Scottish Health Council Committee

Thu 09 September 2021, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:30
30 min

1. OPENING BUSINESS

1.1. Welcome, Introduction and Apologies

10.00   Chair

Verbal

1.2. Chair's comments

10.05   Chair

Verbal

1.3. Draft minutes of meeting (27/05/2021)

10.10   Chair

Paper

☐ Item 1.3 20210527 SHCC Minutes Draft v02 RJ.pdf (11 pages)

1.4. Review of Action Point Register

10.15   Chair

Paper

☐ Item 1.4 20210527 SHCC Action Point Register (for consideration 09 Sept) v1.pdf (2 pages)

1.5. Business Planning Schedule

10.20   Chair

Paper

☐ Item 1.5 20210909 2021-22 Business Planning Schedule v1.pdf (1 pages)

1.6. Director's update

10.25   Director

Verbal

10:30 - 11:25
55 min

2. SETTING THE DIRECTION

2.1. HIS Strategy update

10.30   HIS Chair/Chief Executive

Paper

☐ Item 2.1 Policy landscape.pdf (10 pages)
☐ Item 2.1 Background Briefing - HIS journey v0.2.pdf (6 pages)
☐ Item 2.1 SHC Summary Responses v0.2.pdf (3 pages)

2.2. Quality Framework for Community Engagement

11.00   Head of Engagement Programmes

Verbal

2.3. Engaging People in the work of HIS

11.10   Head of Engagement & Equalities Policy

Paper

☐ Item 2.3 20210909 - SHCC paper - engaging people workstreams v1.pdf (6 pages)
☐ Item 2.3 (appendix) - New unified assessment template - HIS EQIA - v1.pdf (19 pages)

2.4. Equality Mainstreaming Report update

11.15   Head of Engagement & Equalities Policy

Verbal

2.5. Succession Planning Committee update

11.20   Director

Verbal

11:25 - 12:15
50 min

3. COMMITTEE GOVERNANCE

3.1. Risk Register & Review of Risks

11.25   Director

Paper

☐ Item 3.1 20210909 - SHCC paper - Risk Register and review of risks - v1 TMG RJ.pdf (4 pages)
☐ Item 3.1 20210909 - SHCC - Risk Register - v1.pdf (1 pages)

3.2. Service Change Briefing i) Operational update ii) Service Change in National and Regional Planning

11.45   Head of Engagement Programmes

Paper

☐ Item 3.2 20210909 - SHC Committee - Operational Update for Service Change v1.pdf (8 pages)
☐ Item 3.2 20210909 - SHC Committee - Service Change in National and Regional Planning v1.pdf (8 pages)

3.3. Operational Plan 2021/22 i) Progress Report for Q1 ii) Performance Measurement Framework

11.55   Head of Engagement Programmes

Paper

☐ Item 3.3 20210909 - SHC Committee - Remobilisation and Operational Plans Progress Update Q1 2021-22 v1.pdf (19 pages)
☐ Item 3.3 20210909 - SHC Committee - Performance Measurement Framework - v1.pdf (29 pages)

3.4. Governance for Engagement Sub- Committee update

12.10   Head of Engagement and Equalities Policy

Verbal

12:15 - **12:20**
5 min

4. RESERVED BUSINESS

4.1. Service Change Sub Committee meeting minutes (26/08/2021)

12.15   Engagement Programme Manager

Paper

☐ Item 4.1 20210901 - SHC Committee - Service Change sub-committee draft minutes v0.3.pdf (5 pages)

12:20 - **12:25**
5 min

5. ADDITIONAL ITEMS of GOVERNANCE

5.1. Key Points

12.20   Chair

12:25 - **12:30**
5 min

6. CLOSING BUSINESS

6.1. AOB

12.25   All

6.2. Meeting Close

12.30

12:30 - **12:30**
0 min

7. DATE OF NEXT MEETING

7.1. 11/11/2021 10.00am - 12.30pm Held via MS Teams

SHCC Draft MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 27 May 2021
Time: 10:00am-12:30pm
Venue: MS Teams

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

In Attendance
Ruth Jays, Director of Community Engagement (RJ)
Daniel Connelly, Service Change Manager (DC) (Items 3.2, 3.3)
Jane Davies, Head of Engagement Programmes (JD)
Victoria Edmond, Senior Communications Officer (VC)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)
Lynsey Cleland, Director of Quality Assurance (LC)

Apologies
Jamie Mallan, Member (JM)

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

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

1.	OPENING BUSINESS	ACTION
1.1	**Chair's Welcome, Introductions and Apologies**	
	The Chair (SD) welcomed everyone to the meeting via MS Teams and introduced and welcomed Ruth Jays, (RJ) the new Director of HIS-Community Engagement. On behalf of the Scottish Health Council Committee, (the Committee) SD extended her thanks and best wishes to Lynsey Cleland, (LC) Director of the Quality Assurance Directorate, for all the support and work achieved in the past two years within the Community Engagement Directorate.	

	A welcome back was extended to Tony McGowan, Head of Engagement and Equalities Policy (TMG), who has returned after a family bereavement. Apologies were noted as above. SD also noted that Jamie Mallan (JM) had submitted points he wished raised at the meeting in his absence. At this point SD informed the Committee that : 1. Healthcare Improvement Scotland (HIS) are currently looking at the Strategy for the next three to four years which is supporting the longer term vision, and will include new ways of working and reducing inequalities. She also noted that the Committee's contribution to the HIS strategy will be beneficial and add value, especially around public engagement. SD advised that this is being worked at HIS Board level through the summer and that she would keep the Committee updated. Christine Lester (CL) advised that she would not be attending the Scottish Health Council Committee Development day on 10 June 2021, and will submit any comments prior to the meeting. SD noted the apology from CL.	
1.2	**Draft Minutes of Meeting**	
	The draft minutes of the Committee meeting held on 25 February 2021 were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising.	
1.3	**Review of Action Point Register**	
	SD presented the action point register to the Committee. The Committee noted the content of the action point register and agreed all actions were complete.	
1.4	**Business Planning Schedule**	
	SD presented the Business Planning Schedule to the Committee. The Committee noted the Business Planning Schedule.	
1.5	**COVID-19 response**	
	RJ provided a verbal update to the Committee and highlighted the following points:	

	1. Community Engagement Directorate (the Directorate) is continuing to focus on supporting remobilisation. 2. <u>Engaging differently</u>- throughout the pandemic, the Directorate has developed resources to support meaningful engagement to take place in different ways, as necessitated by the pandemic. We have been asked by NHS Board Chief Executives to develop specific case studies in relation to what good engagement looks like and will share these as part of our work around developing further guidance for NHS in relation to service change in the remobilisation of services. 3. <u>Virtual visiting</u>: following the completion of the scoping exercise, Scottish Government announced funding of £0.5m in February for the supply of further devices to ensure equitable provision of virtual visiting across Scotland to complement in-person hospital visits. 4. Personal Development and Wellbeing reviews (PDWR) are currently taking place throughout HIS, with the continued focus being on staff health and wellbeing. All staff will have received their one to one review by 31 May 2021. 5. The need to engage with stakeholders to ensure wide awareness and promotion of the work of the Directorate and the support it can provide to health boards, Government and other organisations. The Committee thanked RJ for the verbal update provided.	
2.	**SETTING THE DIRECTION**	
2.1	**Quality Framework for Community Engagement**	

	TMG provided an update to the Committee and highlighted the following points:
	
	1. Positive progress had been made in the development of the Quality Framework for Community Engagement and Participation over the last two months, with progress being presented and discussed at the rescheduled meeting of next the Quality Framework Advisory Group which will take place on 1 July 2021.
	2. Over the last two months the focus has been on working to develop a framework in line with key objectives, to consider the following:
	   • What good engagement looks like and how it can be evaluated and demonstrated.
	   • Support internal governance by carrying out routine self-evaluation and reflection on	

quality across the organisation.

- To identify areas for improvement and actions within the organisation to improve practice and;
- Support and assure engagement activity within organisations as well as identify and share good practice that others can learn from.

3. Work has progressed through the Directorate and has been shared with the Directorate Management Team, and externally with colleagues from NHS Boards and Integration Joint Boards.

4. Work has also been undertaken to align the development of the self-evaluation statements with the Governance for Engagement Sub-Committee deliberations, as we provide assurance to the HIS Board on all directorates' performance relating to the engagement of people and communities.

5. The development of the Quality Framework for Community Engagement has been discussed with key stakeholders such as the NHS Board Chairs and Chief Executives Groups, COSLA's Health and Social Care Board and the IJB Chairs Group, with positive support received for its development.

6. Engagement Practitioners across NHS Boards and Integration Joint Boards have also supported the development of this work.

In response to TMG's update, the Committee raised the following points:

1. To gain a better understanding, it would benefit the Committee to have some detail on the Quality Framework Advisory Group.

2. Could the Quality Framework be used within HIS as an internal self-evaluation?

3. Are there any plans to engage with Royal Colleges and GPs in particular to see how this could apply in practice for them in the future?

TMG advised the Committee :
1. He would send out relevant information on what the Quality Framework Advisory group's function and purpose is.

2. There will be elements of the framework that aren't applicable for use within HIS, but the overall self – evaluation will be relevant.

3. He will look at a proposal to involve GPs in the future, looking at the Practice Managers Network.

The Committee thanked TMG for the verbal update.

	Actions: 1. TMG to send a paragraph on the Quality Framework Advisory Group to JM. 2. TMG to discuss with DC potential proposal of GP involvement.	**TMG** **TMG**	

2.2	**Engagement Programmes**	

The Head of Engagement Programmes (JD) provided a presentation to update the Committee on the work that has been carried out within engagement programmes in the last quarter. This included an engagement office update, examples of support provided in the remobilisation of services and the support for HIS key delivery areas. Also highlighted within the presentation was the national support that the engagement programmes team have been involved in, including virtual visiting, Redesign of Urgent Care and elective care. A breakdown of regional work was also presented, finishing on what is planned next.

The Committee thanked JD for providing this update noting the volume of work that has been achieved, and raised the following points:
1. Will virtual visiting continue and who are we reaching, as there is a need for this to go further to ensure greater engagement for those who need it most?
2. What are the key delivery areas and who decides these for the directorate?

For assurance JD advised the Committee that virtual visiting will continue with Phase 2, noting that a further £0.5m had been approved by Scottish Government in February. She also advised that part of Phase 2 is to make the links better, working with SCVO and the third sector.

JD informed the Committee that the Executive Team determined the key delivery areas, as approved by the HIS Board, and RJ offered to share details of these. JD also advised that the presentation would be shared with Committee members.

It was requested that JD consider the slide images before circulating externally to ensure they reflect the full diversity of Scottish society

The Committee thanked JD for providing the Engagement Programmes update and noted its content.

Action :
1. JD to relook at the images on the slides and share presentation with Committee.
2. RJ to share an outline of HIS key delivery areas with Committee members.

	1. JD to relook at the images on the slides and share presentation with Committee.	**JD**
	2. RJ to share an outline of HIS key delivery areas with Committee members.	**RJ**

2.3	**Engaging People in the work of HIS**	
	TMG provided a verbal update to the Committee on the work that is ongoing with engaging people in the work of HIS and highlighted the following : 1. Focus has been on Volunteering and Public Partners 2. An Involving People Short life Working Group (SLWG) has been set up with representation from across the directorate. Meetings are in place to develop a project plan. Sessions will be looking at: •What is the need and how we can meet the need? •Who would be in the group and how do we recruit? What would the group do (developing a draft role description)? •What would volunteers get from volunteering with HIS? •What are the risks/challenges and how can we mitigate these. 3. A further two directorates had presented to the Governance for Engagement sub-committee [Evidence; Communications] and there had been a lot of learning in terms of the process. He advised the Committee that there is continued support for the directorates to enable them to provide the relevant information for the sub - committee and provide them with the feedback from the process. 4. The Public Involvement Team (PIU) are currently looking at developing and implementing a new process for supporting equality impact assessments across HIS. The Committee thanked TMG for the verbal update provided.	
3.	**Committee Governance**	
3.1	**Risk Register**	
	RJ presented the latest report on risks assigned to the directorate and noted that Risk 1078 had been selected for discussion in item 3.2, the Risk Management Deep Dive. She advised that following positive feedback from the publication of the Gathering Views ME report, Risk 956 would be removed from the register. After some discussion on Risk 1077, it was agreed that this would remain open and would be revisited at the next Committee meeting. The Committee noted the content of the Risk Register and were in agreement to the changes discussed.	

3.2	**Risk Management Deep Dive - Service Change**	

Following on from an agreed action from HIS Audit and Risk Committee, a deep dive of a selected risk from the directorate's risk register would be carried out at each of the governance committee meetings. SD and LC agreed during a previous discussion that the highest risk [1078], which was around Service Change, would be chosen for this meeting.

The current wording of the risk reads as:

> *There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID_19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement.*

The Service Change Manager (DC) provided the Committee with some background as to why this service change risk has been placed as both an operational and reputational risk on the register. He made the Committee aware that the risk had been discussed at the last Service Change Sub–Committee meeting, and that they had requested a paper to be presented at the next SHC Committee meeting. DC noted that agenda item 3.3, Public engagement in service change in response to COVID 19 and regional planning, will be used for this discussion.

The committee raised the following points around the risk:
1. Is the current description describing the risk properly and does it cover the range and impact of risks?
2. To manage and mitigate the risk, the language used should be more direct.
3. There is a need to update the risk to incorporate today's discussions.

RJ advised the Committee that she would work toward rewording to better convey the range and impact of the risk and to make clearer the risk that remobilisation may short cut public and community engagement.

SD noted that there will be an in-depth discussion around this at the Committee's development day in June and any learning from the deep dive process will be shared with the HIS Audit & Risk Committee.

The Committee found this deep dive beneficial and

	thanked DC for the update.		
3.3	**Service Change Briefing**		
	As noted in item 3.2, DC provided the Committee with a paper on public engagement in service change in response to COVID 19 and regional planning. This paper was produced after discussion at the last the Service Change sub-committee meeting in April 2021.

In June 2020, the Directorate provided a briefing note to NHS Board Chief Executives and Health and Social Care Partnership Chief Officers on engagement and participation in service change and redesign in response to COVID-19. This set out an understanding of situations where changes to services were required to be made quickly because of the pandemic, but also detailing the importance of engagement and the statutory duties around this.

