicate these for delivery in a virtual environment. Test sessions will be delivered for HIS – Community Engagement Staff in Q1 of 21-22. It is hoped that we can begin to roll this out for delivery with people and communities from Autumn 21.</p>

		<p>Care Experience Improvement Model (CEIM): We have been collaborating with our colleagues in iHub to develop training for our staff across the directorate in the use of the CEIM. The CEIM aims to enable care staff to capture real time patient experience through discovery conversations that will support improvements in care within their clinical area.</p> <p>The first five modules of the programme have been delivered for our staff and we are now in an action phase where we will be applying our learning to our engagement activities. A further 3 modules will be delivered in the autumn of 2021. This training will enable our staff to become CEIM coaches for care staff who will be implementing the model within their care area.</p> <p>Redesign of urgent care: Several meetings and discussions now taken place with SG, Public Health Scotland and NHS24 to consider how to take forward the Gathering Views exercise. We have established a SLWG comprising of these organisations to oversee the delivery of the Gathering Views exercise. This SLWG will also consider the question set to be used in the exercise.</p> <p>We will focus this exercise on engaging with people from protected characteristics groups and those most marginalised within our communities to deepen our understanding of enablers and barriers to accessing urgent care services. The engagement activities are due to take place in Q1 of 21/22.</p> <p>SG have also agreed to support a Citizens' Panel in Summer/Autumn 2021 which will comprise a series of questions relating to the redesign of urgent care and in particular the service configuration, barriers to access considerations, and ways to improve, all directly informed by the engagement activities undertaken from October 2020 with the discovery phase, through the practical experience of operating the new delivery model over the winter period, and the learning gained from the Gathering Views work. Work is underway to consider a refresh of the panel to ensure it is demographically representative of the population of Scotland. This will be led by the Participation Network team within HIS – Community Engagement.</p> <p>Discussions are underway regarding how to capture patient experience of people using the new redesigned urgent care service. We are currently supporting SG and NHS boards to consider how we could develop a standardised approach to this across the country. It is hoped that a further Gathering Views exercise to capture patient experience will be held in the autumn/winter of 21-22. This would support the evaluation of the wider Unscheduled Care Programme at SG.</p> <p>Clinical Prioritisation: The HIS Medical Director, Dr Simon Watson, has been in discussions with Scotland's medical directors about the implementation of the clinical prioritisation framework published by SG in November 2020 to support remobilisation of elective care. Through these discussions Community Engagement directorate has been asked to undertake a targeted Gathering Views exercise in 4 health boards across Scotland who have the longest waiting lists: NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire and NHS Lothian. Discussions are currently underway with SG about our approach to this exercise and contact is being made with the Elective Care leads in the relevant health boards. This exercise is likely to take place in June/July 2021.</p>
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The Public Involvement Unit		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group. • Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates 	<ul style="list-style-type: none"> • People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people 	<p>Equality and Diversity: The Board welcomed the content of the organisation’s Equality Mainstreaming Report – including Equality Outcomes (2021 – 2025) and Equal Pay Statement. The report can be accessed here: http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/equality_mainstreaming_2021.aspx.</p> <p>Equality Impact Assessment: HIS is required to assess the impact of new or revised policies, including projects and activities, against the needs of the public sector equality duty (PSED). As part of the Engaging People work-stream, we aim to build capacity within the organisation to ensure that Equality Impact Assessments (EQIAs) are completed wherever relevant, that they are cognisant of all relevant legislation, and that they have the ability to inform decision-making and engender outcomes with a positive equality impact. To support this area of work the team is seeking to identify improvements to be made to our EQIA process and to the resources available to support colleagues to use the process effectively.</p> <p>Children and young people group: Work is underway to refresh the HIS-wide stocktake from last autumn to capture up-to-date information from across all directorates in relation to their work supporting children and young people.</p> <p>A development session for the working group is also being planned with a view to ensuring a more joined-up approach is established to the work. This will include generating driver diagrams on specific outcomes, and the creation of a logic model for children & young people aligned to HIS’ priorities.</p> <p>Making a Difference Awards: Congratulations must go to our Equality and Diversity Advisor, Dr Rosie Tyler-Greig who was selected for our internal HIS award for her excellent work on equalities impact assessments during the pandemic with internal and external colleagues and for setting up the BAME staff network within HIS.</p>

The Participation Network		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Inform policy through research evaluation and impact assessment by: <ul style="list-style-type: none"> ➢ Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support ➢ Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities. ➢ Internal research carried out to evidence, support and evaluate internal priorities and practice ➢ Ensuring that our thematic work programme is informed by the latest research, good practice, learning and evidence available 	<ul style="list-style-type: none"> • An increased number of people and communities feel supported to engage to inform health and social care service improvements • HIS staff feel increasingly confident to deliver effective evidence based engagement methods • HIS Board and SHC committee have confidence in the use of research evidence to shape internal priorities and policy • Approaches followed by Scottish Government always have a source of up to date evidence based practice • Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people • NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities 	<p>Citizens' Panel: The report of the seventh Citizens' Panel on people's experiences during the pandemic and their priorities for health and social care services in the future was published in February and was submitted to the NHSScotland Mobilisation Recovery Group. It was received positively by the Group. The report can be accessed here: https://www.hisengage.scot/informing-policy/citizens-panel/seventh-panel-report/. A poster submission about this Citizens' Panel has been made to the NHSScotland event for consideration.</p> <p>This report was considered alongside the report from The People at the Centre project which was completed by the ALLIANCE and Community Engagement in December 2020. The report can be accessed here: https://www.alliance-scotland.org.uk/people-and-networks/people-at-the-centre-engagement-programme/</p> <p>A further Citizens' Panel is being planned for summer/autumn 21 in relation to the redesign of urgent care. Work is currently underway to refresh the membership of the Citizens' Panel to ensure it remains demographically representative of the population of Scotland.</p> <p>Webinars: A webinar was held in February to share findings and learning from the evaluation of Near Me. This was attended by just over 100 people with 77 from NHS and 34 from third sector, social care and community groups. We are currently considering our suggested topics for webinars for 21-22.</p> <p>Animation/Video: We have been developing a video to support the understanding of Service Change. We have also developed two further animations for Service Change.</p>

