Scottish Health Council Committee meeting

Thu 11 November 2021, 10:00 - 12:30

via MSTeams

Agenda

10:00 - 10:25
25 min

1. Opening Business

1.1. Welcome, introduction and apologies

10.00- 10.05   Chair

1.2. Draft minutes of meeting 09/09/2021

10.05- 10.10   Chair

Paper

☐ Item 1.2 20210909 SHC Commitee meeting Minutes Draft 0.2 JD.pdf (9 pages)

1.3. Review of Action point register

10.10-1015   Chair

Paper

☐ Item 1.3 2021111 SHCC Action Point Register - TMG (002).pdf (3 pages)

1.4. Business Planning Schedule

10.15-10.20   Director

Paper

☐ Item 1.4 2021111 30. Business Planning Schedule V.1.pdf (1 pages)

1.5. Director's Update, including Ways of Working and office accommodation

10.20-10.25   Director

Verbal update

10:25 - 11:10
45 min

2. Setting the Direction

2.1. Quality Framework for Community Engagement- update

10.25-10.35   Head of Engagement Programmes

Verbal update

2.2. Volunteering in NHS Scotland national programme- progress report

10.35-10.50   Volunteering Programme Manager

Paper

☐ Item 2.2 20211027 - SHC Committee meeting Paper - National Volunteering Programme v1.pdf (6 pages)
☐ 20211111-SHC Committee -National Volunteering Programme Appendix 1.pdf (14 pages)

☐ 20211111-SHC Committee -National Volunteering Programme Appendix 2.pdf (7 pages)
☐ 20211111-SHC Committee -National Volunteering Programme Appendix 3.pdf (3 pages)

2.3. Citizens Panel- progress report

10.50-11.00   Head of Engagement Programmes

Paper

☐ Item 2.3 20211029 - SHC Committee - Citizens Panel Update v02 (SD)GMcG.pdf (7 pages)

2.3.1. Observing 2 minute silence for Armistice Day- Chair

11.00-11.02

2.4. Engaging People in the work of HIS

11.02-11.10   Head of Engagement & Equalities Policy

Paper

☐ Item 2.4 20211028 - SHC Committee meeting paper - engaging people workstreams v11.pdf (5 pages)
☐ Item 2.4 Appendix 1.pdf (17 pages)
☐ Item 2.4 Appendix 2.pdf (10 pages)
☐ Item 2.4 Appendix 3.pdf (5 pages)
☐ Item 2.4 Appendix 4.pdf (4 pages)

11:10 - 12:15
65 min

3. Committee Governance

3.1. Risk Register

11.10-11.15   Director

Paper

☐ Item 3.1 20211029 SHC Committee meeting Risk Register Cover paper.pdf (3 pages)
☐ Item 3.1 Appendix 1 20211111 SHC Committee meeting -Risk Register.pdf (1 pages)

3.2. Risk Management- Deep Dive- reprofiled service change risk

11.15-11.35   Head of Engagement Programmes/Engagement Programme Manager

Paper

☐ Item 3.2 20211111 SHC Committee meeting Risk Management - Risk management deep dive paper DB V 3.0 (SD).pdf (4 pages)

3.3. Service Change- Briefing including Action Plan

11.35-11.45   Engagement Programmes Manager

Paper

☐ Item 3.3 20211111 SHC Committee service change paper November 2021 v3.0 (SD).pdf (10 pages)

3.4. Remobilisation and Operational Plan Progress Report-Quarter 2

11.45-11.50   Head of Engagement Programmes

Paper

☐ Item 3.4 20211111 SHC Committee Meeting - Remobilisation and Operational Plans Progress Update Q2 2021-22 v3.0 (004) (SD).pdf (18 pages)

3.5. Operational Plan 2021/22- Performance Measurement Framework

11.50-12.00   Head of Engagement Programmes

Verbal update

3.6. Corporate Parenting Action Plan

12.00-12.10   Head of Engagement & Equalities Policy/Equality and Diversity Advisor

Paper

☐ Item 3.6 20211027 - SHC Committee meeting Corporate Parenting draft v1.pdf (5 pages)
☐ Item 3.6 20211027 Appendix 1 - SHC Committee meeting Corporate Parenting draft v1.pdf (12 pages)

3.7. Governance for Engagement Sub-committee Minutes

12.10-12.15   Head of Engagement & Equalities Policy

Paper

☐ Item 3.7 20210819 - Governance for Engagement meeting notes 19 August v1.pdf (10 pages)

12:15 - 12:20
5 min

4. Reserved Business

4.1. Service Changed Sub-committee Minutes 28/10/2021

12.15-12.20   Head of Engagement Programmes

Paper

☐ Item 4.1 20211028 Draft SHC SC Sub-Comm Oct 21 MTG NOTE v0.2 (SD).pdf (5 pages)

12:20 - 12:25
5 min

5. Additional items of Governance

5.1. Key Points

12.20-12.25   Chair

12:25 - 12:30
5 min

6. Closing Business

6.1. AOB

12.25-12.30   All

6.2. Meeting Close

12.30

12:30 - 12:30
0 min

7. Date of next meeting

17 February 2022 10.00am -12.30 venue TBC

SHCC Draft MINUTES – V0.2

Meeting of the Scottish Health Council Committee

Date: 9 September 2021
Time: 10:00am-12:30pm
Venue: MS Teams

Present
Suzanne Dawson, Chair (SD)
John Glennie, Vice Chair
Elizabeth Cuthbertson, Member (EC) (left at 12 noon)
Dave Bertin, Member (DB)
Emma Cooper, Member (EmC)
Simon Bradstreet, Member (SB)
Jamie Mallan, Member (JM) (left at 12 noon)

In Attendance
Ruth Jays, Director of Community Engagement (RJ)
Derek Blues, Engagement Programmes Manager (DBL)
Jane Davies, Head of Engagement Programmes (JD)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)
Robbie Pearson, Chief Executive (RP)
Jane Illingworth, Head of Planning and Governance (JI)

Apologies
Victoria Edmond, Senior Communications Officer (VC)
Susan Ferguson, PA to Director of Community Engagement & Chair of SHC (SF)
Alison Cox, Member (AC)
Christine Lester, Non-executive Director (CL)

Committee Support
Suzanne Mack, Administrator (SM)

Declaration of interests
No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	ACTION
1.1	**Chair's Welcome, Introductions and Apologies**	
	The Chair (SD) welcomed everyone to the meeting via MS Teams and welcomed Carole Wilkinson (CW), Healthcare Improvement Scotland Chair, Robbie Pearson (RP), Chief Executive, Healthcare Improvement Scotland, Jane Illingworth (JI), Planning and Governance, Healthcare Improvement Scotland, and Derek Blues (DBL), Engagement Programmes Manager,	

	Healthcare Improvement Scotland. The Chair further welcomed Suzanne Mack, Administrator, for supporting today and to pass thanks to Emma Smith for support with the papers in Susan Ferguson's absence. Apologies were noted as above.	
1.2	**Chair Comments**	
	The Chair (SD) reported that she had recently met one of the members face-to-face and that she would like to arrange in-person meetings with each of the Committee members in the near future. SD noted Redesign of Urgent Care (RUC) roll out and the need for the committee and HIS-CED to provide support to boards to carry out meaningful, clearly communicate changes to the public and mitigate inequalities that might arise due to the redesigned service. SD reiterated the continuing importance of engagement on changes to services, notwithstanding the pandemic. SD highlighted her attendance at a recent NHS Board Chairs meeting. SD noted DB has been selected to be a judge at the Scottish Health Awards, this will be a large task but extremely rewarding.	
1.3	**Draft Minutes of Meeting**	
	The draft minutes of the Committee meeting held on 27 May 2021 were approved as an accurate record of the meeting apart from one amendment : Date of Next meeting incorrect noted as 10th September and should be 9th September	
1.4	**Review of Action Point Register**	
	SD presented the action point register to the Committee. The Committee noted the content of the action point register. 2.1 Quality Framework for Community Engagement – Tony McGowan (TMG) noted further discussions were being held and would update in due course.	TMG
	2.2 Slide Images – JD commented these will hopefully be available in the next few weeks and would be shared with the Committee.	JD
	3.5 Operational Plan 2021/22: Easy Read Version – TMG commented there is a plan being put in place and	TMG

	will discuss further with RJ/JD next week. The options will be shared with committee at the next meeting. AOB iPads distribution – Some members have received their new devices with some awaiting delivery in the near future. TMG noted that DSE Assessments are available to all committee members.	
1.5	**Business Planning Schedule**	
	SD presented the Business Planning Schedule to the Committee. TMG commented the Volunteering Meeting has been moved to November. The Committee noted the Business Planning Schedule.	SF to change to reflect the move
1.6	**Director's Update**	
	RJ provided a verbal update to the Committee and highlighted areas such as the changes in effect as a result of the interim structure and feedback from staff and consideration of our accommodation needs for the future. She also highlighted letters sent to Chair's and Chief Executives in relation to redesign of urgent care; publication of our Gathering Views report on the same subject as well as the successful Occupational Therapy student placements recently hosted by the directorate. In response to members questions around the decisions about the interim structure RJ advised that any final decisions would be made following March 2022 and would be subject to formal organisational change, if necessary. TMG noted the interim changes did not affect our functions as a directorate but how delivered our business. The Committee thanked RJ for the verbal update provided.	
2.	**SETTING THE DIRECTION**	
2.1	**HIS Strategy Update**	
	The Chair welcomed HIS Chair Carole Wilkinson (CW), Robbie Pearson (RP) and Jane Illingworth (JI) to discuss the work on the development of the HIS Strategy. The chair (SD) also thanked the committee members for taking part in the recent one-to-one discussions in relation to the Strategy. HIS Chair (CW) and RP noted their thanks to the Committee. RP led on a short presentation about the strategy. He	

noted how much the organisation has changed over the last 10yrs and how the organisation has flourished even under the pressures of Covid pandemic.

Some points were highlighted:

1. HIS Strategy is not a fixed document at fixed point in time, needs to be a rolling 'live' document.
2. HIS has a key opportunity for SG to be more joined up in integrated services.
3. RP extremely proud of all work but in particular the recent work of HIS-CED on unscheduled & Urgent Care has been highly praised.
4. Our organisation has grown tenfold over the last 10 years and continues to grow.
5. The pandemic has highlighted the need for people to be truly involved in their care.
6. HIS are seen as a centre for excellence, this includes HIS-CED as experts in engagement and involved.

SD thanked RP/JI/ CW for their presentation. In response, the Committee raised the following points:

i)   The scope to involve public in discussions about strategy development.
ii) General direction of travel is welcomed – there is a need to clarify role of prevention in health services – policies need to be driven by evidence not fashion.
iii) Inequalities – often mentioned in documents but needs to be put in to action rather than just words.
iv) There are issues around national pieces of work and how engagement is taken forward and ensuring it is built in.
v)   Need to consider an accessible and/or easy read version.
vi) Although noted strategy is live and no line drawn in the sand, that can bring some other challenges – staff need to have support from leaders to work in an agile way. That can be difficult to maintain with risk aversion from leaders.

RP advised the Committee :

i)   Involving members of the public will be looked at.
ii) Evidence for implementation is an interesting debate given so many different methodologies.
iii) Agreement about need for action linked to strategy, which provides a framework to enable this to happen.
iv) Although changes to services can result from national or regional planning structures, all NHS Boards still have a duty to ensure engagement takes place. RP/RJ will be working with colleagues at National Planning Board to ensure community engagement is taking place in line with statutory

		responsibilities, and to highlight the support the directorate can provide. v) Language and accessibility is crucial and HIS-CED will be involved in discussions to ensure the strategy is accessible. vi) Dealing with a lot of ambiguity is difficult for staff and leaders, however there is the underpinning 7 key delivery areas and it's important we support leaders and staff to make the strategy work. The Committee passed on thanks for the presentation and open discussions.	
2.2	**Quality Framework for Community Engagement**		
		JD provided an update to the Committee and highlighted the following points: 1. Currently finalising letters to NHS Boards, Health and Social Care Partnerships and Local Authorities about the launch of the self-evaluation framework. These will be shared with members when available. 2. We continue to work with test sites and hope to have at least 6 test sites identified by November to test the self-evaluation tools and framework, current pressures notwithstanding. 3. Currently working with Care Inspectorate to ensure that support is available for local authorities and social care services should they request this. JD advised that work was ongoing to ensure that the Quality Framework would align with our Governance for Engagement processes. The Committee thanked JD for the verbal update. **Actions**: JD to copy letters to Committee Members when available.	**JD**
2.3	**Engaging People in the work of HIS**		
		TMG provided an update to the Committee and highlighted the following points: 1. A new unified Equality Impact Assessments (EQIA) template has been developed in collaboration with colleagues at Golden Jubilee. This should make the EQIA easier to use and less time consuming. 2. We are currently considering how HIS can ensure we include volunteers more in our work which would complement the Public Partners role. We are looking at creating Regional Opinion Panels as a way forward with this. These would complement the Citizens' Panel which deal more with national policy. These regional panels would be able to come	

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	together at shorter notice, topics could be more targeted and could cover a better spread ensuring geographical, diverse and demographic coverage over Scotland. We are on course to trial this in one region. The Committee noted the work on the template highlighting they like the accessibility and Humans Rights approach. This will be made available on the HIS intranet site for staff once available. The Committee noted its support for Regional Panels and getting a better spread of input from across Scotland. The approach will hopefully help work to move at a quicker pace than the Citizens' Panels that require detailed planning. The Committee thanked TMG for providing the update and noted its content. **Action :** 1. TMG to contact JM to discuss further human rights approaches along with Rosie Tyler-Grieg, Equality and Diversity Officer.	**TMG**	
2.4	**Equality Mainstreaming Report Update**		
	TMG provided a verbal update to Committee. We have well established links with the internal Race and Ethnicity Network. Currently establishing an LGBT+ network within HIS, currently developing terms of reference prior to launching in the near future. Workplace Transgender Equality Guidance is to be discussed at the Policy Sub-Group and Equality & Diversity Working Group. The Committee thanked TMG for the verbal update provided.		
2.5	**Succession Planning Committee Update**		
	RJ provided a verbal update to Committee. There is an opportunity to discuss the next draft plan and it will be important to get Committee input to this. Some of the plans will need to be developed with stakeholders and conscious we are doing this with regards to HIS Strategy so we are looking to do this in tandem. We need to ensure we get diverse membership. SD/CW wished to draw attention to the excellent response to the latest NHS Board recruitment campaign. Part of this success is down to the engagement offices sharing the information. CW asked that this was fed back to staff.		

3.	**Committee Governance**	
3.1	**Risk Register & Review of Risks**	

	RJ presented the latest report on risks assigned to the directorate and noted we are looking to amend our risks slightly as 2 overlapping risks 1061 and 1078 could be combined in to one risk. RJ asked for views of the Committee. After some discussion, it was agreed to combine these into one risk going forward with the Committee noting the improved wording.
	
	Risk 1077 would remain unchanged. The Committee did note the jargon around 'soft launch' and the need to ensure clearer wording.
	
	Action :
	    1. RJ to look at jargon within the risk wordings.
	    2. Risks 1061 and 1078 to be combined as noted in the proposal.
	
	The Committee noted the content of the Risk Register and agreed to the changes discussed.
		
		RJ
		RJ

3.2	**Service Change Briefing** i) Operational update ii) Service Change in National and Regional Planning	
	JD noted the 2 papers and highlighted the ongoing work with SG and COSLA in relation to development and implementation of Planning with People. The Service Change Team are in the process of reviewing and updating the briefing and guidance note published in June 2020. A letter to NHS Ayrshire and Arran from RJ about their proposals for vascular and trauma & orthopaedic services was shared. The second paper in relation to national and regional planning set out our approach to taking forward an action plan. The Committee had discussed the issues at the development session held in June and some of the issues were reiterated. RP commented that there is potential through Regional Planning Group he attends to note what is required and needed in engagement, regardless of whether local, national or regional. The Committee commented our own staff capacity given	

	the breadth of SC within certain areas (4 in Highland for example). JD commented that Service Change Advisors work alongside our Engagement Offices that allows sharing of workload, which is also one of the key elements of the new interim structure. The Committee thanked JD for the update and approved the papers.		
3.3	**Operational Plan 2021/22 i) Progress Report for Q1 ii) Performance Measurement Framework**		
	JD asked members to note the Progress Report paper which contains progress up to June 2021. The Performance Measurement Framework (PMF) paper was the result of discussions held at the SHCC development session. This outlines our approach. Committee welcomed the shift in approach and noted that there were some similarities in data indicators so we may need to ensure different evidence is used. SB/EC happy to be involved in further discussions regarding quality and evidence. **Action :** 　1. JD to arrange to meet with SB/EC to take 　　forward PMF discussions. The Committee noted the papers / discussions and approved the direction of travel.	**JD**	
3.4	**Governance for Engagement Sub- Committee update**		
	TMG provided the Committee with an update on the Directorate's progress. At the last meeting there was feedback from People and Workforce and iHub which provided good feedback and items we can progress. The next meeting will include updates from Finance & Governance directorate and Quality Assurance Directorate (QAD). These meetings are progressing well and everyone has learned from each other's input. The Committee were assured by the update provided.		
4.	**RESERVED BUSINESS**		
4.1	**Service Change Sub-Committee meeting minutes**		
	The Committee noted the sub-committee meeting		

	minutes from 26th August 2021. No further comments.	
5.	**ADDITIONAL ITEMS of GOVERNANCE**	
5.1	**Key Points**	

	After discussion, the Committee agreed the following three key points to be reported to the Board:
	
	    1. HIS Strategy – Further discussions and input
	    2. Service Change – National and Regional Planning
	    3. Engaging People in the Work of HIS	

6.	**CLOSING BUSINESS**	
6.1	**AOB**	

	The Committee noted a desire to be able to visit local staff to better understand the work happening locally including the difference between mainlands and the more rural/ islands.
	
	JD noted that once face-to-face meetings are allowed we can arrange this. In the interim it would be possible to hold on MS Teams.
	
	JD also highlighted our CE Staff Huddles that take place monthly and asked if committee members would be interested in attending these.
	
	CW highlighted the all staff HIS monthly huddles with Board members taking a slot to give some information about themselves. Board Members have found the experience extremely helpful.
	
	SD again thanked everyone for their input at the meeting and noted an open invitation to RP and CW to attend the Committee meetings in future.
	
	Action :
	    1. Put discussion of ways of working on the Committee agenda in November.
	    2. Dates / join details for CE Staff Huddles to be shared with Committee Members.
		