With the briefing note now a year old, and Scottish Government's national guidance 'Planning with People' being published in February 2021, there is a need to review the advice the Directorate issued in summer 2020 to take account of the new national guidance and effectively support meaningful engagement in local, regional and national service change considerations arising from remobilisation and renewal plans.
DC asked the Committee to:
•Support the review and revision of the briefing note and guidance information issued in June 2020 to coincide with remobilisation and renewal planning, and emphasise duties and expectations for engagement in this context.
•Support through discussions with the Scottish Government, Regional and National Planning Groups and NHS Boards a process for changes developed through regional or national planning, or in response to COVID-19, where there may be a perceived limited scope of influence and options for delivery.
•Consider how Healthcare Improvement Scotland may collectively support NHS Boards and Health and Social Care Partnerships in reviewing the evidence submitted on the drivers for change (for example sustainability, clinical factors).
•Support this item moving forward for consideration by the HIS Board to develop an organisational response in relation to how the Directorate operates in these circumstances to support the delivery of meaningful engagement.

After discussion it was agreed that this would be picked up again at the development day in June. | | |
| **3.4** | **Remobilisation and Operational Plan Progress Report** | | |

	JD provided the Committee with an update on the Directorate's progress with the work outlined in the Operational and Remobilisation Plan for 2020/21 and carried out during Q4 of 2020/21 for discussion. A point was raised around linkages between the NHS Scotland National Volunteering Programme and volunteering within community hospital settings. In response to the point raised, TMG advised that the focus of the programme is supporting volunteering within acute settings. He also advised that he would look into this with the Volunteering Programme Manager. The Committee were assured by the update provided.	
3.5	**Operational Plan 2021/22**	

	JD presented the directorate's 2021/22 Operational Plan to the Committee for approval.
	
	The Operational Plan sets out the range of work the Directorate plans to undertake in 2021-22 to support the delivery of Healthcare Improvement Scotland's organisational priorities and key delivery areas.
	
	Based on the Committee's feedback and recommendations for the Draft Operational Plan, which was discussed at the previous meeting held in February, JD provided assurance to the Committee and noted the following had been incorporated into the Operational plan for 2021/22
	    1. The Directorate Management Team are currently developing a performance measurement framework that will be available for use for Q2 reporting.
	    2. The thematic approach to working has been amended to reflect the HIS key delivery areas and how we will support these going forward.
	
	JD also provided the Committee with an update on the Directorate's senior vacancies, and the continued work to provide learning and development opportunities to all staff.
	
	After some discussion on the plan, it was agreed that a summarised pictorial or easy read version of the Operational Plan would be beneficial for sharing with multiple audiences.
	
	Action: JD, TMG and Victoria Edmond (VE) to set up a meeting to discuss production of an easy read document for September's meeting.
		JD,TMG,VE

	The Committee thanked JD for the update and approved the Community Engagement Operational plan for 2021/22.		
3.6	**Governance for Engagement Sub-Committee minutes**		
	TMG presented the Governance for Engagement Sub-Committee minutes from the meeting held on 10 February 2021. Further to discussion, it was agreed that the minutes from the most recent sub-committee meeting would be presented to the Committee at future meetings to provide a more current update. The Committee noted the sub-committee meeting minutes from 10 February 2021.		
4.	**RESERVED BUSINESS**		
4.1	**Service Change Sub-Committee meeting minutes**		
	DC presented the Service Change Sub-Committee meeting minutes from the meeting held on 2 February 2021. The Committee noted the sub-committee meeting minutes from 2 February 2021.		
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. Service Change - Deep Dive 2. Operational Plan – summary document 3. Promotion of the work of HIS - Community Engagement Directorate		
6.	**CLOSING BUSINESS**		
6.1	**AOB**		
	DB asked for an update on the provision of an iPad which was ordered in January 2020.	**SF**	
	DSE reviews are available for any committee member who wishes one. Committee members to email TMG if required.	**All**	
	Action: SF to follow up with IT on the committee members' Ipads and provide an update.	**SF**	
7.	**DATE of NEXT MEETING**		

	The next Scottish Health Council Committee meeting will be held on 10 September 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: **27 May 2021**

Minute ref	Heading	Action point	Timeline	Lead officer	Status

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 27/05/2021 2.1	Quality Framework for Community Engagement	Information on the Quality Framework Advisory Group to be shared with Committee Members.	09/09/2021	TMG	Completed
Committee meeting 27/05/2021 2.1	Quality Framework for Community Engagement	Consideration of engagement with Royal Colleges and more specifically General Practitioners to help determine how the Quality Framework could apply in practice for them in the future.	09/09/2021	JD / TMG	On-going – will be considered further as part of Quality Framework rollout.
Committee meeting 27/05/2021 2.2	Engagement Programmes	Reconsider the slide images before circulating more widely in order to ensure they reflect the full diversity of Scottish society, and then share the presentation with the Committee.	09/09/2021	JD	On-going
Committee meeting 27/05/2021 2.2	Engagement Programmes	An outline of HIS key delivery areas to be shared with Committee Members.	09/09/2021	RJ	Completed

File Name: SHCC Action register

Produced by: Tony McGowan

Version:

Page: 1 of 2

Date: 27/08/2021

Review Date:

1/2

12/132

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.	09/09/2021	JD / TMG / VE	On-going – internally sourced easy-read capacity and capability currently being considered.
Committee meeting 27/05/2021	AOB	Update on the provision of iPads for Committee Members.	09/09/2021	SF	On-going
Committee meeting 27/05/2021	AOB	Provision of Display Screen Equipment personal risk assessments available for any Committee Members who would benefit from it.	09/09/2021	TMG	Completed

File Name: SHCC Action register

Produced by: Tony McGowan

Version:

Page: 2 of 2

Date: 27/08/2021

Review Date:

2/2

13/132

Scottish Health Council Committee
Business Planning Schedule

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 Programmes	■	■	■	■
Volunteering in NHS Scotland	Head of Engagement & Equalities Policy / Programme Manager Volunteering			■	
Citizens Panel	Head of Engagement Programmes			■	
Engaging People in the work of HIS	Head of Engagement & Equalities 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	Head of Engagement Programmes / Engagement Programmes Manager	■	■	■	■
Engagement Programme Update	Head of Engagement programmes	■		■	
Corporate Parenting Action Plan	Head of Engagement & Equalities Policy / Equality & Diversity Advisor			■	
Equality Mainstreaming Report	Head of Engagement & Equalities Policy / Equality & Diversity Advisor				■
Community Engagement Directorate Updates					
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy	■	■	■	■
Service Change sub- committee meeting notes	Head of Engagement Programmes	■	■	■	■
Closing Business					
3 Key Points	Chair	■	■	■	■
AOB		■	■	■	■

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

Healthcare Improvement Scotland Strategy briefing

Policy Landscape, August 2021

PART 1: Scottish Government Policy Context

1. **Priorities of Government Statement (May 2021)**

Health and social care:

- COVID-19: we have committed already to a comprehensive public inquiry and, within our first one hundred days, we will establish a standing committee on pandemics.
- In our first hundred days, we will publish an NHS recovery plan - setting out how we will achieve a 10% increase in activity in key services. We will also lead a wider mission of national recovery and renewal.
- We are on course to open the first three rapid diagnostic centres for cancer (Dumfries & Galloway; Fife and Ayrshire & Arran).
- As part of our 100-day plan, we are also taking steps to permanently end charges in PFI hospital car parks.
- We will prepare legislation to remove dental charges for care leavers – as the first step towards abolishing dental charges altogether.
- We will publish a women's health plan.
- Over the course of the parliament, we will increase spending on the NHS in Scotland by at least 20%.
- We will complete construction of the new elective treatment centres and, by 2025, recruit an additional 1,500 staff to work in them. Over the next decade, we will invest £10 billion in the NHS estate. This will support the renewal and replacement of health facilities across the country - including the Edinburgh Eye Pavilion here in our capital city.
- We will also increase direct investment in mental health services by 25% over the course of the Parliament.
- We will deliver on action to reduce the unacceptable toll of drug deaths in our country.
- In our first one hundred days, we will begin the consultation on legislation to establish a National Care Service. We intend to introduce the legislation during the first year of this parliament, and expect the service to be operational by the end of the parliament.

2. **Chief Medical Officer Annual Report 2020-21**

The report entitled 'Recover, Restore, Renew' is structured around five themes covering: health of the nation; personalised care; health inequalities; workforce sustainability; and green and sustainable healthcare. The following text highlights areas which may be of particular relevance to Healthcare Improvement Scotland.

In the section on personalised care, the report discusses shared decision making and consent with reference to work with Healthcare Improvement Scotland in relation to Anticipatory Care Planning

during the COVID-19 pandemic. There is a discussion of 'improvers and innovators' and the need to continue to learn from the experience of the pandemic, with the example of Near Me. The continued need for Realistic Medicine and work to tackle unwarranted variation (citing EQuIP – Effective and Quality Interventions and Pathways) are also emphasised. Four questions for consideration in relation to personalised care are posed:

-   What have we learned from our pandemic experiences that will strengthen our approach to delivering personalised care?
-   How can we work more collaboratively across professional and organisational boundaries to provide better care for the people we care for - especially for those living with complex conditions?
-   How can we use the learning from improvement programmes to streamline our care pathways and ensure people receive the right care at the right time?
-   Can we reduce harm and waste by considering whether a treatment or an investigation is going to add value to the care we provide our patients?

In relation to health inequalities, there is a specific discussion of drug-related deaths and the need to treat substance use as a public health rather than criminal justice issue. The Drugs Deaths Taskforce has published a forward plan for the next two years including work around standards for Medication Assisted Treatment and building on the successes of new and innovative approaches implemented during the COVID-19 pandemic.

There is an emphasis in the report on supporting the wellbeing of the workforce, becoming improvers and innovators, embedding a culture of compassion and kindness and supporting a diverse and inclusive workforce.

The chapter on Green and Sustainable Healthcare discusses NHSScotland's commitment to being a 'net-zero' greenhouse gas emissions organisation by 2045 and the development of an NHS Climate Change and Sustainability Strategy 2020-2025. It also highlights the contribution of shared decision-making, reducing harm and waste (with particular reference to pharmaceuticals) and the Technology Enabled Care (TEC) Programme. It proposes the following considerations for NHSScotland:

-   What can we do within our sphere of influence to practice greener and more sustainable healthcare?
-   As we aim towards a culture of stewardship, how can we become more mindful of the NHS resources we use and use them more wisely?
-   Consider how you can influence and empower your colleagues and the people you care for to practice climate positive behaviours that can have a positive impact on their physical and mental health.

3. Scottish Government: Care and Wellbeing Programmes (in development)

Mechanism to ensure effective delivery of Ministerial priorities and delivery of an overarching mission, ''after Covid, working together to improve Scotland's wellbeing"
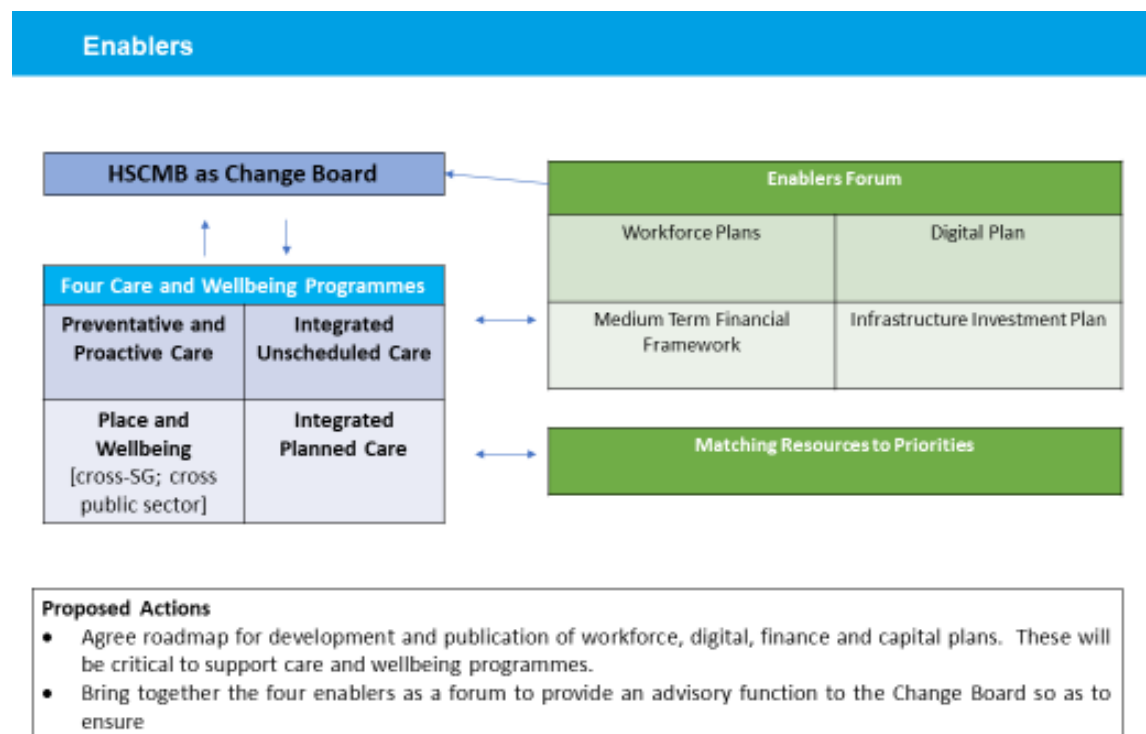
- **Preventative and Proactive Care**
  - 3 year programme building towards National Care Service
  - whole person, whole system approach
  - QMS approach
  - co-designed (Social Covenant Steering Group)

- **Integrated Planned Care**
  - implementation of the Re-mobilise, Recovery, Re-design Framework – commitment to publish an *NHS Recovery Plan*
  - support better health outcomes
  - collaborative redesign, evidence-based practice, clinical improvement, clinical innovation
  - build capacity and capability; National Treatment Centres
  - performance framework based on clinical prioritisation

- **Integrated Unscheduled Care**
  - 2 year programme to support right care, right place, right time
  - co-ordinated response at four different points of patient journey: at home/community settings; acute front door; acute in-patient; rapid post-acute enablement
  - will consider role of primary care independent contractors

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- **Place and Wellbeing**
  - support partnership working between communities, third sector and public sector; Community Wealth Building central
  - align policy across Government to improve health and wellbeing and reduce inequalities
  - infrastructure to support and enable locally-led change

4. NHS Recovery Plan / Remobilisation Plan 4

At the time of writing the Plan has not yet been published, however the Remobilisation Plan 4 (RMP4) commissioning letter describes the following principles in the **Recovery Plan** to:

- Focus on the whole system;
- Ensure quality and patient centred care;
- Bring services close to people's home;
- Reduce health inequalities;
- Ensure sustainability;
- Value and support the workforce.