The What Matters to You? Programme		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Co-ordinate, manage, develop content and promote website and social media channels • Co-ordinate, manage, develop content of and promote resources • Collaborate nationally and internationally, sharing knowledge and experience • Produce and promote annual report • Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities 	<ul style="list-style-type: none"> • Health and social care staff (primarily) have access to accurate and up to date information and case studies • H&SC staff have access to materials to support them to begin/improve caring conversations • We have access to the most up to date knowledge and experience to inform our approaches • Scottish Government and stakeholders are informed of the impact of our work 	<p>We paused aspects of this work due to the pandemic. However, we continued to capture good practice and stories from across the health and social care system. We continue to work towards a WMTY2021 and are currently in discussions with Scottish Government and the WMTY Group on how best to take this forward within current restrictions. Resources purchased for WMTY2020 will be repurposed and used for WMTY2021.</p> <p>Report: Following a successful WMTY day in 2020, a report of the event was published in February 2021. The report can be accessed here: https://www.whatmatterstoyou.scot/publications/.</p> <p>Webinar: Planning is underway to host a webinar in advance of WMTY day on 9 June 2021. We are hoping to be able to field some international speakers to share their experiences of work in their own countries in relation to WMTY.</p>

Taking a <i>thematic approach to our work</i>		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement • Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities • Ensure that this thematic approach is embedded in all our activities and not developed as a stand-alone programme 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities will be able to better engage and involve people and communities in priority areas such as mental health, primary care, etc. • There will be increased involvement of those with lived experience to enable services to redesign and deliver services that better meet the needs of their users • Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities • We are able to demonstrate a more collaborative approach to our work and the priority areas identified 	<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 and strategic discussions across the directorate we have now considered how we support the organisation's key delivery areas which are:</p> <ul style="list-style-type: none"> • Safety • Older People • Mental Health • Unscheduled/urgent care • Access – including cancer services • Children and young people <p>Our first approach to all of the key delivery areas is to ensure that we undertake an EQIA and develop and engagement plan around these. There are different groups being established for each key delivery area and their approach can be quite different. We want to ensure that we have a consistent message around equalities, engagement and human rights across all of the key delivery areas as these are underpinning elements of all of the work.</p> <p>In recognition of the development of the HIS key delivery areas, this programme of work will now be renamed Supporting implementation of HIS key delivery areas. This work will form part of our Remobilisation and Operational Plan for 21-22.</p>

Quality Framework for community engagement		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-assessment tool • Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement • NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards • The directorate can demonstrate that our engagement and involvement meets best practice and standards 	<p>The focus of activity over the last two months has been to develop framework in line with its key objectives to:</p> <ul style="list-style-type: none"> • Help to consider what 'good engagement' looks like and how this can be evaluated and demonstrated. • Support internal governance by carrying out routine self-evaluation and reflection on quality across an organisation. • Identify areas for improvement and actions within the organisation to improve practice. • Support and assure engagement activity within organisations as well as identify and share good practice that others can learn from. <p>The development of the Framework has been discussed with key stakeholders such as the NHS Boards' Chairs and Chief Executives' Group, COSLA's Health and Social Care Board and the IJB Chairs Group with positive support received for its development.</p> <p>A series of self-evaluation statements have been developed from current policy and guidance to form a self-evaluation tool for organisations to understand how they deliver their engagement activity based on three domains of:</p> <ol style="list-style-type: none"> 1. Undertaking Ongoing Community Engagement 2. Community Engagement on Service Planning and Design 3. Governance, Organisational Culture and Leadership. <p>Ten engagement practitioners from across 7 NHS boards and Integration Joint Boards have agreed to test the self-evaluation tool and provide feedback on its content, ease of use and being involved in the process. This will help inform future versions of the tools and process.</p> <p>The next meeting of the Quality Framework Advisory Group will be held on 26 May 2021. It is hoped that we can pilot the Framework more widely as soon as the NHS is moved from its emergency footing at the end of June 2021.</p>

Engaging people in the work of Healthcare Improvement Scotland

What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Governance arrangements for public engagement within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➢ Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard ➢ Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee • Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our thematic work programme <ul style="list-style-type: none"> ➢ Roll-out of engagement development programmes for key job roles ➢ Roll-out of mandatory induction, training and other learning support for engagement • Volunteering and Public Partner roles within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➢ Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement ➢ Development of an organisational volunteering strategy aligned to organisational priorities • Healthcare Improvement Scotland Public Involvement Unit <ul style="list-style-type: none"> ➢ Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit ➢ Establish organisational objectives within Turas process relating to engagement 	<ul style="list-style-type: none"> • The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation • Improved diversity of volunteering roles and volunteers and their management within the organisation 	<p>Governance for engagement: The first meeting of the Governance for Engagement sub-committee was held in January 2020 when the Committee considered submissions from across HIS directorates in relation to their engagement and equalities activities in line with the Governance for Engagement framework.</p> <p>The sub-committee met for the second time in February and focused on the work of the Community Engagement Directorate. The sub-committee was joined by two HIS non-executive directors – Zoe Dunhill and Jackie Brock. The format of the meeting, designed to promote a supportive scrutiny conversation, worked well. A small number of slides were used to cover the four governance for engagement areas of focus, and a number of helpful comments & suggestions from the participants were captured, including:</p> <ul style="list-style-type: none"> • The importance of data & metrics to help demonstrate our successes (e.g. Citizens’ Panel membership demographics, number of EQIAs produced / supported, numbers of individuals directly engaged with on specific work programmes, etc.). • How our approaches to engagement and our values have reflected the impact of the pandemic, and how we propose to meet current & future challenges. • Being equally robust about our expectations with stakeholder partners with respect to their engagement approaches and values. • The importance of utilising the full range of functionality within technologies to support learning conversations throughout any engagement (e.g. through virtual breakout rooms, chat functions, etc.). • Need for the organisation to shape itself up in terms of second and third generation digital communication tools*, and the risks of further exclusion for some people & communities as these become more sophisticated. <p>We are also reflecting further on the format of the sub-committee meetings to ensure the terms of reference are being fully met.</p> <p>We will continue to refine the Governance for Engagement framework and proforma as the various HIS directorates present to the Committee and provide us with their feedback on the process.</p> <p><i>*The second generation begins with the Web in 1995 and continues to the present, consisting of innovative works created with custom interfaces and forms, mostly published in the open Web. The third generation, starting from around 2005 to the present, uses established platforms with massive user bases, such as social media networks, apps, mobile and touchscreen devices, and Web Application Programming Interface services which enables access to any browser by any device.</i></p>

Developing a learning system		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Undertake research into the components of effective learning systems that will inform the development of our system • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development 	<ul style="list-style-type: none"> • Demonstrable improvements in engagement and involvement activities undertaken by our own staff and health and social care staff supporting their continuous personal and professional development and learning 	<p>Our work on developing our learning system for engagement continues to be paused as staff respond to calls for support in other areas of learning. We will be working in collaboration with HIS colleagues to review what learning systems look like and what the outcomes of a Learning System should be. We will build our Learning System for Engagement based on findings of the HIS Learning System during the pandemic and other learning systems that we have been involved with.</p> <p>This work will recommence in Q1 of 21-22.</p>