		SF
		
		SJM/SF

7.	**DATE of NEXT MEETING**	
	The next Scottish Health Council Committee meeting will be held on 11 November 2021 10am-12.30pm via MS Teams.	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: **Scottish Health Council Committee**
Date: **09 September 2021**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting **27/05/2021** **3.5**	Operational Plan 2021/22	Easy-read version of the Operational Plan to be produced for sharing with multiple audiences.	11/11//2021	JD / TMG / VE	On-going – internally sourced easy-read capacity and capability currently being considered – update to be provided at November meeting.
Committee meeting **09/09/2021** **1.5**	Business Planning Schedule	Volunteering update has been moved to November's SHCC meeting and Business planning schedule needs to reflect this. SF to update the change of date.	11/11/2021	SF	Completed – Volunteering now moved to November 2021
Committee meeting **09/09/2021**	Quality Framework for Community Engagement	JD to send copy of the self-evaluation framework launch letters to Committee Members when available.	11/11/2021	JD	Completed- Letters sent 27/10/2021

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2.2					
Committee meeting **09/09/2021** **2.3**	Engaging People in the work of HIS	TMG to contact JM to discuss further human rights approaches along with Rosie Tyler-Grieg, Equality and Diversity Officer.	11/11/2021	TMG	On-going – meeting arrangements being made for during November 2021.
Committee meeting **09/09/2021** **3.1**	Risk register and review of risks	RJ to look at jargon around 'soft launch' with the need to ensure clearer wording within the risk wordings.	11/11/2021	RJ	Completed – wording amended in line with Committee feedback.
Committee meeting **09/09/2021** **3.1**	Risk register and review of risks	Risks 1061 and 1078 to be combined as noted in the proposal	11/11/2021	RJ	Completed
Committee meeting **09/09/2021** **3.3**	Operational Plan 2021/22 i) Progress Report for Q1 ii) Performance Measurement Framework	JD to arrange to meet with SB/EC to take forward PMF discussions.	11/11/2021	JD	Ongoing – arranged meeting was postponed. A new meeting date still to be arranged
Committee meeting **09/09/2021** **6.1**	AOB	SF to include Ways of Working on the Committee agenda in November.	11/11/2021	SF	Completed- WOW included in item 1.5 Director's update

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Committee meeting 09/09/2021 6.1	AOB	Dates / join details for CE Staff Huddles to be shared with Committee Members.	11/11/2021	SF/ SJM	Completed-invites shared for 2021

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Scottish Health Council Committee
Business Planning Schedule

2021-2022

Committee Business	Lead officer	27/05/2021	09/09/2021	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

Committee Business	Lead officer	27/05/2021	09/09/2021	11/11/2021	17/02/2022
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy	▓	▓	▓	▓
Service Change sub- committee meeting notes	Service Change Manager	▓	▓	▓	▓

Closing Business

Committee Business	Lead officer	27/05/2021	09/09/2021	11/11/2021	17/02/2022
3 Key Points	Chair	▓	▓	▓	▓
AOB		▓	▓	▓	▓

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**11 November 2021**
Title:	**Volunteering in NHS Scotland**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Tony McGowan, Head of Engagement & Equalities Policy / Sharon Bleakley, Engagement Programmes Manager / Janice Malone, Programme Manager (National Volunteering Programme)**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Annual Operational Plan delivery
- Emerging issue

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

This paper provides the Committee with an overview of the Volunteering in NHS Scotland National Programme over the past 12 months, highlighting key areas of work and the proposed future direction of the programme.

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

2.2   Background

The Programme works towards three national outcomes, co-produced with NHS boards and the National Group for Volunteering in NHSScotland, as follows:

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

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

Over the last year, regular work activity carried out by the programme has included:

- providing developmental and strategic support to NHS boards – this includes peer support and practice development sessions, provided via MS Teams.
- providing the Volunteering Information System (national electronic database management system for volunteering within NHS boards) – this has included regular training webinars
- sharing good practice and innovation in volunteering – a weekly update bulletin is sent to volunteer managers and leads and a new Community of Practice is being developed utilising MS Teams.

In April 2019, Healthcare Improvement Scotland entered into an agreement with Helpforce (an England-based non-profit organisation that seeks to partner with health and care organisations across the UK to increase volunteering opportunities and their impact) to deliver a number of additional bespoke projects in Scotland. These projects were completed in during summer 2021 and are detailed at Appendix 1.

2.3   Assessment

The publication of Volunteering for All: National Outcomes Framework in 2019 and the impact of COVID-19 on volunteering provided an ideal opportunity to reflect on the success of the programme over the past decade, and the impact it has had on volunteering practice in NHSScotland. Some of the notable successes and challenges highlighted over the last 12-18 months include:

Remobilisation of volunteers - COVID-19 had a significant impact on levels of volunteering activity. At the beginning of the pandemic, levels of volunteering within NHSScotland were reduced significantly to ensure the safety of volunteers. Some new volunteering roles have emerged during this time, for example to support the flu vaccination programme, and more recently the COVID-19 vaccination programme. However, a large proportion of volunteer roles across NHSScotland have remained stood down since March 2020. A set of new recommendations and guidance to support NHS boards in the remobilisation of their volunteering programmes was developed and published and is updated as required.

A risk assessment framework for the reintroduction of stood down volunteers has been published and is proving a useful tool for volunteer managers.

Future of the Volunteering Information System (VIS) – the current technical support for the system ceases on 31 March 2022. The Scottish Government considered an internally produced proposal informed by the programme for funding to replace the current VIS system. Unfortunately, this was not successful and priority discussions on alternatives are currently being discussed and examined, including a possible extension to the existing contract. Scottish Government sponsors are working on an amended business case proposal.

Online volunteer application form - The roll out of the new online Volunteer Application Form has not been able to progress as the System Security Policy must be reviewed by the IT team at the Golden Jubilee National Hospital (GJNH). The request was made in June 2021, however, the team at GJNH have advised that capacity is currently an issue and there is therefore no date for completion of this. The national group continues to monitor this and will take steps to intervene if required.

Education and Training - A review of the national Volunteer Induction Module is underway, and the development group has reached agreement that the revised version can provide a national 'once for all' volunteering induction for all new NHS volunteers in future. This should be supplemented by locally developed training on board-specific aspects of the volunteer role.

Recent discussions with NHS National Education for Scotland (NES) have provided an opportunity to explore the creation of a volunteering mini site within the established digital training platform (known as TURAS) which has scope to develop a range of education and training for both volunteers and staff in volunteer management roles.

Future of the Programme - There is an opportunity now to look forward and consider how the programme can provide improved governance and leadership to volunteering practice across NHSScotland. Four potential areas have been identified which would benefit from exploration in developing the volunteering in NHSScotland programme for the future, namely

- improvement
- quality
- influencing
- evidence & impact

Developing these areas will allow the programme to move from its current support function towards providing governance, leadership, consultancy and subject matter expert advice

on volunteering for the health service. Further details of the proposal can be found in Appendix 2.

2.3.1 Quality / Care

The Volunteering in NHSScotland Programme has identified a need for support in the evaluation and impact assessment of volunteering across NHSScotland. This should be carried out at a local level with the NHS boards we work with, but also at a national level to provide evidence of the benefits of volunteering to NHSScotland and wider society.

In order to develop this, it is necessary to build the skills, knowledge and confidence of volunteer management staff within NHS boards to allow them to carry out effective evaluation and assess the impact of their volunteering roles and programmes. In addition, we need to develop an ongoing offer from the Volunteering in NHSScotland Programme to NHS boards to support the continued evaluation and impact assessment over the longer term which will allow the programme to evaluate the impact of volunteering across NHSScotland as a whole. Discussions are taking place with Helpforce around using their Impacts and Insights Service to carry out this evaluation process. Further details can be found at Appendix 3.

2.3.2 Workforce

The programme is now fully staffed within HIS-Community Engagement Directorate, with 0.8 WTE Programme Manager, 0.6 WTE Project Officer, and administrative support. In addition, an Engagement Programmes Manager commenced on 3rd August 2021 who, in conjunction with the Head of Engagement & Equalities Policy, provides strategic level support to the programme.

2.3.3 Financial

The Programme activity is currently resourced via two funding streams annually:

- Core funded via Healthcare Improvement Scotland Scottish Government recurring allocation, c.£82k
- The Volunteering Information System in a separate recurring Scottish Government allocation, c.£21k

2.3.4 Risk Assessment/Management

Programme risks are managed by the Programme Manager. This includes specific risks relating to the Volunteering Information System. An overarching Volunteering Information System information governance risk is lodged in the Healthcare Improvement Scotland risk management system.

2.3.5 Equality and Diversity, including health inequalities

The programme does not interface with volunteers or the public, but its outputs are reviewed and adapted to support inclusive practice. The Programme Manager currently leads the national development of a 10-year action plan for Scotland to drive forward the Inclusive Volunteering Agenda, which will form part of the Scottish Government's *Volunteering for All* Action Plan, due for publication in March 2022.

The programme team are currently planning to undertake an Equality Impact Assessment (EQIA) for volunteering in NHSScotland. It is anticipated that the EQIA will form the basis for an action plan to improve the inclusiveness of volunteering across NHSScotland.

2.3.6 Other impacts

No other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

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

- The National Group for Volunteering in NHSScotland membership reflects the structures within NHSScotland and meets 4-5 times per year. The group members have networks from which to seek volunteer engagement in its work where necessary.
- Meetings of Strategic Leads take place when required.
- Volunteer Managers Network meetings take place every two months, via MS Teams.
- The Volunteering Information System User Group meets when required.

2.3.8 Route to the Meeting

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

Regular updates are provided to the Scottish Government sponsor.

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

2.4 Recommendation

Awareness – Members are invited to note the content of this update and comment / query accordingly.

3   List of appendices

The following appendices are included with this report:

- Appendix No 1, Helpforce Final Report
- Appendix No 2, A New Vision for Volunteering in NHS Scotland
- Appendix No 3, Helpforce Impact & Insights Opportunity

Community
Engagement

Helpforce – end of funding report

September 2021

NHS
SCOTLAND

Contents

Introduction

The [Volunteering in NHSScotland Programme](#) is part of the Community Engagement Directorate at Healthcare Improvement Scotland. The Programme has supported NHS Boards to develop sustainable volunteering programmes since October 2011 and now forms part of the core work of the directorate and organisation.

The Scottish Government Health Directorate resource the programme, which is tasked with delivering an annual work programme, aligned to nationally agreed outcomes.

In April 2019, Healthcare Improvement Scotland entered into an agreement with [Helpforce](#) to deliver a number of additional bespoke projects in Scotland.

Design of the projects was carried out by the Volunteering in NHSScotland Programme Manager and involved the [National Group for Volunteering in NHSScotland](#) and Scottish Government in the design process. The projects were endorsed by both in 2018/19.

Healthcare Improvement Scotland approved the proposed workplan and engagement with Helpforce in 2018/19 and formally entered into an agreement to deliver these projects from April 2019 to March 2021. This was subsequently extended to August 2021 as a result of the COVID-19 pandemic.

The resource provided by Helpforce, via the National Lottery Community Fund, allowed an increased in existing programme capacity and additional financial resource to support project delivery.

The projects got underway in 2019, and then much of the work had to be paused as a result of the COVID-19 pandemic. In collaboration with Helpforce, and by taking a flexible approach to the projects the majority of planned work is either in progress or has been completed.

Project Descriptions

The projects below were identified and agreed for delivery via the Volunteering in NHSScotland Programme.

Project	Description
HF1 Reducing the length of time for volunteer recruitment	Improvement project to tackle the length recruitment process which incurs high resource costs (staff time and financial cost). Predicted impact: - A reduction the administrative burden on volunteer managers - A reduction in the length of the recruitment process – volunteers will begin volunteering more quickly - A reduction in the attrition rate of volunteer enquiries - The above will contribute to an increase the number of volunteers in NHSScotland
HF2 Pilot of a volunteer supporter role	The pilot of a volunteer-led model for ad-hoc and day to day 'check-in' of placed volunteers could provide a solution to the sustainability and critical point of failure challenges experienced in larger programmes. Predicted impact: - Identify the challenges in volunteer placements before a volunteer leaves leading to an increased level of volunteer retention - Increase the capacity of NHS Boards using the model to place and manage greater numbers of volunteers - Provide a pathway into careers in volunteer management (longer-term, more difficult to evidence)
HF3 Embedding of evaluation throughout volunteer engagement programmes	A series of interventions including an examination of frameworks in place, recommendations for best practice nationally, training and learning sets for volunteer managers. Predicted impact: - A strengthened business case for sustainable volunteer engagement locally and nationally - A bank of case studies, volunteer, staff and patient stories on the impact of volunteering that are used to demonstrate impact

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HF4 Develop and spread new and innovative volunteer roles	The Programme team will use the increase in capacity to gain a more in-depth understanding of the roles across NHSScotland, bringing together key players in the NHS to identify and demonstrate how volunteering can contribute to service outcomes. Predicted impact: - A range of impacts on patients, volunteers and staff depending on context (could be reduced anxiety, increased adherence to rehab protocols etc, better self-management etc) - An increase in the number of roles in NHS Boards
HF5 National overview of volunteering across NHSScotland	Culminating in a report on volunteering in NHSScotland, this will include examples of good and innovative practice, identifying the impact of volunteering on all stakeholders and a strong focus on building sustainable programmes and roles. Predicted impact: - A strengthened business case for sustainable volunteer engagement locally and nationally - A secondary impact of greater levels of volunteer engagement via the sharing and scaling of practice

HF1: Reducing the length of time for volunteer recruitment

The development of an online volunteer application form, which reduces errors and the administrative burden on staff. This new functionality is being rolled out across NHSScotland.

This project was developed in light of emerging data from the Volunteering Information System (a core programme activity) that highlighted lengthy recruitment processes in NHS Boards.

An offer was extended to three NHS Boards to engage in an improvement project that would examine the recruitment process, identify challenges and through collaboration seek to address these challenges.

NHS Greater Glasgow & Clyde, NHS Fife and NHS Lanarkshire engaged in this project and work was done on mapping the processes for each board, gathering data and identifying improvements. The group also developed a draft online volunteer application form. The anticipated project outcomes were agreed as:

- A reduction in the length of the recruitment process
- A reduction in the administrative burden on volunteer managers

- A reduction in the attrition rate of prospective volunteers leading to an increase in the number of volunteers

The group discussed and agreed 32 improvement ideas which were prioritized with the first improvements identified as:

- Online registration or enquiry form
- Volunteer Information System report showing references still due
- Volunteer Managers all to be counter signatories to reduce delays
- Self-booking system for training with set timescales to be booked and attended
- Online application form

The online application form was developed by the System Support Partner (Factory 73) and testing took place between 13 January and 13 March 2020. Preliminary data showed online application returns took 6.2 days during the testing period. Upon closure of the testing phase, a number of changes to the form were identified and amendments made. The plan was to carry out a more extensive pilot following these changes.

This improvement project resumed in August 2020 with a review of the impact of COVID-19 on the recruitment process and a revision of process mapping with the project group leads. Following this, the Project Group confirmed changes required to the online application form for the Volunteering Information System. The Volunteer Information System was also upgraded during this time.

In January 2021, an agreement was reached with NHS Lanarkshire to pilot the online application form. The testing period ran from February – April 2021. An evaluation following the testing period showed the Online Volunteer Application Form significantly reduced the burden on staff, reduced errors and has experienced minimal problems. The number of volunteer enquiries and applications processed demonstrated that the form is a useful addition to the volunteer recruitment process.

In order to roll out the new functionality to other NHS boards the Data Protection Impact Assessment and System Security Policy require to be updated, this process is underway and plans are in place to systematically roll out the Online Volunteer Application Form to NHS boards across Scotland.

HF2: Pilot of a volunteer supporter role

Scoping and planning work carried out to identify a new volunteer-led support model to increase capacity of volunteer managers. Work was paused because of the pandemic and will be revisited at an appropriate time in future.

This improvement project sought to test out a new volunteer-led support model that aimed to provide ad-hoc, light-touch support to volunteers leading to greater retention and capacity to engage more volunteers.

An initial scoping exercise was carried with the Volunteer Managers Network. Representatives from 11 health boards attended the event and highlighted the need for thorough planning, engagement and training in advance of peer support roles. There was also a need for the role to be adaptable to suit local circumstances. The feedback collected was to be used to inform scoping discussions with interested NHS Boards who wished to be part of the pilot.

An inception meeting for the project took place in November with 12 representatives from eight Boards present (NHS 24, NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Fife, NHS Lothian and NHS Tayside). At this meeting, examples of existing peer support roles along with the learning from developing and supporting the roles were shared and discussed by the participants.

A number of themes were identified and explored in more depth:

- Title
- Role boundaries
- Support
- Training
- Volunteer motivations

Following this, short, medium and long-term outcomes were agreed for the project.

Project Outcomes
Short-term
≈ Volunteers feel valued
≈ Volunteers raise concerns when they occur
Medium-term
≈ Volunteers stay longer (increased volunteer retention)
≈ Volunteer programmes are more resilient
Long-term
≈ Volunteer managers have increased capacity and can recruit and place greater numbers of volunteers
≈ Improved end outcomes for beneficiaries
≈ The Volunteer Supporter role offers a pathway into volunteer management

Draft guidance was subsequently developed and there was a planned event on 18th March 2020 to present the work and identify test sites to take this forward. Unfortunately, due to the pandemic the event did not go ahead and this work was paused.

The work was unable to be resumed during the funding period due to restrictions on volunteering in NHSScotland and lack of capacity of staff to engage in the project.

HF3: Embedding of evaluation throughout volunteer engagement programmes

Scoping and planning work was carried out to understand what was required in order to embed evaluation into volunteering programmes. No further work was possible because of the pandemic, however the importance of developing an evidence base and assessing impact of volunteering in NHSScotland is widely recognised and will form a key part of the programmes work moving forward.

This workstream touches on wider aspects of programme activity and the HF4 project which utilises case studies to demonstrate the impact of volunteering. A number of workshops on evaluation were delivered with a more detailed look at the tools available. Feedback from these sessions and learning from the implementation of the impact and outcomes work by Volunteer Now (Helpforce/NLCF partner in Northern Ireland) was to be considered in taking the workstream forward. The existing evaluation framework for the Volunteering in NHSScotland Programme was mapped against the Volunteering for All national outcomes framework to encourage NHS Boards to align their own strategic plans to the framework.

A further workshop was delivered to develop understanding and practice in measuring and communicating the impact of volunteering. This was attended by six staff from four NHS boards. The plan was then to work with these colleagues on an individual basis to develop local evaluation measures for volunteer roles.

All project activity was paused during the pandemic and has not been resumed due to the demands on volunteering services within NHSScotland.

In May 2021, Helpforce launched their Insight & Impact Service. In July 2021, discussion took place to understand if the Insight & Impact Service might support the programmes ambition to support evaluation and impact assessment of volunteering across NHSScotland. As a result, a paper was tabled at the National Group for Volunteering in NHSScotland proposing that a partnership is established to take forward this work outside the scope of the original funding.

HF4: Develop and spread new and innovative volunteering roles

23 case studies were developed during this project, highlighting the excellent and innovative practice across NHSScotland.

To provide a baseline of volunteer roles with NHSScotland a number of case studies were developed from roles within NHS boards that were deemed to be relevant for spreading and scaling.

The mapping of the Volunteering for All: National Framework to the planning of the case studies allowed the Programme to support the national strategic direction for volunteering in Scotland.

During the course of the project 23 case studies have been produced in collaboration with ten (of 14) territorial health boards and one (of eight) special health boards. A range of innovative volunteering roles have been captured and showcased as a result of this project, all of which are available on the Healthcare Improvement Scotland – Community Engagement website: https://www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/case-studies.

HF5: National overview of volunteering across Scotland

This report will support the programme in raising the profile of volunteering amongst key stakeholders

This report is the output for HF5 and will be used as a tool to raise the profile of volunteering amongst senior management in NHSScotland, Scottish Government, Third Sector and Healthcare Improvement Scotland. It will also be used to raise the profile of volunteering via social media and as a tool to aid discussions and continue to develop and strengthen relationships amongst stakeholders.

End of life care project (NHS Borders)

The programme manager continues to provide support as required to the End of Life Care project, part of a UK programme of work to involve volunteers in end of life care.

NHS Borders, one of seven pilot sites for volunteers in palliative care, are delivering end of life care with companionship volunteers through a partnership between Helpforce and Marie Curie.

Subsequent to Helpforce's agreement with Healthcare Improvement Scotland, the Programme was invited to support the End of Life Care work and their education and learning workstream.

The following activities were added to the Volunteering in NHSScotland Programme's project plan when capacity allowed.