It also states that 'projects undertaken to support delivery of the Recovery Plan are likely to be closely linked with other areas such as the transformation work supported by the Centre for Sustainable Delivery (CfSD) and the ongoing implementation of the Redesign of Urgent Care (RUC)'.

In addition to the care and wellbeing programmes and the NHS Recovery Plan, the RMP4 commissioning letter also highlights the following key **national plans and strategies**:

- Recovery and redesign: Cancer Services
- Framework for Effective Cancer Management
- Pain Management Recovery Framework
- Mental Health Recovery Strategy
- Redesign of Urgent Care (RUC)
- Six Essential Actions (6EA)
- Centre for Sustainable Delivery Heat Map
- Digital Health and Social Care Strategy
- Primary Care Improvement Plans (PCIPs)
- Trauma and Orthopaedic Recovery Plan
- Winter Preparedness
- Vaccination Programmes
- Test and Protect
- National Treatment Centres
- Realistic Medicine

4

5. National Performance Framework

National Performance Framework
Our Purpose, Values and National Outcomes

We have a globally competitive, entrepreneurial, inclusive and sustainable economy

We respect, protect and fulfil human rights and live free from discrimination

We are open, connected and make a positive contribution internationally

We are creative and our vibrant and diverse cultures are expressed and enjoyed widely

We tackle poverty by sharing opportunities, wealth and power more equally

OUR PURPOSE
To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth

We live in communities that are inclusive, empowered, resilient and safe

We value, enjoy, protect and enhance our environment

OUR VALUES
We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

We grow up loved, safe and respected so that we realise our full potential

We are healthy and active

We have thriving and innovative businesses, with quality jobs and fair work for everyone

We are well educated, skilled and able to contribute to society

5

Health and Social Care: wider Contribution to NPF

National Outcomes: Human Rights & Poverty
- Response to Feeley Report
- Drugs Mission – and wider health inequalities

National Outcome: Culture
- Social prescribing
- Alternative therapies

National Outcome: Environment
- New models of care like NHS near me which contribute to reduced energy consumption, and carbon dioxide emissions
- Sustainable transport & energy policies
- Promotion of renewable energy sources

National Outcome: Health
We are healthy and active
- Covid – vaccinations and testing
- Local public health capability
- Clinical Strategy
- Scheduled/ Unscheduled Care
- Interface between community (primary care, social care & acute)
- Feeley Report
- Drugs Mission – and wider health inequalities

National Outcome: Fair Work & Business
- Payment of living wage across health and social care
- Fair and progressive workforce policies.

National Outcome: Economy
- Health and Care Covid response,- testing, vaccinations & treatment re-abling economy
- Employment and spending power of over 400,000 staff
- Re-ablement of wider population workforce, through fast and effective treatment
- Purchasing power of Health and Social care sector drives economic growth in related sectors – technology, pharmaceutical, medical equipment and supplies, innovation

National Outcome: International
- Covid – Learning on science, academic research, medicine & other treatments

National Outcome: Communities
- Community hubs/neighbourhood care models
- Community involvement in service design

National Outcome: Children
- Health & Social Care contribution to the Promise & Children's Rights

National Outcome: Education
- New workforce models to respond to covid & World leader in
- Health Education
- Upskilling & professionalization of social services workforce

From Richard Foggo presentation to HSCMB Mar 2021

6

PART 2: Health and Social Care landscape

1. **Scottish Parliament SPICe Briefing: Key issues for session 6**

Key points in relation to health and social care

COVID-19 and non-COVID health harms

- Level of prevalence of long-COVID – treatment options are currently limited; NHS England is creating a network of long-COVID clinics but we have yet to see if Scotland will follow suit.
- Scaling back of 'normal business' such as suspension of screening programmes has resulted in a backlog of known health need, with the numbers waiting for treatment and the length of wait increasing.
- Concern regarding outcomes for those with existing disease where the diagnosis has been delayed by the pandemic. For example, there were 7000 fewer cancer diagnoses made in 2020 compared to the previous year. Given the importance of detecting cancer early, this may have a detrimental impact on future cancer survival.

Health and Social Care Integration

This chapter looks at how well integration has progressed. It notes how little budgets have changed between hospital and community care (with hospital spending accounting for well over half the total budget) and the lack of change in the underlying structures and operation of health and social care.

The report also states that session 6 will see tension between dealing with the backlog of hospital treatment, and the drive of integration to focus on prevention and community-based interventions. To allow better scrutiny of local and national innovation, a means of assessing and comparing outcomes for individuals is needed. Audit Scotland lays out the challenges of planning for outcomes, and particularly planning and assessing performance against the National Performance Framework.

Mental Health and COVID-19

The already high and increasing demand for mental health services in Scotland has been exacerbated by COVID-19:
- Severe COVID-19 infection has been associated with poorer mental health (including depression, anxiety and PTSD)
- Long COVID is associated with reductions in mental wellbeing
- The social restrictions and economic consequences linked to COVID-19 have also had a negative impact on many people's mental health

The COVID-19 pandemic has widened mental health inequalities. The groups that had the poorest mental health pre-COVID-19 have experienced the largest deterioration. The groups that have been found to be most affected are women and young adults, people from deprived areas and people with low incomes.

Children and young people have also seen significant mental health impacts resulting from factors including closure of schools and nurseries, problems arising from home schooling and care, reduced opportunity to stay active and socialise with peers. Many older children have issues with mental wellbeing, are anxious about COVID-19, family income, exam pressure and employment prospects. There has also been a focus on the mental health of healthcare workers, with high levels of anxiety, depression and PTSD identified in staff working with people infected with COVID-19. The Scottish Government has announced funding to provide mental health support for health and social care staff.

In October 2020, the coronavirus (COVID-19): **mental health - transition and recovery plan** was published. It highlights a number of commitments in relation to:

- whole population mental health
- mental health inequality
- support for people who are made redundant
- children, young people and families
- people with long term health conditions and disabilities
- older people
- Distress Brief Intervention programme and computerised Cognitive Behavioural Therapy
- the remobilisation of mental health services.

The Scottish Government has also announced a £120 million Recovery and Renewal Fund for Mental Health, allocated from Barnett COVID-19 consequential funding.

2. **Audit Scotland report: NHS in Scotland 2020**

Overall the report found that 'staff across the NHS and Scottish Government took early action during the first wave in 2020, including increasing intensive care capacity and pausing non-urgent treatment. Service innovation, such as a huge rise in video consultations, also happened within weeks and it is important these are learned from'. However it also reports that 'there is now a substantial backlog of patients, with NHS boards prioritising those in most urgent need. It will be hard to deal with this backlog alongside the financial and operational challenges already faced by boards'.

Included in the report's recommendations are the following:

- The need for Scottish Government to update the integrated workforce plan, considering how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term.
- That Scottish Government should ensure that all NHS leaders have the support they need to balance the ongoing challenges presented by Covid-19 with the need to remobilise health and social care services.

8

- Scottish Government and NHS Boards should monitor and report on the effectiveness of the measures introduced to support the health and wellbeing of staff, to assess whether sufficient progress is being made.
- Scottish Government and NHS Boards should take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic, and monitor the long term impact of this on health outcomes.

3. Scottish Academy and College 2021 Election Manifestos

The Scottish Academy of Medical Royal Colleges and Faculties has proposed five key measures in its election manifesto which could help reduce health inequality in Scotland, recognising that the social determinants of health are as important as a high-quality NHS:

- Ensuring that everyone has income at a level that supports healthy living, through policies such as progressive taxation and guaranteed minimum income.
- Ensuring that everyone in Scotland has access to a high-quality education and that any barriers to higher educational attainment is removed for all groups.
- Improving access to active transport across Scotland.
- Taking bold action to address the societal damage of drug and alcohol misuse.
- A mandatory health impact assessment integrated into policy making in all Scottish Government departments.

The Scottish Academy also believes that access to the NHS in Scotland can be improved by investing in **digital resources**, particularly for the most isolated in society, such as the elderly and those who live in remote and rural areas.

Key points from College manifestos are as follows:

The Royal College of Physicians of Edinburgh identified the following priority areas to inform the health goals of the next Scottish Government:

- Health service recovery and redesign in the post-pandemic healthcare landscape (including learning lessons from the pandemic such as innovation and redesign, and multidisciplinary team working) and with a particular focus on health and social care integration
- Workforce planning and training (both through COVID-19 and longer term)
- Health and wellbeing including tackling inequalities

The Royal College of Physicians and Surgeons of Glasgow manifesto focuses on workforce and staff wellbeing challenges.

The Royal College of Nursing Scotland calls for implementation of the Health and Care (Staffing) (Scotland) Act by the end of 2021, and continued work to develop workforce planning tools.

The Royal College of Psychiatrists in Scotland 'No Wrong Door' calls on "*all political parties to recognise there is no health without mental health, to adopt policies that deliver parity between physical and mental health, and work with partners to ensure there is **no wrong door for all our diverse communities** to accessing the right care, in the right place, at the right time for mental ill*

9

health". Proposals include defined community pathways of care and support and a national transitions strategy for vulnerable young people.

The Royal Pharmaceutical Society calls on political parties to commit to a range of actions in the following areas:

- Integration of and pharmacist access to IT systems across health and social care
- Pharmacist role in health inequalities and vaccination/immunisation services
- Pharmacist learning and development and career recognition
- Resource 7-day clinical pharmacy services to meet the needs of patients and support the multidisciplinary team in hospitals

The Royal College of Emergency Medicine Scotland makes a range of recommendations aimed at putting patients back at the heart of the emergency care system and ensuring that emergency departments are adequately resourced. It highlights the need for investment in adult social care to ensure patients are discharged safely and promptly when their medical care is complete. It also highlights alternative access in Primary Care and the Redesign of Urgent Care programme. Patient involvement in the build and redesign of emergency departments, as well as development of a quality indicator for patient experience are also proposed.

The Royal College of Paediatrics and Child Health Scotland calls for action across four main themes:

- Mental health – delivering the targets in the mental health strategy 2017-2027
- Healthy weight
- Child health inequalities and poverty
- Universal services

The Royal College of Occupational Therapists key asks are as follows:

- Build a multidisciplinary workforce within GP practices to support people within their communities
- Increase occupational therapy services for children and young people to address physical and mental health needs early
- Ensure the right to community rehabilitation
- Deliver parity between health and social care.

BOARD SEMINAR 25 AUGUST 2021

Background briefing: Healthcare Improvement Scotland journey

1. HIS Strategy 2021: commitment to the Board

Principles for Strategy Development

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

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

A successful strategy will:
- support agile delivery of HIS' vision in (spite of) a rapidly changing context
- support prioritisation and decision making
- articulate outcomes and be measurable
- be easily articulated by people across HIS, who will recognise their contribution to it
- reflect the Quality Management System and cross-organisational working
- be practical and affordable – every commitment matched with assessment of resource needs
- demonstrate HIS' added value to the system

1

2. Legislative background

(see also: Operating Framework between HIS and Scottish Government)

HIS was established in 2011 as a health body, constituted by the National Health Service (Scotland) Act 1978, as amended by Public Service Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014. HIS's key statutory duties are as follows:

- a general duty of furthering improvement in the quality of health care
- a duty to provide information to the public about the availability and quality of services provided under the health service
- when requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS.

Specifically, HIS is to exercise the following functions of Scottish Ministers:

- to support, ensure and monitor the quality of healthcare provided or secured by the health service
- to support, ensure and monitor the discharge of the duty on NHS boards to encourage public involvement (through the establishment of the Scottish Health Council as described in annex3)
- to evaluate and provide advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs

In furtherance of HIS's duty to improve the quality of health care, these functions – broadly, quality assurance (through inspections and reviews), supporting the engagement of people and communities, and the provision of evidence (including advice, standards and guidelines) – are co-located with the delivery of improvement support. This co-location enables HIS to use a combination of these functions, in a co-ordinated and balanced way, to support better quality health and social care.