Developing our people		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as SIFS, SCiL, SCLIP etc. and deliver an improvement project in line with their current activities 	<ul style="list-style-type: none"> • We have an understanding of the skills available across the directorate and the ability to map these to specific roles • A skilled, confident workforce that is able to deliver improvements in their work • We are able to demonstrate improvements in our engagement with staff across the directorate • An improvement in our iMatters and Culture Survey responses and scores • Staff trained in improvement methodologies and able to implement these in their work • Staff have the opportunity for career advancement and development within their role • Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff 	<p>There continues to be a focus on staff health and wellbeing ensuring that our staff have the appropriate resources and support to enable them to continue working from home. This includes check-ins with staff, 1-1 meetings with managers, informal coffee catch-ups and encouraging attendance at the meditation and wellbeing sessions provided by HIS.</p> <p>LEAP: The third session for the Community Engagement - Specialist Teams and other HIS staff was held in February. The first two sessions have evaluated well with people reporting an increased knowledge of and confidence in using LEAP and outcomes focussed planning. This means that 97% of staff across the Community Engagement Directorate have participated in this learning programme. This enables us to focus on the outcomes and impacts of our work and consider how we identify the needs of our stakeholders as part of our operational planning process.</p> <p>We will be delivering consolidation sessions for staff who have participated to enable them to work through some examples within their own areas of work to help embed their knowledge and skills within their practice and increase their confidence in using LEAP and outcomes focused planning.</p> <p>Foundation Improvement Skills training (previously Scottish Improvement Foundation Skills): Part of the HIS Internal Improvement Oversight Board Work Programme the Foundation Improvement Skills Cohort 1 course is now underway and there are 3 teams from Community Engagement Directorate participating. They are working on aim statements and service user feedback alongside other Quality Improvement (QI) tools hoping to deliver improvements across the directorate in due course. Each team has a QI coach assigned to them to help them get the most learning from their projects. The key is to focus on the learning and familiarise themselves with improvement language rather than the most perfect improvement project.</p> <p>Cohort 2 will begin in April 2021 and places are now approved. There will be a further 4 Teams from across the Community Engagement Directorate participating.</p> <p>Scottish Improvement Leader Course: This course is now underway and we have 3 delegates involved in the next two cohorts. Each delegate will be able to focus on an improvement project that will support improvements across the directorate or within their area of work as part of this programme.</p>

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	27 May 2021
Title:	Directorate Operational Plan 21-22
Agenda item:	3.5
Responsible Executive:	Ruth Jays
Report Author:	Jane Davies

1 Purpose

This is presented to the Committee for:

- Approval

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS key delivery areas:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

2 Report summary

2.1 Situation

This purpose of this paper is to provide the Committee with an opportunity to approve the Community Engagement Directorate's Operational Plan for 2021-22.

2.2 Background

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

The plan details the programmes of work that we intend to undertake during 2021-22 in support of Healthcare Improvement Scotland's (HIS) organisational priorities, key delivery areas and help achieve our own vision and core purpose.

Healthcare Improvement Scotland's Mobilisation Plan V3 has now been approved by the Board and Scottish Government and therefore the Directorate Operational Plan, which is drawn from the HIS Mobilisation Plan, now comes to the Committee for approval.

2.3 Assessment

During 2020-21 we have seen the challenges and restrictions that the global covid-19 pandemic has presented to health and social care as well as to people and communities. This had included a request from Scottish Government to 'non-patient facing boards' to suspend non-urgent business and assess resources that could be deployed to support patient care. The NHS remains on an emergency footing until the end of June 2021.

We were asked to prepare a Mobilisation Plan setting out our resilience arrangements and how we would support the whole system whilst still delivering our statutory functions. As well as providing support to other organisations, we continued to deliver a significant number of our existing programmes of work through our remobilisation plan.

This Directorate Operational Plan sets out the range of work we plan to undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas.

Feedback from the Committee in February highlighted the following areas:

- a) need to ensure that we provide specific detail in relation to outcomes and impact in our reporting;
- b) we consider how our thematic approach will fit with new HIS key delivery areas; and
- c) we consider the development of a performance measurement framework to support our reporting and provide the Committee with assurance of delivery.

This feedback will enable us to shape our reporting for the Operational Plan 2021/22. We are currently developing a performance measurement framework that will be available for use for Q2 reporting.

Our thematic approach to working was developed prior to the HIS key delivery areas being agreed. We have therefore amended this area of our work to reflect the key delivery areas and how we will support these going forward. The Plan is attached at appendix 1.

Many of the challenges and restrictions that we faced in 2020-21 will still be present during 2021-22 and we remain ready to pause and refocus any of our work programmes to enable us to respond to the needs of frontline health and care services and support patient care, whilst prioritising the health and wellbeing of our own staff.

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

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

Two members of our Directorate Management Team have resigned. However, we are currently putting in place an interim plan to ensure that we mitigate against any risk to delivery of the work outlined within the plan.

The health and wellbeing of our staff continues to be a priority for us whilst the default position for the organisation remains working at home. This is being closely monitored across the directorate and staff are being encouraged to participate in the many activities provided by Healthcare Improvement Scotland.

2.3.3 Financial

The resource implications for the delivery of the operational plan have been reflected in the directorate's draft budget for 2021-22.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland 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 helped inform the delivery of our work.

This engagement will continue as we deliver the various programmes of work outlined within the operational plan.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to approve the Community Engagement Directorate's Operational Plan for 2021-22.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – Community Engagement Directorate Operational Plan 2021-22

Item 3.5
Appendix 1



Directorate Operational Plan 2021 - 22

DRAFT

Healthcare Improvement Scotland - Community Engagement Directorate Operational Plan 2021/22

Introduction

During 2020 a global pandemic saw us face the biggest health and care challenge the country has ever seen in peacetime. Health and care services across the country have had to pause, adapt and reconfigure services to respond to the challenges that the COVID-19 pandemic has presented. Similarly we have had to refocus our work to support the pandemic response and support our staff health and wellbeing.

We believe that people and communities should have the opportunities and support to use their skills and experience to design and improve the health and care services that matter to them. In addition, they should have the opportunity to work together with the organisations that provide those services. The need to engage and involve people and communities has never been more important and we have had to adapt what we do to support meaningful engagement in line with physical distancing restrictions and stay at home messages that have been in place during the pandemic. This has meant a return to more traditional ways of engaging such as telephone and post as well as moving a lot of engagement activities onto digital platforms. However, this has brought with it challenges in relation to digital exclusion which we have worked hard to overcome.