- Support and engagement with the End of Life Care Project throughout the year
- Attend project meetings
- Support calls and application reviews of NHS board applications for the End of Life Care project.

The Programme Manager will continue to provide support and engagement as required by NHS Borders, as much as capacity within the programme allows.

Finance report

We are incredibly grateful to Helpforce for the provision of the funding, which allowed this work to go ahead. The remaining £10,431 will be returned to Helpforce.

	£	
Funding 21-22	6,000	
Funding 20-21	25,000	
Funding 19-20 Brought Forward	2,159	
YTD Costs P12	(22,728)	Full Year Costs 20-21
Funding Remaining	**10,431**	

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Summary and conclusions

The COVID-19 pandemic undoubtedly created significant challenges in the delivery of the projects within the agreed timescales. The landscape of volunteering as a result of the pandemic has shifted significantly, and the remobilisation of volunteering across the NHS in Scotland is still in its very early stages. However, it is clear even now that some of the areas of focus from these projects will remain as key areas of focus for the programme as it moves forward – specifically evaluation and impact and building capacity within volunteering for the future.

Even in these extraordinary times, and with the ongoing support from Helpforce, we are pleased to have been able to deliver on 4 out of 5 agreed projects.

HF1: Reducing the length of time for volunteer recruitment translated into the development of the Online Volunteer Application Form, this project has been transformative for volunteer recruitment and demonstrated meeting 3 out of 4 predicted impacts:

- A reduction the administrative burden on volunteer managers
- A reduction in the length of the recruitment process – volunteers will begin volunteering more quickly
- A reduction in the attrition rate of volunteer enquiries

HF3: Embedding of evaluation throughout volunteer engagement programmes demonstrated one of the predicated impacts through HF4:

- A bank of case studies, volunteer, staff and patient stories on the impact of volunteering that are used to demonstrate impact

Evaluation and impact assessment continues to be an area of focus for the Volunteering in NHSScotland Programme. While we were not able to complete the project as it was set out in 2019, we are delighted to continue to work in partnership with Helpforce's Insight & Impact Service to discover if this provides the right platform for the development of a robust evidence base for volunteering in NHSScotland.

HF4: Develop and spread new and innovative volunteer roles saw the development and publication of 23 case studies, and formed a key part of our Volunteers Week activity. The impacts, although different to the original predicted impacts are:

- Examples of excellent volunteering practice in NHSScotland (which were often hidden) shared across the wider volunteering sector in Scotland.
- Supports discussions with volunteer managers across NHSScotland on the development of new volunteering roles.

This report is the output for HF5: National Overview of Volunteering in NHSScotland and will be used as a tool to raise the profile of volunteering amongst senior management in NHSScotland, Scottish

Government and Healthcare Improvement Scotland. While it is too early to know if the predicted impacts will be met, it is likely that in time these impacts will be met:

- A strengthened business case for sustainable volunteer engagement locally and nationally
- A secondary impact of greater levels of volunteer engagement via the sharing and scaling of practice

HF2 Pilot of a volunteer supporter role was unable to progress as a result of the pandemic, however the scoping work which was undertaken before the pandemic will not be lost and will be revisited at an appropriate time.

The relationship between the Volunteering in NHSScotland programme and Helpforce over the past almost three years has been helpful and of mutual benefit.

Helpforce has developed its understanding of the distinctive approach to volunteering undertaken within NHSScotland as it seeks to positively influence the agenda across all four home nations.

The relationship has facilitated the programme in progressing key actions, and there is the potential for further joint working to come, particularly around evaluation arrangements and the ability to measure impact.

The programme will therefore continue to explore with Helpforce appropriate collaboration opportunities, under the governance of the National Programme Group.

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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Volunteering in NHSScotland Programme

Creating a new vision and strategy

Context

The publication of [Volunteering for All: National Outcomes Framework](#) in 2019 and the impact of COVID-19 on volunteering provides an ideal opportunity to reflect on the huge success of the programme over the past decade, and the impact it's had on volunteering practice in NHSScotland. However, now is the time to look forward, to consider how the programme can provide governance and leadership to volunteering practice across NHSScotland.

Proposal

The Volunteering in NHSScotland Programme seeks the support of the National Group for Volunteering in progressing with work to define the vision, strategy and outcomes for the future of the programme.

October 2021 – March 2022		April 2022 – March 2023	
Scope	**Develop**	**Implement**	**Evaluate**
Current state / future state	Vision statement	Launch vision & strategy	Review against milestones / success measures
Horizon scanning	Programme outcomes	Year 1 of operational plan	Annual report
	5 year strategy		
	Operational plan		
	Milestones / success measures		
Stakeholder mapping & engagement			

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Current programme functions

The image below details the range of functions that the Volunteering in NHSScotland programme currently delivers. Further detail on the current work of the programme can be found in appendix 1.

Current

Strategic Volunteering Support	Operational	Volunteer Information System
Relationship management	Volunteering Helpdesk provision	Information governance
Promote volunteering in NHSScotland	Relationship management	Training
Inform policy and practice on volunteering	Review and update existing guidance and resources for volunteering in NHSScotland	Manage user accounts
Develop and publish new guidance and resources for volunteering in NHSScotland	Deliver 6 virtual peer support sessions per year	1:1 support
	Deliver 2 face to face peer support / practice development sessions per year	Online volunteer application roll out
	Deliver 4 virtual practice development sessions per year	Review & rework advanced webinars
	Manage the community of practice	Annual agreement renewals
	Manage and develop the Volunteer Managers Network	Support partner contract management
	Quarterly reporting (internal and National Group for Volunteering)	
	Integrate the work of the volunteering programme into the Community Engagement Directorate (build capacity)	

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Future programmefunctions

Four potential areas have been identified which would benefit from exploration in developing the volunteering in NHSScotland programme for the future. Currently, the primary function is one of support. Developing these areas would allow the programme to move from a support function towards providing governance, leadership, consultancy and subject matter expert advice on volunteering for the health service.
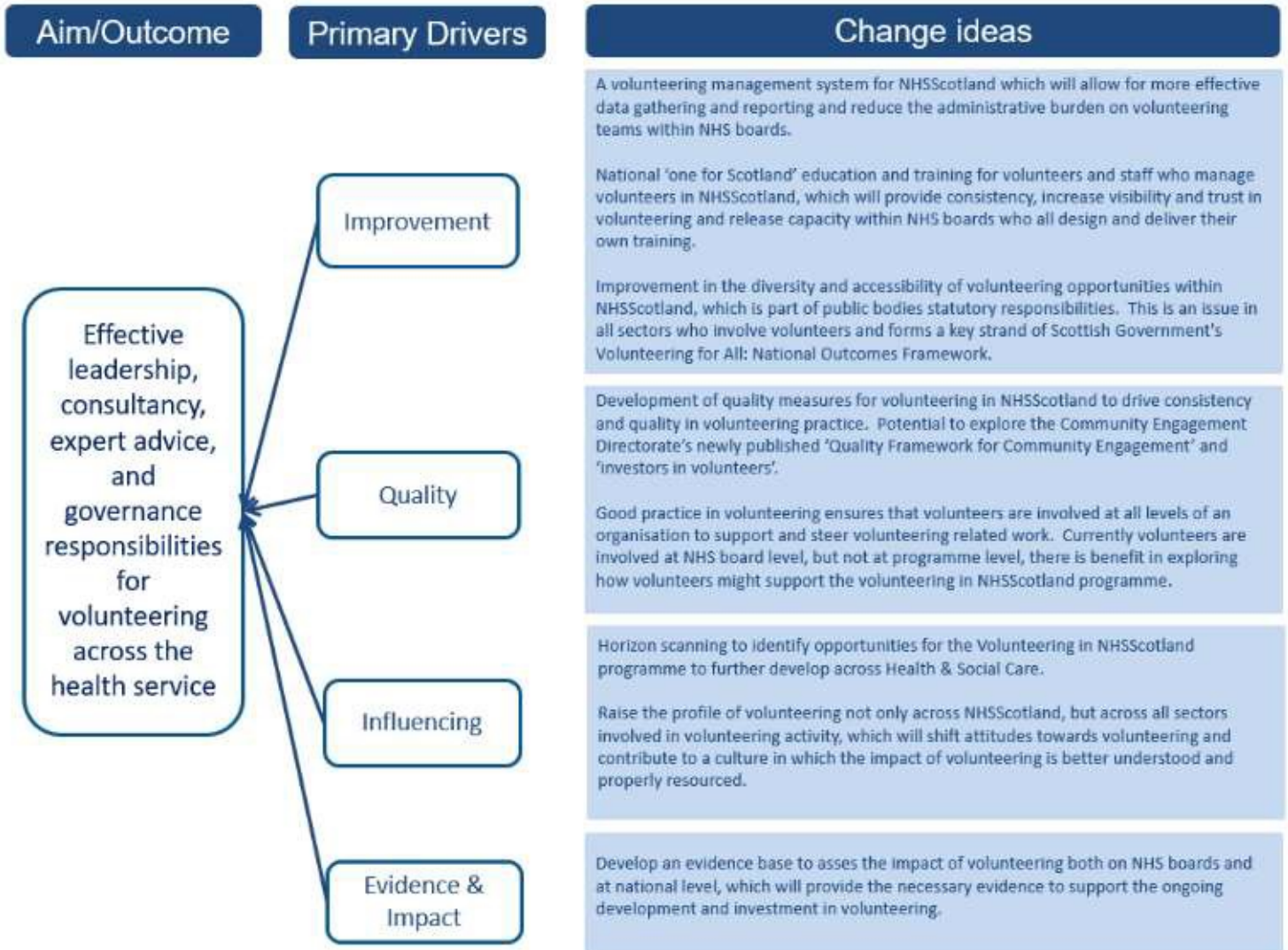
Next steps

If this proposal is approved, a detailed project plan will be developed and implemented for the period October 2021 – March 2022.

As a key stakeholder group, the National Group for Volunteering in NHSScotland will inform and guide the process, and will be provided with regular progress reports.

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Appendix 1: Current work detail

Strategic support				
Activity	Current status	Future positioning	Interdependencies / stakeholders	Timeframe
Relationship management	Develop and maintain relationships with a range of stakeholders.	Influencing	NHS boards Scottish Government Third Sector	Ongoing
Promote volunteering in NHSScotland	Host webinars and events, speak at events, publish blogs, articles and social media activity on volunteering related topics. Member of the national planning group for Volunteers Week and deliver related activity with Healthcare Improvement Scotland. Promote International Volunteer Managers Day and International Volunteer Day (UN) through networks and social media.	Influencing	NHS boards Scottish Government Third Sector	Ongoing
Inform policy and practice on volunteering	After the publication of Volunteering for All: National Outcomes Framework by Scottish Government, Programme Manager was invited to lead on the development of a 10 year action plan for Inclusive Volunteering in Scotland. Member of the National Volunteering Co-ordination Hub (covid-19 vaccination) steering group, providing advice and guidance on the development, implementation and delivery of the hub to ensure cohesion with NHS volunteering policy and practice.	Improvement / Influencing Quality	Scottish Government NHS boards Third sector Scottish Government NHS volunteer managers British Red Cross British Army	March 2022 Ongoing
Develop and publish new guidance and resources for volunteering in NHSScotland	Most recent publications: • Remobilisation of Volunteering in NHSScotland Guidance • Risk assessment framework for returning volunteers (covid-19)	Quality	Scottish Government National group for Volunteering in NHSScotland NHS boards	Ongoing

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Operational Support				
Activity	Current status	Future positioning	Key dependencies / stakeholders	Timeframe
Volunteering Helpdesk provision	Provide advice, guidance and support to volunteer management staff across all 22 NHS boards on any volunteering related topic.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	Ongoing
Relationship management – volunteer managers	Develop and maintain relationships with volunteer management staff across all 22 NHS boards.	Influencing	NHS volunteer managers Third sector volunteer managers working in NHS settings	Ongoing
Review and update existing guidance and resources for volunteering in NHSScotland	Schedule, review, update and publish a range of guidance and resources to ensure that the most up to date information is available to those working in volunteer management.	Quality	Scottish Government NHS boards NHS volunteer managers Third sector volunteer managers working in NHS settings	Ongoing
Deliver 6 virtual peer support sessions per year	Foster peer support amongst volunteer management staff though light touch facilitated sessions hosted on MS Teams	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	Bi-monthly
Deliver 2 face to face peer support / practice development sessions per year	These have been on pause during the pandemic, but provide an opportunity for face to face peer support, relationship development and group learning.	Quality / Improvement	NHS volunteer managers Third sector volunteer managers working in NHS settings	On hold

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Operational Support (cont)				
Activity	Current status	Future positioning	Key dependencies / stakeholders	Timeframe
Deliver 4 virtual practice development sessions per year	Topics driven by the volunteer managers network, workshops and speakers on a range of topics (e.g. risk management) to support the development of good practice in volunteering.	Improvement	NHS volunteer managers Third sector volunteer managers working in NHS settings	Quarterly
Manage the community of practice	Currently sited within the knowledge hub, the community of practice provides an online discussion space and a resource library for sharing of publications and resources related to volunteering. NES are in the process of closing down all knowledge hub sites, so we are currently scoping how we will continue to deliver this in future, either through a dedicated MS Team channel and sharepoint site or developing a members only space within the community engagement website.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	December 2021
Manage and develop the Volunteer Managers Network	Regular communication with the 80+ strong network through an email bulletin to keep members up to date on the work of the programme and other volunteering related topics. Currently developing a 'welcome pack' which will advise new members of the support offered by the programme.	Quality / Improvement	NHS volunteer managers Third sector volunteer managers working in NHS settings	Ongoing October 2021
Reporting (internal and National Group for Volunteering)	Quarterly performance reports against the programme outcomes for the year (internal) and a quarterly programme update for the National Group for Volunteering. Annual reporting which has been paused due to the pandemic. Plan for an annual report published in January 2022 is in place.	Evidence & Impact	Scottish Government Healthcare Improvement Scotland	Quarterly / Annual
Integrate the work of the volunteering programme into the Community Engagement Directorate (build capacity)	Early conversations with Engagement Programme Managers have taken place, development of this work has been paused to allow the new structure of the directorate to bed in, but conversations will resume at an appropriate time. Sharing of the approach taken in Dumfries & Galloway has been shared with the West Team, Engagement Officer in Fife is involved in the refresh of content for the volunteer induction training and Engagement Officer in Forth Valley is involved in the EQIA work.	Improvement	Healthcare Improvement Scotland, Community Engagement NHS volunteer managers	Not started

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Volunteer Information System				
Activity	Current status	Future positioning	Key dependencies / stakeholders	Timeframe
Information governance	Ensure that the VIS meets all information governance and data protection legislation and requirements, regular review / updates of DPIA and SSP, stakeholder engagement.	Quality	Information governance (internal and NHS boards) Support partner	As required
Training	Deliver 12 (virtual) VIS Introductory training sessions per year for new users or those requiring a refresh. Review and update the training materials and user manual.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	Monthly As required
User accounts	Creating new user accounts for those who have undergone training, resetting passwords etc.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	As required
1:1 support	1:1 tech support on using the VIS system as required by users, support provided using MS Teams.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	As required
Online volunteer application roll out	Following successful testing and evaluation of the use of this new functionality, a DPIA and SSP review was required before roll out to all boards can begin. Originally scheduled for Q2 2021, we are currently awaiting a review of the SSP from the IT department at GJNH.	Improvement	Information governance (internal and NHS boards) Support partner IT department (GJNH) NHS volunteer managers	Delayed
Review & rework advanced webinars	Advanced webinars provide training on using some of the more advanced functions of the VIS, intention is to review these to make them more engaging.	Quality	NHS volunteer managers Third sector volunteer managers working in NHS settings	Delayed
Annual agreement renewals	Each board who uses VIS signs an agreement with us for 12 months, this is extended each year by us through issuing an extension letter.	Quality	NHS boards	Annual
Support partner contract management	Management of the relationship and contractual agreement with Factory 73. Extended contracts where the opportunity exists or re-tendering towards the end of contract.	Quality	Support partner Procurement	Annual

Evaluation and Impact Assessment of Volunteering in NHSScotland

Background

The Volunteering in NHSScotland Programme has identified a need for support in the evaluation and impact assessment of volunteering across NHSScotland. This should be carried out at a local level with the health boards that we work with, but also at a national level to provide evidence of the benefits of volunteering to NHSScotland and wider society.
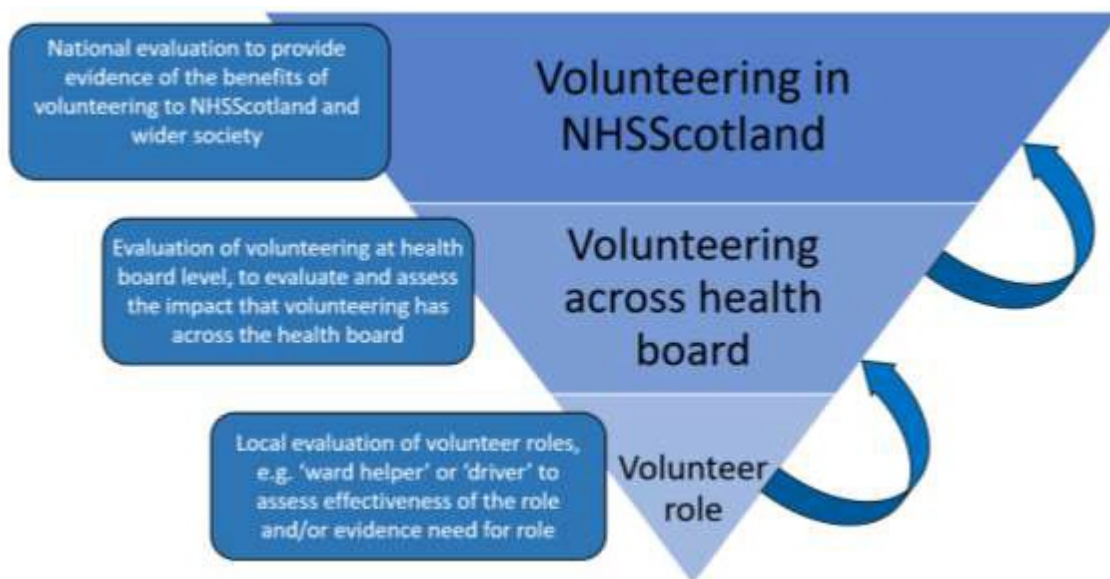
In order to develop this we require to build the skills, knowledge and confidence of volunteer management staff within health boards, to carry out effective evaluation, and assess the impact of their volunteering roles and programmes.

In addition, we need to develop an ongoing offer from the Volunteering in NHSScotland Programme to health boards to support the continued evaluation and impact assessment over the longer term which, over time, will allow us to nationally evaluate the impact of volunteering across NHSScotland as a whole.

The Volunteering in NHSScotland Programme received funding from Helpforce for a number of projects during 2019/20. One project, which was unable to progress due to COVID-19, intended to embed evaluation practice in volunteering within NHSScotland. Around £10,000 remains in the project budget. In May 2021, the Volunteering in NHSScotland Programme developed a proposal for

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the remaining budget. The proposal outlined procuring an external supplier as there is no existing capacity to deliver this internally at this time. An external supplier would be required to provide training and development to a core group of Volunteering in NHSScotland Programme staff and volunteer managers around evaluation and impact assessment. The external supplier would then work with the core group to develop a training package and associated resources, which would be used by the Volunteering in NHSScotland Programme to support future evaluation of volunteering, becoming embedded into our business as usual.