Healthcare Improvement Scotland powers
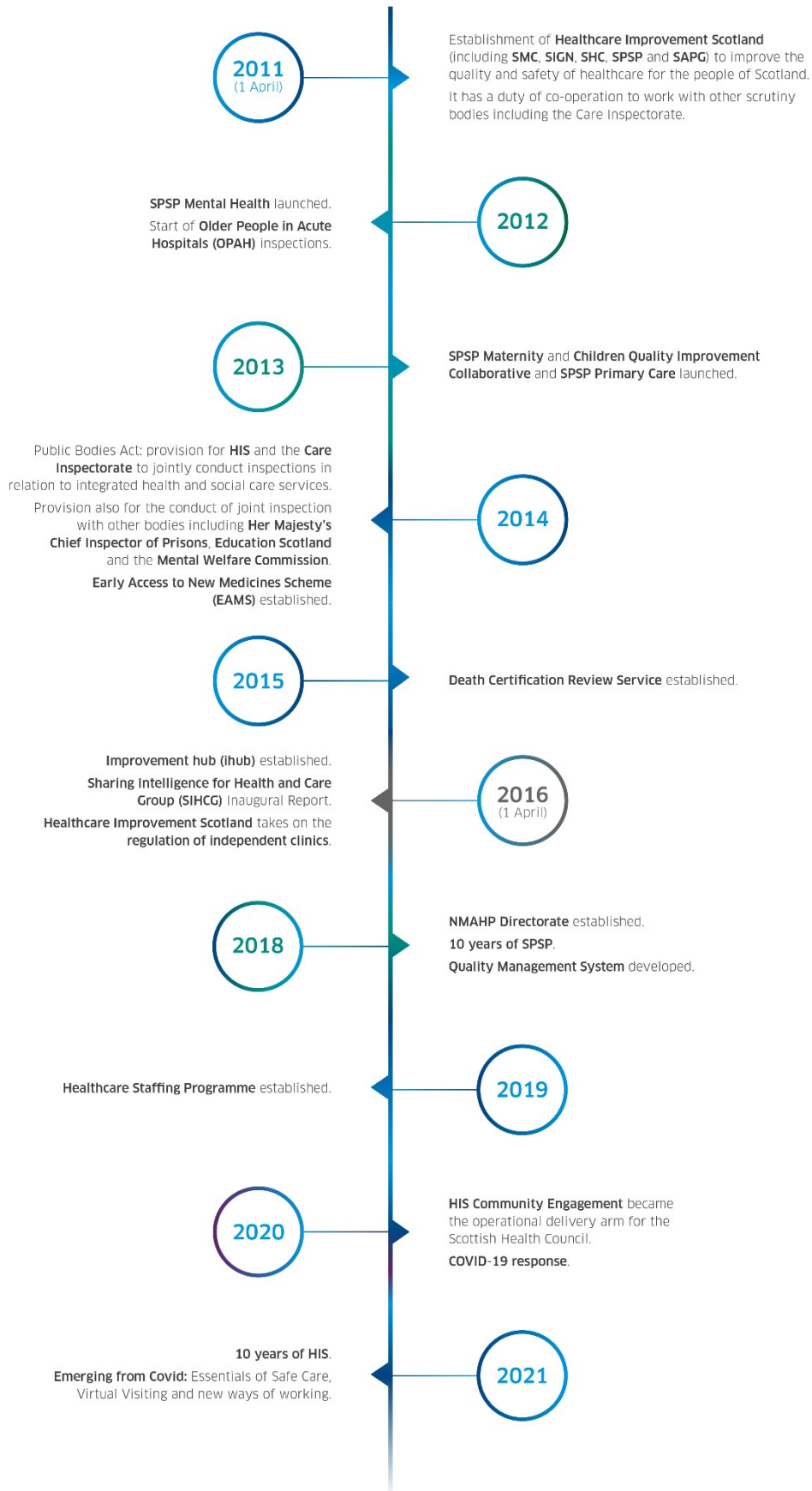
HIS has the following statutory powers:

- Powers of access and right of entry (for the purposes of inspection) in relation to the health service and independent healthcare services
- The power to direct a Health Board to close a ward to new admissions where there is a serious risk to the life, health or wellbeing of persons
- The power to require documents in relation to the functions of the Death Certification Review Service
- Regulatory powers in relation to the independent healthcare sector
- Powers to require information to support the monitoring of compliance with safe staffing legislation

2

National Health and Wellbeing Outcomes

Under the Public Bodies (Joint Working) Act 2014, Healthcare Improvement Scotland, when inspecting integrated health and social care services, must assess the extent to which the service is contributing to the national health and wellbeing outcomes:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

3

3. Where are we now: 10 years of HIS

Healthcare Improvement Scotland | 10 years of HIS-story 2011–2021

2011 (1 April)

Establishment of **Healthcare Improvement Scotland** (including **SMC**, **SIGN**, **SHC**, **SPSP** and **SAPG**) to improve the quality and safety of healthcare for the people of Scotland.
It has a duty of co-operation to work with other scrutiny bodies including the Care Inspectorate.

2012

SPSP Mental Health launched.
Start of **Older People in Acute Hospitals (OPAH)** inspections.

2013

SPSP Maternity and **Children Quality Improvement Collaborative** and **SPSP Primary Care** launched.

2014

Public Bodies Act: provision for **HIS** and the **Care Inspectorate** to jointly conduct inspections in relation to integrated health and social care services.
Provision also for the conduct of joint inspection with other bodies including **Her Majesty's Chief Inspector of Prisons**, **Education Scotland** and the **Mental Welfare Commission**.
Early Access to New Medicines Scheme (EAMS) established.

2015

Death Certification Review Service established.

2016 (1 April)

Improvement hub (ihub) established.
Sharing Intelligence for Health and Care Group (SIHCG) Inaugural Report.
Healthcare Improvement Scotland takes on the regulation of independent clinics.

2018

NMAHP Directorate established.
10 years of SPSP.
Quality Management System developed.

2019

Healthcare Staffing Programme established.

2020

HIS Community Engagement became the operational delivery arm for the Scottish Health Council.
COVID-19 response.

2021

10 years of HIS.
Emerging from Covid: Essentials of Safe Care, Virtual Visiting and new ways of working.

4

4. Where are we now: evolution of HIS' vision, purpose and priorities

VISION *HIS Board, February 2020*	People: • Everyone in Scotland receives the best quality health and social care. System: • Scotland's health and care services have a co-ordinated approach to quality improvement. HIS: • National leadership for better quality health and care. • Driving improvement, providing leadership and working in collaboration for better health and quality care services across Scotland.
PURPOSE	
Making Care Better strategy 2017-2022	To ensure that the people of Scotland experience the best quality health and care services.
Transforming Health and Wellbeing Outcomes (May 2021)	As Scotland's national improvement organisation, Healthcare Improvement Scotland (HIS) has a remit to support the transformation of health and social care through: • the redesign of clinical and care services, and • the development of cultures of continuous improvement.
PRIORITIES	
Making Care Better strategy 2017-2022	• Enabling people to make informed decisions about their care and treatment. • Helping health and social care organisations to redesign and continuously improve services. • Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve. • Provide quality assurance that gives people confidence in the services and supports providers to improve. • Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.
Remobilisation Plans 2020-21	We are already working towards: • a more connected and digitally-enabled organisation; • an integrated response to the major health and social care priorities; • a national evidence and intelligence base to support decisions regarding the future design and delivery of care;

5

	• ensuring consistent and meaningful engagement of people in the design and delivery of their care • supporting the acceleration of further improvements in how care is provided; • embedding a systematic approach to the scaling up and spread of what is found to work well across Scotland.

6

HIS Strategy 1-1s with Scottish Health Council Committee Members, August-September 2021

Summary of responses

1. Based on your perspective as an SHC Committee Member, what do you think has gone well?

Positive comments were noted particularly in relation to the covid-19 pandemic response, where it was felt that a quick move to virtual working supported a feeling of continued engagement, and that more broadly opportunities have been taken to adapt as well as to identify issues through good collaboration. More generally there was positive feedback about the Community Engagement Directorate (CED) and the impact it, and HIS more broadly, is having.

- We have a really good team of people – both employed staff and Committee Members.
- Time has been spent with Members to ensure they are fully involved with the team.
- Definite improvements in engagement, including more of a sense of urgency around this.
- That we are committed to and value community engagement and appreciate that it is key to delivery of the work.
- HIS has had a significant impact in terms of supporting the service change process.
- HIS community engagement involvement has enhanced the quality of consultation and participation.
- SHC Committee members receiving parliamentary briefings is helpful, particularly in the revised format.
- Overall, there appears to be a clearer understanding about our remit and a greater appreciation of where we add value.
- SHC/CE are becoming more a part of the wider HIS and not a body to the side.

2. What are the main lessons we have learned?

Examples given of lessons learned varied and related directly to the response to the covid-19 pandemic as well as more broadly to the functioning of CED as part of HIS. As well as the positive reflections on adapting to covid-19, and the importance of effective leadership and good working relationships with Scottish Government, there was also the suggestion that the pandemic can be used 'as an excuse…to say no to the public'.

Many comments focused on the need to adapt to future priorities, including the National Care Service, health inequalities and an ageing population, in the context of finite resources. In contrast to one of the responses under question 1, it was suggested that there is a feeling of disconnect with the rest of HIS as a Board and the need to avoid working in silos was emphasised.

Some suggestions were fairly practically focused, including positive learning about risk and risk management, the importance of maintaining the website and that committee development sessions can be more productive than governance meetings. Overall there was a strong focus on continuing to learn, build on improvements and explore ways of doing things differently.

Other comments were as follows:

6

- There have been opportunities to step away and become more involved in the crucial issues which the public require to be addressed.
- We need more on the evidence side, which helps sell to the Boards the importance of engagement.
- For more engagement with NHS Board public engagement and Communication Teams to take place.
- We could learn more about our own Community Engagement processes to ensure effective governance is being applied.
- The importance of having clarity around our role.
- There is a willingness and ability for us to see different perspectives. We know who our primary audiences are and are able to respond.

3.   What difference do you think we should be making in future?

- **What are the opportunities in the coming 5 years?**

Again the covid-19 pandemic has had a significant influence including the need to rebuild confidence in NHSScotland for people using services, the need to understand and evidence public views, with community engagement an essential part of planning, and building on the recognition and celebration of the importance of homes and communities during the crisis. It was also suggested there will be opportunities to really support integration and understand what true integration needs.

Responses also included:

- Ensuring the public and patients understand our role.
- To influence things and be proactive and reactive at the same time.
- Opportunity to focus on the high standards that we wish to achieve.
- The opportunity to focus on increasing capacity to self-assess/evaluate ourselves authentically/objectively.
- Deliver things differently digitally, following on from the success of remote working during the covid pandemic and to be imaginative in our approach to digital working, leading to increased engagement.
- Engagement and communications should underpin everything we do and should be embedded throughout the organisation.
- The organisation's management team need to ensure they are well-positioned to spot opportunities for HIS.

- **What might the threats be?**

There was a strong emphasis on the financial situation and the threat of budget uncertainty as well as a risk that budgetary pressures lead to a neglect in community engagement. Other threats highlighted were as follows:

- The use of the pandemic to specifically inhibit involvement & engagement.
- Conducting effective community engagement during a time of low morale post covid.

6

- Engagement could be affected by loss of trust loss of trust in NHS due to 'blaming' things on the pandemic.
- Not knowing enough about what the public think and also what patients are experiencing.
- Managing potentially conflicting priorities.
- Not working well collaboratively.

4. **Follow-up question:**

In terms of future HIS Board strategic development, and the development of the SHC Committee, which external speakers would you like to hear from, and / or on what topic?

- Would like opportunities to broaden general knowledge of health & social care.
- To hear more directly from people about their experiences of using services to inform our policies and strategy and perhaps this could also happen at HIS Board level too.
- Bringing in experts from elsewhere to provide different perspectives, across housing, social care, third sector to understand opportunities for collaboration.
- Helpful to hear about good practice from outside organisations.
- We need more focus on problems, rather than pursuing an agenda of good practice all the time. This means hearing from external people with relevant experience to talk to us about this (e.g. human rights, health inequalities, etc.).
- Increased focus on mental health issues.
- More speakers relating to the National Care Service consultation.
- Favours more opportunities to talk with HIS staff about the realities of what's happening within the organisation.
- Opening up some HIS non-exec development opportunities to SHC members.

6

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	09 September 2021
Title:	Engaging people in the work of HIS
Agenda item:	2.3
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:

- improve 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 increase 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 if the work relates to a strategic-level decision it should also be assessed according to the Fairer Scotland Duty. A strategic-level decision is one that will affect our direction of travel and how we do things over a significant period of time. It will likely need approval from the Healthcare Improvement Scotland Board.

Examples include:

- a strategy for HIS / one of its directorates;
- an annual budget / budget revisions;
- workforce plans;
- recruitment, selection and development; and
- service redesign / transformation.

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. 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.

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 are 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.

The assessment template should also be used as a planning tool to identify people and communities for engagement, and consideration of the right methods and timeframes for this to be successful.

Further testing of the assessment template is currently underway. We have worked with colleagues at the Golden Jubilee who have developed specific expertise in this area 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 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.

A copy of the current draft unified assessment template is located in Appendix 1. The document is yet to be formatted in line with the Healthcare Improvement Scotland house style.

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

Over the past 18 months, the Community Engagement Directorate has been exploring how to increase the diversity of people involved in the organisation's work as part of the Engaging People programme. Healthcare Improvement Scotland has a legal requirement to involve people in its work in terms of the Duty of User Focus set out in the Public Services Reform (Scotland) Act 2010 and to demonstrate continuous improvement in doing so. One of the main ways the organisation has fulfilled this duty is through the involvement of Public Partner volunteers across the organisation. Currently this is the only volunteering opportunity that the organisation offers.

Healthcare Improvement Scotland uses evidence from research and people with lived experience to support the development of its work. However, a public perspective can be very different as it is not informed by direct lived experience but by being users of health and care services and may possibly give a perspective of future service users.

During 2021/22, Healthcare Improvement Scotland has committed itself to have a variety of methods of involving people in our work and a range of volunteering roles which will enable us to gather the opinions of the general public and people with lived experience. Also, the generic Public Partner role will be changed and individually defined to meet the needs of each directorate and / or work programme.

In order to secure reliable and proportionate access to public views, we are recommending the following approach:

- **Large scale** | existing Citizens' Panel – statistically representative, for major evaluations on policy-related topics, takes time to plan, run and evaluate findings.

- **Small-to-meduim scale** | new regional engagement panels – geographically representative, for sense checking public opinion, with faster response and evaluation times.

- **Within HIS** | existing and expanded Public Partner volunteering roles – involved with work programmes on an on-going basis, with roles specific to the needs of Directorates / individual work programmes.

It is envisaged there will be a number of different volunteering roles that the public can choose from. Colleagues within Healthcare Improvement Scotland will be able to discuss with the Public Involvement Team what might be the best approach or mix of approaches to take. Over time, our volunteering offer would develop different opportunities and provide the public with many ways to contribute to Healthcare Improvement Scotland's work. Some examples are provided in the table below:

What is needed?	Who can help*	What do we need to do?
We need to test some of our ideas, improvements, themes, programmes etc to get an idea of what is important to the general public.	Citizens' Panel Regional engagement panels Public Partners	Provide information in a way that is easily understood and can be presented to either a group or to individuals by the Community Engagement Directorate or staff member.
We need to test how the general public would read and understand our reports, websites or patient information.	Regional engagement panels Public Partners	Provide draft publications and seek structured feedback on accessibility
We need to develop an engagement exercise, shaping and testing the questions, understanding the topic and what is important,	Regional engagement panels Public Partners	Explore and discuss options for engagement including information for participants, routes to seek participants and shaping and testing questions
We need to have more regular input into a programme / project and have a perspective during our discussions and meetings.	Public Partners	The directorate would need to provide induction and ongoing support to the volunteer to be part of the project, keeping in regular contact.