The global pandemic has also seen a significant increase in inequalities across the country particularly for people from Black, Asian and Minority Ethnic (BAME) communities. We have also seen a significant economic impact for many of the people of Scotland, but particularly those in our most marginalised communities. Our work programme during 2021-22 will continue to focus on these inequalities and ensure we work to support all voices to be heard, as well as supporting colleagues in health and social care to overcome challenges and mitigate adverse impacts that the pandemic has surfaced.

During this pandemic our organisation moved to a default position of our staff working at home. Our staff have had to adapt to this new way of working whilst also juggling the demands of childcare, caring responsibilities and home-schooling within a working day. We have had to remain flexible to working patterns for our staff and adapt our programmes of work to meet the capacity available to us. We expect this to continue for a significant part of 2021-22.

Our Directorate Operational Plan sets out the range of work we will undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas, and help us deliver our core purpose and vision in a way that responds to and reflects the changing considerations of the pandemic for health and care services.

About Us

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

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

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

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

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

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

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

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

Our vision

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

This vision is underpinned by the values of HIS and of NHSScotland:

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

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

Our work programme 2021 -22

As a result of the pandemic much of our work programme was paused during 2020-21 and therefore embedding our planned new ways of working in the first year of the new directorate structure has been challenging. However, we have continued to adapt how we deliver our programmes of work to meet changing requirements and priorities, whilst still delivering the quality expected of us and demonstrating the impact of our efforts.

We will continue to build on and develop our ways of working during 2021/22, ensuring our work programme is aligned to the organisation's priorities and key delivery areas and meets our core purpose.

Healthcare Improvement Scotland's seven key delivery areas are:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

The work programmes detailed below also takes account of work that may need to be paused should further waves of the pandemic emerge and we need to respond to the changing needs of health and care services, such as deployment of staff or development of new programmes of work.

Directorate Team Work Programmes

Volunteering in NHSScotland Team was created in Oct 2011 to support NHS Boards to develop sustainable volunteering programmes. This plan outlines the activities to be delivered by Volunteering in NHSScotland in 2021/22.

What difference does this make:

- 1) Volunteers can continue to provide a service during the pandemic making a valuable contribution to the response.
- 2) Volunteering contributes to Scotland's health by
 - (a) enhancing the quality of the patient experience, and
 - (b) providing opportunities to improve the health and wellbeing of volunteers themselves
- 3) The infrastructure that supports volunteering is developed, sustainable and inclusive especially during the pandemic.
- 4) Volunteering, and the positive contribution it makes, is widely recognised, with a culture which demonstrates its value across the partners involved.

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 Response
<ul style="list-style-type: none"> • Advise and support NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. • Provide guidance to NHS Boards on the stepping down of volunteering. • Provide 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. • In association with NHS Education for Scotland, continue to monitor and adapt training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS Boards. • Engage and advise Scottish Government on the application of the Scotland Cares Campaign. • Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation. • Work with NHS Boards to consider how they will evaluate volunteering programmes and opportunities that have emerged during the pandemic to demonstrate the impact to health and care 	<ul style="list-style-type: none"> • NHS Boards offer person-centred opportunities to volunteer in health and social care taking account of Covid-19 challenges and restrictions • NHS Boards are better able to manage their volunteering programmes • NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation especially during the covid-19 pandemic • Volunteer management staff gain access to practice and development opportunities • Board and staff gain better awareness of the impact of volunteering and consider new volunteering opportunities that present themselves during the pandemic • Scottish Government gain confidence that the National volunteering outcome framework is being used and NHS boards follow policy • Demonstrate that volunteering is embedded in our thematic work programmes 	<ul style="list-style-type: none"> • NHS Board Executive Leads for Volunteering • NHS Board Strategic Leads for Volunteering • The National Group for Volunteering in NHSScotland • NHS Board volunteer managers • Frontline and management staff in NHSScotland • Scottish Government 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>Given the support the volunteering programme made during the original wave of the global pandemic, we would look to support this programme from within CED staffing whilst pausing other areas of work.</p>

Service Change Team was created in 2010 to provide advice and support to NHS Boards and Integration Authorities on involving people and communities in service change processes including major service change. This plan outlines the activities to be delivered by Service Change in 2021/22.

What difference does this make:

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

*NHWO (National Health and Wellbeing Outcome)

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services particularly those services which have had to be rapidly reconfigured and provided in new and different ways in response to the pandemic. • Support NHS Boards and Integration authorities to understand our role in relation to advice, support and assurance especially during the pandemic. • Work with NHS Boards and Integration Authorities to understand the extent of service changes that have been made during the pandemic and whether these are viewed as short term measures, or longer term configurations. This will enable us to • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice. 	<ul style="list-style-type: none"> • NHS Boards and Integration authorities will engage meaningfully with people and communities in relation to service changes made throughout the pandemic to ensure that their views are fully heard and considered in relation to sustainability of those changes. • NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role • Scottish Government gain assurance that engagement practice is in line with guidance including that we provided to NHS Boards and Integration Authorities during the pandemic in the context of ongoing remobilisation, recovery and renewal planning. • People and communities receive opportunities for involvement to support meaningful engagement • Demonstrable improvements in service change activity across our four thematic work programmes 	<ul style="list-style-type: none"> • People and communities • service users • Scottish Government • NHS Boards and Integration Authorities 	<p>This is a statutory function of the Directorate and would need to continue to be delivered.</p>

Community Engagement Programmes seeks to ensure people and communities are fully involved in decisions about health services, and supports NHS Boards and Integration Authorities to continually improve the way they engage with their communities. This plan outlines the activities to be delivered by the programme in 2021/22.

What difference does this make:

- 1) Patients, carers, and families can keep in touch with each other during in-patient stays
- 2) People and communities have better quality services which meet their needs
- 3) People and communities feel more engaged with and are supported to continuously improve the information, support, care and treatment they receive
- 4) Health and social care practitioners feel more engaged with patients and communities and are supported to continuously improve services through feedback from service users

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Support the response to the pandemic through delivery of projects such as Person-centred virtual visiting and Gathering Views exercises. • Ensure that people are fully involved in decisions about health and care services by: <ul style="list-style-type: none"> ➢ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered ➢ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities ➢ enhancing care experience through provision of support and training to staff to engage with patients and families ➢ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities ➢ informing national policy through gathering views on relevant services from patients, service users, carers and communities ➢ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified 	<ul style="list-style-type: none"> • The views and experiences of people and communities inform new service developments and service changes made by NHS Boards and Integration Authorities in response to the pandemic. • Patients are able to keep in touch with their loved ones during the pandemic whilst in-person visiting is severely restricted. • Carers and families are supported to keep in touch with their loved ones whilst they are in hospital through the provision of devices and training. • Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland • People and communities are enabled and supported to engage with their general practices and other primary care providers • General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients. • Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement. 	<ul style="list-style-type: none"> • Scottish Government • NHS Boards and Integration Authorities • General public, patients, carers and families • Local communities, communities of interest and Third Sector organisations • Primary Care Service Providers and Professional Bodies • Connecting Scotland 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>Parts of this programme would be paused to enable us to support the response.</p> <p>Programmes such as Person-centred Virtual Visiting and Gathering Views would continue.</p>

The Public Involvement Unit provides advice and support to colleagues within Healthcare Improvement Scotland (HIS) for involving people and communities, and promoting equality and diversity in all that we do. This supports Healthcare Improvement Scotland to meet its statutory duties. This plan outlines the activities that will be delivered by the Public Involvement Team in 2021/22.