Following the submission of the proposal to Helpforce, further discussions took place and as a result, Helpforce's Insight & Impact Service was tabled as a potential solution. The service has four stages:

Define - describe the key elements of your volunteering evaluation project, such as the main objective and the goals for your beneficiaries.

Design - create the design for your project using our Outcome Model and Data model creation tools, and get Helpforce team assistance to finalise them.

Collect - based on your data model design, Helpforce will help you set up the surveys, forms, and other sources of data you will be collecting in order to prove your outcomes.

Evaluate - after an agreed period of data collection, Helpforce will be able to analyse your data and report back evidenced outcomes to you via your online project.

Opportunity

Helpforce propose that they recruit a Scotland based expert who will work alongside us to engage with volunteer managers, provide training and further develop their insight and impact service.

The Volunteering in NHSScotland Programme would return the funds that remain in the project budget to Helpforce.

This will allow the development of skills and capacity in evaluation and impact assessment within NHSScotland. Volunteer managers within NHSScotland will be enabled carry out evaluation of their volunteer roles and volunteering programme at NHSScotland board level. At a national level, the Volunteering in NHSScotland Programme will be able to evaluate and assess impact of volunteering in NHSScotland.

Risks

Helpforce, in making this offer, will provide NHSScotland with access to its Insight & Impact Service. Clarity is required from both parties on the nature of the relationship, expectations and responsibilities. A memorandum of understanding should be developed which covers:

- Expectations, roles and responsibilities of Healthcare Improvement Scotland and Helpforce

- Who 'owns' the data and outputs from using the Insight & Impact Service, and what (if any) restrictions require to be in place on the use of data supplied by NHSScotland

- Agreed length of partnership for this work, and future sustainability plans

- Process and steps to resolve any problems which may arise

Other options

The Volunteering in NHSScotland Programme progresses with the initial proposal, which requires going through the NHSScotland procurement process. This process is lengthy and would require spending the remaining budget within the original project timescales. This will be challenging given team capacity.

Three potential suppliers were identified and initial exploratory conversations have taken place with each to find out if they would be interested in quoting for the work. This option would be dependent on Helpforce being in a position to extend the funding period until 31st March 2022. It is not clear if this option is possible.

Next steps

This paper will be tabled at the National Group for Volunteering in NHSScotland on 24th August 2021 for a decision. If approved a memorandum of understanding and detailed project plan, with key milestones and outcomes will be developed in partnership with Helpforce.

<div align="right">

Janice Malone, Programme Manager (Volunteering)

August 2021

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	11 November 2021
Title:	Citizens' Panel Progress Report
Agenda item:	2.3
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Authors:	Jane Davies, Head of Engagement Programmes and Gary McGrow, Social Researcher

1 Purpose

To provide the Committee with an update on the *Citizens' Panel* activity since last year within Healthcare Improvement Scotland – Community Engagement.

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

This report provides an update on outputs and impacts of the *Citizens' Panel* and new processes to develop topics since the last committee update in November 2020.

3 Background and context

3.1 The *Citizens' Panel* for health and social care was established in 2016 to be nationally representative and has been developed at a size that allows statistically robust analysis of the views of the Panel members at a Scotland-wide level. This was the first time a national *Citizens' Panel* of this nature, focusing on health and social care issues, had been established in Scotland. Panel members were randomly selected from the general population and invited to join.

3.2 The Panel has demonstrated a number of key benefits in terms of good-value, robustness, flexibility and responsiveness to healthcare research needs and has begun to demonstrate impact on ongoing health and social care policy and practice development. The panel has also provided the opportunity for an invited representative sample of the Scottish population to inform and influence key decisions in health and social care.

3.3 Some targeted recruitment also took place recently to ensure the panel continues to be representative of Scotland's population. Currently there are 953 panel members from across all 32 local authority areas.

4. Citizens' Panel 7 Conducted Nov-Dec 2020, report published in Feb 2021

Health and social care experience during the COVID-19 pandemic and priorities for health and social care in the future.

https://www.hisengage.scot/informing-policy/citizens-panel/seventh-panel-report/

4.1 The last survey engaged on health and social care experience during the COVID-19 pandemic and priorities for health and social care in the future. This report contributed significantly to the body of evidence on the widespread and serious impact that COVID-19 has had on people's experiences of health and social care services. The findings very firmly highlight the need for a person-centred approach to service design and delivery and will inform future planning decisions in relation to re-mobilisation of health and social care services as set out in Re-mobilise, Recover, Re-design: the framework for NHS Scotland. This work was presented at the Mobilisation Recovery Group and circulated to all NHS Boards and COSLA for work planning re-mobilisation of services.

4.2 This work was chosen as an e-poster at the NHS Scotland event in June under the category: *Responding to COVID-19 in Scotland.*

4.3 Impact from *Citizens' Panel* surveys 5 and 6 is contained in Appendix 1.

5. Citizens' Panel Refresh

5.1 We conducted a small refresh of *Citizens' Panel* members this year, recruiting an additional 65. We did this by promoting the Citizens' Panel among specific demographic groups (young people and Black and Minority Ethnic people) via the SHARE database, the Scottish Health Research Register established by the Chief Scientist Office to recruit people for research. We also conducted a small, targeted recruitment exercise from some of our Engagement Offices.

6 Citizens' Panel 8

6.1 The current *Citizens' Panel* survey is in process and due to report in January 2022. Panel members are being asked their views on the four following topics:

- Redesign of Urgent Care
- Mobilisation of Dentistry services
- Mobilisation of planned (elective) care, and
- The Patient Safety Commissioner.

7 Next steps for 2022 and beyond

7.1 We are currently preparing for the ninth *Citizens' Panel* survey which is due to go out in January 2022. On October 27 we conducted a presentation to the Scottish Government's Health & Social Care Directorate huddle to raise awareness of the *Citizens' Panel* amongst Scottish Government staff and how they can utilise the panel to inform their policy area. Notes of interest from this engagement will be used to determine topics for the next survey and beyond into 2022.

7.2 We have also agreed a set of objectives with Scottish Government formalising key processes and outputs for the *Citizens' Panel*. These are contained in Appendix 2.

7.3 In order to continue the panel into the next financial year and beyond, discussions are planned with Scottish Government colleagues around budget. Once this is in place, we will need to undertake a revised procurement exercise to secure a research contractor as the current contract is coming to an end in March 2022.

8 List of appendices

The following appendices are included with this report:
- Appendix one, Citizens' Panel Topics and recent impact
- Appendix two, Citizens' Panel Objectives 2021/22

Appendix one – Citizens' Panel Topics and recent impact

Citizens' Panel 6 - antibiotic resistance, access to and use of antibiotics, self-limiting infections and the impact of public health campaigns targeted at managing common infections (conducted December/January 2019/20

In 2020, just before the COVID-19 pandemic, we conducted a survey on antibiotic resistance, access to and use of antibiotics, self-limiting infections and the impact of public health campaigns targeted at managing common infection. The findings of this work are being used to develop new materials to inform awareness campaigns around what messages need reinforced and what the public should be given more detail about and has helped to identify how to target future campaigns.

*Citizens' Panel 5 -*survey on Scottish Ambulance Service, Organ and Tissue Donation and Nursing & Midwifery Care published in October 2019 (Conducted May/June 2019)

- Affirmation of the Scottish Ambulance Service's response model and shaping of the service's future planning with partners;
- Contribution to the development of a quality measure directly informed by patient and public for nursing and midwifery; and
- The results are a key component of the Baseline Report for the Human Tissue (Authorisation) (Scotland) Act 2019, which is currently being drafted.
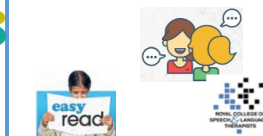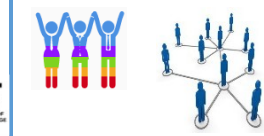
Previous Panel impact 2016 – 2018

Policy: Panel findings have been reported in policy documents covering Health Literacy[1], Pharmacy[2], Oral Health[3], Digital Healthcare[4], Loneliness[5], Realistic Medicine[6]

Media: Panel findings have been reported across social and print media, including Holyrood Newspaper, CHEX-Point Snippets, I newspaper, the Scotsman newspaper, third force news, The National Newspaper, Pink News[7-15].

1. Scottish Government, 2017. *Making it easier: a health literacy action plan 2017-2025*. Scottish Government,: Edinburgh. p. 18, 23. [cited 29 May 2018]; Available from: https://beta.gov.scot/publications/making-easier-health-literacy-action-plan-scotland-2017-2025/.
2. Scottish Government, 2017. *Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland* in *Scottish Government Health and Community Care*. Scottish Government,: Edinburgh. p. 26, 46. [cited 29 May 2018]; Available from: https://beta.gov.scot/publications/achieving-excellence-pharmaceutical-care-strategy-scotland/.
3. Scottish Government, 2017. Scotland's Oral Health Plan. A Scottish Government Consultation Exercise on the Future of Oral Health Analysis of Responses. Scottish Government Health and Community Care. Edinburgh. p. 57. [cited 29 May 2018]; Available from: http://www.scottishdental.org/wp-content/uploads/2017/06/00521345.pdf.

4.   Scottish Government, 2018. *Scotland's Digital Health and Care Strategy -
      Enabling, Connecting and Empowering*. Scottish Government,: Edinburgh. p. 6, 15,
      16. [cited 29 May 2018]; Available from:
      http://www.gov.scot/Resource/0053/00534657.pdf.

5.   Scottish Government, 2018. *A Connected Scotland: Tackling social isolation and
      loneliness and building stronger communities*, in *SG Paper*. Scottish Government,:
      Edinburgh. p. 6. [cited 29 May 2018]; Available from:
      http://www.gov.scot/Resource/0053/00530204.pdf.

6.   Scottish Government and Chief Medical Officer, 2018. *Practising Realistic
      Medicine: Chief Medical Officer for Scotland annual report.* 20 April 2018.
      Edinburgh. [cited 29 May 2018]; Available from:
      http://www.gov.scot/Resource/0053/00534374.pdf.

7.   Toureille, C., People still think HIV can be transmitted through kissing and other
      stigmas, In: *Pink News,* Health 4 May 2018. [cited 29 May 2018]; Available from:
      https://www.pinknews.co.uk/2018/05/04/people-still-think-hiv-can-be-transmitted-
      through-kissing-and-other-stigmas/.

8.   Community Health Exchange, 2018. *CHEX-Point Snippets*. CHEX – Community
      Health Exchange: Glasgow. Available from: https://us3.campaign-
      archive.com/?e=%5bUNIQID%5d&u=a120aae74605e54a77ee9891e&id=3455e119
      8c.

9.   Freeman, T., Lack of awareness in pharmacy services, reveals Citizens' Panel
      report, In: *Holyrood,* 24 March 2017. [cited 29 May 2018]; Available from:
      https://www.holyrood.com/articles/news/lack-awareness-pharmacy-services-
      reveals-citizens%E2%80%99-panel-report.

10.   Freeman, T., Dr Catherine Calderwood: Healthcare needs to move away from a
      quick fix, In: *Holyrood,* 19 September 2017. [cited 29 May 2018]; Available from:
      http://www.holyrood.com/articles/inside-politics/dr-catherine-calderwood-healthcare-
      needs-move-away-quick-fix.

11.   Freeman, T., Fifth of Scots believe HIV is spread by kissing, according to survey, In:
      Holyrood, 4 May 2018. [cited 29 May 2018]; Available from:
      https://www.holyrood.com/articles/news/fifth-scots-believe-hiv-spread-kissing-
      according-survey.

12.   Green, C., Neighbours urged to fight loneliness by having chat, In: *i,* 17 January
      2018. [cited 30 May 2018].

13.   Holbrook, K., Fifth of Scots think HIV is spread by kissing, In: *The Scotsman,* [cited
      29 May 2018]; Available from: https://www.scotsman.com/news/fifth-of-scots-think-
      hiv-is-spread-by-kissing-1-4734894.

14.   Martin, G., Most Scots have witnessed mental health discrimination, In: *Third Force
      News,* 4 May 2018. [cited 29 May 2018]; Available from:
      http://thirdforcenews.org.uk/tfn-news/most-scots-have-witnessed-mental-health-
      discrimination#AAv1KgdhGPjUBtuO.99.

15.   National Newsdesk, HIV myths continue to fuel stigma in Scotland, In: *The National,*
      4 May 2018. [cited 29 May 2018]; Available from:
      http://www.thenational.scot/news/16205709.HIV_myths_continue_to_fuel_stigma_i
      n_Scotland/.

Social Care & Support	Use of Medicines	Improving Oral Health	Panel Topic Choice
Shared Decision making	Information Delivery	Loneliness	What works Locally
Digital Technologies	Use of Personal Healthcare Info	Accessing Allied Healthcare	GP Receptionist Role
HIV Awareness	Mental Health & Wellbeing	Inclusive Communication	Panel Member Motivation

Appendix two – Citizens' Panel Objectives 2021/22

1) HIS will undertake two full panel surveys during 2021/22, with topics agreed between SG and HIS.

2) HIS Citizen's Panel will trial, where appropriate, additional methods of utilising feedback from panel members. This will include demographic specific feedback as well as online discussion groups on health and social care topics that HIS – Community Engagement Directorate have been commissioned to conduct.

3) HIS Community Engagement Participation Network and Scottish Government will work collaboratively to design and implement a standard operating procedure for undertaking a Citizens' Panel survey. Once this has been agreed, the research opportunity will be communicated to all policy areas within SG health related directorates. We will take a co-production approach.

4) HIS Community Engagement Participation Network will compile an 'end of year report', to be delivered in final form to SG, by summer 2022, (week ending 25th July 2022 or by prior arrangement with SG Participation Team). This impact report will include both qualitative and quantitative data available to evidence good value, robustness, flexibility and responsiveness of Citizen's Panel activities that have helped to inform and influence key decisions in health and social care. This has to be informed by data and evidence of impact provided by SG Policy teams who have participated in Citizens' Panel surveys.

5) HIS Community Engagement will carry out an open procurement exercise to select an independent research partner to conduct panel surveys from 2022 – 2025, within budget available.

Once a research partner has been selected, HIS Community Engagement Participation Network will produce a survey project plan for the coming year setting out aims and objectives of surveys, breakdown of costs involved, methodologies and anticipated outcomes.

6) HIS Community Engagement Participation Network and Scottish Government will work collaboratively to agree surveys and activities to be undertaken within the budget available for the year 2022/23, and will work collaboratively to forward plan the longer term objectives for the Citizens' Panel.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	11 November 2021
Title:	Engaging people in the work of HIS
Agenda item:	2.4
Responsible Executive/Non-Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement & Equalities Policy

1 Purpose

To share with the Committee progress on the Engaging People programme workstreams. This paper highlights two specific areas of work:

- improving the use of equality and other impact assessments across Healthcare Improvement Scotland to directly inform thinking at project initiation and to support on-going evaluation; and
- a practical approach to increasing the diversity of people involved in the work of the organisation through volunteering.

The Committee is asked to:
- Note and discuss the content of this report.

This report relates to:
- Legal requirement
- HIS policy
- HIS Strategic Direction

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

2.1   Equality and other impact assessments

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally we aim to consider the principles of the Fairer Scotland Duty within our assessments. If the work will have a specific impact or relevance for children up to the age of 18, its impact on children's human rights and wellbeing should also be assessed. If the work is relevant to islands communities as well as mainland communities, any specific impacts on islands communities should be assessed.

At the Committee's last meeting, a draft unified assessment template for equality and other impact assessments was shared which received positive feedback. The aim of the new template and related resources is to increase accessibility and coherence for colleagues and ensure HIS meets its duties as a public body described above. The template has been reviewed by the Equality and Diversity Working Group.

The committee is asked to approve the finalised template for official use within HIS.

Key points to highlight:

- The version of the unified template that will be launched to staff will include 'island communities' as one of the groups to be assessed. The communications team are finalising the graphic to accompany this addition.

- The ihub's EEvIT (Evidence and Evaluation for Improvement) team will curate a linked resource to support teams to search for equality and diversity evidence in the grey literature.

- Following feedback from the Committee, a list of equality organisations is now available as a separate, linked resource. Some qualification of the aims of the resource is provided within the document, and colleagues will be encouraged to seek more tailored advice from the

Public Involvement Team. The list will be reviewed on a regular basis to ensure it is up-to-date.

- The effectiveness of the new template and related resources will be monitored, with further identified improvements being updated as required.

A copy of the finalised unified assessment template and associated documentation is located in Appendix 1.

2.2 Increasing the diversity of people involved in our work through volunteering

A short life working group continues to progress development of the approach previously outlined to the Committee, to secure reliable ongoing access to diverse public perspectives on our work.

The working group has developed a draft public experience volunteer role outline and plan to undertake volunteer recruitment in one health board area (Lothian) over the next few months with a view to asking recruited volunteers to give us their feedback on specific questions we have about work we do. For example we may ask:

- their views on some of our ideas, improvements, work themes and programmes to get an idea of what is important to the general public;

- to find out how the general public read and understand our reports, websites or information for people about using health and care services; and

- if we are thinking about how we could best engage with people on a topic or a change so their input can help us shape and test the questions, test understanding of the topic and help us discover which things are most important to people.

We intend to test, adapt and learn from the experience in Lothian, with Public Involvement Team and Engagement Office colleagues working closely with our first recruited volunteers to help us grow and expand in other Board areas initially in the South and East Region.

2.3 Assessment

2.3.1 Quality / Care
Embracing, understanding and mainstreaming equality across our organisation is key to achieving our commitment to tackling health inequalities and supporting the highest standards of health and social care in Scotland. Both aspects of the Engaging People workstream outlined in this paper seek to advance this ambition.

2.3.2 Workforce

Supporting, growing and valuing a diverse workforce is fundamental to our success. We are committed to bringing about improvements in the diversity of people working at all levels within our organisation, on our governance groups and as volunteers. This includes supporting our workforce in its understanding and enthusiasm for diversity, and fully reflecting this in their work.

2.3.3 Financial

Any financial impact is reported as part of ongoing financial management and reporting arrangements. It is not envisaged that the establishment of regional engagement panels will necessarily have a financial impact as these are likely to be run using digital means.

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

This work is a part of our commitment to promoting equality and diversity and tackling health inequalities.

Equality impact assessments will be carried out on specific aspects of our work to ensure an inclusive approach and mitigate against potential adverse impacts for any population group.

2.3.6 Communication, involvement, engagement and consultation

Internal engagement on our new unified assessment template was undertaken with colleagues from across the organisation. We also liaised with equality leads in NHS Boards, and in particular colleagues within the Golden Jubilee who have developed expertise in this area. The short-life working group established to develop our volunteering offer through the establishment of regional engagement panels, and expanding our Public Partner opportunities is engaging with colleagues from across the organisation.

2.3.7 Route to the Meeting

The Committee has received update reports previously on the Engaging People work programme. The focus on equality and other impact assessments, and increasing the diversity of people involved in our work through volunteering has come from the process of renewing our Equality Outcomes, and the ability to focus available resources to progress the work as we move through the pandemic.

3   Recommendations

The Committee is asked to:

- Note and discuss the report; and
- Endorse the next steps and timeframes provided.

Appendices

1. Healthcare Improvement Scotland unified assessment template (EQIA)
2. Children's Rights and Wellbeing Impact Assessment November 2021
3. Equality Impact Assessment (EQIA) - Frequently asked questions
4. Guide to national equality charities

Equality Impact Assessment (EQIA) template

November 2021

Name (policy/ procedure/ practice/ function)	
Directorate	
Team	
EQIA Lead	
Responsible Manager	
Date	

Contents

1.   Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

> Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

> Advance equality of opportunity between people who share a protected characteristic and those who do not.

> Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

> We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.