By developing this approach, Healthcare Improvement Scotland will have a structure for engaging the public experience of health and social care. 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 engagement panel, and new Public Partner roles having been tested and ready for implementation from April 2022.

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 or 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.

Appendix

Draft Healthcare Improvement Scotland unified assessment template (EQIA)

Equality Impact Assessment

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

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:

> If the work relates to a strategic level decision it should also be assessed according to the **Fairer Scotland Duty**. A strategic level decision is one that will affect our direction of travel and how we do things over a significant period of time. It will likely need approval from the Healthcare Improvement Scotland Board. Examples include: a strategy for HIS/one of its directorates;

- an annual budget/budget cuts; workforce plans; recruitment, selection and development; service redesign / transformation.
- 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 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. Team should begin this assessment as soon as it is planning a new piece of work or revising an existing piece of work. It 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 bepolicy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**. Please note: All tables within this report are expandable.

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

Does the Fairer Scotland Duty Apply?	Yes ☐	No ☐

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

Evidence about potential impact

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

![Healthcare Improvement Scotland logo]

Care Experience

Think about children and young people up to the age of 26 who have experience of being in care. This 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 disorders, 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	❯

This is about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth.

Positive impact	❯
Negative impact	❯

Neutral impact	>

Are there any implications for people who are married or in a civil partnership?

Positive impact	>
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 with non-white majority ethnicities. This includes gypsy/travellers.

[Convention on the Elimination of all forms of Racial Discrimination](#)

Positive impact	>
Negative impact	>
Neutral impact	>

Religion or Belief

Think about people who follow particular religions. For example: Judaism, Islam, Sikhism, Christianity etc. Are there particular beliefs or practices that might be impacted?

Positive impact	>
Negative impact	>
Neutral impact	>

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	>

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. If this is a strategic-level decision and the Fairer Scotland duty applies, you will need to give this characteristic detailed consideration. Otherwise, consider this as a cross-cutting issue(people who share a protected characteristic are more likely to experience poverty).

Positive impact	>
Negative impact	>
Neutral impact	>

![Healthcare Improvement Scotland]

4 Overcoming Negative Impacts

Where the policy/practice/procedure/function was identified to adversely affect people who share a protected characteristic, or you think there are certain things you will need to do to ensure everyone you intend to benefit does benefit, provide details of how you will improve outcomes.

Protected Characteristic	Actions	Person Responsible
All characteristics	>	>
Age	>	>
Care Experience	>	>
Disability	>	>
Gender reassignment	>	>
Marriage/ Civil Partnership	>	>
Pregnancy & Maternity	>	>
Race	>	>
Religion or Belief	>	>

Protected Characteristic	Actions	Person Responsible
Sex	>	>
Sexual Orientation	>	>
Socio-economic	>	>

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5 Impact Rating

Considering what you said in sections 3 and 4 above, provide an impact rating based on the degree to which the work may negatively impact on people who share a protected characteristic.

Impact Rating Key

Low
There is **little or no evidence** that some people are (or could be) differently affected by the policy/practice/procedure/function.

Medium
There is **some evidence** that people are (or could be) differently affected by the policy/practice/procedure/function.

High
There is **substantial evidence** that people are (or could be) differently affected by the policy/procedure/decision

Protected Characteristic	Low	Medium	High
Age			
Care Experience			
Disability			
Gender reassignment			

Protected Characteristic	Low	Medium	High
Marriage/Civil Partnership			
Pregnancy & Maternity			
Race			
Religion or Belief			
Sex			
Sexual Orientation			
Socio-economic			

Stakeholder
Collaboration

Provide details of stakeholder collaboration and consultation.

Refer to **Appendix A** for details of organisations which represent protected characteristic groups asdefined by the Equality Act 2010. Our Public Involvement Team can help you identify further, including local, groups.

Name and Job Title	Department or Organisation	Contact Details
>	>	>
>	>	>
>	>	>
>	>	>

7 Monitor
& 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
>	>	>
>	>	>
>	>	>

Evidence & 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 ihub?

You might use journal articles, reports / resources from organisations or testimony from people you have engaged in the work. Please only list or attach information that was used in this assessment.

Evidence & Research	📎
>	
>	
>	
>	

EQIA
Sign-Off

Please return this completed EQIA to:

✉ **his.contactpublicinvolvement@nhs.scot**

Assistance
With this form

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact:

Project Lead:	
Equality & Diversity Advisor:	
Sign-Off Date:	

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Charities
& Organisations

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	
	>	LGBT Youth Scotland	www.lgbtyouth.org.uk
	>	LGBT Health and Wellbeing	www.lgbthealth.org.uk
Socio-	>	The Poverty Alliance	www.povertyalliance.org

economic		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:	**09 September 2021**
Title:	**Risk Register and Review of Risks**
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 and decision

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. We are taking the opportunity to review our current risks in order to ensure continued relevance and fitness-for-purpose.

2.2   Background

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

There are three extant risks – two relating to service change-related activities, and one regarding the compromised impact of the "soft launch" of the new directorate in April 2020.

There is an opportunity to consolidate the service change-related risks from two to one. As currently written, both are very similar and consolidating them may allow for clearer management of the risk and would reflect more accurately the current state of play.

Healthcare Improvement Scotland's Strategic and Operational Risk Registers also comprise corporate-wide risks relating to key organisational contributors such as workforce, finance, and information technology.

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

2.3 Assessment

Existing risk no.	Risk description.	Recommended new risk? If so, provide revised wording.
1061 1078	There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning. This results in a lack of clarity on the engagement process to be followed and subsequently Healthcare Improvement Scotland's role. There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement.	Yes 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.
1077	There is an operational risk to HIS – Community Engagement as a result of the "soft launch" of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Recommend no change. Interim directorate changes as described in section 2.3.2 provide additional mitigating factors.

2.3.1 Quality / Care

N/A

2.3.2 Workforce

Relevant workforce implications for each risk have been identified.

The directorate has implemented an interim structure from 02 August 2021 which sees the geographical and national teams shared equally between the two function Head roles. This change has been informed by operational experience of the post-review structure since April 2020, and made possible by staff turnover at directorate management team and other levels, allowing the senior management team to trial a number of changes that were not possible to fund previously. These include the creation of an Operations Manager post to support directorate capacity and capability planning, and a fourth Engagement Programmes Manager in order to establish four distinct regional and national team combinations and thereby promote a more integrated working approach.

The interim structure will run until 31 March 2022 with an evaluation process following to determine whether permanent changes should be made.

A short-life working group consisting of staff from across the directorate has been formed in order to facilitate engagement with all directorate staff about the operation of the interim changes, and their experience of impact.

2.3.3 Financial

Relevant resource implications for each risk have been identified.

2.3.4 Risk Assessment/Management

Existing risk register attached in appendix 1. Recommended risks provided in section 2.3.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting
N/A

2.4 Recommendation

The Committee are asked to discuss the Community Engagement Directorate's risk register and recommended consolidated service change-related risk, and decide if the changes are acceptable.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 existing Risk Register

Active Risks - Committee Report

Healthcare Improvement Scotland

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Risk Appetite	Last Updated	Current Control	Current Mitigation	Current Update	Current Risk Level	Jul -	Jun - 2021	May - 2021	Apr - 2021	Mar - 2021
Reputational / Credibility	Community Engagement directorate wide risk	1061	Ruth Jays	There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning. This results in a lack of clarity on the engagement process to be followed and subsequently Healthcare Improvement Scotland's role.	Open	11/08/2021	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 29 April 2021. HIS Community Engagement continues discuss this work with Scottish Government and is participating in the development of revised national guidance for engagement across health and social care. Work is also underway with the Care Inspectorate to develop a quality framework to support and assure meaningful community engagement across health and social care services.	Healthcare Improvement Scotland – Community Engagement took part in the national advisory group on 1 July 2021 to consider the emerging development of the Quality Framework materials

The development Quality Framework will be rolled out in draft format as with the Planning with People and will give us some time and space to test this with a number of Boards and Partnerships from October 2021 | High - 15 Impact - 5 Likelihood - 3 | High - 15 | High - 15 | High - 15 | High - 15 | High - 15 |
| Operational | Community Engagement directorate wide risk | 1077 | Ruth Jays | There is an operational risk to HIS – Community Engagement as a result of the "soft launch" of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered. | Open | 09/08/2021 | - Directorate communications strategy to refocus on stakeholder recognition and understanding. - Design, delivery, on-going manage | 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 "soft launch" 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 | Medium - 8 | Medium - 8 | Medium - 8 | Medium - 8 | Medium - 8 |
| Operational | Service Change | 1078 | Ruth Jays | There is an operational and reputational risk to Healthcare Improvement Scotland's role in supporting public involvement in both regional planning and changes made in response to COVID-19 due to limited engagement. It remains unclear to what extent plans will be influenced by public involvement resulting in challenge to Healthcare Improvement Scotland's statutory role in public involvement. | Open | 11/08/2021 | National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying | The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 29 April 2021. This subject was the focus of a paper presented to the Scottish Health Council Committee on 27 May, and a topic for more in depth consideration at the Committee development day on 10 June 2021. | 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. Next meeting of the committee is scheduled for 9 September | Very High - 20 Impact - 5 Likelihood - 4 | Very High - 20 | Very High - 20 | Very High - 20 | Very High - 20 | Very High - 20 |

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	09 September 2021
Title:	Service Change Operational Update
Agenda item:	3.2
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Authors:	Jane Davies, Head of Engagement Programmes and Emma Ashman, Service Change Advisor

1 Purpose

To provide the Committee with an update on service change activity 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 specific guidance issues, general service change and practice development.

3 National Guidance

3.1 The Scottish Government / COSLA Working Group met in May to discuss the new *Planning with People* guidance and how this can be tested over the next year. The Scottish Government co-hosted a webinar session on the national guidance for engagement and the development of the Quality Framework for Community Engagement with the Scottish Government on 16 June 2021. Approximately 120 people took part with some helpful considerations in taking forward both the 12 month testing of the guidance, and the development of the Quality Framework.

3.2   A practitioner network event was held on 29 June 2021 with around 20 engagement leads from across NHS Boards and Health and Social Care Partnerships. The event was hosted by *Healthcare Improvement Scotland – Community Engagement* with input from the Scottish Government representatives. This session considered how best to provide feedback to the Scottish Government over the coming year and also the development of the Quality Framework. The session also considered areas for future content for sessions to explore the development of the network.

3.3   The team have been reviewing the briefing and guidance note we issued in Summer 2020 outlining how Healthcare Improvement Scotland – Community Engagement would provide advice, support and assurance on statutory duties for public involvement in response to the COVID-19 pandemic. We are considering what changes require to be made to take account of NHS Boards and Integration Authorities' remobilisation plan activity and any expectations on community engagement that will be made in the NHS Scotland Recovery Plan.

Current activity

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

4. General updates

4.1 NHS Lanarkshire - Monklands:

Having received approval from the Cabinet Secretary for Health and Sport on 29 January 2021, for the preferred location for the new University Hospital Monklands at Wester Moffat, NHS Lanarkshire is now proceeding to develop its Outline Business Case (OBC). A Monklands Engagement Forum has been established, which is attended by the Lanarkshire Engagement Officer.

It is anticipated that the permanent location of the elective orthopaedic surgery and inpatient service will inform the OBC. NHS Lanarkshire is therefore currently undertaking a public engagement exercise, which follows on from the consultation Achieving Excellence in 2016 and the option appraisal exercise for the temporary location of elective orthopaedic surgery in 2017. Further information on NHS Lanarkshire's engagement for elective orthopaedic services can be found here.

Information relating to NHS Lanarkshire's board discussion is provided on their webpage and includes *Healthcare Improvement Scotland – Community Engagement'*s assessment report.

4.2 NHS Ayrshire and Arran- Vascular services, Trauma & Orthopaedics:

Planned changes to Vascular services have emerged through regional planning arrangements, which will result in tier 3 surgery and inpatient beds (around 500 patients/year) being transferred from Ayr Hospital to University Hospital Hairmyres, East Kilbride. NHS Ayrshire and Arran has also advised that changes to orthopaedic services have emerged through the Scottish Trauma Network, with urgent orthopaedic services being delivered from University Hospital Crosshouse and elective (planned) orthopaedic services from University Hospital Ayr.

NHS Ayrshire and Arran shared their draft engagement plans and equalities impact assessments for both these service changes in June 2021. These were reviewed by the Service Change Advisor, Service Change Manager and Engagement Programme Manager

and discussed at the Committee meeting in June. The Director of Healthcare Improvement Scotland – Community Engagement subsequently met with NHS Ayrshire and Arran's Director of Transformation and Sustainability in July to discuss the process to date, expectations and proposed next steps. The Director of HIS-CE wrote to NHS Ayrshire and Arran (Appendix 2) on 16 August 2021, providing a summary of the main discussion points and offering support for engagement, where this may add value to the process, moving forward.

5. Developing Practice

5.1   **Online workshops** – The team has delivered a 'taster' session on the three online workshops to colleagues from NHS Boards, Integration Joint Board and National Boards with further 'taster' and individual workshops planned.

5.2   **Animation** - The latest animation on 'Evaluating Engagement in Service Change' was published in July and a series of tweets are planned to promote it over the next month. The next animation on transport and access is currently being developed.

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, we have updated resources to reflect current context and new Scottish Government and COSLA guidance- *Planning with People*. Resources include:

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

6   Recommendation

Members are asked to note the content of the paper.

7   List of appendices

The following appendices are included with this report:
- Appendix one, Directorate Management Team Service Change Update, August 2021
- Appendix two, NHS Ayrshire and Arran- Changes to Vascular and Trauma & Orthopaedic services, August 2021

Appendix one: Service Change Update, August 2021

- **NHS Ayrshire and Arran – Vascular services and Trauma & Orthopaedics**
  NHS Ayrshire and Arran shared their draft engagement plans and equality impact assessments for planned changes to Vascular and Trauma & Orthopaedic services with us in June 2021. These included statements:

  - "*As this new model of service (Vascular) has been determined at a regional level and approved by the NHS Ayrshire and Arran Board, there is no scope for stakeholder engagement to influence the decision or shape this new service*".

  - "*As the redesign of Trauma and Orthopaedic Services has been decided at a national / regional level, there is no scope for stakeholder engagement to meaningfully influence any aspect of this service redesign. As such the engagement process will be predominantly an informing exercise*".