What difference does this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Support staff and external stakeholders to undertake Equality Impact Assessments early in the development of work streams throughout the pandemic. • Co-ordinate and manage our public partner volunteers in the context of COVID-19 to ensure continued involvement in the work of HIS. • Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group. 	<ul style="list-style-type: none"> • Service developments and changes undertaken during the pandemic are informed by evidence from our impact assessments and any negative impacts can be mitigated against. • People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people 	<ul style="list-style-type: none"> • People and communities • HIS staff • Our public partner volunteers • Third sector organisations • Our Board including Scottish Health Council Committee • Relevant national bodies/networks 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>Parts of this work would be paused to accommodate staff absences.</p> <p>Our support for Impact Assessments and our public partners would continue.</p>

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| <ul style="list-style-type: none">• Share and acquire public involvement knowledge and learning through collaboration at national level• Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates | | | |
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The Participation Network develops, interprets and shares research and learning around best practice in involving people and communities in health and care. This plan outlines the activities that will be delivered by the Participation Network in 2020/21.

What difference does this make:

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

*NHW0 – National Health & Wellbeing Outcome

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Develop tools and guidance for health and care services on how to engage with people differently and safely, to ensure that all voices can be heard during the pandemic. • During the remobilisation, recovery and redesign phases of the pandemic we will continue to share research and learning around best practice in involving people and communities in health and care, with a particular focus on further developing the Engaging Differently resource. • Undertake commissioned research through the Citizen’s Panel as part of remobilisation, recovery and redesign engagement activities. 	<ul style="list-style-type: none"> • Services are able to mitigate against the inequalities that have emerged during the pandemic and provide appropriate services that respond to these inequalities. • Services are informed by the lived experience of people who have accessed them during the pandemic. • An increased number of people and communities feel supported to engage to inform health and social care service improvements • HIS staff feel increasingly confident to deliver effective evidence based engagement methods adapting new ways of engaging and involving people and communities in response to the pandemic and restrictions that have been imposed. • HIS Board and SHC Committee have confidence in the use of research evidence to shape internal priorities and policy • Approaches followed by Scottish Government always have a source of up to date evidence based practice • Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people 	<ul style="list-style-type: none"> • People and communities • HIS staff. • HIS Board and SHC Committee • Scottish Government • Professional Bodies/ Practitioners / Researchers/ Royal Colleges/Third Sector Organisations • NHS Boards, Integration Authorities and social care staff 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>Part of this work is supporting the remobilisation efforts and would be prioritised by the directorate.</p>

	<ul style="list-style-type: none">• NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities		
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The What Matters to You? Programme is co-ordinated and managed within the directorate. The programme was created to encourage and celebrate more meaningful conversations between people who provide health and social care services and those who receive care and support, as well as their families and carers. The programme was paused during the pandemic but there was still significant WMTY experiences shared. This plan outlines the activities that will be delivered by the programme in 2021/22.

What difference does this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Continue to build on the excellent WMTY work that transpired during the pandemic and share good practice in person-centred care. • Co-ordinate, manage, develop content and promote website and social media channels • Co-ordinate, manage, develop content of and promote resources • Collaborate nationally and internationally, sharing knowledge and experience • Produce and promote annual report • Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities 	<ul style="list-style-type: none"> • Patients, carers, families, people and communities continue to experience good person-centred care throughout the pandemic. • Health and social care staff (primarily) have access to accurate and up to date information and case studies • H&SC staff have access to materials to support them to begin/improve caring conversations • We have access to the most up to date knowledge and experience to inform our approaches • Scottish Government and stakeholders are informed of the impact of our work 	<ul style="list-style-type: none"> • People and communities • service users • Scottish Government • Health and Social Care Organisations • Anyone who registers to participate 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>We would scale back/pause some elements of this work to support priorities in other areas.</p>

Directorate Development Work Programmes

Supporting HIS Key Delivery areas

To deliver a more cohesive approach to our engagement support across Scotland and focus our resources to make the best possible impact we had planned to develop a thematic approach to our work during 2020-21. However, due to the pandemic this work was paused to enable us to respond to the needs of the service. During this time HIS developed 7 new key delivery areas on which to focus our activities for remobilisation, recovery and renewal, these are:

- Safety
- Older people
- Mental health
- Primary and community care
- Unscheduled / urgent care
- Access
- Children and young people

Given the work of the Community Engagement directorate spans all of these key areas, during 2021/22 we will scope out what our offer looks like and ensure that we are working closely with our colleagues within HIS and our stakeholders across Scotland to maximise our impact in these areas.

Supporting HIS key delivery areas will enable us to support the work in these areas by ensuring that they are informed by lived experience and an equalities and human rights approach and that we can maximise the potential and impact of our expertise across HIS and beyond. We will work in partnership with colleagues across HIS and our key stakeholders to ensure these areas of work are informed by the best practice and evidence possible. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:

- 1) The remobilisation, recovery and renewals efforts of health and social care are informed by lived experience of people and communities
- 2) Maximise the potential and impact of our work aligning with key delivery areas and national and local priorities
- 3) Support our colleagues across HIS to meet their strategic priorities and the key delivery areas

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<p>Continue to support the remobilisation, recovery and renewal efforts of health and social care by:</p> <ul style="list-style-type: none"> • Working with HIS colleagues across directorates to ensure that work across the key delivery areas is informed by lived experience and consideration of equalities and human rights • Support the development of driver diagrams and impact assessments to underpin each key delivery area • Building up a body of knowledge and evidence that supports our approach and enables us to support improvements in involvement and engagement as well as equalities and human rights approaches • Ensuring that this approach is embedded in all our activities and our work is informed by the best evidence and practice. 	<ul style="list-style-type: none"> • The work across all of HIS key delivery areas will be informed by the lived experience of people and an equalities and human rights approach minimising any negative impacts and ensuring that equalities considerations underpin delivery of these areas. • NHS Boards and Integration Authorities will be able to better engage and involve people and communities across the key delivery areas. • There will be increased involvement of those with lived experience to enable redesign and delivery of services that better meet the needs of their users • Staff across HIS, NHS boards and Integration Authorities will have increased confidence, knowledge and skills in equalities and human rights approaches and involving and engaging people and communities • We are able to demonstrate how the key delivery areas are informed by lived experience and equalities and human rights through our reporting. 	<ul style="list-style-type: none"> • HIS colleagues and directorates • People and communities • service users • Scottish Government • NHS Boards and Integration Authorities • Third sector organisations and community groups 	<p>This work will support the delivery of HIS Remobilisation Plan 3 and also the remobilisation, recovery and renewal efforts of the NHS and will continue but may be scaled back to support other priorities across the system.</p>