> If the work will have a specific impact or relevance for children up to the age of 18, its impact on children's human rights and wellbeing should be independently assessed.

> As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.

> If the work is relevant to islands communities as well as mainland communities, any specific impacts on islands communities should be assessed.

This template is designed to guide teams through assessing the impact of their work. A team should begin this assessment as soon as they start planning a new piece of work or revising an existing piece of work. A team might use this template solely as a planning tool, or keep it as a live document to review and update as the work progresses.

2. EQIA overview

Use this section to provide details about the status **(new or existing)** of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**. Please note all tables within this template are expandable.

Status	New ☐	Existing ☐
Aim(s) Intended Outcome(s)		

Is there specific relevance for children and young people?	Yes ☐	No ☐
Are island communities included in the work?	Yes ☐	No ☐

3

3. Advancing equality

Provide details of how the work will impact **positively**, **negatively** or **neutrally** on people who share the characteristics listed below.

It will be helpful to consider any access issues, health inequalities or experiences of discrimination that might impact these groups within your area of work. It will also be helpful to think about human rights and whether these will be impacted for any group. Our rights are described in the Human Rights Act. Some groups are also protected by specific conventions, which are highlighted for your information in the relevant sections below.

There is no word count – you should include the information you think is required. Please ensure the information you use is evidence based (e.g. articles, public involvement, previous work). There is space at section 8 for you to record the evidence sources you use in your assessment.

	Think about older people as well as children and young people, and their respective carers.
	If children are specifically affected, use a Children's Rights and Wellbeing Impact Assessment to provide more information.
	Convention on the Rights of the Child
Positive impact	
Negative impact	
Neutral impact	

4

	Think about children and young people up to the age of 26 who have experience of being in care. Care can include foster care/supported care, kinship care, residential care, or being looked after at home with the support of a supervision order.

Healthcare Improvement Scotland is named as a corporate parent under the Children and Young People (Scotland) Act 2014. You can find information and working examples of what this means for us in our Children's Rights Report or by speaking to a member of our Children and Young People Working Group about our Corporate Parenting Action Plan. |
Positive impact	
Negative impact	
Neutral impact	

	Think about people with sensory impairments, communication difficulties, learning disabilities, physical impairments, energy impairments, autism spectrum disorder, mental health conditions and Deaf users of British Sign Language. You might also consider unpaid carers here.

Convention on the Rights of Person with Disabilities |
Positive impact	
Negative	
Neutral impact	

	Think about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth.
Positive impact	
Negative impact	
Neutral impact	

5

	Are there any implications for people who are married or in a civil partnership?
Positive impact	6
Negative impact	
Neutral impact	

	Think about people who are pregnant, breast-feeding or who recently gave birth.
Positive impact	
Negative impact	
Neutral impact	

	Think about people from minority ethnic communities. This includes gypsy/travelers. Convention on the Elimination of all forms of Racial Discrimination
Positive impact	
Negative impact	
Neutral impact	

	Think about people who follow particular religions, or none. For example: Judaism, Islam, Sikhism, Christianity etc. Are there particular beliefs or practices that are assumed or that may be impacted?
Positive impact	
Negative impact	
Neutral impact	

6

	Think about any differences for women compared to men, or vice versa. Convention on the Elimination of all forms of Discrimination Against Women
Positive impact	
Negative impact	
Neutral impact	

Sexual Orientation	Think about people who are lesbian, gay or bi or who have another minority sexual orientation (e.g. are not heterosexual / straight).
Positive impact	
Negative impact	
Neutral impact	

£	Think about people living on low incomes and / or in deprived areas. Consider this as a cross-cutting issue since people from some protected characteristic groups are more likely than the general population to experience poverty.
Positive impact	
Negative impact	
Neutral impact	

7

4. Overcoming negative impacts

Where it has been identified that the work has potential to adversely affect people who share one of the characteristics noted, or you think there are certain things you will need to do to ensure all relevant groups benefit equitably, provide details of what you will do to improve outcomes.

Protected characteristic		Actions	Person responsible
All characteristics			
	Age		
	Care experience		
	Disability		
	Gender reassignment		
	Marriage/civil partnership		
	Pregnancy and maternity		
	Race		
	Religion or belief		
	Sex		
	Sexual orientation		
	Socio-economic		

8

5. Impact rating

Considering what you said in sections 3 and 4, provide an impact rating based on the degree to which the work may negatively impact on people who share one of the noted characteristics.

Impact Rating Key

Low

There is little or no evidence that some people are (or could be) differently affected by the work.

Medium

There is some evidence that people are (or could be) differently affected by the work.

High

There is substantial evidence that people are (or could be) differently affected by the work.

Protected Characteristic		Low	Medium	High
	Age			
	Care Experience			
	Disability			
	Gender reassignment			
	Marriage/Civil Partnership			
	Pregnancy & Maternity			
	Race			

9

Protected Characteristic		Low	Medium	High
	Religion or Belief			
	Sex			
	Sexual Orientation			
	Socio-economic			

10

6. Stakeholder collaboration

Provide details of stakeholder collaboration and consultation.

Our Public Involvement Team can help you identify relevant national or local groups.

Name and job title	Department or organisation	Contact details

11

7. Monitor and review

Regular reviews ensure that policy, procedure and practice is kept up to date, and meets the requirements of current equality legislation. Where a negative impact has been identified and remedial actions are being implemented, the person leading the work should define a timescale for review.

Identified issue	Person responsible	Review date

8. Evidence and research

Please detail the evidence you used as part of this assessment. This will help others understand what you have considered. You can attach lists if this is helpful.

Have you linked in with the Knowledge Management Team in the Evidence Directorate or the EEvIT team in the ihub?

You might use journal articles, reports / resources from organisations or testimony from people you have engaged in the work. See Annex A for a resource checklist that may help you identify relevant equality evidence. Please only list or attach information that was used in this assessment.

Evidence & Research	📎

13

9. EQIA sign off

Please return this completed EQIA to:

his.contactpublicinvolvement@nhs.scot

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact: rosie.tyler-greig@nhs.scot

Project Lead	
Sign-Off Date	

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Children's Rights and Wellbeing Impact Assessment

November 2021

Background

Article 4 of the United Nations Convention on the Rights of the Child (UNCRC) requires governments 'to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the UNCRC'.

Section 2 of the Children and Young People (Scotland) Act 2014 requires local authorities, NHS boards and other public bodies to report every three years on the steps they have taken to secure better or further effect of the requirements of the UNCRC.

Getting It Right For Every Child (GIRFEC) is Scotland's approach to improving the wellbeing of children and young people. Wellbeing is defined by eight indicators listed in s.96 (2) of the 2014 Act. These indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included – were developed from the UNCRC.

Child Rights and Wellbeing Impact Assessment (CRWIA) is a tool that can help to inform and meet these duties.

Assessment

Which UNCRC articles are relevant to the work? Tick all that apply.

Article	✓	Article	✓
Non-discrimination		The best interests of the child	
Implementing the UNCRC		Parental guidance	
Children's survival and development		Birth registration	
Identity		Separation from parents	
Family reunification		Abduction	
Respect for children's views		Freedom of expression	

Freedom of thought conscience and religion		Freedom of association	
Privacy		Mass media	
Parental and state responsibilities		Protection from violence, abuse and neglect	
Alternative care		Adoption	
Refugee children		Disabled children	
Health and healthcare		Children receiving healthcare away from home	
Social security		Adequate standard of living	
Education		Education and children's development	
Minority and indigenous groups		Play and cultural and artistic activities	
Child labour		Drug abuse	
Sexual exploitation and abuse		Other forms of exploitation	
Cruel treatment and detention		Armed conflict	
Abduction, sale and trafficking		Recovery from trauma and reintegration	
Juvenile justice		National law and standards	
Knowledge of children's rights			

2

What impact will the policy or measure have on children's rights?

☐ Positive

☐ Negative

☐ Neutral

If a negative impact is assessed for any area of rights or any group of children and young people, what options have you considered to modify the proposal or mitigate the impact?

Right	Impact	Option(s)

How will the work contribute to the wellbeing of children and young people in Scotland?

For each indicator below, explain how your work will help safeguard, support and promote the wellbeing of children. Provide narrative only for the indicators that are relevant.

Safe Protected from abuse, neglect and harm by others at home, at school and in the community.	

Healthy	
Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.	

Achieving	
Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community.	

Nurtured	
Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.	

4

Active Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.	

Respected Having the opportunity, along with carers, to be heard and involved in decisions which affect them.	

Responsible Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.	

5

Included	
Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.	

Please provide a short description of how the work gives better or further effect to the implementation of the UNCRC in Scotland.

Evidence

What evidence has supported your assessment?

The evidence base may include demographic information, academic research, service monitoring/inspection reports, service evaluation reports, user surveys, etc. In particular, look at what existing evidence tells you about children and young people's views and experiences of the relevant service(s); and/or what it tells you about children and young people's views of the policy proposal. Identify any gaps in the evidence base, and set out how you will address these.

Evidence	📎

6

Gaps	Actions

Sign-off

Project Lead	
Sign-Off Date	

Organisations for children and young people

Together Scotland	www.togetherscotland.org.uk
Children in Scotland	www.childreninscotland.org.uk
Children 1st	www.children1st.org.uk
Barnados Scotland	www.barnardos.org.uk/scotland
The Children and Young People's Commissioner Scotland	cypcs.org.uk
Scottish Youth Parliament	syp.org.uk
Young Scot	young.scot
Who Cares? Scotland	www.whocaresscotland.org

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Equality Impact Assessment (EQIA)

Frequently asked questions

What is an EQIA?

An equality impact assessment (EQIA) is the process of gathering evidence about the way a piece of work relates to or might affect different groups; and then demonstrating how this evidence has informed our decision making. Our decision making needs to support our legal responsibility to progress and produce work which does not cause or reinforce discrimination against particular groups of people. We must show we have enabled different groups to benefit equally from what we do, and that we have encouraged their participation.

What kind of work is an EQIA needed for?

Any kind of work. We should assess the impact of all of our new or revised activities. This includes policies, projects, programmes, strategies, etc.

Is an EQIA necessary for every piece of work?

Essentially, we need to consider the equalities impact of everything we do. We cannot simply take for granted that our work will be equally beneficial to everyone it affects.

Whether or not to complete a full EQIA however, involves some judgement. The EHRC clarifies that we should seek sufficient evidence or estimates of the likely impact of our work. This will enable us to appropriately consider how we will reduce discrimination and advance equality. The steps taken here should be proportionate to the importance of the work, and the likely significance for those with different protected characteristics.

If you need help deciding whether an EQIA is appropriate for your piece of work, please use our screening form.

Should there be an EQIA for my overall process / portfolio?

EQIAs are required on new or revised activities in the organisation. This includes policies, projects and programmes. If you choose to have an 'overall' EQIA for a work-stream containing different projects, you should ensure it is suitably tailored to individual pieces of work.

For some teams, it may makes sense to build EQIA into your overall process so that it informs all relevant pieces of work. For example, there may be a Standard Operating Procedure which highlights 'trigger' points for collecting and reviewing equalities evidence. It may also set principles around the accessibility of public involvement activities you regularly or systematically undertake.

When should I start an EQIA?

Whenever you start planning a new piece of work, or revising an existing piece of work. An impact assessment should be an integral part of the planning process. It should be used to inform the decisions you make right from the outset.

How long should an EQIA take?

There is no set length of time an EQIA should take. The purpose of an EQIA is to facilitate the use of equalities evidence in decision-making and project outcomes. It could therefore be a planning exercise alone, or a live document that you refer to and update throughout your work.

Is there an ideal word count for an EQIA?

No. Your EQIA should be proportionate to your work. Think about the information you need to gather to ensure you have understood the needs and experiences of the groups affected by your work. Are you satisfied you have captured the relevant evidence and articulated it in a way that is helpful?

What makes a good EQIA in principle?

In a good equality impact assessment, considerations and evidence about equality are integrated at every stage of the work. This includes thinking about possibilities for how to progress the work, testing ideas, developing the work and delivering outcomes. A range of sources and evidence should be used to understand the equality impacts, particularly through proper engagement with affected groups.

Moreover, a good impact assessment should not focus only on how to avoid discrimination – it should also look for positive ways to secure good outcomes for the groups of people that will be affected. This is never more important than when there are particular groups who experience some sort of disadvantage in the area the work relates to.

It is helpful to think of your EQIA as more than a form. The template is there to help you tell the story of what you have done. The important bit is what you have done and how this has improved and strengthened your project for the different groups affected.

HIS is supporting other boards / organisations and has no direct delivery role in relation to practice / changes. Is an EQIA still necessary?

Yes, an EQIA still has an important role to play. Think about the parts of the work we can influence – are we using relevant equalities information to do this? For example - what can we do to ensure improvement work takes account of the full context? Who exactly are we facilitating improvement for? In some cases, it may be appropriate to require or recommend local EQIAs; and to take opportunities to facilitate the sharing of learning from local impact assessments.

We are working with other professionals only. Is an EQIA still necessary?

Yes. It is important to acknowledge that professionals are people with protected characteristics too. Our colleagues may bring a diversity of experiences and needs to the project. Moreover, it is good practice to model consideration of a diverse audience. Another consideration is about the impact of your work. When we shape the practice of professionals, we shape outcomes for people. How well are we serving the different groups of people that will eventually receive the outcomes of our contribution, and do we have a good enough sense of who they are?

Are there examples of good EQIAs?

Yes. As you know, we have brilliant and dedicated colleagues. Here are some recent examples from HIS:

Virtual Visiting

Dementia in Hospitals

Where do I get data to support an EQIA?

This will depend on your project - you will likely have expertise on relevant data sources in your area. However, you could:

- Ask the Knowledge Management Team in the Evidence Directorate to help with a literature review.
- Ask the EEvIT Team in the ihub to review the relevant evidence.
- Visit the Scottish Government's Equality Evidence Finder: www.equalityevidence.scot
- Contact relevant third sector organisations.
- Design an engagement / public involvement opportunity.
- Check in with other teams who may have relevant EQIAs you can reference.

3

When looking for relevant data, it is useful to consider how your search will take account of equalities issues. For example, are there key words you should use in your brief to the KM Team or EEvIT? Do the results highlight any issues you should look into further?

What do I do if we cannot not find any/enough data to complete an EQIA?

You should take reasonable steps to find the data you feel you are missing. If there are no published sources you can find, consider engaging with relevant people and groups to learn more. The decisions you make about your work should be demonstrably informed by the available evidence, including equalities evidence - so be clear about the evidence you have and do not have, any steps you have taken to plug gaps, and how you might respond to new evidence in the future.

Do I need to do an EQIA for an engagement exercise I am running?

If the engagement work is to support a broader project, your engagement plan should reflect best practice in accessibility for the groups you are trying to reach.

If you are carrying out a distinct piece of research or engagement, an EQIA can be used to understand who to involve and the most accessible and effective methods of engagement.

What audience should I have in mind when writing an EQIA?

First, you need to think about colleagues that are involved in the project. Can the EQIA function as an effective planning and information resource? Second, you need to think about external stakeholders that have an interest in the area. The Scotland Specific Duties say that to promote transparency we need to publish 'within a reasonable period' the results of any impact assessment. It may be helpful to consider your work from the perspective of individuals or organisations who are members of, or represent, affected groups and who may access your published EQIA. Will they understand the information? Can you demonstrate you have used sufficient evidence, including lived experience?

What about public involvement? When should we bring in stakeholders and / or members of the public?

There are two key reasons you might consider public involvement activities.

1) There are gaps in the evidence you have collected to inform your EQIA, and hearing from stakeholders and / or members of the public would help to fill these gaps.
2) You have identified the need for public involvement / partnership working as part of the recommendations identified within your EQIA.

Will an EQIA cover all the equality based needs of a piece of work?

Where you need to engage in another equality related exercise, this will be indicated within the EQIA. You may need to do more in cases where your work particularly relates to children and young people (a Children's Rights and Wellbeing Impact Assessment) or Island Communities (an Island Communities Impact Assessment).

Who should sign off an impact assessment?
The person responsible for an EQIA is the person responsible for the piece of work the EQIA relates to. The project/programme lead must have oversight and be content with how the project is informed and progresses.

Where can I find help with completing an EQIA?
We have an EQIA template here:

Specialist advice, including on relevant equality issues, is available from our Equality and Diversity Advisor:

Rosie.tyler-greig@nhs.scot

The Public Involvement Team are able to help you think about the affected groups and the best ways to engage with them:

his.contactpublicinvolvement@nhs.scot

TURAS provides an e-earning module on EQIA which you may find helpful:

https://learn.nes.nhs.scot/Scorm/Launch/3123

Check out the Equality and Diversity page for further links, including to our staff networks:

Equality and Diversity (scot.nhs.uk)

Guide to national equality charities

This guide is designed to provide an overview of key organisations working with and for people from the diversity of groups Healthcare Improvement Scotland aims to consider when developing and delivering our work.

Please note this list is not exhaustive and should not be read as providing recommendations.

Last updated – November 2021

	Age	> Age Scotland	www.ageuk.org.uk/scotland
		> Together Scotland	www.togetherscotland.org.uk
		> Children in Scotland	www.childreninscotland.org.uk
	Care Experience	> Who Cares? Scotland	www.whocaresscotland.org
		> CELCIS	www.celcis.org
		> Includem	includem.org
	Disability	> Inclusion Scotland	inclusionscotland.org
		> People First Scotland	peoplefirstscotland.org
		> Scottish Commission for People with Learning Disabilities	www.scld.org.uk
		> Learning Disabilities Observatory Scotland	www.sldo.ac.uk
		> RNIB Scotland	www.rnib.org.uk
		> Visibility	www.visibility.org.uk
		> Action on Hearing Loss	www.actiononhearingloss.org.uk
		> Dementia UK	www.dementiauk.org
		> Alzheimer Scotland	www.alzscot.org
		> Scottish Autism	www.scottishautism.org

		› Mind	www.mind.org.uk
		› Support in Mind Scotland	www.supportinmindscotland.org.uk
		› SAMH	www.samh.org.uk
		› Scope	www.scope.org.uk
		› Glasgow Disability Alliance	gda.scot
		› Health and Social Care Alliance Scotland	www.alliance-scotland.org.uk
		› Carers Scotland	www.carersuk/scotland
	Trans	› Scottish Trans Alliance	www.scottishtrans.org
		› Stonewall Scotland	www.stonewall.org.uk
		› Sparkie	www.sparkie.org.uk
		› Mermaids UK	www.mermaidsuk.org.uk
	Marriage/Civil Partnership	› Equality Network	www.equality-network.org
	Pregnancy & Maternity	› Maternity Action	www.maternityaction.org.uk
		› Birthrights UK	www.birthrights.org.uk
	Race	› Centre for Race Equality and Rights (CRER)	www.crer.scot
		› BEMIS	bemis.org.uk

		> MECOPP	mecopp.org.uk
		> Article 12	article12.org
		> Race Equality Foundation	www.raceequalityfoundation.org.uk
		> Ethnic Minority Foundation	www.emfoundation.org.uk
	Religion or Belief	> Interfaith Scotland	www.interfaithscotland.org
		> Amina – Muslim Women's Resource Centre	mwrc.org.uk
		> Sikh Sanjog	www.sikhsanjog.com
	Sex	> Engender	www.engender.org.uk
		> Women's Aid Scotland	womensaid.scot
		> Fawcett Society	www.fawcettsociety.org.uk
	Sexual Orientation	> Stonewall Scotland	www.stonewall.org.uk
		> Equality Network	www.equality-network.org
		> LGBT Youth Scotland	www.lgbtyouth.org.uk
		> LGBT Health and Wellbeing	www.lgbthealth.org.uk
	Socio-economic	> The Poverty Alliance	www.povertyalliance.org
		> Citizens Advice	www.citizensadvice.org.uk
		> Child Poverty Action Group	www.cpag.org.uk
		> Shelter Scotland	Scotland.shelter.org.uk

	❯ Cyrenians Scotland	Cyrenians.scot
	❯ Bethany Trust	www.bethanychristiantrust.com
	❯ Sacro	www.sacro.org.uk
	❯ Families Outside	www.familiesoutside.org.uk

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**28 October 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.