  - The equalities impact assessments for both proposals recognise potential negative impacts but do not identify measures that may help to mitigate these. The Director of *Healthcare Improvement Scotland – Community Engagement* has spoken with NHS Ayrshire and Arran's Director of Transformation and Sustainability on expectations with regards to engagement and identifying areas that people may be meaningfully involved in moving forward towards implementation with the main points covered in our letter sent on 16 August 2021.

- **NHS Grampian – Review of Maternity services model at Dr Gray's (DGH), Elgin:**
  NHS Grampian is working towards the reinstatement of the Consultant Led Unit at
  An independent review was commissioned in March by the Health Secretary to consider how a consultant-led service could be reinstated that is safe, deliverable and sustainable and will take into account the views of women, their families, staff and stakeholders. The review is being led by the Chief Executive of NHS Borders and will report the findings and recommendations will no longer be published in June 2021, but no set date has been confirmed.

- **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.

- **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 informs options on service delivery. An option appraisal session will follow. SCA/EO have been invited to attend the Lochaber Redesign Project meetings.

- **NHS Highland – Royal Northern Infirmary – ward redevelopment**
  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

- **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. Next meeting update is due on Wednesday 18 Aug 21.

- **NHS Lanarkshire – Monklands Replacement Project**
  At a meeting on 15 July, NHS Lanarkshire advised that the Monklands Engagement Forum had met and the Outline Business Case is being progressed, with the Strategic and Economic Case being reviewed by the Programme Team and redrafted. The remaining elements are the Commercial (procurement) and Management, with final section being the Financial Case. Public engagement on the planning permissions will be done after the OBC has been approved.

  The location of elective Orthopaedic surgery will also inform the OBC. At an option appraisal exercise in spring 2017, University Hospital Hairmyres was identified as the preferred location for the temporary location of this service. NHS Lanarkshire is undertaking a public engagement exercise from 28 July to 15 September 2021 on the permanent location of this service. The engagement has been promoted via press releases and on social media and people can give their views via an online survey, at an online event on 26 August or by phone/email.

- **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 has been cancelled so the communication team can focus on the pandemic.

- **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.

  Feedback is currently being sought from stakeholders on the implementation of the recommendations of the independent review.

General updates on service change activity

NHS Board	*Ongoing service changes underway or in discussion*
National Waiting Times Centre	*Scottish Adult Congential Cardiology Service*
NHS Ayrshire and Arran	*Caring for Ayrshire*
NHS Borders	*Coldingham Medical Practice*
NHS Grampian	*Dr Gray's Hospital Transformation Programme, Elective Treatment Centre*
NHS Highland	*Review of inpatient and Community beds North Skye, Primary Care provision in Inverness, Belford replacement*
NHS National Support Services	*National Review of Radiology.*
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	*Aberdeenshire 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*
East Lothian Health and Social Care Partnership	*Transformational Programme*
Fife Health and Social Care Partnership	*Community Hospital Inpatient Services in East Division*
Moray health and Social Care Partnership	*Business case process for replacement of Keith Health Centre and Turner Hospital and wider review of community hospital beds in Moray.*

Kirstin Dickson
Director for Transformation and Sustainability
NHS Ayrshire & Arran
Directorate of Transformation & Sustainability
Afton House, Ailsa Hospital
Dalmellington Road, Ayr KA6 6AB

16 August 2021

Dear Kirstin

Changes to Vascular and Trauma & Orthopaedic services

Thank you for our recent discussion about the draft engagement plans and equality impact assessments you shared for both Vascular and Trauma & Orthopaedic services. These have since been shared through our governance structure for consideration in terms of engaging with people and communities within the context of models of care emerging through regional and national planning structures.

As we discussed, the need for NHS Ayrshire and Arran to make service changes in both these areas is shaped significantly by the regional and national planning structures, meaning that there is limited scope to engage meaningfully on decisions made at these levels. We understand that this is why the focus of activity in your draft engagement plans is primarily on informing people on decisions that have already been made rather than, as set out in national guidance, engaging with people in the design and delivery of care services which can inform decision making.

While this is the case, it is the view of *Healthcare Improvement Scotland – Community Engagement* that there is the opportunity to engage with communities around the detail of the proposals. As you are aware, while informing people is an important part of the engagement process, it does not in itself enable people and communities to be effectively engaged in sharing their views, providing feedback and potentially influencing proposed changes to services.

We suggest we continue to work with you to consider ways that communities can be engaged around the detail of the proposals, and have made some suggestions about how this could be taken forward below.

We would normally expect engagement at regional and national planning level before decisions are made. Given the decisions that have already been made, it will be important to explain to people and provide evidence on why it was the Board's position that there was only one option and therefore no opportunity for people to influence the proposals locally prior to decision-making.

Vascular services

I understand timescales for this change programme have altered and full implementation will now be in place in December 2021. We believe this provides you with an opportunity to:

- consider building on the focus group held with members of 'Finding your Feet' e.g. survey or one-to-one discussions with people who were unable to attend
- gather feedback from existing patients and their visitors/carers on the impact of change and their experiences, and
- explore approaches to engaging with people regarding the rehabilitation/ repatriation pathways.

Taking this opportunity to work with the people affected by change, would help you develop a further understanding on the impact on communities, and people's feedback may help to inform the implementation of the clinical model.

Equality impact assessments (EQIAs)

While a number of adverse impacts are identified in the two EQIAs shared, for example, in relation to increased transport, access and cost, and the Scottish Ambulance Service, there are no entries in the Identified Negative Impact Assessment Action Plan. We would therefore encourage you to engage with people to understand potential impacts and actively consider with them how adverse impacts may be mitigated, for example, scheduling of appointments to help ease some travel challenges, review and if appropriate revise information for patients to make it clear what support is available in terms of transport, parking and expenses.

We have not had sight of the draft information materials prepared, and in our view, these should be shared with patient and public representatives to ensure they are clear, balanced and easy to understand.

In relation to service change we would ask an NHS Board to consider whether they are meeting the national guidance and their legislative requirements and assess themselves against this to mitigate any risks and consider the potential for meeting any legal challenge. We would urge you to consider undertaking such an exercise.

We look forward to continuing to work with NHS Ayrshire and Arran to support your engagement activities and our team, led by Claire Curtis, are there to help you. Please let me or Claire know if there is anything further we can do to support you.

Kind regards

Ruth Jays
Director
Healthcare Improvement Scotland – Community Engagement

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	09 September 2021
Title:	Service Change in National and Regional Planning
Agenda item:	3.2
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Authors:	Jane Davies, Head of Engagement Programmes and Service Change Team

1   Purpose

To share with the Committee how we will take forward work to outline our approach, expectations and actions to support service change in regional and national planning.

The Committee is asked to:
- Discuss the content of this paper and endorse our approach and actions.

This report relates to:
- Regional and national planning
- Legal requirements
- National policy and guidance
- Community Engagement Directorate Operational Plan 21-22

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   Situation

Healthcare Improvement Scotland – Community Engagement has a statutory responsibility to support, assure and monitor public involvement duties in respect of health services across NHS Boards and Integrated Joint Boards. This role is set out in the [Planning with People](#) guidance published in March 2021 by Scottish Government and COSLA.

During the pandemic decisions have been made to rapidly reconfigure services and provide care in new and different ways. Quick decisions had to be made to ensure continued capacity and capability to deliver the services needed by the population of Scotland. However, this did not allow for engagement with service users, people or communities in the process.

We provided [guidance](#) to NHS Boards and Integrated Joint Boards in June 2020 which set out our expectations regarding the remobilisation of engagement work to ensure we have a proportionate approach to meaningful engagement across Scotland.

Learning from this and our expertise and knowledge within service change across the country over a number of years, we recognise the need for us to establish our position, expectations and actions in relation to engagement and involvement with regards these changes but also more widely on decisions made at national and regional planning level.

2.2   Background

Some specialist services delivered in NHS Scotland are planned on a national or regional basis. For example, the [National Clinical Strategy for Scotland](#)[1] "sets out the evidence that some services should be planned at a national, regional or local level on a population rather than geographical boundary basis" to achieve improved clinical outcomes and service sustainability.

We are aware of cases where service redesign or change has been developed at a national or regional level, with limited engagement of service users or communities. This has been prevalent at a local level during the pandemic. This is contrary to the *Planning with People* guidance. For example, minimal engagement with people or communities in the development of the service model or the equality impact assessment, or if the national or regional planning group concludes that there is only one viable option then consultation is not considered appropriate. In these latter cases, people may be informed of the change once a decision has been made or offered limited involvement in the implementation of the change.

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[1] National Clinical Strategy for Scotland, Scottish Government, 2016
https://www.gov.scot/publications/national-clinical-strategy-scotland/documents/

2

Where decisions about the clinical model are made at a national or regional level (the what) this can be seen to limit the scope for engagement with service users, people and communities as to how the service can be delivered at the territorial board level (how and where).

Our advice, in line with national guidance, would have been for engagement with people with lived experience and/or communities takes place at the earliest possible stage in the development of models or pathways of care.

This approach to national and regional planning presents risks to *Healthcare Improvement Scotland – Community Engagement* and NHS boards. On this basis, the Service Change Manager presented a paper to the Scottish Health Council Committee Development Session on 10th June with recommendations to:

- Consider the challenges and risks associated with current national, regional and local planned activity around service change and how these can be mitigated in relation to our role.

- Outline the development of Healthcare Improvement Scotland – Community Engagement's role to support meaningful engagement in local, national and regionally planned services in the context of the challenges described.

Committee members recognised the potential challenges and risks that emerge through regional and national planning structures e.g. reputational, legal and inequalities in relation to engagement and consultation on proposed service redesign and change.

Having identified potential risks, Committee members focused on what further actions could be taken and opportunities explored in response to the issues raised. These included: seeking clarity from our Scottish Government sponsor unit and the new Cabinet Secretary for Health; building relationships/links with national and regional planning networks; clarifying our position, expectations and actions; developing fit-for-purpose and robust internal processes; exploring and outlining different scenarios and developing an action plan. This paper is a result of this session, discussions held at the Committee in May 2021 and with staff across the directorate.

2.3 Analysis

National and regional planning, and associated change processes prior to March 2020 were evidenced for example through the Scottish Trauma Network, systemic anti-cancer therapy and vascular surgery.

The pandemic has had further significant impact on the NHS. The way in which services are delivered has changed and the NHS continues to be on an emergency footing, with increased numbers of people having lengthy waits for diagnostics, treatment and elective care. This accumulation of limited delivery and increasing demand has resulted in the Mutual Aid agreement[2] being applied. Although this

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[2] Preparing for Emergencies, Scottish Government, 2013
https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-

3

arrangement may be temporary, it is not clear what timescales are in place and how this development may also link with national and regional planning and the current situation for engagement on potential service change in the future.

There were a number of operational changes introduced during the initial response to the pandemic and we provided [guidance](#)[3] on how these may be progressed to ensure people are involved in the longer term strategic considerations and impacts of change are captured. This also recognised the inequality gap potentially widening due to the pandemic and emphasised consideration of how to measure impact of change on people receiving services.

The Scottish Government's publication of the NHS Scotland Recovery plan[4] also suggests there will be more national and regional planning of services in order to address the backlog and enable the NHS to deliver the services it requires for the future. Therefore, it is important that the Committee considers its position and the position and that of the Directorate's as well as our expectations of health and care services, our approach to supporting national and regional planning and our actions. This will enable us to provide consistent and proportionate advice on meaningful engagement, whilst taking into account the specific factors and timescales for each change, and consider how we can deliver our statutory role in this area.

2.4 Approach and Actions

Following the discussions at Committee in May and the development session with members in June we are outlining the following approach and actions for delivery in 2021/22 for consideration by Committee.

We need to agree our approach to national and regional service change which clearly sets out our position and our expectations of NHS Boards and Integrated Joint Boards in relation to local, regional and national service change.

Our approach should be to discuss our expectations in terms of national and regional planning with our sponsor unit at SG and also national and regional planning networks.   We should be clear where we think a decision being made at national and regional level constitutes a major service change for NHS Boards and Integration Joint Boards and therefore national guidance around this should be followed. However, we also need to be clear about our expectations of NHS Boards and Health and Social Care Partnerships in relation to engagement and involvement of services users, people and communities in relation to all national and regional planning.

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guidance/2013/09/preparing-emergencies-guidance-health-boards-scotland/documents/nhsscotland-resilience-preparing-emergencies-guidance-health-boards-scotland/nhsscotland-resilience-preparing-emergencies-guidance-health-boards-scotland/govscot%3Adocument/00434687.pdf

[3] Engagement and participation in service change and redesign in response to COVID-19, Guidance note - July 2020, Healthcare Improvement Scotland – Community Engagement, www.hisengage.scot/service-change/service-change-during-covid-19/

[4] NHS Scotland Recovery Plan, Scottish Government, August 2021, www.gov.scot/publications/nhs-recovery-plan/documents/

4

In doing so, we need to demonstrate understanding of the challenges presented and acknowledge the changes required to provide safe, sustainable and person-centred services, but within the context of proportionate and meaningful engagement and involvement to inform robust decision making.

The following actions are put forward for consideration and agreement by the Committee and will form the basis of our work programme to support national and regional service change in 2021/22.

September – December 2021/22

- Review the learning and advice from recent regional and national changes in terms of advice given and action taken to ensure we understand the challenges and nuances of each service change.

- Meet with Scottish Government sponsor unit to discuss our approach, the potential challenges and expectations about engagement in national and regional planning and agree how we cascade this to policy leads across Scottish Government.

- Meet with leads involved in the National Planning Group and discuss their views on engagement (in relation to the National Recovery plan and ongoing service planning), engagement requirements and horizon scanning to inform our thinking on national engagement.

- Meet with the three regional planning leads to discuss their views on engagement (in relation to the National Recovery plan and ongoing service planning), engagement requirements and horizon scanning to inform our thinking on regional engagement

- Invite internal Committee members to the workshops we are currently providing externally which look at: Duties and Principles for Engagement, Planning Effective Engagement in Service Change and Option appraisal (a co-design approach).

- Review the learning and feedback from discussions to inform the development of position paper setting out HIS-CE expectations for regional and national planning that support engagement with people and communities in line with Scottish Government's guidance, *Planning with People.* This paper would be presented to the November Committee meeting for consideration and approval.