Developing a Quality Framework for Community Engagement

During 2020/21 we were working in partnership with the Care Inspectorate and a range of key stakeholders to develop a new approach to our support and assurance functions for community engagement whilst supporting Health Boards and Integration Authorities. This approach was aligned to the Quality of Care approach developed by HIS. However, this work was paused during the pandemic and only remobilised in September 2020. Due to the ongoing pressures of the pandemic for frontline staff and managers, we have had to take a cautious approach to this work and therefore slowed down the pace of work.

New guidance is currently being developed by Scottish Government on community engagement in health and care services to ensure that people who use services, their carers and local communities, all have opportunities to be meaningfully involved when services are being planned and delivered. This guidance is due for publication in Spring 2021. Our Quality Framework for Community Engagement will align with the new guidance and ensure that it also reflects our learning during the pandemic in relation to engagement and involvement.

<p>Developing a Quality Framework for Community Engagement will enable us to carry out our support and assurance functions whilst supporting NHS Boards and Integration Authorities to improve how they engage and involve people and communities. This plan outlines the activities to be delivered in 2021/22.</p> <p>What difference will this make:</p> <ol style="list-style-type: none"> 1) People and communities will be meaningfully involved and engaged in the design and delivery of services within their area and beyond, where appropriate learning from the experiences of the pandemic 2) NHS Boards and Integration Authorities will have a nationally agreed and tested tool for self-assessment of their community engagement activities to support improvements in these areas 			
What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Continue to support the stakeholder group to inform the development of the approach and also the development of the self-evaluation tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-evaluation tool • Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement • NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards • The directorate can demonstrate that our engagement and involvement meets best practice and standards 	<ul style="list-style-type: none"> • Care Inspectorate • the ALLIANCE • Scottish Community Development Centre (SCDC) • Scottish Government • COSLA • the Improvement Service, • public partners • representatives from health and social care involvement structures • People and communities 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>As this work will support the covid-19 remobilisation efforts this will continue to be prioritised by the directorate but progress and timelines will be impacted by the ability of NHS Boards and Integration Authorities to participate in testing and refining the framework.</p>

Engaging people in the work of Healthcare Improvement Scotland

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

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

Significant progress has been made in taking forward some of the key workstreams throughout the pandemic. Governance arrangements for engagement within Healthcare Improvement Scotland have been strengthened by the establishment of a sub-committee of the main Scottish Health Council Committee. This sub-committee will consider the evidence provided by directorates in relation to their engagement activities.

In 21-22 we will take forward the work detailed below to ensure we are meeting our statutory duties and complying with current standards and guidelines for community engagement.

Engaging people in the work of Healthcare Improvement Scotland is crucial to ensure that we are meeting our duties and complying with current standards and guidelines for community engagement. It also means that we can apply consistency of approach and achieve good practice for community engagement activities. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<p>Governance arrangements for public engagement within Healthcare Improvement Scotland</p> <ul style="list-style-type: none"> • Supporting the Governance for Engagement Sub-committee who will consider evidence provided by directorates in relation to their engagement activities • Continue development of the governance proforma for HIS to ensure alignment with the Quality Framework for Community Engagement <p>Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our key delivery areas</p> <ul style="list-style-type: none"> • Roll-out of engagement development programmes for key job roles • Roll-out of mandatory induction, training and other learning support for engagement <p>Volunteering and Public Partner roles within Healthcare Improvement Scotland</p> <ul style="list-style-type: none"> • Implement recommendations from the evaluation of volunteering roles within the organisation to enable us to demonstrate the impact and priorities for volunteering • Development of an organisational volunteering strategy aligned to organisational priorities 	<ul style="list-style-type: none"> • The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation • Improved diversity of volunteering roles and volunteers and their management within the organisation 	<ul style="list-style-type: none"> • Healthcare Improvement Scotland Executive Team • Senior Managers within Directorates • Public Involvement Unit • Corporate Office Team • Volunteering Team • Public Partners • Scottish Health Council Committee 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>We would scale back/pause some elements of this work to support priorities in other areas.</p>

Healthcare Improvement Scotland Public Involvement Unit

- Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit
- Establish organisational objectives within Turas process relating to engagement

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

We are developing a learning network for Community Engagement. During 2020/21 we had to pause this work to respond to the pressures of the covid-19 pandemic. During this time we supported the development of learning networks across HIS and also in support of person-centred care across health and social care. Our learning from this work will inform the development of our learning network for community engagement. We will continue to collaborate with colleagues across HIS and will use our experiences and learning from the covid-19 pandemic to support our future work in this area. This will include consideration of how we create the culture for learning; what a learning network looks like; how we can support each other to put learning into practise and what the structure to support such a network would look like.

Developing a learning system will enable us to share good practice and learning across our own directorate, HIS and the wider health and social care. We will be able to model this good practice in our engagement activities and build a resource that supports our own staff and health and social care staff to improve their engagement activities as well as celebrate their successes. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:

- 1) Health and social care staff will have the opportunity to share and learn from good practice in engagement through local and national networks especially the learning and experiences during the covid-19 pandemic.
- 2) Engagements activities across health and social care are informed by good practice from across Scotland, the UK and beyond
- 3) Robust process for capturing and sharing good practice and learning for engagement activities

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Collaborate with colleagues across HIS and health and social care to develop a learning system for community engagement that takes account of experiences during the covid-19 pandemic and builds on the innovation across HIS and beyond • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development 	<ul style="list-style-type: none"> • Demonstrable improvements in engagement and involvement activities undertaken by staff across HIS and health and social care staff supporting their continuous personal and professional development and learning 	<ul style="list-style-type: none"> • Staff across the directorate • HR colleagues • OD & Learning colleagues within HIS and wider health and social care • Staff across health and social care 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>We would scale back/pause some elements of this work to support priorities in other areas.</p>

Developing our own people in the Community Engagement Directorate

The staff of the Community Engagement directorate are our greatest resource and our biggest asset. A well-informed, confident and skilled workforce is key to the delivery of our values, vision and core purpose.