At the last Committee meeting, the Risk register was reviewed, and committee members agreed that risks 1061 and 1078 should be consolidated. These have now been removed and risk 1120 added, to reflect more accurately the current situation.

Risk 1120 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 is 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 directorate wide risk	1120	Ruth Jays	There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting and assuring public involvement in service change due to a lack of governance clarity and application of guidance for changes set within a regional and / or national planning context, and in the context of COVID-19 remobilisation and recovery. This results in a lack of clarity on the extent and nature of engagement processes to be followed by statutory bodies, and Healthcare Improvement Scotland's expected role.	Open	05/10/2021	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 last met on 9 September 2021. This subject was the focus of a paper presented to the Scottish Health Council Committee on 9 September where recommendations were accepted.	The development of an updated position on supporting changes arising through national, regional and local context and in response to COVID-19 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 committee meeting on 27 May and subsequently considered in more detail at the committee development day. A series of actions were explored, which the committee have requested form an action plan to be presented at the committee meetings on a regular basis. This will be a standing item for the committee going forward.	Medium - 12 Impact - 4 Likelihood - 3
Operational	Community Engagement directorate wide risk	1077	Ruth Jays	There is an operational risk to HIS – Community Engagement as a result of the limited 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	13/10/2021	• 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.	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. These are supported by communications operational and steering groups comprised of colleagues from all levels within the directorate. 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.	A further refocus on the branding piece with stakeholders is necessary given the limitations of the launch arrangements in April 2020. Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic. The communications operational and steering groups will progress the refocus work during 2021 with regular reporting as set out within the Controls section.	Medium - 8 Impact - 4 Likelihood - 2

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**11 November 2021**
Title:	**Risk Management Deep Dive - Service Change & Regional/National Planning**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Derek Blues, Engagement Programmes Manager**

1   Purpose

This is presented to the Committee 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* (HIS –CE) agreed that the deep dive should focus on our highest risk, which is around service change in response to regional and national planning. At its meeting on 9 September 2021, SHC committee members agreed that the two existing risks should be consolidated into a new risk. A deep dive on this new, consolidated risk is now proposed, to ensure appropriate risk controls, mitigations and actions are in place.

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. The narrative for the new consolidated risk on the Compass risk management system is as follows;

> *"There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting and assuring public involvement in service change due to a lack of governance clarity and application of guidance for changes set within a regional and / or national planning context, and in the context of COVID-19 remobilisation and recovery. This results in a lack of clarity on the extent and nature of engagement processes to be followed by statutory bodies, and Healthcare Improvement Scotland's expected role."*

The mitigation currently noted against this risk are

> *The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 28 October 2021. This subject was the focus of a paper presented to the Scottish Health Council Committee on 9 September 2021 where recommendations were accepted.*

The development of an updated position on supporting changes arising through national, regional and local context and in response to COVID-19 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 committee meeting on 27 May and was subsequently considered in more detail at the committee development day. A series of actions were explored, which the committee have requested form an action plan to be presented at future committee meetings. This will be a standing item for the committee going forward.

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 and a revised version of the guidance will be ready for circulation in November 2021.

A Service Change Action Plan was developed and agreed by the Scottish Health Council Committee at its September meeting. The Action Plan is detailed under Item 3.3: Service Change: Briefing including Action Plan. This will form the basis of our work programme to support national and regional service change in 2021/22.

2.3 Assessment

As outlined in the paper in Summer 2020, on public engagement in service change in response to COVID 19 and regional planning, 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.

2.3.1 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;

- Scottish Health Council Committee 9 September 2021

2.4 Recommendation

Committee members are invited to discuss the content of the risk, action plan, mitigating factors and controls and actions.

The following questions may help committee members consider this matter further:

- Is the risk and its potential impact on business clearly understood?
- Are the mitigation, controls and planned actions adequate to manage the risk? Are further actions required?
- Is the level of risk acceptable both now and in the future after all mitigations and controls are in place? If not, what action is needed?
- Does the risk have corporate impact (so would be placed on the Strategic Risk Register) or is its potential impact more limited to Community engagement and hence for the Operational Risk Register?
- Overall, do you feel assured that the risk is being managed appropriately?

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**11 November 2021**
Title:	**Service Change Briefing including Action plan**
Agenda item:	3.3
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Authors:	**Derek Blues, Emma Ashman, Lucy Dorrian, Carmen Morrison, Louise Wheeler**

1 Purpose

To provide the Scottish Health Council committee with an update on service change activity within *Healthcare Improvement Scotland – Community Engagement* (HIS-CE).

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

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

2 Report summary

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

3 National Guidance

3.1 The Engagement Programme Manager- Service Change has met with colleagues in the Scottish Government to discuss how we can support the gathering of feedback on the *Planning with People* guidance. The team has reviewed the draft service change map developed by colleagues at the Scottish Government and provided feedback.

3.2   The next practitioner network event takes place on 4 November and will focus on discussions about the possibility of further developing the network and exploring potential focus and approach, going forward.

4. Current activity

This provides an overview of the active, more significant changes that the team have been involved in, with further detail on wider changes provided in **appendix one.**

4.1 NHS Lanarkshire – Monklands/Elective Orthopaedic Surgery:
NHS Lanarkshire's engagement on the permanent location of the Elective Orthopaedic Surgery service concluded on 30 September.

Healthcare Improvement Scotland – Community Engagement (HIS- CE) assessed the engagement process and, based on the information provided, found that this had met national guidance. This assessment was based on: NHS Lanarkshire's use of a range of engagement methods and the materials prepared; our observations at the virtual public events and people's feedback; and, coverage of the proposal on local and social media. We also provided recommendations to inform next steps.

NHS Lanarkshire received 389 responses to the online survey on its proposal to relocate Elective Orthopaedic Surgical services at the new University Hospital Monklands, Wester Moffat.

On 12 October, NHS Lanarkshire advised they plan to take the proposal to their November, rather than October board meeting. This will also provide more time to undertake further detailed and comprehensive equality impact assessment.

4.2   NHS Grampian – Review of Maternity services model at Dr Gray's (DGH), Elgin:
We understand that the independent review commissioned in March by the Health Secretary to consider how a consultant-led service could be reinstated that is safe, deliverable and sustainable will report shortly.

NHS Grampian contacted the Service Change Advisor to ask about service user engagement in the impact assessment for the interim change and we have advised that while there is no requirement to do this in guidance that we would recommend that it is good practice, in order to consider potential negative impacts from a user perspective and to collaborate on how they could be negated.

We understand that the North of Scotland Planning Group have been continuing with their 'Best Start North' review, to oversee and steer a review of maternity and neonatal services across NHS Shetland, NHS Orkney, NHS Highland and NHS Grampian and which seeks to understand the resources, constraints, challenges and opportunities in the current systems.

4.3   NHS Ayrshire and Arran – Vascular services and Trauma & Orthopaedics:
Following the Director's letter dated 16 August 2021 regarding engagement on changes to Vascular and Orthopaedic inpatient services, *Healthcare Improvement Scotland – Community Engagement* has received no further update. We are aware that NHS Ayrshire and Arran is experiencing significant operational pressures in response to COVID-19 and a surge in need. The Engagement Programme Manager has communicated with NHS Ayrshire and Arran to discuss next steps at an appropriate time.

4.4 NHS Ayrshire and Arran – Review of Chemotherapy Services
NHS Ayrshire and Arran wrote to *Healthcare Improvement Scotland – Community Engagement* on 17 September, providing an update on operational changes that were made to Systemic Anti-Cancer Therapy (SACT) services in response to the COVID pandemic. Their Interim Chief Executive, Hazel Borland, put forward the view that these changes "*were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery*" (as per HIS-CE guidance, July 2020).

Ruth Jays sent a response on 4 October, reiterating the view previously provided by *Healthcare Improvement Scotland – Community Engagement* that NHS Ayrshire and Arran's proposed changes for SACT services met the threshold for major service change.

She proposed that recent communication would be taken through our internal governance arrangements and, to support discussion, requested clarity on how the model engaged on in early 2020 differs from the changes made recently. A request was also made that further engagement was not proceeded with until the outcome of internal governance processes had been concluded.

The matter was subsequently discussed at the SHC Service Change Sub-Committee on 28 October to consider whether the views expressed by NHS Ayrshire & Arran's Interim Chief Executive might change the previous advice offered by HIS-Community Engagement, that this work constituted Major Service change. The sub-committee was of the view that the information provided did not change this position, but that the further information we requested from the Board was needed before a final view could be taken. Ruth Jays has written again to Hazel Borland requesting this information and is awaiting a response.

4.5 NHS Highland- North Skye inpatient and community bed redesign
The review started in 2019 in response to Sir Lewis Ritchie's recommendations for inpatient and Out-of-Hours Care. Three community events took place at the beginning of this year before the option appraisal process was paused in March due to COVID-19. The process has restarted with the second workshop on 16 December via Zoom to involve community representatives in the review of criteria and development of options. The case for change will be reviewed to take account of recent changes at Portree Hospital and Home Farm Care Home.

The local north Skye Community Trust will support the sharing of information with the wider community between the sessions. At the Zoom Option Appraisal meeting held on 20 January 2021 there was a proposal to hold an additional session to allow more time to consider development of the options. There was agreement in principle, but this has to be confirmed.

The steering group have developed a draft 'vision' paper for sharing with the community for update and information. This paper will be the basis of a starting point for the Option Appraisal Steering Group to agree a shared vision and understanding for future Option Appraisal meetings.
A North Skye Option Appraisal Vision Meeting has been set for Wednesday 27 October.

4.6 NHS Highland – Lochaber – Belford Hospital

A case-for-change meeting was held w/c 9 August with a range of stakeholders in attendance. This will inform options on service delivery. An option appraisal session will follow. The Service Change Advisor and the Engagement Officer have been invited to attend the Lochaber Redesign Project meetings.

Buchan Associates are facilitating meetings with staff and public in September. NHS Highland intends to share communications with the community and service users from late September
A 'risk and benefits' meeting with staff and stakeholders took place on 22 October and a Stakeholder group meeting took place on 30 October. Option appraisal workshops are planned for November.

4.7 NHS Highland – Royal Northern Infirmary (RNI) – ward re-development

Ward 2 in RNI was not in use during the COVID pandemic, services were delivered in a home setting where possible. Engagement has taken place with people who have used the service over the period of change. NHS Highland have recommended that the service continue to be provided in the community and therefore not re open Ward 2. NHS Highland will continue to engage with service users and potential service users to monitor views and feedback about the service delivery. HIS-CE provided advice at a meeting on 12 August 2021. A patient information leaflet has been drafted and HIS-CE comment supplied.

4.8 Highland – Argyll and Bute HSCP Housing and Care Home Review

Engagement in respect of Eadar Glinn Care home Review has been resumed after delay due to COVID 19. A&B HSCP have had two meetings with HIS-CE and regular meetings have been agreed to support the development of the project. Engagement is being carried out within the community to revise and review the previously developed options with a view to hold an Option Appraisal process.
A&B contact has failed to attend a number of agreed meetings.

4.9 NHS Tayside – Integrated Clinical Strategy 'Transforming Tayside':

The Shaping Urgent and Emergency Care Services review has been paused to take account of the recommendations of the national work being undertaken on developing a national model for emergency care and learning from COVID-19. The proposals for urgent care may need to be reviewed to take account of national models and feedback. Our regular meetings with NHS Tayside have been cancelled so the communication team can focus on the pandemic but we have made contact to offer a meeting.

4.10 NHS Tayside- Mental Health and Learning Disability Services:

The previously approved proposals for a single site for acute inpatient beds has been reviewed by an Expert Panel Group (which includes service user and third sector representation) and workshop was held in June to consider operational, and configuration issues and links with the changes to community services as part of the new strategy. Previous concerns raised about the chosen location of Carseview have been raised by stakeholders and we understand that a short life working group may be set up to address these concerns.

5. Developing Practice

5.1   **Online workshops** – The team have been following up on contacts with colleagues in NHS Boards and Health and Social Care Partnerships (HSCPs) about further 'taster' sessions and individual workshops. The three individual workshops have taken place with NHS Tayside, and an overview was presented to the Health & Social Care Scotland communications group and NHS Grampian Engagement group. Dates have been agreed with Angus HSCP for the Duties and Principles workshop. Dates are being agreed with a number of other NHS Boards and HSCPs.

The team also ran the taster workshop on the 21 October with the Public Partners who work with the team. A taster workshop has been planned for 11 November for practitioners who were unable to attend the initial session in August.

The team are currently drafting an overview of the workshops and the *Planning with People* guidance for Non-Executive board members.

5.2   **Animation** - The next animation on transport and access is currently being developed and has been shared with our Public Partners and DMT for feedback. The team is considering new formats and topics to support engagement in service change/redesign.

5.3   **Resources**- To continue to help NHS boards, integration authorities and local councils effectively engage with people and communities in the planning and development of health and care services, the following resources were updated to reflect current context and new Scottish Government guidance and have now been shared with HIS communications team. Resources include:

- Key elements and steps for engaging people in the service change process (should be read along with the full Scottish Government and COSLA guidance)
- Involving patients, carers and the public in option appraisal for major health service changes

The Identifying 'major' health service change template and guidance has also been reviewed and shared with some NHS Board colleagues for feedback.

5.4   **COVID-19** The paper- *Engagement and participation in service change and redesign in response to the COVID pandemic (August 2021)* has been reviewed by the team, taking into account the Scottish Government NHS recovery plan and extension of the emergency footing until March 2022. The updated draft paper has been shared with Engagement Programme Manager- Service Change and Director for discussion with colleagues in the Scottish Government and will be published in November 2021.

5.5   The team also reviewed the feedback from the SHC Committee discussions on engagement in regional and national service change/redesign and have developed some recommendations for consideration by the DMT and sub-committee. The Director of *Healthcare Improvement Scotland – Community Engagement* facilitated a discussion with Scottish Government on regional and national planning on 11 October with input from NHS Lanarkshire.

An action plan has been developed and is included as Appendix two.

6   Recommendation

- **Awareness** – For information only.

7   List of appendices

The following appendices are included with this report:

- ☐ **Appendix one: Service Change Wider Update, November 2021**
- ☐ **Appendix two: National and regional service change- Action Plan**

NHS Board	
National Waiting Times Centre	*Scottish Adult Congential Cardiology Service Expansion Phase 2 Orthopaedics*
NHS Ayrshire and Arran	*Caring for Ayrshire*
NHS Borders	*Coldingham Medical Practice*
NHS Grampian	*National Treatment Centre, Clinical Strategy, Mental Health Inpatient beds reliance pathfinder*
NHS Highland	*Review of inpatient and Community beds North Skye, Primary Care provision in Inverness, Belford replacement*
NHS Shetland	*Gilbert Bain Hospital replacement and Clinical Strategy*
Scottish Ambulance Service	*Strategy Development Framework 2021-2030*
Integration Authority	
Aberdeenshire Health and Social Care Partnership	*Insch and Aboyne community Strategic Needs Assessment*
Angus Health and Social Care Partnership	*Review of Specialist Dementia discharge pathway and Stroke Inpatient beds.*
Argyll and Bute Health & Social Care Partnership	*Dementia Review*
Glasgow City Health and Social Care Partnership	*Mental Health services*
North Ayrshire Health and Social Care Partnership	*Arran Integrated Island Services*
Dumfries & Galloway Health and Social Care Partnership	*Strategic Review* *Dementia Review*
Edinburgh City Health and Social Care Partnership	*Bed Based Review*
East Lothian Health and Social Care Partnership	*Harbours medical practice review*
Fife Health and Social Care Partnership	*Adult Day Services Review*
Forth Valley – Falkirk and Clackmannanshire HSCP	*Review of Community Hospital and Primary Care services*
Moray Health and Social Care Partnership	*Business case process for replacement of Keith Health Centre and Turner Hospital.*

Appendix two: National and regional service change- Action Plan

The following actions were put forward for consideration, and agreed by the Scottish Health Council Committee, and form the basis of our work programme to support national and regional service change in 2021/22.

Action	Expected output	Date	Lead	Comments
September – December 2021				
1. Review learning and HIS-CE advice from recent regional and national changes.	Case studies to support understanding	22.10.21	SCT	
2. Meet with SG sponsor unit to discuss approach and expectations for regional and national change.	Agree approach to engage with policy leads across SG.	11.10.21	Ruth Jays	NHS Lanarkshire was invited to attend meeting with HIS-CE and SG
3. Meet with National Planning Group leads to discuss engagement (re National Recovery plan and ongoing service planning)	Further informed to develop an effective and practical approach to engagement on proposed regional and national service change/redesign.	w/e 19 Nov	SMT	
4. Meet three regional planning leads to discuss engagement (in relation to the National Recovery plan and ongoing service planning)	Further informed to develop an effective and practical approach to engagement on proposed regional and national service change/redesign.	w/e 26 Nov	SMT/?DMT	
5. Invite internal Committee members to workshops on: Governance (duties and principles for engagement); Strategic (planning effective	To support a shared understanding across the Directorate/HIS and explore potential risks to HIS-CE and our SG, NHS and IJB partners.	w/e 19 Nov	SCT/SMT	Initial slides drafted. Consider most accessible approach and timelines with

engagement); and, Operational (option appraisal – a co-design approach)				Committee members.
6. Review learning and feedback from discussions and develop a position paper setting out HIS-CE expectations for regional and national planning that supports engagement with people and communities in line with Scottish Government's guidance, *Planning with People.*	Paper would be presented to the December Committee meeting for consideration and approval.	Dec 2021	SCT/SMT	
7. Explore with colleagues from regional and national planning viable approaches to community engagement.	Jointly developed initial approach to engagement for regional and national planning, which meets HIS-CE expectations.	Nov-Dec 2021	SMT	
8. Update the COVID pandemic guidance and position statement on remobilisation and recovery.	Re-issue COVID pandemic guidance and position statement on remobilisation and recovery, with references to regional and national planning included.	29.10.21	RJ/SMT/SCT	RJ has confirmed SG supports issue of updated guidance. Revised text shared with SMT for approval 05.11.21
9. Meet with colleagues from the Centre for Sustainable Delivery to discuss the need for community engagement in regional and national	Ensure that vision, strategic objectives and priorities across services are being developed with people and communities	Nov 2021	SMT	

redesign, as set out in the NHS Recovery Plan.				
January – March 2022				
10. Arrange programme of regular meetings with regional and national colleagues.	• Develop overview/landscape of upcoming service planning and redesign • Build clear understanding of HIS-CE support and quality assurance role	Jan 2022	?SMT/EPMs/ SCT	Capture key learning points to inform revise of Planning with People
11. Plan work programme for local, regional and national service change for 2022/23 and beyond.	Work programme – with flexibility built in to support responsiveness to needs of stakeholders.	Feb 2022	SMT/SCT	
12. Consider development of a Community of Practice for practitioners involved in local, regional and national planning.	• Greater collaboration to share practice and learning • Share the support we can offer and identify what else would be helpful for example co-produce new tips for engagement.	Jan 2022	SCT	
13. Develop resources to support regional and national planning.	Possible outputs may include: focused webinars, case studies and further support tools. Plan, develop and execute roll out of workshops internally and externally.			