- Explore with colleagues from regional and national planning viable approaches to community engagement.

- Update and re-issue the COVID pandemic guidance and position statement on remobilisation and recovery considering potential future interruptions i.e. winter planning etc.

- Meet with colleagues from the Centre for Sustainable Delivery to discuss the need for community engagement in regional and national redesign, as set out in the NHS Recovery Plan.

5

- Deliver presentations/workshops on the Scottish Government's guidance *Planning with People* and aspects of engagement in service design/change at three levels, with three areas of focus: Governance (duties and principles to support the development of an engagement culture), Strategic (planning engagement) and Operational (to support those tasked with option appraisal/redesign and co-design).

December 2021 – March 2022

- Regular meetings with regional and national colleagues to discuss upcoming service planning and redesign, build understanding of our support and quality assurance role and horizon scanning to ensure we understand potential future landscape for service change.

- Develop work programme for local, national and regional service change for 2022/23 and beyond.

- Consider the development of a Community of Practice for practitioners involved in local, regional and national planning to share practice, learning and identify how we can support engagement and co-production of new tips for engagement.

- Develop resources to support regional and national planning for example, focused webinars, case studies and further support tools, plan and execute roll out of workshops internally and externally.

2.5   Assessment

2.5.1   Quality / Care

Our approach to local, regional and national planning in service change will enable services to be delivered with the needs or service users, people and communities at the heart of these services. This will ensure that meaningful engagement continues to inform the delivery of high quality care and services for the population of Scotland.

2.5.2   Workforce

We will continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff particularly given the current situation whilst they are working at home. The working at home policy will continue until at least the end of December 2021.

We will ensure that our staff can engage with staff and services as they remobilise and recover in line with the latest policies from Healthcare Improvement Scotland as restrictions begin to ease and face-to-face meetings can take place.

6

2.5.3 Financial

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

There will be no additional funding implications from the approach or actions outlined in this paper.

2.5.4 Risk Assessment / Management

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

Service Change appears as a risk on our register and this includes regional and national planning. This will continue to be monitored closely by the Committee as this remains our biggest risk both reputationally and operationally in terms of how our expectations are met.

2.5.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and promoting this in all of our engagement activities. We will continue to do this as part of our response to the pandemic and beyond.

We will advise national and regional planning colleagues about the need to ensure that any service changes require to be underpinned by impact assessments including equality and diversity, islands and consideration of the public sector equality duty to ensure that they take an inclusive approach and mitigate against potential adverse impacts for any population group.

2.5.6 Communication, involvement, engagement and consultation

We have, and will continue, to consult and engage with a range of stakeholders in relation to our approach, expectations and actions in relation to local, regional and national planning of service change. This has included patients, carers, families, community groups, third sector organisations, NHS Boards, integration authorities and Scottish Government.

We will need to engage further with Scottish Government colleagues and national and regional planning leads and networks as we agree our approach and actions.

2.5.7 Route to the Meeting

The Committee has discussed a paper in relation to regional and national planning at its meeting in May 2021 and considered risks, challenges and actions at a development session held in June 2021.

7

3   Recommendations

The Committee is asked to:

- Note and discuss the report; and
- Endorse our approach actions outlined.

8

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**9 September 2021**
Title:	**Remobilisation and Operational Plan 20-21: Progress Update**
Agenda item:	**3.3**
Responsible Executive:	**Ruth Jays, Director of Community Engagement**
Report Authors:	**Jane Davies, Head of Engagement Programmes and 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 1 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 first quarter of 2021/22 we have begun to remobilise the majority of our work although at a slower pace than normal 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 has been considerable opportunities for learning from and collaborating with others colleagues across the organisation and health and social care more generally.

During Quarter 1 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.

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 numbers 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 Q3 and Q4 of 21/22 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 that we can improve our engagement activities and ensure improvement is a focus for us as a directorate 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 situation whilst they are working at home. The working at home policy will continue until at least 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.

An additional risk has been added to Healthcare Improvement Scotland's risk register in relation to the impact of the covid-19 pandemic.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to discuss the content of the Community Engagement directorate's Remobilisation and Operational Plan 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 1 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 April – June 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.

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	A new **Project Officer** has been recruited to the programme. **Guidance on returning volunteers to the NHS** has been developed to support boards to review and update the risk assessment of existing volunteering roles and review and support volunteers back into the NHS as well as recruiting new volunteers. There is also a risk assessment framework to assess the risk to individual volunteers. Bringing volunteers back into NHS is proving a challenge. Whilst the guidance is allowing more interaction, there is uncertainty of the risks to remobilising volunteers into health settings. **National Volunteering Hub** (SG, NHS and Voluntary Sector) continues to monitor volunteers involved in the vaccination process. We are submitting regular monthly figures of NHS volunteers who are involved to give a complete picture. The hub has provided volunteers to over 2,500 clinics across Scotland and are now getting involved in testing in schools. There have been over 500 NHS volunteers involved in the vaccination clinics. **Online application form** has been trialled with NHS Lanarkshire and the pilot went very well with over 149 people accessing the system. NHS Lanarkshire feedback was extremely positive, and we are working with Information Governance colleagues to update the assessment and hope to roll out to NHS Ayrshire & Arran next. **Volunteering week** 1 – 7 June. A programme of social media activity was undertaken including a Webinar with over 80 participants on 2nd June to support and promote. **Risk Register** - The Volunteering Information System risk has been closed as it has now been 16 months with no further data breaches. **Young Volunteers:** We are working with Scottish Government to look at involvement of young volunteers in the NHS as a way of developing skills and experience. **Review of the programme**: Scottish Government have asked for a review of the Volunteer Information System and the Programme to be carried out during 21/22 with a view of looking at future funding support for the programme.

6

		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. One session was delivered in Q1.
		Developing an Evaluation Framework for Volunteering in NHSScotland: A proposal was accepted and work is underway which will support the building of skills and capacity to carry out effective evaluation and impact measurement of volunteering at a local and national level, a framework for evaluation will be created, along with a suite of training, resources and tools which the programme will continue to use to support NHS boards in evaluating and evidencing the benefits and impact of volunteering.
		Volunteer Training: A review of the volunteer induction module which was created at the beginning of the pandemic is underway with a group of volunteer managers. However, a recent meeting with NES has uncovered an opportunity to create a Volunteering mini-site within TURAS which would allow us to develop more online volunteer training modules and the potential to explore specific training courses for Volunteer Managers or wider staff who might support volunteering activity.
		Volunteering For All: The Programme Manger is now Chairing the Inclusive Volunteering Working Group, one of 5 national groups set up to create an action plan for volunteering for the next 10 years.
		Inclusive Volunteering in NHSScotland: Work is underway to carry out an EQIA for Volunteering across NHSScotland, with a view to creating an improvement plan for more inclusive volunteering.

7

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. Whilst we are rolling out the testing of the Quality Framework for testing we will also be supporting Scottish Government to develop some pathways for engagement. *Quality Framework for Engagement*: Draft materials have been shared and discussed with a small group of engagement practitioners from NHS Boards and Partnerships, with positive feedback received. The Quality Framework Advisory Group took place in Q1 and a further meeting will be scheduled for early in Q3 2021. The Service Change Team delivered a webinar session on 16 June based on the guidance and the development of the Quality Framework. 120 individuals attended. Publication of the draft materials will take place in Q2 with testing of the approach planned for Q3. Further detail on the Quality Framework can be found in the dedicated section of this report. *National and Regional Planning: T*he Director and Service Change Manager met with colleagues from across Scotland involved in National Planning to discuss the best way to provide advice at an early stage for services being planned at a National level. The discussions were constructive and identified a need for further work, and for further clarity on the work particular being channelled through the National Planning Executive. Following a paper presented and discussed at the last committee meeting, a more detailed discussion took place at the committee development day in June 2021. This focused on exploring the challenges, risks and opportunities for action in taking forward work in relation to changes progressing through national and regional activity as well as through need, as a result of the pandemic. This session proved to be extremely constructive and feedback received will form the basis of an action plan to take this work forward. *Engagement leads network session*: A session took place in June with approximately 15 engagement leads from across NHS Boards and Health and Social Care Partnerships. This session focused on the guidance and providing considerations to Scottish Government on the development of this over the coming year and also the development of the Quality Framework. **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

8

| | | March 2021 by the Health Secretary and the review will report the findings and recommendations in Q2.

Glasgow City (HSCP) – Mental Health Services
Glasgow City HSCP is preparing plans on behalf of the six HSCPs in Greater Glasgow and Clyde and the NHS Board, to inform and engage with people on proposed changes to inpatient mental health services for adults and older adults.

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. Healthcare Improvement Scotland – Community Engagement met with NHS Highland in April to discuss our concerns around the length of the short-list of options. This was followed up with a meeting on May to discuss potentially resetting some of the option appraisal work before progressing with the identification of preferred options.

NHS Lanarkshire – Monklands Replacement Project
NHS Lanarkshire is proceeding to complete its Outline Business Case following cabinet secretary approval of the Wester Moffat site as a preferred location. Healthcare Improvement Scotland – Community Engagement met with NHS Lanarkshire on 19 May to discuss next steps. |
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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.
		
		Clinical Prioritisation: Discussions progressing on how to gather views from patients who have been on the waiting list for elective surgery in excess of 104 weeks (circa 556 patients). The aim is to undertake engagement work with patients waiting for treatment in order to understand the impact their wait is having on their lives, families and carers.
		
		Report of **Primary Care Network Event** has been shared in draft with all staff and feedback taken on board. Final report now available and pending further discussion on how the report can be used.
		
		Person-centred Virtual Visiting: We have paused the Virtual Visiting Gathering Views exercise planned for July 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. We carried out 1-1 discussions and focus groups with 55 people and one group of Mental Health practitioners. 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 and affected by addicitons, people living in remote and rural areas. The report will be published in August 2021. An after action review to consolidate the learning from this exercise and inform our process for undertaking future Gathering Views exercises is planned for Q3 of 2021.
		
		Gathering views – ME: The report was published in May and the associated risk has now been removed from the risk register. Scottish Government now considering recommendations and way forward in terms of delivering care for those living with ME. Poster outlining our work was accepted and displayed at the Institute for Healthcare Improvement's European Forum.

10

		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.

11

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 being recruited internally to support service change work. New Public Involvement Advisor has been recruited to the team. **EQIA and Equalities Monitoring:** This is being reviewed and updated by the team. The aim is to produce an equality monitoring form that is used consistently across HIS and is up to date. We also want to develop an EQIA process that is used across HIS as a tool for engagement. **Equality & Diversity training**: The team have developed an 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. This should be ready in Q2. **Public Partners:** Our number of public partners have decreased and the demand for their input is very low and we hope to assess the situation going forward and look 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. **Pride Month**: During June we launched the HIS LGBTQ+ Staff at the all staff huddles with internal and external comms for the month of June. This also saw individual staff sign up to the new NHS Scotland Pride Pledge and receive a new LGBTQ+ badge which has the NHSScotland logo and LGBTQ+ flag on it.

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 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	*Webinars:* The following webinars were delivered during Q1: 12 May – Why 'What Matters to You?' Really Matters – an international group of speakers brought together to share experiences of WMTY and how this can make a difference. This was attended by 147 people and the feedback from the event was really positive. 2 June – Volunteering - exploring the use of volunteers and the volunteering programme across the NHS in Scotland. This was timed to coincide with Volunteers Week and enabled us to showcase and celebrate the volunteering efforts across the NHS and beyond during the pandemic. This was attended by over 70 people and was very positively received. 16 June - Planning with people and the Quality Framework for Engagement – enabled us to outline both the new guidance and our approach to the quality framework. This was jointly delivered between the policy team at Scottish Government and our directorate. This was attended by over 100 people and a lively discussion took place during the webinar. 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. *NHSScotland Event*: Our submission for an e-poster on the 7th Citizens Panel report about experiences of health services during the pandemic and people's priorities for the future was accepted and presented at the NHS Scotland event. This was a really positive experience for our staff and enabled us to showcase the findings of the report to a very wide audience. The event was attended virtually by over 1000 staff across the two days. *Citizens' Panel*: The Panel membership has been refreshed via SHARE to update the demographics including young people. 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.

13

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** took place on 9 June 2021 with significant communications work and social media input. The website launched on 23 April and registration for 2021 opened on 26 April. Statistics will be available, once analysed, in Q2. **Webinar**: As outlined above our webinar was held on 12 May. This was very well attended and received by participants. We recorded this and it is available to view via the WMTY website here: https://www.whatmatterstoyou.scot/why-ask/ **Resources:** a number of NHS Boards have responded to our offer to supply a larger amount of resources to them at a central point for their onward internal distribution. This distribution happened ahead of WMTY day in June and was a considerable support to local activities.

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.

15

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 Q1 has been 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 will help inform future versions of the tools and process. The Quality Framework Advisory Group met in Q1 of 2021 and the draft materials will be published for comment in Q2 of 2021 following which a test phase with a number of boards and partnerships will commence.

16

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 Q2 of 2021

18

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 commenced in April 2021 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 students will commence their placement with the Community Engagement directorate in July 2021. This will give our staff the opportunity to work with the students to support their placement aims.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	09 September 2021
Title:	Performance Measurement Framework for Community Engagement
Agenda item:	3.3
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Jane Davies, Head of Engagement Programmes and Richard Kennedy-McCrea, Operations Manager

1   Purpose

To share with the Committee our approach to developing a Performance Measurement Framework to demonstrate delivery of our Operational Plan including our outcomes and impact.

The Committee is asked to:
- Discuss the content of this paper and endorse our approach.

This report relates to:
- Performance management reporting against our operational plans.

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 Situation

Following discussion at the Committee development session in 2020 regarding measuring outcomes and impacts, the subsequent training provided for staff in LEAP (outcomes planning) and the development of the 2021/22 Operational Plan, the Committee requested that we develop a performance measurement framework that would enable the directorate to:

1

a) demonstrate progress in delivering the activities outlined within our Operational Plan

b) demonstrate outcomes and impacts of our work, at the appropriate times

c) provide assurance to the Committee that we are delivering against the work set out in the Operational Plan

2.2 Background

The Committee held a further development session in June 2021 which considered the content of a performance measurement framework in more detail. During the workshop discussion, members identified:

- short, medium and long-term objectives that could be considered
- strategic and operational goals, and
- long-term measures that could be used to monitor year-on-year progress.