During the pandemic we have made significant changes to the way staff are working, not least our default position of working at home. This situation is likely to continue for much of 2021/22. The wellbeing of our staff is our priority and this means that their continued professional development is important to ensure that they feel valued within their workplace and have the opportunity for development in their roles as well as career progression within HIS and beyond.

Working from home has presented lots of opportunities for staff to work in different ways. We have worked more collaboratively with colleagues across HIS as well as supporting a national and regional approach to our activities. We will continue to invest in our staff to ensure that they have the right skills to undertake their roles and that they feel confident in the work they are undertaking. We will ensure that they have the opportunities to enhance their existing skills and learn new skills that enable them to deliver improvements in their work.

Developing our people is crucial to enable us to realise our values, vision and core purpose. Our staff should have access to a range of development opportunities to enable them to undertake their roles as well as learning new skills to support them to make improvements to their working practise. This plan outlines the activities to be delivered in 2021/22.

What difference will this make:

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

What we will do	Outcomes and Impact	Our stakeholders	Covid-19 response
<ul style="list-style-type: none"> • Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development and wellbeing review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as HIS Foundations in Improvement Skills (HIS FIS), Scottish Improvement Leader (ScIL), Scottish Coaching and Leadership for Improvement Programme (SCLIP) etc. and deliver an improvement project in line with their current activities 	<ul style="list-style-type: none"> • We have an understanding of the skills available across the directorate and the ability to map these to specific roles • A skilled, confident workforce that is able to deliver improvements in their work • We are able to demonstrate improvements in our engagement with staff across the directorate • An improvement in our iMatters and Culture Survey responses and scores • Staff trained in improvement methodologies and able to implement these in their work • Staff have the opportunity for career advancement and development within their role • Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff 	<ul style="list-style-type: none"> • Staff across the directorate • HR colleagues • OD & Learning colleagues 	<p>Further waves of covid-19 may lead to staff absence or staff being redeployed to support other parts of the organisation or health and care system.</p> <p>We would scale back/pause some elements of this work to support priorities in other areas including our internal training on programmes such as HIS FIS, ScIL, and SCLIP as well as other, non-mandatory, training.</p> <p>Personal development and Wellbeing reviews would continue as a priority.</p>

Conclusion

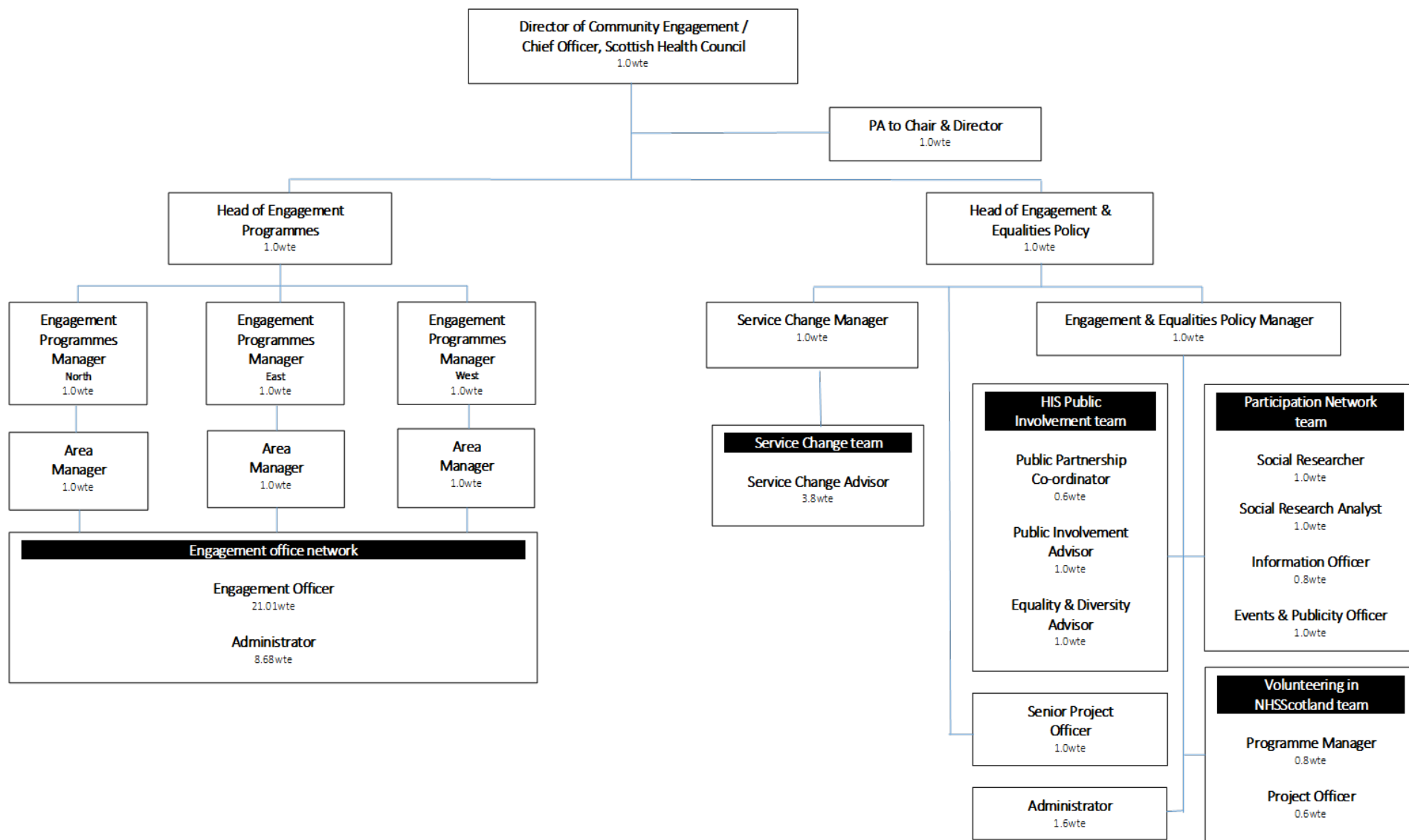
Throughout the first year in operation as Healthcare Improvement Scotland – Community Engagement directorate, we have delivered an ambitious programme of work against the backdrop of the global pandemic and the challenges that have arisen as a result of this. Our staff have adapted to new ways of working including working at home. There is considerable learning from the pandemic for us as a directorate and for HIS as an organisation.

It is more important than ever to ensure that the views and lived experiences of people and communities help to shape health and care services across Scotland and we are in a unique position to continue to support them to be involved. The learning from the pandemic will enable us to adapt our existing ways of working and adopt new ways to ensure that people and communities, particularly those most at risk of being marginalised, have their voices heard.