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**11 November 2021**
Title:	**Remobilisation and Operational Plan 20-21: Progress Update Q2**
Agenda item:	**3.4**
Responsible Executive:	**Ruth Jays, Director of Community Engagement**
Report Authors:	**Derek Blues, Engagement Programmes Manager**

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 2021/2022 and carried out during Quarter 2 of 2021/22. 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 alongside the ability to continue to deliver our work programmes.

In the second quarter of 2021/22 we have continued to remobilise the majority of our work although at a slower pace than we would have anticipated to enable us to respond to national asks from Scottish Government in terms of national remobilisation and recovery.

We have also begun to support the Healthcare Improvement Scotland key delivery areas to ensure we can embed engagement and equalities across the organisation.

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 have been considerable opportunities for learning from and collaborating with other colleagues across the organisation and health and social care more generally.

During Quarter 2 of 2021/22 our staff have continued to learn and grow in terms of their improvement knowledge and skills, undertaking two different training programmes and embedding these skills in their practice - Foundation Improvement Skills and Care Experience Improvement Methodology.

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.

We are continuing to deliver the work outlined within our Operational Plan 2021/22 whilst still responding to significant requests from across the organisation and Scottish Government to undertake national engagement exercises to support remobilisation and recovery of NHSScotland.

Following discussions at Scottish Health Council Committee in May and follow-up development session in June, we are currently developing a Performance Measurement Framework to enable us to demonstrate the outcomes and impacts of our work over a number of years, but also the ability to assure the Committee that all of our work programmes are on track and are delivering our anticipated outcomes. It is hoped that this new Framework will be tested during Q4 of 2021/22, with a view to full implementation in 2022/23.

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.

We have begun to embed improvement methodologies within our own work to ensure we can improve our engagement activities and ensure improvement methodologies are at the heart of our directorate approach moving forward.

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 home working policy, which will continue until at the end of December 2021.

2.3.3 Financial

The resource implications for the directorate's work programmes have been reflected in the 2021/22 budget.

Additional funding has been sought from Scottish Government to undertake two Citizens' Panels in 2021/22.

2.3.4 Risk Assessment/Management

Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.

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 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.

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 21-22: Progress update.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – Remobilisation and Operational Plan 21-22: Progress Update

Scottish Health Council Committee

Remobilisation and Operational Plan 21-22
Progress Update Quarter 2 2021/22

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 July – September 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.

A key achievement in Q2 was the publication of the Gathering Views report around the Redesign of Urgent Care https://www.hisengage.scot/informing-policy/gathering-views/redesign-of-urgent-care/

5

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**
- 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	- 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	*Remobilisation of volunteers* A set of new recommendations and guidance to support NHS boards in the remobilisation of their volunteering programmes was developed and published and is updated as required *Online application form* – The System Security Policy is still waiting to be reviewed by IT at NHS Golden Jubilee National Hospital. *Future direction of the programme*: There is an opportunity now to look forward and consider how the programme can provide improved governance and leadership to volunteering practice across NHSScotland. *Volunteer Management Network:* The network have a rolling programme of peer support network sessions and practice development sessions, each session is attended by around 20-25 volunteer managers. Three sessions were delivered in Q1. *Developing an Evaluation Framework for Volunteering in NHSScotland:* Work continues to explore the possibilities for developing this framework *Education & Training* Recent discussions with NHS National Education for Scotland (NES) have provided an opportunity to explore the creation of a volunteering mini site within the established digital training platform (known as TURAS) which has scope to develop a range of education and training for both volunteers and staff in volunteer management roles. *Volunteering For All*: The Programme Manger continues to chair the Inclusive Volunteering Working Group, one of 5 national groups set up to create an action plan for volunteering for the next 10 years.

6

Service Change Team		
What we will do	**Outcomes and Impact**	**Progress Update**

• 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.
	• 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
		Guidance 'Planning with People': Healthcare Improvement Scotland – Community Engagement met with Scottish Government to discuss next steps and the development of the 12 months testing phase. As part of our engagement with SG, the team provided significant input to the work SG had undertaken to map the approach to major service change.
		
		Quality Framework for Engagement: Draft materials were released for comment on 21 September 2021 – a detailed section on this work is included later in this report.
		
		National and Regional Planning: Following the activity noted in the Q1 update at the previous meeting on the back of the committee development away day, an action plan has been developed (which is included in the service change paper for the committee).
		
		Service change workshops: A number of service change taster sessions and workshops for NHS boards and Health and Social care partnerships have taken place in Q2 covering the following areas;
		    • Duties and principles
		    • Planning effective engagement
		    • Involving people in option appraisal.
		
		The workshops have been well received and requests to deliver these continue to be received. Evaluation and consideration of feedback will help shape future sessions for Q3 and Q4 of this performance year.
		
		Headline service changes
		NHS Grampian – Review of Maternity services model at Dr Gray's, Elgin:
		NHS Grampian is working towards the reinstatement of the Consultant Led Unit at Dr. Gray's Elgin but there has been ongoing local political, community and media concern as to how this relates with the regional work being undertaken. An independent review was commissioned in March 2021 by the Health Secretary and the review will report the findings and recommendations in Q3 of 2021.
		
		NHS Highland – Lochaber – Belford Hospital
		A case-for-change meeting was held w/c 9 August with a range of stakeholders in attendance. This will inform options on service delivery. An option appraisal session will follow. SCA/EO have been invited to attend the Lochaber Redesign Project meetings.
		Buchan Associates are facilitating meetings with staff and public in September.

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		NHS Highland – Royal Northern Infirmary (RNI) – ward re-development
		Ward 2 in RNI was not in use during the COVID pandemic, services were delivered in a home setting where possible. Engagement has taken place with people who have used the service over the period of change. NHSH have recommended that the service continue to be provided in the community and therefore not re open Ward 2. NHS Highland will continue to engage with service users and potential service users to monitor views and feedback about the service delivery. HIS-CE provided advice at a meeting on 12 August 2021
		A patient information leaflet has been drafted and HIS-CE comment supplied.

Community Engagement Programmes		
What we will do	**Outcomes and Impact**	**Progress Update**
- 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: - 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	- 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.	*Remobilisation and Recovery across NHS Boards and Health and Social Care Partnerships*: As remobilisation and recovery continues across the health and care system all areas are beginning to look at new engagement plans and strategies to ensure that people and communities are involved in co-designing and developing services. This has meant a considerable amount of work for all of our engagement offices to support this recovery effort and ensure that people and communities continue to have their voices heard. *Person-centred Virtual Visiting:* The Virtual Visiting Gathering Views exercise planned for July was paused due to the interim structure changes and ongoing national engagement activity. This will be considered for the Q3/4. Work is continuing to support the distribution for the devices and will link to the Scottish Executive Nurse Directors (SEND) group for further progression. We are now part of the Person-centred visiting network across Scotland. *Redesign of Urgent Care Gathering Views:* Engagement activities were undertaken across Scotland in 11 of our Engagement offices. The purpose was to ascertain the potential enablers and challenges in accessing the newly redesigned urgent care service for those across the protected characteristics and those affected by some socio-economic factors such as homelessness, poverty, unpaid carers, people living with & affected by addictions, people living in remote and rural areas. The report was published in September 2021. Recommendations within the report relate to access to transport and travel, data sharing between organisations, defining urgent and emergency health care services, describing the pathway for accessing urgent care through the 111 service, equality and diversity, person-centred care, providing support to people receiving care when accessing urgent care through the 111 service & reducing barriers in accessing technology. https://www.hisengage.scot/informing-policy/gathering-views/redesign-of-urgent-care/ *Voices Scotland Going Digital* – our engagement offices have been developing an online training programme to enable them to continue to deliver Voices Scotland training whilst restrictions remain in place for health and social care services. This has been tested internally and also within NHS Lothian with improvements made to the package as a result of this testing. Sessions have been delivered for our own staff to enable them to see the changes to the online version and also the new materials. This package will be launched later in the year.

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The Public Involvement Unit		
What we will do	**Outcomes and Impact**	**Progress Update**
• 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. • Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our key delivery areas inform the development and implementation of involvement and engagement activity across all HIS directorates	• 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	Public Involvement Team: Public Partners recruited internally to support service change work. New Public Involvement Advisor has been recruited to the team. Unified EQIA approach: The Public Involvement team are putting the finishing touches to a new unified equality impact assessment template that will serve to help make the process easier to follow, with clear steps and supportive links to resource materials. Further work is underway to incorporate the Committee's feedback. First meeting of children and young people's key delivery area network scheduled to bring together colleagues who are leading work that has a full or partial focus on children and young people. Aim is to maximise HIS's collective positive impact on children and young people's rights, experiences and outcomes LGBT+ staff network planned for staff huddles. Colleagues who signed up for the pride pledge are being invited to join the Pride Network on Teams as allies Public partner vacancy on the Quality and Performance Committee (2 public partner members). Role description being reviewed and updated before a second public partner is sought Equality & Diversity Training: Online training session for staff and are running two sessions for the Race and Ethnicity Network and Organisational Development & Learning team, including two third year student nurses, to get some feedback. The aim is to roll this out across HIS. Involving People Group: A Short Life Working Group from across the directorate are developing a project plan for taking forward the development of a diverse group of people to support the work of HIS. Public Partners*:* The number of public partners has decreased and the demand for their input is very low. Looking at opportunities for further roles across HIS in the future. It is hoped that through the Governance for Engagement work we will identify opportunities within directorates where Public Partners could add value to the work they are undertaking.

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		Staff across HIS have signed up to the new NHS Scotland Pride Pledge and receive a new LGBTQ+ badge which has the NHSScotland logo and LGBTQ+ flag on it. This is part of Pride Month initiative.

The Participation Network

What we will do	Outcomes and Impact	Progress Update
• 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.	• 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	*Webinars:* The following webinars were delivered during Q2: 14 July - Community Engagement in Primary Care – This webinar looked at different ways of engaging people in the work of primary care. This included: i) how a Patient Participation Group can contribute to and enhance the engagement activities undertaken by primary care practitioners, ii) ways in which people have been involved in different areas of primary care, iii) the Community Engagement in Primary Care event held in November last year, and iv) the support that Healthcare Improvement Scotland - Community Engagement can provide. The webinar had 114 attendees. Our webinar series is proving very popular both with our own colleagues across HIS and across the wider health and social care and third sectors. We will continue to deliver these and seek out new topics for the remainder of the year. Webinar evaluation and feedback processes were reviewed and revised, with plans to test the new process in the coming months. *Citizens' Panel*: The September citizens' panel survey is underway and due to report in January 2022. Panel members are being asked their views on the four following topics: • Redesign of Urgent Care • Mobilisation of Dentistry services • Mobilisation of planned (elective) care, and • The Patient Safety Commissioner *Citizens' Panel membership:* Further work has been underway to refresh the Panel membership in Q2 via SHARE to update the demographics including young people and some engagement offices *The Redesign of Urgent Care Gathering Views Report: Views and insights into accessing the newly designed urgent care service:* The analysis for this work was undertaken by the research team who contributed to the report findings and recommendations.

| | 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 | **Scottish Government SLWG on Citizens' Engagement** initiated by the Digital Delivery Citizens' Board in SG's Digital health and care directorate– led to a paper outlining four high-level recommendations covering:

• Core principles for engagement
• Communications, awareness, and accessibility
• Contracts and tendering
• Reviewing, reflecting, and adjusting approaches

This report feeds into the renewed strategy for Digital Health & Care.

We are currently developing the next panel survey (Citizen's Panel 8) on the topics of Redesign of Urgent Care, Elective Care/Clinical Prioritisation, oral health and dentistry and establishment of the new Scottish Patient Safety Commissioner. We are working with policy leads at Scottish Government to develop the question set. |

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The What Matters to You? Programme		
What we will do	**Outcomes and Impact**	**Progress Update**
- 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	- 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	WMTY day for 2021 took place on 9 June and the team have been dealing with requests for resources through Q2 as well as preparing a draft of the WMTY annual report for publication in Q3.

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Supporting implementation of HIS Key Delivery Areas		
What we will do	**Outcomes and Impact**	**Progress Update**
Continue to support the remobilisation, recovery and renewal efforts of health and social care by: • 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.	• 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.	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: • Safety • Older People • Mental Health • Unscheduled/urgent care • Access – including cancer services • Children and young people All of the key delivery areas are being led by an Executive Director and each area has now established a cross-organisational working group. Our directorate is represented on each of these groups. We are developing our approach to supporting the key delivery areas by understanding and outlining what our offer is to these areas in terms of equalities, engagement and human rights. All of the areas present various opportunities for the directorate and we have to ensure that we enable directorates to undertake their own EQIAs and engagement activities to support each of the areas. This work will grow as each of the individual delivery areas scopes out their work programme.

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Quality Framework for community engagement		
What we will do	**Outcomes and Impact**	**Progress Update**
• 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	• 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	The focus of activity during Q2 has been to continue to develop the 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. 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. 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. Ten engagement practitioners from across 7 NHS boards and Integration Joint Boards have agreed to input to the self-evaluation tool and provide feedback on its content, ease of use and being involved in the process. This helped inform the final draft version of the tools and process. The Quality Framework Advisory Group met in Q2 of 2021 and the draft materials will be published for comment in September of 2021 following which a test phase with a number of boards and partnerships will commence.

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Engaging people in the work of Healthcare Improvement Scotland		
What we will do	**Outcomes and Impact**	**Progress Update**
Governance arrangements for public engagement within Healthcare Improvement Scotland • 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 Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our key delivery areas • 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 • 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 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	• 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	***Equality Impact Assessment***: In order to support colleagues across Healthcare Improvement Scotland to ensure a consistent approach is taken to undertaking impact assessments, the Community Engagement Directorate has designed a unified assessment template to guide teams through assessing the impact of their work. Teams will be advised to begin using the assessment template as soon as they are planning a new piece of work or revising or evaluating an existing piece of work. Further testing of the assessment template is currently underway. We have worked with colleagues at the Golden Jubilee National Hospital to ensure improved visuals and layout, while feedback from colleagues within Healthcare Improvement Scotland has shaped the use of plain language guidance and a clearer role for human rights considerations. Prior to official launch, the template will be reviewed by the Equality and Diversity Working Group, the Community Engagement Directorate Management Team and the Executive Team. It is envisaged that the revised template will be formally approved by the Scottish Health Council Committee at its November 2021 meeting. It is anticipated that roll-out of the new approach including awareness-raising and skills training will commence during final quarter of 2021/22. ***Regional Volunteer Networks***: we are developing an approach to support Healthcare Improvement Scotland have a structure for engaging the general public around their experience of health and social care. This will be achieved through increasing the diversity of people involved in our work through volunteering. We will have quality input from the outset of any piece of work, and know how the work will impact on a more diverse population. We will have robust evidence from people experiencing health and care inequalities. A short-life working group is taking the development of this approach further. This work will continue for the remainder of 2021/22 with a view to at least one regional volunteer network, and new Public Partner roles having been tested and ready for implementation from April 2022.

Developing a learning system		
What we will do	**Outcomes and Impact**	**Progress Update**
• 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	• 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	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. This will also be informed by our activities from the Quality Framework for Engagement. This work will recommence in Q3 or Q4 of 2021

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Developing our people		
What we will do	**Outcomes and Impact**	**Progress Update**
• 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	• 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	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. *LEAP*: 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. 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. LEAP will form the basis for how we develop our Operational Plan for 22/23 starting with understanding the needs of our stakeholders. *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 complete and there were 3 teams from Community Engagement Directorate who have participated. Cohort 2 continued with their work through Q2 with 4 Teams from across the Community Engagement Directorate participating. 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. *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. *AHP student placements*: Two occupational therapy students completed a 6 week placement with the Community Engagement directorate in July & August 2021. Both students achieved their placement aims and objectives and delivered a presentation on their placement experience and the work they had undertaken to the HIS CE all staff huddle. A very positive experience was noted from the students as well as the practice educator from within our directorate.

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Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**11 November 2021**
Title:	**Corporate Parenting Action Plan**
Agenda item:	**3.6**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Tony McGowan, Head of Engagement & Equalities Policy / Chris Third, Public Involvement Advisor**

1   Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Legal requirement

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

Healthcare Improvement Scotland (HIS) published its Corporate Parenting Action Plan 2020-2023 and Progress Report in April 2020, having been endorsed by the Scottish Health Council Committee on 27 February 2020.

Our refreshed commitments focus on increasing awareness of our corporate parenting duties among staff and non-executive members, empowering care experienced people to

have their views and experiences heard, exploring opportunities for collaboration, and providing opportunities for work experience.

Due to the ongoing restrictions and limitations of working during the pandemic, certain actions have not progressed as planned over the last year. A number of factors have contributed to this including changes to our ways of working, HIS' response to national priorities during the pandemic, and remobilisation support to NHS Scotland as we move into the recovery phase. Where possible, actions have been taken forward as detailed in the updated action plan (please see appendix 1). The Committee is asked to note progress.

In addition, we have undertaken work to align our action plan with the relevant articles contained within the United Nations Convention on the Rights of the Child (UNCRC) and also key fundamentals and priorities from within The Promise to better demonstrate how our work contributes to upholding children's rights and promoting their wellbeing.

2.2   Background

HIS is named as a Corporate Parent under Part 9 of the Children and Young People (Scotland) Act 2014 and, as such, has a number of duties to uphold the rights and promote the wellbeing of care experienced young people and care leavers (up to the age of 26). One of these duties is to publish a plan detailing the action we will take to meet our legal requirements. There is a recommendation that the plan is updated once every three years and that corporate parents also publish a report on the action they have taken. Our current plan was published in April 2020, with the next due in April 2023.

2.3   Assessment

In particular, the Committee is asked to note the following actions and associated updates within our current plan:

- 1a - 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic
  UPDATE   New EQIA templates have been developed to include Care Experience and are currently being tested.

- 1c - Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training
  UPDATE   E-learning previously launched in October 2020 has been updated and moved to a new platform.

- 2b - Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities

  UPDATE   New Equalities Monitoring forms have been drafted and include a question around care experience.

- 3d - Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors

  UPDATE   Working with *Youth Just Us* to pull together an *Engaging Differently* case study to learn from the *Lockdown Lowdown* study initiated by *YouthLink Scotland* and partners.

In addition to aligning the Corporate Parenting Action Plan with the UNCRC and The Promise, we have also established a Children and Young People Key Delivery Area Network within HIS. This network brings together colleagues from across the organisation who have responsibility for delivering work that has a full or partial focus on children and young people. Through more effective connections across our different work in this area, we will be better able to maximise opportunities to positively impact children and young people's experiences and outcomes, share good practice and work together to achieve the outcomes set out in our Remobilisation Plan.

The Network reports to the Children and Young People Working Group and will focus on the HIS Children and Young People Key Delivery Area.

2.3.1 Quality / Care

The Corporate Parenting Action Plan is designed to support staff to improve the way they look at services provided to children and young people including care experienced young people. A key focus is to raise awareness of our duties but also make it easier for care experienced children and young people to influence our work.

The actions taken to date and planned for the future, aim to strengthen the voice of children and young people, and in particular care experienced young people, and make a positive difference to the work of HIS.

2.3.2 Workforce

Many of the actions are designed to support staff in their work. For example with the development of new online learning. Additionally as the plan progresses, staff who are themselves care experienced should feel more welcome and supported within HIS.

2.3.3 Financial

It is anticipated that this work will be carried out within current resources.

2.3.4 Risk Assessment/Management

There is a risk that if we do not deliver the action plan that we will not meet our legal duties.