2.3 Proposed Approach

The current Remobilisation and Operational Plan, which is used as the basis for quarterly updates to the Committee, lists a total of 52 individual objectives under 11 work programmes. It is proposed that the list of objectives is significantly streamlined for future Operational Plans, with the aim of capturing the essence of the current 52 objectives.

Objectives that would be included in the future Operational Plans would be of a significantly high level that multiple programmes would be able to demonstrate progress against them. This would demonstrate a much more integrated and matrix way of working whilst also enabling reporting in different ways.

The following list of 11 objectives is an example of the potential approach based on suggestions made by the Committee, and what is currently included within our Operational Plan:

a) Professionals have the information, resources and skills they need to deliver engagement and equalities activities. (S)

b) Stakeholders have an increased awareness of our work, and of good engagement practice and can demonstrate this. (S)

c) Health and care services are consistent in their approach to community engagement and this is evidenced in their self-evaluation approach. (M)

d) Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M)

e) We build an evidence base of good practice in community engagement and support a learning network for engagement(M)

2

f) Scottish Government and stakeholders understand our role and we share the impacts of our engagement across the system, nationally and internationally (L)

g) People and communities are empowered to participate in health and care (L)

h) Users of health and care services in Scotland and their families report an improved care experience (L)

i) Health and care services can demonstrate compliance with policy and legislative requirements (…)

j) Our own staff and volunteers are confident and trained and developed to deliver their work or role (…)

k) Health and care services can demonstrate improvement in how they engage with people and communities (…)

Note: (S) = short term, (M) = medium term; (L) = long term; (…) = not yet categorised

Reducing the overall number of objectives presents the following benefits and opportunities:

- It provides a standard framework against which all the work of the directorate – from the activities of individuals and teams to whole work programmes – can be monitored and recorded. This will enable us to demonstrate our outcomes and impacts more easily and record activities across several reporting years.

- It adds flexibility to the way in which reporting can take place. For example, it would be possible to generate a report based on the total activity of a work programme, or to report on activities across all work programmes which contribute to individual objectives. It will also allow us to record the detail and information once and use it many times therefore reducing the reporting burden.

- It facilitates year-on-year reporting, particularly where impacts are expected in the medium to longer term.

- Staff will better understand how their work contributes to the work of the directorate and organisation. Shared objectives introduce a common terminology which can form the basis for individual and team discussions (including annual and mid-year performance reviews). They also create a direct link between qualitative and quantitative data gathered to satisfy operational needs and higher level reporting for governance requirements.

- Provide the Committee with easily digestable information that demonstrates, at a glance, how we are meeting our objectives but also whether there may be issues with delivery of our work programmes.

- Ability to deliver SMART objectives that demonstrate our outcomes and impacts.

3

The structure and detail of the performance management framework will continue to be developed by the Operational Plan Delivery short-life working group over the coming months following feedback from the Committee about our approach and direction of travel.

We will want to sense-check the new objectives against the operational needs within the directorate, as well as with the expectations of key stakeholders in line with LEAP outcomes planning. The objectives must also align with the development of the new 2022-27 strategy for Healthcare Improvement Scotland, and with our 3 key tests:

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

As a working example, we have outlined in appendix 1 the suggested 11 objectives under the potential work programmes. Objectives which were in our existing Operational Plan for 20/21 but would not be required in future Operational Plans have been greyed out for ease of reading and to demonstrate the number of objectives that would be removed. It is anticipated that each work programme will be able to demonstrate activity relating to several objectives. This will be agreed with programme leads as we develop the Operational Plan and associated performance measurement framework.

Future iterations of the framework will also develop additional detail around a set of key performance indicators (KPIs) that will monitor progress in achieving the objectives, as well as status indicators that will highlight where work streams are exceeding, meeting or falling behind their planned objectives potentially using a RAG (Red, Amber, Green) status.

2.4 Assessment

2.4.1 Quality / Care

Our approach to development of a performance measurement framework will enable us to demonstrate how engagement activities is having an impact on the delivery and quality of our own work programmes but also the delivery of high quality care and services for people and communities.

2.4.2 Workforce

We will continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff particularly given the current situation whilst they are working at home. The working at home policy will continue until at least the end of December 2021.

4

We will ensure that our staff can engage with staff and services as they remobilise and recover in line with the latest policies from Healthcare Improvement Scotland as restrictions begin to ease and face-to-face meetings can take place.

2.4.3 Financial

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

There will be no additional funding implications from the approach or recommendations made in this paper.

2.4.4 Risk Assessment / Management

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

2.4.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and promoting this in all of our engagement activities. We will continue to do this as part of our response to the pandemic and beyond.

2.4.6 Communication, involvement, engagement and consultation

We will be consulting and engaging with our stakeholders around their needs in relation to our work programmes in line with LEAP outcomes planning. This means that future iterations of our operational plan will be based around the needs of those who we engage with and who use our services. This wil include patients, carers, families, community groups, third sector organisations, NHS Boards, integration authorities and Scottish Government.

2.4.7 Route to the Meeting

The Committee has discussed the development of a performance measurement framework during their 2020 business and at a development session held in June 2021.

2.5 Recommendation

The Committee is asked to consider the contents of this paper and to provide feedback on whether the proposed approach would:

- demonstrate progress in delivering the activities outlined within our Operational Plan
- demonstrate outcomes and impacts of our work, at the appropriate times
- provide assurance to the Committee that we are delivering against the work set out in the Operational Plan

5

The Committee is also asked to endorse our approach and direction of travel including:

- preferred method(s) of indicating progress against objectives (narrative, RAG status, and so on)
- any other comments of suggestions for improvement

Should the Committee endorse our approach and direction of travel, a further iteration of the performance measurement framework will be developed and shared with the Committee for its next meeting.

6

Worked example of our Performance Measurement Framework including indicative objectives

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Community Engagement Programmes	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L)	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	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of engagement exercises, number of participants engaged – CRM) Feedback from external stakeholders (e.g. CEIM interviews) Events (number of events, number and breadth of attendees, feedback) Publications and guidance produced (number, downloads, feedback) NHS boards' annual reports		

7

		8. Users of health and care services in Scotland and their families report an improved care experience (L)	support to individuals and communities to enable them to engage with NHS boards and Integration Authorities	Feedback from users of health and care services (surveys, Care Opinion, etc.)		
		9. Health and care services can demonstrate compliance with policy and legislative requirements (…)	• informing national policy through gathering views on relevant services from patients, service users, carers and communities			
		10. Our own staff and volunteers are trained and developed to deliver their work (…)				
		11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	• providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified			

8

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Service Change	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services. • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice.	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of service changes supported, number of major service changes) Feedback from external stakeholders Publications and guidance produced (number, downloads, feedback)		

9

| | families report an improved care experience (L)

9. Health and care services can demonstrate compliance with policy and legislative requirements (…)

10. Our own staff and volunteers are trained and developed to deliver their work (…)

11. Health and care services can demonstrate improvement in how they engage with people and communities (…) | | | | |

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Volunteering in NHSScotland	1. Professionals have the information, resources and	• Advice and support for NHS board volunteer	Narrative updates (programme leads,		

10

	skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their families report an improved care experience (L) 9. Health and care services can demonstrate compliance with policy and legislative requirements (…)	managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. • Guidance to NHS boards on the stepping down of volunteering. • Guidance to NHS boards on risk management, role design, fast-tracked volunteer recruitment, conviction and health screening, volunteer retention, Emergency Volunteering Leave, volunteer wellbeing and maintaining the integrity of volunteering. • In association with NHS Education for Scotland, provide training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS boards. • Engage and advise Scottish Government on the application of the Scotland Cares Campaign.	individual staff members) Work programme (e.g. number and breadth of supports provided to volunteer managers) Feedback from external stakeholders Training (number of sessions, number and breadth of attendees, feedback) VIS analytics (number of records, reports) Publications and guidance produced (number, downloads, feedback)		

11

	10. Our own staff and volunteers are trained and developed to deliver their work (…) 11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	• Advise Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation.			

12

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Public Involvement Unit	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• 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	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of projects supported, number of participants engaged – CRM) Feedback from stakeholders Events (number of events, number and breadth of attendees, feedback) Public Partner data (numbers, activities, development) Internal governance and cross-organisational work (minutes, actions of working groups)		

13

		families report an improved care experience (L)	delivering a programme of training.	Publications and guidance produced (number, downloads, feedback)		
		9. Health and care services can demonstrate compliance with policy and legislative requirements (…)	• Co-ordinate, manage and develop public partner volunteers and their roles across our work.			
		10. Our own staff and volunteers are trained and developed to deliver their work (…)	• Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group.			
		11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	• Share and acquire public involvement knowledge and learning through collaboration at national level			
			• Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates			

14

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Participation Network	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	Inform policy through research evaluation and impact assessment by: • Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support • Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities. • Internal research carried out to evidence, support and evaluate internal priorities and practice • Ensuring that our thematic work programme is informed by the latest research,	Narrative updates (programme leads, individual staff members) Events (number of events, number and breadth of attendees, feedback) Analytics (website traffic, e-Connect subscribers, social media) Feedback from external stakeholders (CEIM interviews) Publications, reports and guidance produced (number, downloads, feedback) Citizens' Panel data (membership, return rates, number of surveys, reports, impacts)		

15

	families report an improved care experience (L)	good practice, learning and evidence available	Staff feedback (iMatter, pulse surveys, PWDRs)	
	9. Health and care services can demonstrate compliance with policy and legislative requirements (…)			
	10. Our own staff and volunteers are trained and developed to deliver their work (…)			
	11. Health and care services can demonstrate improvement in how they engage with people and communities (…)			

16

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
What Matters to You? Programme	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• 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	Narrative updates (programme leads, individual staff members) Analytics (website traffic, social media) Work programme (e.g. steering group minutes and actions, number of case studies) Publications, guidance and resources (number, downloads, feedback) Annual report (narrative and data) Feedback from external stakeholders		

17

	families report an improved care experience (L)			
	9. Health and care services can demonstrate compliance with policy and legislative requirements (…)			
	10. Our own staff and volunteers are trained and developed to deliver their work (…)			
	11. Health and care services can demonstrate improvement in how they engage with people and communities (…)			

18

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Supporting implementation of HIS key delivery areas	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement • Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities • Ensure that this thematic approach is embedded in	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of programmes supported – CRM) Feedback from stakeholders Internal governance and committees (minutes, actions) Publications, reports and plans (number, actions, impact)		

19

	families report an improved care experience (L) 9. Health and care services can demonstrate compliance with policy and legislative requirements (…) 10. Our own staff and volunteers are trained and developed to deliver their work (…) 11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	all our activities and not developed as a stand-alone programme		

20

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Quality Framework for community engagement	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool • Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-assessment tool • Undertake testing of approach and tool with identified NHS boards and Health and Social Care Partnership sites • Provide report on test sites and amend approach and tool based on findings • Ensure the Quality of Care approach informs our thematic work programmes and can be	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of test sites, feedback and learning) Feedback from external stakeholders Event data (number of sessions, number and breadth of attendees, feedback) Internal governance and committees (minutes, actions) Publications and guidance produced (number, downloads, feedback)		

21

	families report an improved care experience (L)	embedded in the activities we undertake		
	9. Health and care services can demonstrate compliance with policy and legislative requirements (…)			
	10. Our own staff and volunteers are trained and developed to deliver their work (…)			
	11. Health and care services can demonstrate improvement in how they engage with people and communities (…)			

22

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Engaging people in the work of Healthcare Improvement Scotland	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	Governance arrangements for public engagement within Healthcare Improvement Scotland • Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard • Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our thematic work programme	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of programmes supported – CRM) Feedback from external stakeholders, public partners Staff feedback (iMatter, pulse surveys, PDWRs) Event data (number, number and breadth of attendees, feedback) Internal governance and committees (minutes, actions) HR data (TURAS, training completion stats)		

23

	families report an improved care experience (L) 9. Health and care services can demonstrate compliance with policy and legislative requirements (…) 10. Our own staff and volunteers are trained and developed to deliver their work (…) 11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	• 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 • Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement • Development of an organisational volunteering strategy aligned to organisational priorities Healthcare Improvement Scotland Public Involvement Unit	Publications and guidance produced (number, downloads, feedback)	

24

		• 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			

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Developing a learning system	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• Undertake research into the components of effective learning systems that will inform the development of our system • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development	Narrative updates (programme leads, individual staff members) Work programme (e.g. number of learning activities, minutes from meetings, actions) Staff feedback (iMatter, pulse surveys, PWDRs)		

26

	families report an improved care experience (L)			
	9. Health and care services can demonstrate compliance with policy and legislative requirements (…)			
	10. Our own staff and volunteers are trained and developed to deliver their work (…)			
	11. Health and care services can demonstrate improvement in how they engage with people and communities (…)			

27

Work programme	Outcomes & Impact What difference we will make (**S**hort, **M**edium, **L**ong term)	Activities How we will achieve this	Indicators How we will measure progress (KPIs to be developed)	Progress Update	RAG Status
Developing our people	1. Professionals have the information, resources and skills they need (S) 2. Stakeholders have an increased awareness of our work, and of good engagement practice (S) 3. Health and care services are consistent in their approach to community engagement (M) 4. Engagement carried out by health and care services is accessible and includes a wide diversity of voices (M) 5. We build an evidence base of good practice in community engagement (M) 6. Scottish Government and stakeholders are informed of the impact of our work (L) 7. People and communities are empowered to participate in health and care (L) 8. Users of health and care services in Scotland and their	• Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development review and career conversation with their	Narrative updates (programme leads, individual staff members) Publications and reports (number, feedback, actions, impact) Staff feedback (iMatter, interim structure, pulse surveys, PWDRs) HR data (TURAS, training completion stats)		

28

	families report an improved care experience (L) 9. Health and care services can demonstrate compliance with policy and legislative requirements (…) 10. Our own staff and volunteers are trained and developed to deliver their work (…) 11. Health and care services can demonstrate improvement in how they engage with people and communities (…)	line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as SIFS, SCiL, SCLIP etc. and deliver an improvement project in line with their current activities		

29