This Operational Plan presents our programme of work for the year 2021-22. This plan is flexible enough to enable us to respond, if necessary, to further waves of the pandemic whilst still delivering our statutory functions and providing support to frontline services. We will be able to support Health Boards and Integration Authorities to deliver their engagement activities, learning from the pandemic response, and ensure that this is informed by evidence and good practice in engagement. This will enable us to help shape the health and care services of the future influenced by the priorities and lived experience of people and communities and make care better for the people of Scotland.

HIS Community Engagement | directorate structure

From 01 April 2021



Meeting Notes – V1.0

Meeting of the Governance for engagement sub-committee

Date: 11 February 2021
Time: 10.00pm - 12:00pm
Venue: MS Teams

Present

Suzanne Dawson, Chair
Simon Bradstreet, Member
Emma Cooper, Member
Jamie Mallan, Member

In Attendance

Lynsey Cleland, Director of Community Engagement
Jackie Brock, Non Executive Board Member
Zoe Dunhill, Non Executive Board Member
Jane Davies, Head of Engagement Programmes
Tony McGowan, Head of Engagement and Equalities Policy

Apologies

Elizabeth Cuthbertson, Member

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome and Apologies	
	<p>The Chair of the Scottish Health Council (<i>the Chair</i>) welcomed everyone to the meeting and extended a particular welcome to Jackie Brock Non Executive Board Member, and Zoe Dunhill, Non Executive Board Member who were invited to join the meeting of Governance for engagement sub-committee via MS Teams .</p> <p>Apologies were noted as above.</p>	
1.2	Draft Meeting Notes and Action Points	
	<p>The draft meeting notes from the Governance for engagement sub-committee (<i>sub-committee</i>) meeting held on 11 January 2021 were approved as an accurate record of the meeting.</p>	

	It was agreed that all Action points from the previous sub-committee meeting were complete or would be covered off in Agenda.	
1.3	Business Planning Schedule	
	The Chair presented the Business planning schedule to the sub-committee, who noted the content.	
2.0	STRATEGIC BUSINESS	
2.1	Briefing Paper- Discussion and Comments	
	<p>Following on from two action points from the previous sub-committee meeting held on 11 January 2021, the Head of Engagement and Equalities Policy presented a briefing paper. This paper provided a clear context on why there was a requirement to create the Governance for engagement sub-committee. The paper also provided clarity on the legislative requirements of the sub-committee and the process that would be followed at each sub-committee meeting going forward. Included in the paper were two Appendices.</p> <ol style="list-style-type: none"> 1. Scottish Health Council Committee Governance for engagement sub-committee- Terms of Reference ('ToR') 2. Meeting our legal duties overview paper <p>The sub-committee thanked the Head of Engagement and Equalities Policy for providing the information and noted that the papers presented were clear and concise, and that they found it beneficial seeing the legislative requirements for the sub-committee.</p> <p>The Head of Engagement and Equalities Policy advised that both the ToR and Meeting our legal duties overview paper will be reviewed and updated as the sub-committee evolves.</p>	
2.2	Governance for Engagement Directorate Proforma Review- Community Engagement	
	<p>Both the Head of Engagement and Equalities Policy and the Head of Engagement Programmes presented the evidence required from the Community Engagement Directorate's (<i>the Directorate</i>) proforma on a presentation to the sub-committee and the two non-executive Directors, who had been invited to the meeting to ensure fairness and scrutiny would be consistent through all Directorates when presenting their proformas.</p> <p>The presentation consisted of the following slides:</p> <ol style="list-style-type: none"> 1. <i>About Us</i> –which provided the sub-committee with an overview of the role of the Community 	

Engagement Directorate, which includes both internal and external stakeholder engagement.

2. *What we do*- provided an insight into all the different workstreams the Directorate are involved in.
3. *Notable successes and challenges*- provided both sets of examples of what the Directorate had considered, what went well and what challenges they encountered throughout the year.
4. *Planning for fairness*-provided an insight into the way the Directorate ensures that their planning processes consider our legislative context & duties through EQIAs.
5. *Engaging Effectively*- provided evidence of how the Directorate supports successful engagement with people and communities on behalf of stakeholders.
6. *Reporting Transparently*-provided examples of work that the Directorate publish through different modes of communication, e.g. redeveloped website, use social media.
7. Learning through reflection- provided examples of how the Directorate strive for continuous improvement on the work of Community Engagement, through collaboration with both HIS and external stakeholders, use of learning system approach and After Action Reviews.
8. What comes next –provided an overview of what the Directorate’s focus will be for improvement in working with both internal and external stakeholders.

The Committee and non-executive board members provided the following feedback on the Directorate’s pro forma :

1. The importance of providing data and metrics in reports to help demonstrate the successes of the Directorate. e.g. Citizens’ Panel membership demographics and numbers of EQIAs produced.
2. There was good use of examples of evidence providing assurance to the sub-committee and also for ease of scrutiny. It was suggested that provision of examples should be used in all Directorate presentations to the sub-committee going forward.
3. Noted that the approaches to engagement and the values of the Directorate have reflected the impact of the pandemic, and they felt assured that the Directorate proposes to meet current and future challenges.
4. Requested more evidence for BAME community with more explicit actions to meet legislation.
5. Highlighted the importance of utilising the full range of functionality within technologies to support learning throughout any engagement.

	<p>6. To prevent further exclusion for some people and communities as systems become more sophisticated, it was suggested that there would be a benefit of the Organisation investing in the use of second and third generation digital communication tools, which uses established platforms with massive user bases, such as social media networks, apps, mobile and touchscreen devices, and Web Application Programming Interface services which enables access to any browser by any device.</p> <p>The Director, the Head of Community Engagement and Equalities Policy and Head of Programmes thanked everyone for the feedback. They then discussed with the sub-committee the next steps of the process for the remaining Directorates going forward, to ensure that the points of recommendation would be evident in the delivery of their forthcoming presentations.</p> <p>Discussion points :</p> <ol style="list-style-type: none"> 1. Each Directorate to provide more data and metrics 2. Presentation to be fully reflective on the work of the Directorate to allow more probing questions. 3. Sharing examples of good practice-what will the process be. 4. EQIAs are important and should be an integral part of it. <p>The sub-committee thanked the Director, the Head of Community Engagement and Equalities Policy and Head of Programmes for providing the Directorate's proforma and felt assured by its contents.</p> <p>Action Head of Engagement and Equalities Policy to provide an After Action Review (AAR) follow up with the sub-committee.</p>	<p>Head of Engagement and Equalities Policy.</p>
3.0	GENERAL UPDATES	
3.1	Quality Framework for Community Engagement	
4.0	CLOSING BUSINESS	
4.1	AOB	
	There was no items of other business	
5.0	DATE OF NEXT MEETING	

	The next meeting will be held on 13 May 2021 via MS Teams	
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