2.3.5 Equality and Diversity, including health inequalities

The delivery of the action plan will support us to uphold the rights and support the wellbeing of care experienced people, as per our corporate parenting duties stated in the Children and Young People (Scotland) Act 2014.

The Corporate Parenting Action Plan is a standing item on the agenda of the Children and Young People Working Group, which meets quarterly.

2.3.6 Other impacts

The delivery of this action plan will also support us to act compatibly with UNCRC and The Promise, both of which are now explicitly linked to actions in the Corporate Parenting Action Plan.

2.3.7 Communication, involvement, engagement and consultation

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

- The action plan was informed by engagement with both *Who Cares? Scotland* and *MCR Pathways*, two organisations who support and give a stronger voice to care experienced people.

- We also work closely with fellow corporate parents across health and other sectors to identify ways to maximise our impact, avoid duplication and share learning.

- We have become supporters of *Together Scotland* in order to work with them to ensure that the UNCRC is fully incorporated into our work and delivery of the Corporate Parenting Action Plan.

2.3.8 Route to the Meeting

The action plan was approved by the Scottish Health Council Committee in February 2020. The content of the action plan was considered by the Children and Young People Working Group and has been reviewed and updated accordingly following each meeting of the working group.

A progress report was submitted to the Committee on 5 November 2020.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Corporate Parenting Action Plan

Corporate Parenting
Action Plan 2020-2023

Update: June 2021

Corporate Parenting Plan 2020-23

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:
- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (Freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:
- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:
- A good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

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Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts **Relates to:** Article 3 (best interests of the child) from UNCRC	December 2021	E&D Advisor	Care experience has been built into the new EQIA templates and guidance which are currently being tested.
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people **Relates to:** Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing	Children and Young People Working Group (CYPWG)	Updates from CYPWG will be shared via staff huddles and articles on the SOURCE for Care Day and Care Experienced Week.
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work **Relates to:** Priority 'Supporting the Workforce' from the Promise	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's Health Service Lead	Corporate parenting e-learning module was shared with staff in October 2020 during Care Experienced Week. **Update:** Content currently being updated and moved to new platform. Old platform no longer supported. **Update:** Need to draft some information about who should

						undertake module (similar to public protection email)
		d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people **Relates to:** Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	March 2023	Public Involvement Advisor Programme leads	CYPWG will consider and provide opportunities for staff to reflect. **Update:** 2 June session allowed opportunity to consider contribution to Scotland fulfilling The Promise.
		e) Seek views and experiences of care experienced people with a view to exploring scope for 'care-proofing 'recruitment/staff policies	We understand the issues care experienced people face when accessing employment opportunities **Relates to:** Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	July 2021	People and Workplace Team	**Action:** Discuss further with People and Workplace colleagues and re-evaluate timescale. Be mindful of Once for Scotland approach.
		f) Share learning from the Independent Care Review with our staff, including non-executive members	We understand the health issues that care experienced people face	April 2020	Community Engagement Director/Public Involvement Advisor	A scheduled session was postponed due to COVID-19. Another date has not yet been organised.

Number	Theme	Activity		Timescale	Who should be involved?	Update
			Relates to: Article 12 (respect for the views of the child) from UNCRC Fundamental 'Listening' from the Promise			**Update:** Suggestion raise staff awareness about the Promise work through sharing video and resources.
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	Our board members are committed to corporate parenting and encourage our staff to demonstrate this **Relates to:** Priority 'Supporting the Workforce' from the Promise	Ongoing	Public Involvement Advisor	e-learning module was made available at end of October 2020. **Update:** see 1 c) above. Same e-learning module to be used.
Number	**Theme**	**Activity**			**Who should be involved?**	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity	Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work **Relates to:** Fundamentals 'what matters to children and families' and 'Listening' from the Promise	October 2022	Community Engagement local offices	Delayed due to pandemic. **Update:** GM and RH met with Life Changes Trust about their National Leadership Network. They would be keen to work with us to promote opportunities to this network, such as Voices Scotland training. **Action:** Explore capacity to support Voices Scotland training for National Leadership Network.

		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	Care experienced people are well represented in our engagement activities Our decisions are informed by the views and experiences of care experienced people **Relates to:** Article 12 (respect for the views of the child) Fundamental 'Listening' from the Promise	Ongoing	Public Involvement Advisor Engagement Programme Managers	Community engagement activity restricted due to the pandemic. No data collected so far in 2020-21. **Update:** Revised equalities monitoring forms in draft and include a care experience question. Will go to EDWG on 6 October and then to Scottish Health Council Committee with aim to be approved in November.
		c) Explore how line managers can best support care experienced members of staff and other care experienced people we work with.	Staff with line management responsibilities are aware of how to best support care experienced people involved in our work **Relates to:** Article 6 (life, survival and development) from UNCRC Priority 'supporting the workforce' from the Promise	March 2021	Organisational Development and Learning Team	Action delayed due to the pandemic. **Action:** Arrange discussion with OD&L. Link with trauma-informed workforce. Update timeline.

Number	Theme	Activity			Who should be involved?	
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	Care experienced young people have opportunities to gain work experience in the NHS **Relates to:** Article 28 (right to education) from UNCRC Priority 'A good childhood' from the Promise	October 2020	Corporate parenting lead Organisational Development and Learning Team Other NHS health boards	Delayed due to physical distancing measures/ homeworking. **Update:** Met again with MCR Pathways in December who would be keen to support NHS work experience tasters. Shared information with OD&L. **Action:** follow-up with OD&L and revise timeline.
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills **Relates to:** Article 28 (right to education) from UNCRC	July 2022	People and Workplace Team	Delayed due to physical distancing measures/ homeworking. **Action:** Follow up with People and Workplace Team
Number	**Theme**	**Activity**			**Who should be involved?**	
3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties We share our learning with other corporate parents to inform the	July 2020	Corporate parenting lead CYPWG	Joined the Corporate Parents Collaboration Group earlier in the year. Participating in online meetings and exploring potential collaboration.

			practice of other corporate parents We identify opportunities for collaboration where it will add value and avoid duplication of effort **Relates to:** Priority 'Building Capacity' from the Promise			
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift **Relates to:** Priority 'Building Capacity' from the Promise	March 2021	Corporate parenting lead	Delayed due to the pandemic. **Action:** Explore links through existing networks to strengthen collaboration and sharing within NHSScotland. Revise timeline.
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents **Relates to:** Priority 'Building Capacity' from the Promise	Ongoing	Clinical Expert, Quality Assurance Directorate	Seek input from Clinical Expert in Joint Inspection's for Children's Services at CYPWG meetings and explore options for sharing more widely.
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care	We apply learning from other corporate parents to improve how we involve care experienced people in our work	Ongoing	Public Partnership Co-ordinator	Actively seeking learning regarding the involvement of care experience people during the pandemic.

		Inspectorate support their young inspectors **Relates to:** Priority 'Building Capacity' from the Promise			**Update:** We are in talks with Youth Just Us about an Engaging Differently case study, and we are also working on a case study for the Lockdown Lowdown study initiated by YouthLink Scotland and partners, which involved care experienced young people.

Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

3

Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

A summary of the related articles available below:

- **Article 2** (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
- **Article 3** (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- **Article 28** (right to education) Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

A summary of all articles can be found here.

Appendix 2

The Promise

A summary of the related fundamentals and principles from The Promise can be found below:

Fundamentals:
- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:
- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The Plan 21-24 contains more detail and is available [here](#).

Healthcare Improvement Scotland

DRAFT meeting Notes –

Meeting of the Governance for Engagement sub-committee

Date: 19 August 2021
Time: 10.00am - 12:00pm
Venue: MS Teams

Present
Suzanne Dawson, Chair (SD)
Simon Bradstreet, Member (SB)
Jamie Mallan, Member (JM)

In Attendance
Ruth Jays, Director of Community Engagement (RJ)
Jane Davies, Head of Engagement Programmes (JD)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)
Ruth Glassborow, Director of Improvement (RG)
Chris Sutton, Portfolio Lead for Person Led Care, (CS)
Michelle Miller, Portfolio Lead (MM)
Diana Hekerem, Head of Transformational Redesign Support (DH)
Sybil Canavan, Director of Workforce (SC)
Sandra Flanigan, Head of Organisational Development & Learning (SFL)
Ann Laing, Head of People & Workplace (AL)
Kelly Tulloch, Administrator (KT) [Minutes]

Apologies
Emma Cooper, Member (EC)
Elizabeth Cuthbertson, Member (EC)
Susan Ferguson, PA to Director of Community Engagement & Chair of SHC (SF)

Declaration of interests
No Declaration(s) of interests were recorded

1.	**OPENING BUSINESS**	**ACTION**
1.1	**Chair's Welcome and Apologies**	
	The Chair (SD) welcomed everyone to the meeting and noted the change in timings of the agenda for presentations. SD advised that there would be a five minute screen break at 11:00am. Apologies were noted as above. SD would like to share the sub-committee's best wishes to Elizabeth.	
1.2	**Draft Meeting Notes and Action Points**	
	Previous notes agreed as an accurate record.	

	Regarding ongoing actions, TMG confirmed an after action review will be planned, which will also incorporate the action to look at the use of indicators. A meeting to discuss recommendations for the committee has been held, though there will be a further meeting scheduled.	
1.3	**Business Planning Schedule**	
	SD provided an update on the Business Planning Schedule. TMG highlighted that the Governance for Engagement process will be aligned with the new Quality Framework for Community Engagement in time for operation from April 2022.	
2.0	**STRATEGIC BUSINESS**	
2.1	**Governance for Engagement Directorate Proforma Review - iHub**	

	CS and MM led the group through their presentation, focusing on examples of strengths and priority areas for development.
	
	Topics highlighted included:
	• A paid person with lived experience chairing the Early Intervention in Psychosis programme, which has provided a huge learning opportunity, including around the procurement process and remunerating participants.
	• People with dementia and carers have been involved at each stage of the improvement journey and co-design of resources (including a checklist of what good looks like for those with the condition).
	• Increasingly working with people with complex needs where traditional methods of engagement are not as effective. There is a dedicated Participation Officer to engage and build trusted relationships with third sector groups.
	• Working with the Community Engagement directorate, particularly with the Care Experience Improvement Model (CEIM) to find out what matters to people.
	• Working with engagement officers, NHS Education for Scotland, Scottish Social Services Council and the third sector interface to embed and extend the use of CEIM.
	• Developing tools to support ethical, inclusive processes to involve people across Healthcare Improvement Scotland.
	• Looking at data and measurement tools to help address health inequalities, and ensuring inequalities are considered throughout the entire improvement programme.
	• Looking at understanding the national picture around dementia, it is currently a challenge to understand inequalities due to a lack of data.
	• Recruitment.
	• Embedding consistency.
	
	Ihub slides are available in Appendix 1.
	
	Following the presentation, these were the key items for discussion:
	
	• SD asked for an example of impact of the activity to date in relation to community engagement.
	
	   RG informed the group that they have seen impact at different levels. In particular, experience based co-design, which has led to changes which would have otherwise not been considered. RG shared an example relating to dementia patients, switching metal cutlery for plastic had a positive sensory impact on individuals.
	
	   Another example was regarding dementia in Midlothian, who redesigned their system on the back of user research. An evaluation report shows better outcomes, less time in	

hospital and reduced cost.

All programmes have used Logic modelling, but note these are all at different stages. It would be beneficial to standardise the process and measurement as much as possible. Logic model highlights that outcomes are a combination of factors.

MM reiterated the importance of Logic modelling but also noted they have a number of case studies which are being shared through their learning system. The team are capturing data using OutNav and link workers are using this in their everyday practice to gather case studies.

- SB shared that it was good to hear about the impact and would like to see this reflected more in reports as well as more about the experiences of people. SB also highlighted interest in the ethics and consistency of the work.

  RG noted the team would be interested in undertaking a piece of work to look at standardising the Logic model and systemising the measures. RJ would be happy to work together on this, particularly as there is some overlap between the directorates.

- DH discussed the ethics of the work, sharing examples such as:

  o The importance of checking what people have told you already before engaging again.
  o It is essential to understand service users and staff experience of and exposure to trauma.
  o Not putting an unnecessary burden on people to be involved, but to empower those who want to share their views to be able to.

  The value and empowerment people gain from being giving their views and helping to plan services should also be seen a strong impact. This is particularly true for young people.

- JM expressed that the work presented was impressive and found the honest reflections to be valuable. Furthermore, sharing learning from this across directorates would be beneficial.

- SD asked to hear about engagement with communities and what the Community Engagement directorate could do to help with this moving forward.

  CS informed the group of a piece of work to find out how communities were responding to COVID-19. They have also been working closely with *Outside the Box* and *NESTA* to ensure the great work that went on during the pandemic can be taken forward in a supported and effective way.

  DH noted that having a safe space to discuss workstreams, planning and learning with the Community Engagement directorate would be invaluable. Notably around working with Integrated Joint Boards to ensure communities are an integral part of their design process. RG agreed and shared that they are working with Scottish Government about user engagement and also around the payment issues and how best to address this. RJ reiterated the importance sharing and learning from good practice, and sharing in a way that is positive and productive for learning.

SD thanked the team for their helpful and clear presentation.

2.2	**Governance for Engagement Directorate Proforma Review - Workplace**	
	SC, AL and SFL talked through their presentation, highlighting current priorities, equality & diversity and engagement activity.	

People & Workplace slides are available in Appendix 2.

Following the presentation, these were the key items for discussion:

- SD thanked the team for the presentation and noted it was good to hear the variety of work being undertaken. SD shared the importance of the wider public involvement, particularly in supporting the aim of becoming an *employer of choice*. SD also noted an interest in the *engagement zone*.

- JM asked what work our directorates can do together to build and celebrate staff capacity and confidence to carry out effective community engagement.

  SC noted her remit includes recruiting to challenging roles and this mirrors the importance of having a wider understanding of what the organisation does and the skills and confidence of staff undertaking these roles. SC felt there are many more opportunities for both directorates to work together.

  RJ also highlighted the importance of equality and diversity as well as making better connections across the workforce. RJ is keen to see how the board succession planning work can contribute to improvements in equality and diversity across Healthcare Improvement Scotland. SFL would be happy to pick a discussion around this with RJ at a later stage.

- SB asked what has changed as a result of the EQIA undertaken in relation to home working in the context of COVID-19.

  SC confirmed there has been a much more flexible way of working and understanding of individual circumstances. The organisation has invested heavily in staff, such as providing equipment for use at home, as well as trying to be supportive of varying needs. Hybrid working will be a challenge however it is something being looked into thoroughly to take forward the positives from this.

SD acknowledged that the team demonstrated new ways of engaging with their communities (namely staff), and there is learning which can be shared across the organisation. SD thanked the team for the presentation.

2.3	**Feedback, reflections and actions for directorates**	

SD opened discussion for reflections and thoughts.

JM shared in relation to the workforce presentation that it would have been good to see a focus on more external engagement but appreciated that this is a challenge for them given they work internally. However it would be good to see how learning from the team can be shared across the organisation. Are some of the challenges faced already being addressed by other directorates?

SD noted there needs to be an understanding of what makes an *employer of choice*, but the sub-committee must not stray in to staff governance areas when discussing the workforce. RJ agreed but emphasised that engagement externally is important, particularly around initiatives such as *employer of choice*, which would help to attract good staff.

	SB felt that the iHub presentation was very impressive and the areas they are reaching into are very challenging and cutting edge. There are issues around ethics and inconsistency to note. JD updated that the 'cutting edge' work is in the planning stages, rather than being current process. There is a lot of work around user research, ethics and transformational change to develop further. There was a discussion around the challenges within the organisation in how payments are made when seeking the views of those with lived experience. RJ suggested making a proposed template for good practice. TMG shared that new leadership in the Finance directorate offers a good opportunity to move this forward.	
3.0	**General Updates**		
3.1	**Quality Framework for Community Engagement**		
	JD provided a verbal update to the sub-committee on the progress since the last meeting. 1. The self-evaluation guide has been agreed following feedback from boards who were testing the pilot, alongside feedback from the Care Inspectorate and other partners. 2. The guide is due to be published Friday 20 August (or in the week beginning 23 August 2021) 3. A discussion is to be held with Scottish Government on future implementation. 4. Testing of the Quality Framework will run alongside the Planning with People guidance. It is proposed that the final version will be confirmed for use in 2022/23. 5. It is currently being considered how best to ensure the directorate will be prepared for this to be in place in April 2022. The sub-committee thanked JD for the verbal update.	
4.0	**AOB**		
	SB noted the pre-meeting and notes taken by TMG were very helpful. RJ agreed. RJ also suggested that feedback should be given to the iHub team on their well-received presentation and consider how to ensure others benefit from this learning. No other business was discussed and SD closed the meeting.	
5.0	**Date of next meeting** Thursday 21 October 2021 10.00am - 12.00pm via MS Teams	

Appendix 1   **ihub directorate slide pack**
Appendix 2   **People & Workplace directorate slide pack**

APPENDIX 1

Healthcare Improvement Scotland | ihub

Governance for Engagement sub committee of the Scottish Health Council

19th August 2021

Improvement Hub
Enabling health and
social care improvement

Strengths

- Paid person with lived experience chairing Early Intervention in Psychosis programme

- People with dementia and carers involved at each stage of the improvement journey and co-design of resources

- Participation officer embedded as part of our Alcohol and Drugs Partnership and Homeless Programme: Reducing Harm Improving Care

Strengths

- Using the Care Experience Improvement Model with CED to support engagement for improvement work
- Leading in partnership with CED the development of tools to support an ethical and inclusive processes across HIS to involve people
- Evidence and Evaluation for Improvement team hosted series of HIS wide knowledge café sessions and produced a decision paper on the use of data and measurement in improvement for addressing inequality

Priority Areas for Development

- Ethics process around inclusive user research in health and social care
- Optimising the use of data and measurement that ensures inequalities are considered throughout the entire improvement programme
- Clarity and consistency in payment and remuneration to support engagement of people with lived experience
- How to recruit, encourage, support and prepare people to participate in improvement and redesign activities
- Embedding approaches consistently across all our programmes

Directorate

- **Human Resources** – workforce strategy & policy (including employment legislation), workforce planning, workforce equalities, recruitment & selection, employee relations, employee welfare, partnership development & employee engagement, and HR administration.
- **Organisational Development Learning & Education** – specialist workforce skills development, PDR & KSF monitoring and development, learning and organisational improvement activity and learning & education administration.
- **Health & Safety** – provision of all required Health and Safety advice and monitoring across the organisation, including overview of current Fire Safety SLA arrangements.
- **Facilities** – workplace environment strategy & policy, workplace environment planning, facilities & consumables budget setting & management, and facilities administration.

Current work priorities

- Ways of Working – Practicalities, Culture and Wellbeing, Policies
- Workforce Planning
- Health and Wellbeing
- Succession Planning & Recruitment and Retention
- HIS Academy and Employee Branding
- Covid activity and Emergency Response Team
- Partnership Working
- Employee Engagement
- Internal Improvement activity

Equality and Diversity

- Policy Framework
- Equality and Diversity Working Group
- Disability Confident Status
- Carer Positive Recognition
- Equality Monitoring and Reporting activity
- Equality Mainstreaming Plan
- EQIA activity

Equality and Diversity

Homeworking EQIA consideratio

- Specific considerations – cari
- Access to Work support
- Fit for purpose technology ar
- Accessibility in terms of remc
- Good practice guidance and i
- Flexible working arrangemen
- Health and Wellbeing
- Regular communication and i

Engagement Activity

- Learning Needs Analysis
- Engagement Zone
- Stakeholder group activity (internal)
- Health and Safety activity
- iMatter activity
- National networks
- People and Workforce Directorate redesign